POSTDOCTORAL RESIDENCY IN CLINICAL PSYCHOLOGY AND CLINICAL NEUROPSYCHOLOGY
VA St. Louis Health Care System
St. Louis, Missouri
2024 - 2025

Psychology Training Programs | VA St Louis Health Care | Veterans Affairs

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Accredited by the Commission on Accreditation of the American Psychological Association
(Clinical Neuropsychology Residency Program is currently Accredited, Inactive for the 2023-24 training year because no cohort was recruited. We plan to return to active status for the 2024-25 training year)
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***Start Date: July 15, 2024**

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FOREWORD

Thank you for your interest in our psychology training program at the VA St. Louis Health Care System! The VA St. Louis Health Care System has offered psychology training since the late 1950's. Our psychology training program earned accreditation by the American Psychological Association (APA) in 1980 and has grown through the years to our current structure of 4 Clinical Psychology residency positions (with different areas of focus) and 2 Clinical Neuropsychology positions. We began our postdoctoral training programs in 2008 and became accredited by the APA in March 2013 (next review will be 2032). Our Clinical Neuropsychology Residency Program is currently "Accredited, Inactive" for the 2023-24 training year because no cohort was recruited, but we plan to return to active status for the 2024-25 training year. In our traditional 1-year programs, residents train within the emphasis areas of **Evidence Based Psychotherapy (EBP), Geropsychology, Health Psychology, and Posttraumatic Stress Disorder (PTSD).** In our 2-year specialization in **Clinical Neuropsychology,** one Neuropsychology position is awarded each year.

The traditional clinical psychology positions (EBP, Geropsychology, Health Psychology, and PTSD) are designed to emphasize advanced, evidence-based clinical training in frontier areas of psychology service delivery, while our clinical neuropsychology residency is designed to meet specific specialization standards.

We know you are carefully scouring the details of specific programs you have identified as matching your training interests. We also understand the importance of seeking placements that will offer the best personal and professional returns for the investment of your time and resources. As you sort through all these details, **we would like to offer a few highlights of what you can expect from our postdoctoral residency programs.**

- You can expect mentoring and supervision from incredibly talented and skilled practitioners who are enthusiastically committed to your training and growth.
- You can expect a training structure that equally supports and challenges your progressive development over the course of residency.
- You can expect to find a training environment that equally recognizes and values the contributions our residents bring to us in the form of diverse and informed perspectives.

There are many important advantages to pursuing residency training after internship, and our program has many strengths to consider. First, as a training program, our focus is on providing you the optimal conditions for further developing your competencies and skills in psychology such that you develop advanced competencies in your area of focus. Your workload is determined according to your training needs and licensing requirements. Clinical work is augmented by blocked time in your schedules for didactics, seminars, and peer professional development time. Second, our postdoctoral residency positions allow you to fully develop expertise in empirically supported treatments related to your area of interest, as your professional development

and preparation for competitive employment is a priority for us. Each residency position offers a variety of opportunities that you can pursue to round out your existing skills and expertise. Third, our residency program offers training in a variety of settings and formats to prepare you for a breadth of possible post-residency careers, whether in-person, remote, in an outpatient setting, or in a residential or in-home setting. Fourth, we have consistently received feedback from trainees that St. Louis is a great place to live and work! St. Louis can be affordable and many of the events/festivals/fun activities are free to low cost, allowing you many options for recreation during your off-work time. We strongly value work-life balance, allowing you plenty of opportunity to enjoy our city in your time off. Lastly, the development of further expertise can promote the knowledge base needed to acquire board certification. We hope that you will consider building your professional development and repertoire with us!

There are often expanding and emerging training opportunities at our VA. This brochure represents the information and opportunities that are anticipated, although it is possible there may be unforeseen changes in offerings prior to the 2024-25 training year, particularly in the context of the pandemic. **In keeping with APPIC recommendations, the safety of our trainees, supervisors, veterans, and community is of utmost importance. We strive to make the recruitment and selection process as accessible and fair as possible during these times, and we rely on an ethical framework for decision making to guard agains bias and lapses. We pledge to use science, evidence-based findings, and the recommendations of public health experts to inform our process and recommended procedures**. For more information about changes to our program due to the pandemic, please see information contained in Attachment 2.

For the 2024-25 training year, our start date is **July 15, 2024**. Our program may accommodate later start dates for those applicants still finishing their internship at the time of our targeted start date, but all degree requirements must be met by 07/15/24 to be eligible for residency.

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

Sincerely,

Dr. Lauren Mensie & St. Louis Psychology Training Council

Questions regarding program status should be directed to:
The Commission on Accreditation of the American Psychological Association
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Washington, DC 20002
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PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM

The VA St. Louis Health Care System (VASTLHCS) is part of VISN 15, The Heartland VISN. The VASTLHCS is a two-division medical center with the majority of medical specializations being housed at the John Cochran (JC) division and the majority of the mental health/rehabilitation services being housed at the Jefferson Barracks (JB) division. The Hope Recovery Center, located in midtown St. Louis, houses programming and services related to homelessness. VASTLHCS provides comprehensive mental health care, including inpatient, residential, outpatient, integrated services (e.g., MH services integrated into Primary Care, Spinal Cord Injury, Community Living Center, and Pain Rehabilitation Programs), and community-based services to an average of more than 14,000 Veterans and greater than 142,200 visits a year. Psychologists are members of Medical Staff of the VASTLHCS, which allows them to serve on various facility-level leadership and steering committees. The Residency program remains under the administrative oversight of the Psychology Training Council and Training Director.

In accordance with the overall mission of the Veterans Health Administration (VHA), psychology training (as well as other associated health and medical programs) is to be conducted within an integrated service delivery model. Training is designed not only to improve the health of our Veterans but also to ensure an active and competent workforce of health professionals able to support the Department of Defense (DoD) and Federal Emergency Management Agency (FEMA) in times of local or regional disaster.

Psychologists at the VA St. Louis Health Care System engage in a wide variety of clinical, teaching, and administrative activities and have considerable autonomy in their professional endeavors. The number of psychologists and the diverse areas in which we practice have undergone a rapid expansion in the last ten years. We have approximately 60 doctoral level psychologists on staff operating in a variety of areas within mental health and integrated into medical teams. The doctoral supervisory staff is highly qualified and experienced, and all are licensed as psychologists. Various staff members have part-time private practices, are affiliated with local universities/medical schools, conduct research, and are active in community and national professional organizations. Some of our psychologists are engaged in research activities, and when their areas of research align with residency placements, this can afford another opportunity for psychology residents.

PSYCHOLOGY TRAINING

Our program has run continuously since its inception with the full support of VA administration and leadership. We receive VA funding to host 6 psychology interns and 6 psychology residents. We also regularly offer unpaid practica rotations to students from APA-accredited, CPA-accredited, or PCSAS-accredited psychology graduate programs with which we hold affiliation agreements.

We have 6 funded resident positions. Each residency position is designed as a full-time (40 hours/wk), 12 month (2080 hour) training experience, with the exception of the Neuropsychology residencies which are 2 year appointments, with the proviso that the second year appointment is contingent upon satisfactory completion of the first year. The two year residency schedule is designed to form the basis for pursuing board certification for Neuropsychology. Residents are expected to complete the entire training commitment in their area of specialty training.

Clinical psychology residents within each of the focus areas begin their training year by collaborating with their primary supervisors to identify specific clinical areas for growth and to set personal goals for training, resulting in the collaborative development of a learning agreement which guides the resident's training experiences. These documents explicate training objectives, experiences, and expectations for training fidelity while also meeting the State of Missouri's licensure requirements for post-degree resident supervision. A review of our staff biographical vignettes at the conclusion of this brochure reveals we have a large number of staff who trained within this very VA! We believe this reflects the rigor and excellence of our training curriculum, the rewarding nature of the professional psychology careers within our health care system, and the collegiality of the psychologists serving together at our VA.

To maintain quality and fidelity to excellence in training, our program routinely collects training data through comprehensive quarterly trainee evaluations and through supervisor evaluations. We also collect post-graduation evaluations and surveys measuring how well elements of the training environment help residents develop necessary clinical and professional competencies and assessing the professional climate of our training program. We host 2 town hall meetings with all trainees and supervisors over the course of the year in our Psychology Service Meetings, and each spring we offer an anonymous survey designed to elicit honest feedback and recommendations from trainees and staff regarding all elements of our training program. Trainees also have quarterly opportunities to provide group feedback to training council leadership, opportunities for mid-year individual meetings with the Training Director, and optional exit interviews upon completion of training. Additionally, trainees are encouraged to provide informal feedback to their supervisors, Training Council, and Training Council leadership at any time. This structure allows for information sharing and collaborative problem solving in real-time, as opposed to a process of delayed solicitation and delayed action. Feedback is routinely discussed in Training Council monthly meetings and in the Training Council's annual strategic planning session to continue quality improvements. We believe it is because of these procedures that our formal program outcome data has consistently reflected positive evaluations from our interns and residents.

TRAINING PHILOSOPHY

The VA St. Louis Health Care System psychology training program structures itself based upon a scholar-practitioner model with a specific focus on the knowledge, skills, and competencies required for success in a complex health care system. Our

instructional approach is developmental. We believe in meeting trainees "where they are" and then facilitating the development of their competencies over the course of their training program such that they achieve –or exceed- the minimal levels of expected achievement by the completion of their training program. This approach is used by necessity during internship year, but proves equally effective during residency, where foundational skills are honed through graduated clinical experiences designed to culminate with the resident demonstrating advanced competence in their area of focus.

The program utilizes a variety of learning methods to assist trainees in achieving competence in these domains including, individual supervision, didactics, experiential trainings, participation in team meetings, and modeling from psychologists and other staff. Additionally, our training programs provide opportunities to practice and demonstrate achievement of the following profession-wide competencies over the course of their training experiences:

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

We believe emphasis upon these competencies facilitates residents from our program becoming skilled, well-rounded, ethical, licensure-ready clinicians capable of the independent practice of psychology and able to meet licensure in the State of Missouri as outlined in the Missouri State Committee of Psychologists Practice Act and Rules available at www.pr.mo.gov/psychologists.asp.

RESIDENCY STRUCTURE

The VA St. Louis Health Care System psychology residency program follows a multiple practice format as defined by APA's Policy Statements and Implementing Regulations. The residency is organized into two separate areas:

1. Substantive traditional practice area of Clinical Psychology, with four areas of emphasis:
    - Evidence Based Psychotherapy (EBP)
    - Geropsychology
    - Health Psychology
    - Posttraumatic Stress Disorder (PTSD)
2. Specialty practice area of Clinical Neuropsychology (two-year program)

CLINICAL PSYCHOLOGY RESIDENCY AIMS

Our primary aims for the Clinical Psychology residency are:

- To prepare residents to function as independent practitioners through the development of advanced skills in the program's identified profession wide competencies.
- To prepare residents with a breadth and depth of practical experiences within their emphasis areas such that they can leave residency with sufficient readiness to promote specific techniques for clinical assessment, intervention, consultation, supervision, and scholarly inquiry to make professional contributions in whatever setting they are employed.

Feedback on training experiences and performance is an integral part of training and should be an ongoing process between supervisors and residents. The program provides formal written feedback in accordance with the rotational timeline throughout the training year. Competency based evaluations are completed by rotation supervisors at mid-rotation (at the 3 month mark of the rotation) and at the end of each rotation (at the end of 6 months) and by preceptors at mid-year (at the end of 6 months) and at the end of the training year. All written rotation evaluations are verbally reviewed and signed with the resident (**see** Trainee Evaluation Form**).** Our Trainee Evaluation Forms are designed to measure performance across nine competency areas based upon APA's benchmark competencies. All evaluations must be based on some part on direct observation.

CLINICAL PSYCHOLOGY RESIDENCY AREAS OF EMPHASIS

Evidence Based Psychotherapy (1 FTEE Position)

The BHIP Evidence Based Practice (EBP) Psychotherapy position is placed primarily within our Jefferson Barracks campus Behavioral Health Interdisciplinary Program (BHIP). This program provides a one-year advanced training experience in evidence based psychotherapy services for both groups and individuals for a wide range of diagnostic presentations. Residents work closely with a multidisciplinary team of social workers, nurses, and psychiatrists. The resident participates in a broad range of training experiences including diagnosis, brief assessment, and intervention, as well as in depth instruction in a variety of evidence-based therapies adapted for group interventions and use in individual treatment.

Clinical Services: The Clinical Psychology Resident with a focus in EBP Psychotherapy is considered part of the psychology team, engaging in treatment planning, providing individual psychotherapy services using EBP approaches, developing and co-facilitating group interventions, and referring to additional VA services when needed. Residents work within a multidisciplinary environment of psychiatric providers, nurses, and social workers. They participate in case staffing meetings, psychotherapy consultation meetings, monthly BHIP staff meetings, and provide ongoing consultation with various

members of Veterans' care teams. The emphasis in this clinic is strongly focused on measurement-based care and in utilizing a broad array of evidence based interventions with appropriate adaptations meeting the needs of a culturally diverse population and a wide variety of clinical presentations. Residents can expect to learn advanced skills in the use of such therapies as ACT, MI, CBT, CPT, PE, STAIR, and IPT. The resident will also have an opportunity to interact with providers from the wider VA St. Louis community by attending monthly meetings including the monthly Psychology staff meetings, and monthly Psychology Grand Rounds seminars. Additional opportunities may involve participation in clinical improvement projects, involvement in the DBT skills program, and possibly other opportunities in the John Cochran division Mental Health Clinic (located near downtown St. Louis) as well as other clinics throughout the medical center. Opportunities to learn more about clinic operations from an administrative position may be available as well.

In addition to providing clinical services, residents will conduct a scholarly project over the course of the training year. This project will be presented during the spring Psychology Grand Rounds. Residents also have the opportunity to participate in psychology councils (Practice Council, Cultural Competency Council) or VA-wide committees of interest.

Our psychology staff and supervisors are passionate about the work they do and enthusiastically committed to developing the next generation of psychologists.

Geropsychology (1 FTEE position)

The Clinical Psychology Residency position a focus in Geropsychology is designed with the goal of assisting residents in developing advanced competency in meeting the mental health need of Older Adults with diverse backgrounds. We offer a breadth of training experiences across a variety of clinical settings, with sufficient training experiences to support a goal of pursuing board certification in the specialty area of Geropsychology through the American Board of Professional Psychology. The resident can expect to develop skills necessary to offer consultation, assessment, and evidence-based treatment to a diverse older adult population across a breadth of interdisciplinary treatment settings. Possible treatment settings include inpatient, outpatient, video-telehealth, and in-home options. Currently, VA St. Louis Health Care System is a member of the Council of Professional Geropsychology Training Programs.

Clinical Services: The Clinical Psychology resident with a focus in Geropsychology will have opportunities to provide services as a member of multiple interprofessional teams, including treatment teams providing care in the Community Living Center (CLC, primarily a short-term medical rehabilitation setting), Mental Health - Aging Resources Team (MH-ART, an outpatient mental health clinic for older adults), inpatient Palliative Care consultation, outpatient Palliative Care, Home-Based Primary Care (HBPC), the ComPACT team (an integrated primary care team for medically complex patients), and the Interdisciplinary Dementia Evaluation Team in GeriPACT. Interdisciplinary teams may include nurses, physicians, chaplains, physical therapists, occupational therapists,

recreational therapists, speech-language pathologists, social workers, dietitians, and pharmacists. Services provided may include, but are not limited to, the following: evidence-based individual, group, and family psychotherapy, environmental/behavioral modification, caregiver support, cognitive assessment, capacity evaluation, pain management services, and interdisciplinary consultation.

The resident may also be given the opportunity to gain exposure to other areas such as Inpatient Geropsychiatry, Psycho-oncology, Spinal Cord Injury, and Primary Care Mental Health Integration (brief assessments and interventions for older adults within a broader primary care setting). Also, the Geropsychology trainee will be given the opportunity to explore involvement in the psychology community and greater VA community through participation on the Cultural Competency Committee (C3) to further DEI efforts, the Training Council to enhance the administration of training, and other committee and administrative opportunities as they are made available.

Training will occur at the Jefferson Barracks and John Cochran campuses in Saint Louis, with the possibility of telehealth work as well. In addition to providing clinical services, the resident will complete a scholarly activity with a special focus on Geropsychology. Trainees will have the opportunity to participate in the psychology residency didactic series, as well as the Geropsychology journal club, and other specialty didactics and training opportunities. The resident may also have opportunities to provide vertical supervision and present/teach during grand rounds and staff trainings.

Health Psychology (1 FTEE position)

The Clinical Psychology residency position with a focus in Health Psychology provides comprehensive training in health psychology across a broad range of behavioral health settings to prepare the resident to engage in a health psychology practice upon completion of the residency. This training experience includes clinical assessment and intervention, collaboration within interdisciplinary teams and with specialty care providers, exposure to ethical, legal, and professional issues, didactic learning opportunities in health policy and healthcare systems, and the biopsychosocial and cultural aspects of behavioral health practice. Working at the largest health care system in the nation provides the resident opportunities to explore the complexity of health care disparities and to further develop and evaluate culturally competent health care delivery.

The resident will be responsible for using evidenced-based behavioral health interventions for more typical mental health presentations as well as those with medical problems that have significant behavioral health components (e.g., ACT, CBT-D, CBT-I, CBT-CP, CBT-SUD, Brief PE, PST, MI, etc). Training opportunities may be available in a variety of health psychology domains. A minimum of one rotation within Primary Care Mental Health Integration (PCMHI) is required. Additional training experiences in health psychology will be selected in collaboration with the resident's preceptor to best align with the resident's specific training interests.

Required Rotation:
The selected resident will rotate in a minimum of one of several available primary care sites in Primary Care Mental Health Integration. PCMHI is a short-term, problem-focused, consultative treatment model in which psychologists and trainees are fully integrated into various primary care teams. Within the primary care setting, residents will learn to deliver fast-paced service in response to warm-handoffs from primary care providers or other members of the patient aligned care teams (PACT) for a general evaluation or determination of level of care needed following positive screens for PTSD, depression, anxiety, suicide and substance use conditions, as well as concerns regarding cognitive functioning. The Clinical Psychology resident with a focus in Health Psychology will learn to appropriately adapt evidence-based treatments to the brief primary care model of intervention in addition to increasing competence in brief health psychology interventions for a wide variety of problems, including improving adherence to medical regimens, managing chronic conditions, and helping change lifestyle issues or health risk factors among patients. Opportunities for group interventions, such as participating in shared medical appointments (interventions delivered with the PACT team, targeted to groups of patients who share the same medical condition) or group psychotherapy interventions (e.g., CBT-I, CBT-CP) is dependent on specific primary care clinics. The various primary care sites available to the selected resident will offer exposure to diversity in all elements of the ADDRESSING model with noted differences in socioeconomic status, race, gender, ethnicity, and age between each of the locations. The resident will learn, first hand, the ways in which these variables have disparate effects on health and functioning for Veterans and how to adapt established treatments to account for these differences.

Additional Experiences may include (subject to availability):

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

2) Spinal Cord Injury (SCI): This unit is one of only 23 specialized centers in the entire VA system. It is staffed with 2 FTEE clinical psychologists. Psychology staff perform problem-focused assessments and counseling to promote readjustment and increased coping skills of individuals with various degrees of functional deficits. Training occurs on the inpatient rehabilitation unit as well as in the PACT outpatient clinic. The resident will work within the context of a long-established interdisciplinary team, and all treatment plans are integrated across disciplines. Case management, psychoeducational interventions, and family work are all possible experiences in this area.
3) Home Based Primary Care (HBPC): HBPC is a program that provides comprehensive, longitudinal, primary care in the homes of Veterans with complex, chronic, disabling disease. The care is delivered by an interdisciplinary team comprised of primary care provider, nursing, social work, physical and occupational therapy, dietitians, pharmacy, and psychology. Psychology responsibilities include assessments of psychological and cognitive functioning, assessments of capacity for decision-making, psychotherapeutic interventions with patients and family members, interdisciplinary team consultation, and staff education. Presenting problems are varied and include depression and anxiety, adjustment to chronic illness and cognitive changes, caregiver stress, behavioral issues in neurocognitive disorders, PTSD, pain management, sleep disorders, and alcohol and substance use.
4) Medical/Surgical Assessments: As part of their training, the resident will also be expected to learn more extensive formal health assessments, such as transplant evaluations, bariatric surgery evaluations, and spinal cord stimulator evaluations.
5) Finally, the following adjunctive training opportunities may also be available to the Clinical Psychology resident with a focus in Health Psychology, including:
    a. ComPACT clinic: an interdisciplinary intensive primary care team for medically complex patients. Clinical opportunities involve assessment, individual and family psychotherapeutic interventions, health behavior interventions, cognitive screening, and consultation to medical providers.
    b. The Health Promotion & Disease Prevention (HPDP) Program aims to improve veterans' health by managing chronic disease states, including weight, nicotine dependence, and type 2 diabetes. The HPDP psychologist also completes psychosocial assessments prior to solid organ transplant or bariatric surgery. Therefore, within the HPDP adjunct rotation, the following experiences/interventions are available: 1) complete psychosocial assessments for transplant and/or bariatric surgery candidates and 2) shadow, co-lead, and eventually independently lead Smoking Cessation Group.
    c. Whole Health: The St. Louis VA is proud to be one of the flagship and most robust Whole Health programs in the VA. Clinical opportunities on the Whole Health portion of this rotation would include exposure to and experience with group and individual offerings of biofeedback training and mindful awareness training. The aim of these interventions is to equip and empower veterans with self-directed skills that support symptom management.

Across all training opportunities, the Clinical Psychology Resident with a focus in Health Psychology will work in interdisciplinary care settings, learning to evaluate presenting health concerns and coordinate care as part of a treatment team. Residents can be expected to learn about social determinants of health that interact with patient presentations and treatment settings. There will be opportunities for working with a diverse range of patient populations in a variety of landscapes (e.g., urban, suburban, rural). It is expected that residents will work with their supervisors and interdisciplinary team members to develop treatment plans that consider patients' individual cultural backgrounds and unique health needs (e.g., health literacy considerations, accommodations to healthcare to improve access to care) to foster cultural competency across rotations. This requires a comprehensive analysis utilizing the biopsychosocial model, with the administration of empirically supported assessment tools appropriate to the veteran's illness, injury, or disability, to guide development of an appropriate treatment/rehabilitation plan.

To further prepare the resident to transition to an independent licensed psychologist, the resident is expected to function as a member of the various interdisciplinary care teams for their rotations, as demonstrated by attending team meetings, interdisciplinary staff didactics, and informal and formal team huddles throughout the day. In addition, the resident will be asked to present a topic at PCMHI research day and at a journal club of their choosing. Supervisors will look for opportunities to provide the resident with vertical supervision of an intern or practicum student, whose clinical interests most closely match the resident's developing expertise (may occur via telehealth modalities). Though not mandatory, the resident is encouraged to join other psychology councils/committees aligned with their professional interests. If interested, the resident will have the opportunity to complete PCMHI Phase 1 competency training and participate in VISN Community of Practice calls, a recent national standard of practice for PCMHI psychologists. Residents are also allotted a portion of time to participate in scholarly activities, which may include joining research studies already in progress or developing specific programs for implementation within one of their training rotations.

Posttraumatic Stress Disorder (1 FTEE position)

The Clinical Psychology Residency position with a focus in PTSD provides a one-year intensive training experience in clinical psychology with an emphasis on diagnosis, treatment, and consultation with a PTSD patient population.

Clinical Service Overview: The Trauma Recovery Program (TRP) is a specialized service within the larger Continuum of Care in the Mental Health Service Line. Our mission is to help Veterans recover from the effects of trauma and to improve their quality of life. The TRP includes psychiatrists, psychologists, clinical social workers, nurses, interns, residents, and administrative staff. Assessment and individualized treatment planning, to include episodes of care, shared decision-making, and measurement-based care, are the cornerstones of our work. Our program strongly emphasizes evidence-based psychotherapy for PTSD as a first-line treatment. Of note, several TRP staff psychologists trained with Dr. Resick at the Center for Trauma Recovery, the birthplace of Cognitive Processing Therapy (CPT). Most services in the

TRP are delivered in individual psychotherapy format. However, our program offers a range of treatment options, to include long-term process groups. As part of the larger Continuum of Care, the TRP works closely with adjacent resources, including Primary Care Mental Health Integration (PCMHI), the Level 2 Polytrauma/TBI Clinic, Inpatient Mental Health, the Women's Clinic, Veteran's Justice Outreach, and multiple internal and external liaison services/resources dedicated to triaging the care needs for Veterans. For trainees interested in policy and leadership, one of our team members is the Specialty Mental Health Programs Manager for the facility and the PTSD Mentor for Veteran's Integrated Service Network 15, which coordinates with national leadership on policy and best practices dissemination to the field.

Resident Experiences: Residents will participate in a training program of approximately 70% clinical service, 10% research/performance improvement/program evaluation, 10% inter-professional treatment team meetings/consultation, 10% didactics/professional development with some flexibility dependent upon individual areas of interest. Breadth of training will promote advanced skills in diagnosis and case conceptualization, with an emphasis on evidenced-based intervention, inter-professional treatment team functioning, and a project outlined below. Depth of training will emphasize advanced skill acquisition and expertise in the treatment of PTSD and trauma-related disorders.

The resident will be involved in every stage of service provision including opportunities in triage, consultation and liaison, assessment (both diagnostic interview and psychometric assessment), differential diagnosis, treatment planning, psychotherapeutic intervention, multidisciplinary Trauma Recovery Program meetings, and Veteran outreach and education, as appropriate. Interaction with adjacent clinics and professional disciplines will be an integral part of training. The clinical service portion of training will emphasize acquisition of evidenced-based intervention skills, with an emphasis on Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Additional opportunities to learn or be exposed to Adaptive Disclosure, Cognitive Behavioral Conjoint Therapy for PTSD, Skills Training for Affective and Interpersonal Regulation, and Narrative Exposure Therapy may be available as well. This may include the opportunity to complete the VA roll out training for CPT, subject to availability.

We expect that residents will play an active role in performance improvement/quality management in their training area in the form of a scholarly project for the year. This project will be identified in the first month of training in a collaborative fashion with the resident's primary supervisor and related staff, and progress will be monitored by the resident's supervisors. Possible projects will involve program development, outcome measure design and/or implementation, fidelity measures, or performance improvement enhancements to existing programs. In order to facilitate a comprehensive knowledge base of trauma theory and interventions, residents may also make use of medical library, VA online educational programs, and special local or regional training, if available. They will also participate in scheduled didactic and enrichment seminars to

provide an additional breadth of learning with respect to the broader traditions of clinical psychology.

Facilities and Staff Support: The Trauma Recovery Program is housed in its own dedicated location on Jefferson Barracks campus, which includes a dedicated trainee office with computer access and unit scheduling support.

CLINICAL NEUROPSYCHOLOGY AIMS

Clinical Neuropsychology (1 FTEE Position, 2 Year Program*)

Overall aims for our clinical neuropsychology residency:

- To prepare residents for independent practice in clinical neuropsychology through the development of advanced understanding of brain-behavior relationships as well as advanced skills in neuropsychological evaluation, treatment, scholarly activity, and consultation to patients and relevant medical/behavioral professionals.
- To provide appropriate foundational and specialty training such that residents are prepared for independent practice in clinical neuropsychology as evidenced by eligibility for state licensure for the independent practice of psychology and by eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology following completion of residency.

The Neuropsychology Postdoctoral Residency program provides a two year training program in accordance with the recommendations of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. The Residency program provides necessary training and preparation for residents to be eligible for ABPP Board Certification in Clinical Neuropsychology and to practice as specialty-trained clinical neuropsychologists. The program is APA-accredited as a specialty practice postdoctoral residency program in clinical neuropsychology (we are considered Accredited, Inactive for 2023-24 training year because no cohort was recruited; we plan to return to active status for the 2024-25 training year). The program is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Residents will participate in training in both a comprehensive outpatient neuropsychological evaluation clinic and in outpatient and inpatient neurorehabilitation settings. The VA St. Louis Health Care System has funding for two Neuropsychology Residents. This results in one training position opening for each training year.

The overall goal of the VA St. Louis Health Care System Postdoctoral Program in Clinical Neuropsychology is designed to help residents meet multiple competencies of professional practice and to secure a sense of professional identity such that they become well-rounded, ethical, licensure-ready clinicians with advanced specialty neuropsychology competencies capable of the independent practice of psychology. This goal is accomplished via a scholar-practitioner training model which informs the programmatic structure and the training activities that are included.

Accordingly, the structure of the program during Year One is designed to meet licensure requirements as set forth by the State Committee of Psychologists Practice Act and

Rules (State of Missouri). The remainder of the training (Year Two), is designed to complete the training necessary to meet eligibility for ABPP Board Certification in Clinical Neuropsychology, most notably through fulfilling Houston Conference training requirements. As previously stated, as a specialty neuropsychology residency program within a broader integrated residency program at VA St. Louis Health Care System, while there are some shared goals (e.g., eligibility for licensure as a psychologist), our primary goals are consistent with Houston Conference Guidelines and, specifically, the Houston Conference Guidelines Exit Criteria define the training goals for the two year program.

The Neuropsychology Postdoctoral Residency and the VA St. Louis Health Care System welcomes diverse applicants and our workplace culture is welcoming and supportive of diversity, equity, and inclusion. We are committed to attracting and retaining trainees and employees with varying identities and backgrounds. We believe that bringing together a diverse group of individuals with intersecting identities and lived experiences contributes significantly to excellence in health care.

The general programmatic guidelines as outlined in the Houston Conference Guidelines are met by our two year full time residency program as follows:

1. **The faculty is comprised of a board-certified clinical neuropsychologist and other professional psychologists.** The Neuropsychology Residency Training Director, Dr. Hogg, is Board Certified in Clinical Neuropsychology through ABPP. Dr. Kelsey Wilson is working towards Board Certification in Clinical Neuropsychology through ABPP.

2. **Training is provided at a fixed site or on formally affiliated and geographically proximate training sites, with primarily on-site supervision** Training occurs at VA St. Louis Health Care System and affiliation agreements are in place with Washington University School of Medicine, the site of current external didactics.

3. **There is access to clinical services and training programs in medical specialties and allied professions** VA St. Louis Health Care System is a broad multidisciplinary medical center with a range of health care training programs. The resident has regular interactions with a broad range of health care professionals including medical providers in primary care, neurology, neuropathology, physiatry, psychiatry, as well as other psychologists and other psychology residents and interns, nurse practitioners, nursing, physician assistants, and a range of allied professions – e.g., occupational therapy, physical therapy, speech therapy, vocational rehabilitation specialists.

4. **There are interactions with other residents in medical specialties and allied professions** The resident interacts with other members of their residency class [including the other Neuropsychology Resident]; interacts with medical residents and allied professions through the Polytrauma/TBI Clinic, in context of Neuropsychology

Clinic, and in context of external didactics at neurology and neuropathology at Washington University in St. Louis.

5. **Each resident spends significant percentages of time in clinical service, and clinical research, and educational activities, appropriate to the individual resident's training needs for the Neuropsychology Specialty Residency Program.**

The following is a review of the Houston Conference based residency training goals as outlined in the Neuropsychology Postdoctoral Residency Learning Agreements with reference to training program activities which accomplish those goals:

1. **Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis.** Residents develop advanced skills in these areas through two neuropsychology rotations (neuropsychology clinic and neurorehabilitation). Formal didactics occurring throughout the two-year training period focus both on laying the foundations for a neuropsychological knowledge base, as well as exposing the resident to the latest in scientific advances in our field.

2. **Advanced understanding of brain-behavior relationships.** Residents obtain an advanced understanding of brain-behavior relationships through clinical neuropsychology rotations that include training and supervision of neuropsychological evaluations and neurorehabilitation treatment. Residents also participate in a two year didactic sequence which further develops an advanced understanding of brain-behavior relationships, including the Neuropsychology Neuroanatomy and Neuropathology Seminar, Neuropsychology Case Conference, Neuropsychology Journal Club, as well as regular attendance at Washington University Neuropathology / Brain Cuttings Case Conference, and Neurology Grand Rounds, and attending various Medical Neuroscience didactics via the Washington University School of Medicine Gateway Curriculum during Year Two as a capstone didactic experience.

3. **Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment.** Residents are required to participate in scholarly activity, whether that be preparation of a scholarly paper or literature review, participation in a faculty guided ongoing research, or development of an independent, mentored project. Residents' scholarly activity receives mentorship from core neuropsychology faculty with additional input as needed from adjunct faculty, in line with the residents' scholarly activity focus. We will be providing scholarly activity opportunities congruent with Houston Conference training guidelines including support in conducting literature reviews or an original study of neuropsychological relevance. Dependent upon individual interests, residents can participate in VA sponsored research investigator training, and have access to ongoing applied research in the form of program evaluation efforts. Residents can also participate in VA sponsored Program Improvement training.

4. **A formal evaluation of competency in the exit criteria 1 through 3 shall occur in the residency program.** Formal evaluations at 3, 6, 9, 12, 15, 18, 21, and 24 months assess whether residents are successfully progressing towards meeting the exit criteria per the respective Year One and Year Two Learning Agreements. If a resident does not progress according to the minimum level of achievement required, a remediation plan is established with the goal of assisting the resident to successfully achieve all required competencies.

5. **Eligibility for state or provincial licensure or certification for the independent practice of psychology.** Upon completion of the program, typically by the end of Year One, residents are eligible for licensure to independently practice psychology in the state of Missouri.

6. **Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology.** Residents are also eligible for American Board of Professional Psychology specialty certification in clinical neuropsychology upon successful completion of the two year training program.

In summation, the overarching training goal of the VA St. Louis Health Care System Neuropsychology Postdoctoral Residency Program is to produce highly trained, scientifically knowledgeable, clinically skilled independent practitioners who will be competent to work as advanced clinical neuropsychologists.

Clinical Service: VA St. Louis Health Care System Neuropsychology Clinic (located at Jefferson Barracks Division), is staffed with one full-time Neuropsychologist and a second Neuropsychologist who is dedicated to the clinic half-time. The Veteran population covers a diverse age range, ethnic diversity (predominantly White/European American and Black/African American), residential diversity (urban, suburban, and rural), and includes a significant female Veteran referral base. While a broad spectrum of clinics refer Veterans for neuropsychological evaluation services, the predominant referral sources include Neurology, Mental Health/Psychiatry, and Primary Care (which also includes specialized primary care teams for medically complex Veterans and female Veterans). Presenting conditions include cerebrovascular accidents, dementias, complex medical co-morbidities, major psychopathology, multiple sclerosis, seizure disorder, and substance use disorders, as well as a variety of other medical conditions.

VA St. Louis Health Care System also has a Polytrauma Level II Network Site with one full-time position assigned polytrauma psychologist/neuropsychologist. Polytrauma patients are individuals, mainly from the OEF/OIF conflicts, who have sustained multiple injuries (such as TBI, PTSD, amputation, visual and auditory impairments, etc.), but sometimes individuals are seen after non-military TBI from falls, car accidents, etc.. Neuropsychological evaluation plays an important role in the team's interdisciplinary assessment and planning. The resident will serve as part of an interdisciplinary team and have opportunities to attend weekly interdisciplinary team meetings.

Additional training opportunities include consultation to our Community Living Center (CLC), which has several units including Medical Rehabilitation, Geriatric Evaluation and Management (GEM), and Palliative and Hospice Care. These clinical experiences may include brief cognitive evaluations or capacity evaluations regarding medical decision-making (e.g., for discharge planning).

Residents will also receive specific training and experience in clinical supervision, including documentation and supervision approaches in clinical neuropsychology.

Methodology: Residents will participate in a training program of approximately 80% clinical service, 10% didactics/structured readings/professional development, 10% scholarly activity/research.

Clinical Training: Residents will train in neuropsychological evaluation and consultation. Training emphasizes diagnostic issues, clinical data integration, and functional recommendations. Neuropsychological assessment and recommendations are tied to evidence-based approaches. Empirical neuropsychological literature forms the basis of evaluation approaches and recommendations. Residents will develop strong familiarity with empirical neuropsychological literature and will learn how to update their practice as new substantive findings are published and as empirically superior assessment instruments become available. Between the two training rotations residents will provide comprehensive outpatient neuropsychological evaluations as well as provide inpatient and outpatient evaluations and treatment with Veterans with neurorehabilitation needs. The resident will serve as part of a multidisciplinary team and have opportunities to attend team meetings.

Training occurs in a two 6-month rotation format:

1. **Outpatient Neuropsychology Clinic rotation with Dr. Hogg**
    - Outpatient neuropsychological evaluations of Veterans from a wide range of referral sources
2. **Neurorehabilitation rotation (Polytrauma/TBI Clinic and CLC) with Dr. Wilson**
    - Polytrauma/TBI Clinic:
        - Direct involvement with interdisciplinary team (e.g., regularly attend interdisciplinary team meetings)
        - Outpatient neuropsychological evaluations of Veterans served in Polytrauma/TBI clinic
        - Facilitation of cognitive rehabilitation groups (CogFACTS and Brain Boosters)
        - Provision of psychotherapy to Veterans with TBI
        - Other Polytrauma/TBI experiences as appropriate on an as available and feasible basis (e.g., if Polytrauma/TBI has an inpatient admission, aiding with brief cognitive assessments and capacity evaluations and team consultation as needed).
    - Community Living Center (CLC):

- Brief cognitive assessments and capacity evaluations for inpatients (e.g., evaluation of capacity to make medical decisions such as discharge planning or declining treatment)
- Interdisciplinary team consultation

In addition to general psychology postdoctoral programming within VA St. Louis Health Care System (e.g., various enrichment seminars, Psychology Training Seminar, Psychology Grand Rounds), the VA St. Louis Health Care System Neuropsychology faculty provides didactic experiences including weekly Neuropsychology Case Conference and Neuropsychology Journal Club alternating two weeks each month. Additionally a monthly Neuropsychology Neuroanatomy and Neuropathology Seminar intended to prepare residents for board certification is held. Residents and interns participate in leading case conferences and journal club presentations. The VA St. Louis Health Care System, through its academic affiliations with two leading universities (Washington University in St. Louis [WUSTL] and Saint Louis University), is able to provide a wide range of didactic opportunities for neuropsychology residents. Our program collaborates extensively with WUSTL. Residents are currently participating in WUMC Neurology Grand Rounds and WUMC Neuropathology / Brain Cutting Case Conference. Additionally, we have an active Program Letter of Agreement between VA STL HCS and Washington University School of Medicine for Residents to attend various Medical Neuroscience didactics via the Washington University School of Medicine Gateway Curriculum during Year Two as a capstone didactic experience.

Feedback on training experiences and performance is an integral part of training and should be an ongoing process between supervisors and residents. The program provides formal written feedback in accordance with the rotational timeline throughout the training year. Competency based evaluations are completed by rotation supervisors at mid-rotation (at the 3 month mark of the rotation) and at the end of each rotation (at the end of 6 months) and by preceptors at mid-year (at the end of 6 months) and at the end of the training year. All written rotation evaluations are reviewed and signed with the intern (**see Neuropsychology Trainee Evaluation Form).** Our NeuropsychologyTrainee Evaluation Forms are designed to measure performance across nine competency areas based upon APA's benchmark competencies. All evaluations must be based on some part on direct observation (live, audio, video) as required by the APA.

SUPERVISION REQUIREMENTS

Per APA regulations, residents will receive a minimum of two hours of direct supervision per week, with more than one supervisor over the course of the training year. Per Missouri State Committee of Psychologists (SCOP) requirements, one hour per week must be face-to-face (in-person) individual supervision. We encourage trainees planning to pursue licensure in other jurisdictions to acquaint themselves with the relevant requirements and share this information with supervisors.

ADDITIONAL TRAINING/EXPERIENCES REQUIREMENTS

In addition to completing the core training experiences in their area of emphasis as described above, residents will also be required to participate in 5 hours/week of professional learning experiences designed to provide advanced training and meet Missouri licensure requirements for additional learning experiences. This will include but not be limited to:

- *Enrichment Seminars* Advanced training in core competency areas of:
  - Evidenced-Based Treatment (minimum of 9 hours)
  - Diversity/Multicultural Competency (approximately 22 hours)
  - Clinical Supervision (approximately 10 hours)
  - Professional Development (approximately 12 hours)
- *Peer-reviewed psychology case conferences* (average 1.5 hrs/month)
- *Inter-professional treatment team meetings* on their respective area of specialty (estimated 2 hrs/week)
- *Professional Reading* (Minimum of 1 hr/week)
- *Scholarly Activity Project* Design, collection, analysis, and presentation of Quality Management/Performance Improvement/Research (estimated 2 hrs/week)
- *Supervision/Mentoring of junior trainees* (1 hr/week of resident-led supervision typically occurring during a training placement with a concurrent intern or practicum student during part of the training year when possible)

SCHOLARLY ACTIVITY PROJECT

Residents' training experiences over the course of a year typically focus on clinical work with the goal of integrating scientific and theoretical knowledge to provide evidence-informed care. Each resident is required to develop a meaningful project during their training year. These projects vary widely and are agreed upon by both residents and their primary supervisors. Protected time is allotted to this enterprise on a weekly basis, as appropriate. The final product is presented by the Resident during their assigned Grand Rounds presentation timeslot, and their PowerPoint presentation is submitted to Training Council to document completion of the project. While there may be opportunities to join already approved IRB research projects within our hospital, which would meet the expectation of a meaningful project, most residents will not find it feasible to develop a new research project and have it passed through the IRB prior to the end of the training year. However, residents are offered opportunities to become involved in performance improvement and quality assurance projects within the department as another path to completing a meaningful project.*

**Any other collection of clinical data for research purposes outside of performance improvement and quality assurance efforts requires the concurrence of the Research & Development and Medical Center IRB approval.*

RESOURCES AVAILABLE TO RESIDENTS

A wide range of support facilities will be available to residents, as described in the above sections. Residents will be provided the necessary office space and/or equipment in which to provide professional services in an appropriately confidential and secure manner. Residents will have access to all of the clerical and technical support available to senior staff including computer/internet access, computer support personnel, and medical media (for presentation services). Residents are welcome and encouraged to join our specialized councils, if interested (see below). Residents are respected as junior colleauges and may complete tasks within their interest areas and as their time allows. The John Cochran Division of the medical center has a medical library which contains approximately 2600 volumes in the areas of Psychology and Psychiatry, and currently subscribes to 50 journals in the behavioral sciences, with additional journal access through ProQuest Psychology Data base with an additional access to 68 mental health-related journals. Extensive computer services are available, including all major medical on-line data base/literature search capabilities, inter-library loan services, and library support services.

CULTURAL COMPETENCY COUNCIL (C3)

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

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

PRACTICE COUNCIL

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

LGBTQI+ COMMITTEE

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

EVALUATION OF TRAINING PLAN AND PROGRESS

Within the first month of the residency, each resident will, in concert with their designated supervisor(s), develop one or more learning agreements (one per rotation or clinical area) to guide the structure and content of the training term. This agreement is subject to approval of the Training Director. The learning agreement will include, but may not necessarily be limited to, the following core competency training objectives:

- Advanced skills in targeting, conducting, and interpreting psychological assessments and communicating assessment findings
- Advanced skills in conceptualizing, implementing, and evaluating evidenced-based treatment interventions
- Skills in conducting effective inter-professional consultation with staff of diverse professional and cultural backgrounds and in developing and maintaining a viable and effective professional psychological role on multi-disciplinary teams
- Skills in understanding and adhering to APA Ethical Principles and Code of Conduct as well as relevant laws, regulations, rules, and policies governing health service psychology
- Skills in: 1) demonstrating awareness and understanding of own personal/cultural history, attitudes, and biases, 2) demonstrating depth of client conceptualization based upon broadest interpretation of diversity, and 3) integrating theoretical and empirical knowledge of diversity, culture, and social justice principles into practice
- Skills in using the existing and evolving body of knowledge and methods in the science and practice of psychology, including developing and implementing a quality management, performance improvement or comparable scholarly project to be performed over the course of the year
- Advanced skills in demonstrating appropriate professional values, attitudes, and behavior
- Advanced skills in: 1) developing and maintaining relationships with a wide range of clients, colleagues, organizations, communities, supervisors, and patients, 2) verbal, nonverbal, and written communication that is professional, integrated, and informative
- Skills in demonstrating: 1) knowledge of the ethical, legal, and contextual issues of the supervisor role and, 2) effective (supervised) supervision skills

Formal competency evaluations of the progress of residents are conducted quarterly, with the final evaluation due two weeks before the end of the training year (for a total of 4 evaluations over the training year). Clinical Psychology residents are evaluated using the **Trainee Evaluation Form**, and Neuropsychology Residents are evaluated using the **Neuropsychology Evaluation Form**. Second year Neuropsychology residents are evaluated at the same intervals in year two as well. However, informal feedback opportunities regarding performance are expected to occur on a regular basis in the context of supervision. Each formal evaluation will be completed by supervisors and will be verbally reviewed with the resident prior to signature. Each evaluation meeting will address, but not be limited to:

- Progress of the resident in meeting the stated training/competency objectives, goals and expectations specified in the learning contract, with suggestions for improvement (if needed) in the areas of professional conduct, ethics, assessment, consultation, etc.
- Any amendments/revisions of the learning agreement as needed

All evaluations are documented in writing in Time2Track and are electronically signed by both the supervisor(s) and resident.

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

One of our primary goals of residency is to promote the success of residents in their training here and beyond. Part of this involves monitoring for satisfactory performance in your residency education.

Our Trainee Evaluation Form and Neuropsychology Trainee Evaluation form are designed to measure performance across APA's nine profession-wide benchmark competency areas. All evaluations must be based in some part on direct observation (live, audio, video) as required by the APA.

Clinical Psychology Residents:

To demonstrate the minimum-level of achievement (MLA) necessary for program completion, all Clinical Psychology Residents must achieve Overall Competency Ratings of 5 or higher for all profession-wide competency areas at the end of the training year, with no item-level ratings lower than 4. For required MLAs by quarter, please see the **Trainee Evaluation Form** for additional information. Our rating scale and anchors are as follows:

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

2	**Intermediate Entry Level Competence**- Trainee needs minimal structure for routine activities with required supervision, but requires regular supervision on challenging cases/projects and in new skills areas. Most cases/projects need consultation only.
3	**Readiness for Generalist Entry Level Practice (Intern exit level/resident entry level)**: Trainee is prepared and competent for generalist entry-level independent practice and licensure. The trainee has the ability to: • independently function in a broad range of generalist clinical and professional activities • generalize skills and knowledge to new situations • self-assess when to seek additional training, supervision, or consultation. Sound critical thinking/judgment evident overall. **This is the level required for successful completion of the internship training program**.
4	**Developing Advanced Competence**- Skill in this area notably exceeds that expected for doctoral interns at the completion of the training year. Sound thinking and critical judgment are evident overall; the trainee has fully mastered this skill area and can handle complex situations independently under the required supervision.
5	**Advanced Competence (Resident exit level):** Sound critical thinking/judgment is evidenced in advanced or specialized area(s). The trainee has the ability to: • generalize advanced or specialist skills and knowledge to novel and/or complex situations • demonstrate expertise in a broad range of clinical and professional activities • serve as an expert resource to other professionals. Consultation needed on very complicated cases/projects. **This is the level required for successful completion of the residency training program**.
6	**Diplomate (ABPP) level (typical psychologist 2 years post-degree).** Trainee demonstrates a distinguished level of competency, notably beyond what is typically observed by post-doctoral residents who have competed their training year.

Clinical Neuropsychology Residents:

To demonstrate the minimum-level of achievement (MLA) necessary for program completion, all Clinical Neurosychology Residents must achieve ratings of 5 or higher for all items at the end of the second training year. For required MLAs by quarter, please see the **Neuropsychology Evaluation Form** for additional information. Our rating scale and anchors are as follows:

Rating	Rating Descriptions
1	**Advanced Graduate Student / Practicum Level**: Extensive oversight and direction required.
2	**Internship Level**: New skill area or limited experience: Close supervision needed for some important task elements.
3	**Post-doctoral entry Level**: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4	**Advanced Post-doctoral Level**: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5	**Independent Practice Level**: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6	**Outstanding performance at the professional practice level**: Superior Competence. N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

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

EVALUATION OF TRAINING PROGRAM STRUCTURE, METHOD, AND OUTCOME

As above, formal, written competency evaluations of the trainee by supervisor(s) occur quarterly, with the final evaluation due two weeks before the end of the training year. Feedback will also be provided to the supervisor to assure reciprocal data on quality of supervisory training. This is done through the trainee's completion of a de-identifed Supervisor Assessment at the end of their training. Additionally, all psychology trainees are surveyed in the spring using an anonymous web-based format in order to solicit confidential feedback about the training program. This information is reviewed in aggregated format by the Training Council during its yearly Strategic Planning meeting. Trainees are also given opportunities for group feedback to training council leadership each quarter and can opt for an exit interview with the Training Director upon completion of training. Finally, we administer a one-year post-graduate survey to graduates to evaluate their perception of how well the training program helped them meet necessary competencies. All of the information solicited from trainees is reviewed and used by the Training Council in order to continue working toward continuous improvement in our program's structure and method of training.

St. LOUIS LIVING AND COMMUNITY

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

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

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

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

Community of St. Louis Links	
City of St. Louis official website	City of St. Louis, MO: Official Website (stlouis-mo.gov)
St. Louis has a variety of neighborhoods each with their own culture, events, and history	Neighborhoods of the City of St. Louis (stlouis-mo.gov)
St. Louis Leisure and Culture	Leisure and Culture | Explore Topics (stlouis-mo.gov)
St. Louis has a long history from Indigenous people, French and then Spanish colonization, and more. Read here to find out more	About St. Louis | History (stlouis-mo.gov)

Cultural life resource	Part I: Cultural Life (stlouis-mo.gov)
Things to do in St. Louis	
City Museum, cost $20	City Museum | Weirdly Wonderful | St. Louis, MO
National Blues Museum, cost $15	Homepage | National Blues Museum | St. Louis, MO
The Griot Museum of Black History, cost $10	The Griot Museum
St. Louis Art Museum, cost **FREE**	Saint Louis Art Museum (slam.org)
Botanical Garden is a great place to walk, visit indoor and outdoor exhibits, and to enjoy a variety of events through the year. Cost, $14 or often free with a membership	Missouri Botanical Garden
Unique St. Louis parade, focus is fun, happiness and silliness, cost **FREE**	Art Parade Joy | Peoples Joy Parade
Not located in St. Louis, but is a short drive away in Illinois. Cahokia Mounds historic site is the remains of the most sophisticated prehistoric native civilization north of Mexico. Cost, **FREE**	Cahokia Mounds
To find out more about St. Louis Pride events. Cost, **FREE**	Pride St. Louis (pridestl.org)
St. Louis Zoo- cost, **FREE**	Saint Louis Zoo | Home (stlzoo.org)
The famous St. Louis Arch and museum, cost **FREE** for museum and $15-$19 for tram ride to top of the Arch	Gateway Arch National Park (U.S. National Park Service) (nps.gov)
St. Louis Aquarium at Union Station. Cost, $25	St Louis Aquarium at Union Station | Missouri's New Family Destination
Ropes Course at Union Station. Cost, $15	Rope Course | Union Station - St. Louis, MO (stlouisunionstation.com)
City of St. Louis Dog Parks	Dog Parks | City of St. Louis Parks (stlouis-mo.gov)

St. Louis has a new soccer team and stadium. Cost ranges	St. Louis City SC | MLSSoccer.com
St. Louis Cardinals, baseball team. Cost starting at $10	Official St. Louis Cardinals Website | MLB.com
St. Louis Blues, hockey team. Cost starting at $13	Official St. Louis Blues Website | NHL.com
Activism Resources	
Variety of resources listed	Segregation in St. Louis Report | Health Equity Works | Washington University in St. Louis (wustl.edu)
Harm Reduction resource	OUTREACH | The T (thetstl.com)

PERSONNEL INFORMATION

This residency is a 12-month, 2,080 hour full-time appointment (with exception of Neuropsychology, which is a two year appointment with the second year contingent on satisfactory completion of the first year). Acceptance of an appointment requires a commitment to meet all eligibility requirements prior to residency start date and complete the entire training period.

Benefits include 11 federal holidays, health insurance, acquired sick leave (4 hours per 2-week pay period), and annual leave (4 hours per 2-week pay period) that may be used during the year after the leave hours have been accrued. In addition, up to 120 hours/year (15 days) of "authorized absence" may be used, with approval. Authorized absence is to be used for professionally related activities (e.g., attendance at educational/professionally-relevant meetings, conventions, workshops, EPPP exam) or to support interviews for VA positions. These authorized absences are contingent upon administrative approval and count towards the 2,080 hours of training. Malpractice coverage for official duties is provided under the Federal Tort Claims Act. You will be fully briefed on all personnel practices during your orientation period upon arriving on site including the program's grievance and due process policy (see Attachment 1).

The VA is a federal government organization and an equal opportunity employer. The training program strongly encourages applications from all qualified applicants. **We value diversity in all its forms, including gender, age, race, ethnicity, sexual orientation, and disability. We take a strong stance regarding policies of non-discrimination and accommodation for success in our residency program.**

Pay

The current stipend for residents in a one-year placement and for first year residents in the two-year neuropsychology program is $52,968. Neuropsychology residents in their second year of residency will be paid $55,830, contingent upon satisfactory performance in year one.

Family Leave

We are committed to facilitating parental leave for the arrival of new children consistent with APPIC guidelines. The VA allows up to 12 weeks of unpaid leave during a 12-month period, to assist families with new children by birth, adoption, or foster care. We try to arrange plans for leave as soon as we have notice. We first encourage expecting parents to check with Human Resources to ensure they understand the entirety of benefits and leave available to them. We then assist with planning for the return after family leave, including establishing time and space for breastfeeding routines, should they choose to do so, and we work to ensure the completion of all 2080 hours of equivalent training experiences which meet our program's aims, training goals, competencies, and outcomes. All required training activities missed during the period of leave will be made up in equivalent fashion.

Active Duty or Federal Retiree (civil service or military)

If you are an active duty military member, or if you are a federal retiree (civil service or military) receiving a retirement pension/annuity, you should identify this status in the initial application process as this may affect your stipend. Following acceptance, final appointments are contingent upon passing standard federal employment screenings and requirements (e.g., physical exam, background checks, electronic fingerprinting, etc.). If you have any questions about these standard requirements for VA employment, please contact our HR at 314-894-6620 for additional information.

Start Date for 2024/2025 Training Year: **July 15, 2024**

ELIGIBILITY REQUIREMENTS AND APPLICATION PROCEDURES

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

A. **U.S. Citizenship.** Interns must be citizens of the United States. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection.

B. **U.S. Social Security Number.** All Health Professions Trainees (HPTs) must have a U.S. social security number (SSN) prior to beginning the VA pre-employment, on-boarding process. HPTs not eligible to apply for an SSN will not be permitted to train at VA.

C. **Selective Service Registration.** Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System (SSS). Male, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males required to register, but who fail to do so by their 26th birthday, may be ineligible for VA appointment. Visit https://www.sss.gov to register, print proof of registration or obtain a Status Information Letter. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict. Exceptions are very rarely granted, but have been made within our program when necessary and appropriate.

D. **Proof of Identity:** Onboarding requires two source identification documents (IDs) to prove identity. Documents must be unexpired and names on both documents must match. For more information visit: PIV-Credential-Identity-Verification-Matrix.pdf (va.gov). States have begun issuing Secure Driver's Licenses. Be sure yours will be accepted as a Real ID https://www.dhs.gov/real-id.

E. **National Practitioner Data Bank:** HPTs who are currently licensed, or who previously held a license in the same or a different discipline, must be screened against the NPDB. Visit the site to perform a self-query and confirm you are eligible for VA appointment. https://www.npdb.hrsa.gov.

F. **List of Excluded Individuals and Entities:** The Department of Health and Human Services Office of the Inspector General has compiled a list of individuals excluded from participation in Medicare, Medicaid, and all other Federal healthcare programs. Visit the site to confirm you are NOT on this list https://exclusions.oig.hhs.gov/.

G. **Health Requirements:** As a condition of appointment, HPTs must: furnish evidence or a self-certification that they are physically and mentally fit to perform the essential functions of the training program, have up-to-date vaccinations for healthcare workers as recommended by the Centers for Disease Control (CDC) https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html and have undergone baseline tuberculosis (TB) screening and testing per CDC health care personnel guidelines (for direct VA-paid HPTs, this means within 90-days of Offer and Acceptance.) https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

H. **Fingerprint Screening and Background Investigation.** HPTs will be fingerprinted and undergo screenings and background investigations. A VA Human Resources Security Specialist will determine suitability. Additional details can be found here: http://www.archives.gov/federal-register/codification/executive-order/10450.html.

I. **VA Onboarding Forms:** Additional pre-employment forms include the:

- Application for Health Professions Trainees (VA 10-2850D)
- Declaration for Federal Employment (OF 306)
- HPT Random Drug Testing Notification and Acknowledgement memo (see below)

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

J. **Drug-Free Workplace.** HPTs are not drug-tested prior to receiving an appointment; however certain HPTs are subject to random drug testing throughout the entire VA appointment period. HPTs sign an acknowledgement form stating awareness of this practice (see form in the link above). Additional information can be found here: VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf (va.gov).

K. **Completion of all doctoral degree requirements** from a clinical or counseling psychology doctoral program accredited by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) **prior to start date** with no items pending action (this includes successful defense of dissertation, and dissertation being filed and accepted by the graduate program with no pending edits/actions necessary prior to the start date).

L. Successful completion of an APA-accredited or CPA-accredited psychology internship program.

Application Procedures

Applications for consideration will be received through APPA CAS in all but extenuating circumstances.

Please see APPIC's Postdoctoral Selection Guidelines for further information:
Postdoctoral Selection Standards (appic.org)

To apply, create an APPA CAS profile, upload required documents (e.g., transcripts), and also enter the following:

1. A cover letter describing how you feel this residency would assist you in meeting your career goals.
2. A current curriculum vita.
3. Three letters of recommendation (referred to as "Evaluations" in the APPA CAS portal). Preferably one of these will be from your internship director and will

provide indication of your status in that program and whether you have been on a remediation plan.
4. A letter from your dissertation chair or training director confirming your anticipated date of dissertation completion and date of degree conferral (if one of your recommendation letters is from your dissertation chair or training director, and includes this information, no additional letter is necessary).
5. Submit an abstract of your dissertation if it has already been completed.
6. A HIPPA compliant de-identified work sample from a psychological assessment report or a case presentation.

Application Due Date for Clinical Psychology Residency Positions

EBP, Geropsychology, Health Psychology, and PTSD focused positions will follow the APPIC Postdoctoral Selection Guidelines and Common Hold Date (CHD) procedures (Postdoctoral Selection Standards (appic.org)).

- **Application reviews for all programs will begin by January 1, 2024.**
- Each residency program will set up their own dates and times for interviews based upon interview panel availability. **Please note: ONLY virtual/remote interview day activities will be used for all interviewees, including local candidates, to support safe and equitable practices.** An optional, virtual non-evaluative open house will be held on January 17, 2024 from approximately 10a-1p CST. **Please indicate in your cover letter if you are interested in attending, and we will forward you the agenda and relevant links.**
- Following completion of all review and interview processes, the Clinical Psychology residency positions (EBP, Geropsychology, Health Psychology, PTSD) will rank order applicants for the positions to which each applicant has applied. Per APPIC recommendations, we plan to complete all interviews and rankings by 02/02/24 and will be prepared to initiate offers to top-ranked applicant(s) shortly thereafter.

Application Due Date for Clinical Neuropsychology

Our Clinical Neuropsychology program is an APPCN member program. Accordingly our program participates in the matching program for clinical neuropsychological postdoctoral residencies, administered by the National Matching Services (NMS). We will be participating in the APPCN Match process. **We adhere to all policies regarding the matching program. In specific, this residency site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any residency applicant.**

- **Applications are due December 4, 2023.**
- We intend to set up dates and times for interviews based upon interview panel availability. **Please note: ONLY virtual/remote interview day activities will be used for all interviewees, including local candidates, to support safe and equitable practices. We are committed to virtual/remote interviewing of applicants per recommendations by APPCN.**

The program will make interview offers for the neuropsychology residency program to identified best-fit applicants.

As we are following APPCN match policies, please refer to the websites for APPCN (www.appcn.org) and National Matching Services (APPCN Match | Index (natmatch.com)) for more information on the matching program, including key dates for the 2024 match.

Information about the Interview Process

After screening written applications, we will select prospective residents to interview whom we believe will prosper at our site. **Please note: ONLY virtual/remote interview day activities will be used for all interviewees, including local candidates, to support safe and equitable practices.** We utilize a performance-based interview model (the standard VA employment interview format) which solicits information about prior training, skill/competency sets, knowledge of the area of emphasis/specialization for which you are applying, and relevant personal attributes that will promote a successful training experience. While we rely primarily on the written and performance-based interview data to assist us in making both good and fair choices among applicants, we also take qualitative data about a candidate's goodness of fit into consideration, where applicable, to augment ranking decisions.

Information about the onboarding process

In addition to the Eligibility criteria listed above, the VA requires several verifications that must be completed prior to your start date (even if you have already worked in another VA). In addition to the paperwork you will need to provide to Human Resources, verification of your degree is required (including documentation that all degree requirements are met before your start date), and the VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit Medical Informatics Unit - TQCVL Guide.pdf - All Documents (sharepoint.com) and TQCVL Template.docx (sharepoint.com). The following verifications are also required:

1) **Primary source verification of doctoral degree**. We require signed documentation from your academic Director of Training documenting that you completed all requirements for the doctoral degree prior to the residency start date.

2) **Primary source verification of internship completion**. We required signed documentation from your internship Director of Training documenting completion of an APA or CPA accredited internship prior to the residency start date.

3) **Identification of any current or past licenses, certifications, registrations you have had**. If you are or have been licensed in any profession, please let us

know, and identify if there were any practice issues. Additionally, know we will need to checking the following websites (https://www.npdb.hrsa.gov/ and https://exclusions.oig.hhs.gov/) in attempt to ensure compliance with this expectation.

POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

POSTDOCTORAL PROGRAM TABLES

Program Tables updated: July 1, 2023

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Postdoctoral Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:	
The primary supervisors and training leadership review submissions and invite interviewees based upon their assessment of fit with our program on the following criteria (in no order of priority): o Similarities between expressed training interests and the training emphasis and opportunities of the residency program. o Strength of endorsement provided in letters of recommendation from those who know the applicants well. o Evidence of advanced clinical or counseling experiences working with populations and problems relevant to the emphasis area to which the applicant has applied. o Evidence of scientific knowledge base from	

graduate training and internship experiences in assessment, intervention, and scholarly/research activities relevant to the emphasis area to which the applicant has applied as well. o Prior VA experience is considered favorable but is not required. o Interview preference is given to applicants meeting the descriptions above and whose material indicates experiences and activities demonstrating their cultivation of cross-cultural awareness, sensitivity, and advocacy skills or who identify themselves as representing a diverse group on the basis of disability status, gender identity, sexual orientation, racial or ethical background, religion, or country of origin. o Interview preference is given to military Veteran applicants meeting the descriptions above.	
Describe any other required minimum criteria used to screen applicants:	
o Applicants must come from APA, CPA, or PCSAS accredited graduate programs. o Applicants must have completed an APA- or CPA-accredited internship. o For VA requirements for all HPTs, please see the Eligibility Requirements section beginning on page 31. o The VA requires that residents be citizens of the United States. o The VA does not allow residents who have been convicted of a felony. We require completion of doctoral degree and will not onboard new-hire residents whose dissertations are not completed prior to the start date of the residency. Please see "Application Procedures" in section above for complete application process information.	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Year 1 Residents	$52,968
Annual Stipend/Salary for Full-time Year 2 Residents	$55,830

Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for Resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to residents in excess of personal time off and sick leave?	Yes, up to 12 weeks
Other Benefits (please describe):	
11 paid Federal holidays	
*Note. Programs are not required by Commission on Accreditation to provide all benefits listed in this table.	
Initial Post-Residency Positions	
(Provide an Aggregated Tally for the Preceding 3 cohorts)	2019-22
Total # of Residents who were in the 3 cohorts	11
Total # of Residents who remain in training in the residency program	1*
Academic teaching	PD = 0, EP = 0
Community mental health center	PD = 0, EP = 0
Consortium	PD = 0, EP = 0

University Counseling Center	PD = 0, EP = 0
Hospital/Medical Center	PD = 0, EP = 2
Veterans Affairs Health Care System	PD = 0, EP = 8
Psychiatric facility	PD = 0, EP = 0
Correctional facility	PD = 0, EP = 0
Health maintenance organization	PD = 0, EP = 0
School district/system	PD = 0, EP = 0
Independent practice setting	PD = 0, EP = 1
Other	PD = 0, EP = 0
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	
*Year 2 Neuropsychology Position	

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BIOGRAPHICAL VIGNETTES OF PSYCHOLOGY STAFF

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In reply refer to: 116B/JB

Memorandum

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Expectation (Minimum Level of Achievement)	**Contact TC (Possible Remediation)**	**Rating**	**Rating Descriptions**
	All Levels: Any rating of 0	**0**	**Remedial (Practicum Entry Level or Lower)** - The trainee shows significant deficiencies in this skill area, with little to no autonomous judgment. The trainee is substantially below expectations for entry to the current level of training. Substantial supervision required on all cases/projects.
Expected Competency Ratings for Interns at Q1	For Interns: Q2-Q4: Competency Rating ≤1 Q4: Item Rating ≤1 For Residents: Any Rating of 1	**1**	**Developing Entry Level Competence (Practicum exit level/Intern entry level)**-Regular supervision required on most straightforward cases/projects and in new skill areas.
Expected Competency Ratings for Interns at Q2 and Q3	For Interns: Q4: Competency Rating ≤ 2 For Residents: Any Competency Rating ≤ 2 Q2-Q4: Item Rating ≤2	**2**	**Intermediate Entry Level Competence**- Trainee needs minimal structure for routine activities with required supervision, but requires regular supervision on challenging cases/projects and in new skills areas. Most cases/projects need consultation only.
Expected Competency Ratings for Interns at Q4 **(GRADUATION REQUIREMENT)** Expected Competency Ratings for Residents at Q1	For Interns: N/A For Residents: Q2-Q4: Competency ≤3 Q4: Item Ratings ≤3	**3**	**Readiness for Generalist Entry Level Practice (Intern exit level/resident entry level)**: Trainee is prepared and competent for generalist entry-level independent practice and licensure. The trainee has the ability to: • independently function in a broad range of generalist clinical and professional activities • generalize skills and knowledge to new situations • self-assess when to seek additional training, supervision, or consultation. Sound critical thinking/judgment evident overall. **This is the level required for successful completion of the internship training program**.
Expected Competency Ratings for Residents at Q2 and Q3	For Interns: N/A For Residents: Q4: Competency Ratings ≤4	**4**	**Developing Advanced Competence**- Skill in this area notably exceeds that expected for doctoral interns at the completion of the training year. Sound thinking and critical judgment are evident overall; the trainee has fully mastered this skill area and can handle complex situations independently under the required supervision.
Expected Competency Ratings for Residents at Q4 **(GRADUATION REQUIREMENT)**	For Interns: N/A For Residents: N/A	**5**	**Advanced Competence (Resident exit level):** Sound critical thinking/judgment is evidenced in advanced or specialized area(s). The trainee has the ability to: • generalize advanced or specialist skills and knowledge to novel and/or complex situations • demonstrate expertise in a broad range of clinical and professional activities

			• serve as an expert resource to other professionals. Consultation needed on very complicated cases/projects. **This is the level required for successful completion of the residency training program**.
		6	**Diplomate (ABPP) level (typical psychologist 2 years post-degree).** Trainee demonstrates a distinguished level of competency, notably beyond what is typically observed by post-doctoral residents who have competed their training year.

A. Investigating Concerns: Any trainee who receives evaluation scores indicating that they are not meeting required minimum levels of achievement is considered to have a substantiated concern. When a concern regarding potentially problematic trainee performance that is not reflected on the evaluation form is brought to the attention of TC, the TD, ATD, and/or designee may choose to consult with other members of TC and/or Chief of Psychology and will investigate to determine if the concern is substantiated by doing one or more of the following, as appropriate:

1. Speaking with the trainee in question to provide feedback on expressed concern and gather trainee's perspective.
2. Speaking with the supervisor involved to better understand concerns
3. Speaking with any other parties with information relevant to the issue
4. Reviewing training records and any other relevant documentation
5. Consulting with the trainee's graduate program

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

B. Addressing Substantiated Concerns:

1. The primary responsibilities of the TD/ATD (and/or designee) when addressing a substantiated concern about a trainee are to: evaluate the expressed concern(s) with respect to the seriousness of the concern(s) and to determine the level of intervention that is most appropriate. The TD/ATD and/or designee will consult with Training Council and may consult with the Chief of Psychology at any time during this process to evaluate the seriousness of a concern and/or for feedback and input on appropriate interventions or avenues for resolving concerns.

2. Trainees with substantiated concerns may share their perspective with TC verbally by attending a TC meeting or in writing prior to TC determination of a plan for addressing the concern.

3. After reviewing the relevant information, TC will determine by a majority vote, without the trainee present, whether concerns are considered "minor" or "significant" and indicative of a need for remediation or other follow-up from MH leadership. TC will then communicate this recommendation to the Chief of Psychology.

4. If a concern is determined to be minor by TC vote, TD/ATD and/or designee will communicate directly with the trainee in question and supervisors and suggest avenues for resolving problems. Resolutions at this level may include: no action, watchful monitoring, a skills development plan, and/or general recommendations for further building competency. A skills development plan allows for the trainee to gain additional knowledge, training, or skills practice in a specific performance area and requires monitoring and follow-up reporting to TD/ATD and/or TC within a specific time frame.

5. If a concern represents a significant deficit in skill, practice, or behavior, TD/ATD and/or designee will directly communicate to the intern both verbally and in writing as to the nature of expressed concerns. In these instances, TD/ATD and/or designee may consult with other TC members, the

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

6. The Formal Remediation Plan will be a written document that includes the following components:
    a. A description of the problematic performance issue(s)
    b. Specific recommendations for rectifying the problems and increasing satisfactory competence.
    c. A timeframe for the performance period during which the problem is expected to be addressed, changed, or improved.
    d. A description of how improvements in identified skill, practice or behavior will be demonstrated
    e. Procedures for the trainee and supervisors to assess and report to TD/ATD and/or designee whether the problem has been appropriately rectified.
    f. The recommendations in the Formal Remediation Plan may include, but are not limited to:
        i. Increased supervision, either with same or other supervisors
        ii. Change in format, emphasis, and/or focus of supervision
        iii. Reduction in trainee's clinical duties or recommendation for leave of absence

7. In the case of Psychology Interns, where formal remediation is considered necessary: (1) In accordance with APA Standards of Accreditation, the Training Council will notify the intern's affiliated academic training program and alert them to the identified problem and collaborate with that program to the extent deemed appropriate by the Training Council, and (2) Supervisory staff will have clear dialogue with the Intern about what they can or cannot provide in the way of professional references for job or postdoctoral positions to which the Intern may apply during the training year.

8. In the case of Psychology Residents, where formal remediation is considered necessary: The Training Council will consider the level of training of Residents and their ethical obligation to evaluate Residents as having successfully completed postdoctoral training with skills and behaviors sufficient for independent practice. Because Residents are seeking job placement during their training, the Training Council will recommend (1) that residency supervisors have a clear dialogue with the Resident about what they can or cannot provide in the way of professional references for job placement, and (2) the Training Council may vote to submit a formal Letter of Concern into the Resident's training file, which will be removed only upon successful completion of the Formal Remediation Plan and successful completion of all other areas of training competency.

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

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

In rare cases, when the opinion of the Training Council is that the performance or behavior of a trainee may compromise the care of clients or colleagues, or where their level of performance is so deficient that they cannot ethically be recommended for independent practice, the Training Council may recommend immediate dismissal

from the training program. Terminations are initiated at the discretion of the Chief of Psychology as outlined in existing VA regulations and policy.

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

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

1) Suspension of the trainee for a limited time from engaging in certain professional activities until there is evidence that the identified problem has been rectified. Suspensions beyond the specified period of time may result in termination or failure to graduate the program.

2) Depending on the gravity of the identified problem, the Training Council may inform the trainee and preceptor that the trainee will not successfully complete the internship or residency if the Training Council cannot establish that sufficient competency has been achieved.

3) If by the end of the training year, the trainee has not successfully completed the training requirements, the Training Council may recommend that Psychology Interns not graduate from their academic programs or that Psychology Residents not be recommended or referred for positions of independent practice or licensing.

a. Intern trainees will be informed in writing that they have not successfully completed the internship. The academic program of intern trainees will be notified of such.
b. Resident trainees will be informed in writing that they have not successfully completed postdoctoral training/residency. They will be provided a copy of the Letter of Concern placed in their training file and reminded of the implications with respect to reference requests from state licensing boards and future employers.

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

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

VII. Training Program Dispute Resolution Processes

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

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

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

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

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

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

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

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

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

Documentation and Storage of Complaints/Disputes

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

Complaints/disputes are documented in the training program through written communication from the trainee (electronic or otherwise). This may include a description of the nature of the complaint and parties involved, as well as administrative documentation from the TD, ATD, or TC members to include additional information regarding

what actions were taken, what administrative level was involved in resolution, and what actions, if any, were taken in order to satisfactorily resolve the dispute.

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

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

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

Attachment 2: COVID-19 Materials

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

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

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

- Personal Protective Equipment (PPE) requirements vary according to clinical area. Your supervisor will inform you of required PPE procedures in your area and will ensure you have the necessary PPE. (Please contact the TD immediately if you need assistance obtaining PPE).

- Trainee orientation will include Fit Testing to ensure that all trainees are assessed by Industrial Hygiene for appropriate N95 masks, if needed.

- Trainee orientation will include an overview by nursing staff about Infection Prevention, PPE, and Hand Hygiene.

Attachment 3: Trainee Evaluation Form

Trainee Evaluation Form

Trainee Name: **Date Evaluation Completed:**
Circle/Mark Trainee Type: Intern Rotation Intern Preceptee (or)
Resident
Name of Rotation Area/Program:

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

Was some form of Direct Observation (not audio) provided for this evaluation? Yes (required)
Name of Person(s) Completing Form and Degree:
1. _____ Licensed Psychologist? Yes / No
2. _____ Licensed Psychologist? Yes / No
3. _____ Licensed Psychologist? Yes / No

All Supervisors - Describe experiences during this training period:

PRECEPTORS – Describe input from independent training activities or special competency activities and whether the consultant supervisor observed the activities:		
Special Competency Activities	Consultant Supervisor(s) providing input:	Direct Observation?
Supervision Seminar		Y / N
Independent Research/Science Activity (research project/ Grand Rounds)		Y / N

Evaluation Rating Scale:

Expected Intern Trajectory
Q1 Q2-Q3 Q4

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

Expected Resident Trajectory
Q1 Q2-Q3 Q4

Brief Scoring Guidance by Training Level:

Internship Scoring Guidance:

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

Residency Scoring Guidance:

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

Detailed Scoring Guidance

Key:
Competency Rating = Overall Competency Rating for each Profession-Wide Competency
Item Rating = Individually scored items listed within each competency domain

Expectation (Minimum Level of Achievement)	**Contact TC (Possible Remediation)**	**Rating**	**Rating Descriptions**
	All Levels: Any rating of 0	**0**	**Remedial (Practicum Entry Level or Lower)** - The trainee shows significant deficiencies in this skill area, with little to no autonomous judgment. The trainee is substantially below expectations for entry to the current level of training. Substantial supervision required on all cases/projects.
Expected Competency Ratings for Interns at Q1	For Interns: Q2-Q4: Competency Rating ≤1 Q4: Item Rating ≤1 For Residents: Any Rating of 1	**1**	**Developing Entry Level Competence (Practicum exit level/Intern entry level)**- Regular supervision required on most straightforward cases/projects and in new skill areas.
Expected Competency Ratings for Interns at Q2 and Q3	For Interns: Q4: Competency Rating ≤ 2 For Residents: Any Competency Rating ≤ 2 Q2-Q4: Item Rating ≤2	**2**	**Intermediate Entry Level Competence**- Trainee needs minimal structure for routine activities with required supervision, but requires regular supervision on challenging cases/projects and in new skills areas. Most cases/projects need consultation only.
Expected Competency Ratings for Interns at Q4 **(GRADUATION REQUIREMENT)** Expected Competency Ratings for Residents at Q1	For Interns: N/A For Residents: Q2-Q4: Competency ≤3 Q4: Item Ratings ≤3	**3**	**Readiness for Generalist Entry Level Practice (Intern exit level/resident entry level)**: Trainee is prepared and competent for generalist entry-level independent practice and licensure. The trainee has the ability to: • independently function in a broad range of generalist clinical and professional activities • generalize skills and knowledge to new situations • self-assess when to seek additional training, supervision, or consultation. Sound critical thinking/judgment evident overall. **This is the level required for successful**

			completion of the internship training program.
Expected Competency Ratings for Residents at Q2 and Q3	For Interns: N/A For Residents: Q4: Competency Ratings ≤4	**4**	**Developing Advanced Competence**- Skill in this area notably exceeds that expected for doctoral interns at the completion of the training year. Sound thinking and critical judgment are evident overall; the trainee has fully mastered this skill area and can handle complex situations independently under the required supervision.
Expected Competency Ratings for Residents at Q4 **(GRADUATION REQUIREMENT)**	For Interns: N/A For Residents: N/A	**5**	**Advanced Competence (Resident exit level):** Sound critical thinking/judgment is evidenced in advanced or specialized area(s). The trainee has the ability to: • generalize advanced or specialist skills and knowledge to novel and/or complex situations • demonstrate expertise in a broad range of clinical and professional activities • serve as an expert resource to other professionals. Consultation needed on very complicated cases/projects. **This is the level required for successful completion of the residency training program**.
		6	**Diplomate (ABPP) level (typical psychologist 2 years post-degree).** Trainee demonstrates a distinguished level of competency, notably beyond what is typically observed by post-doctoral residents who have competed their training year.

(i) Research	
Item Ratings	
1A. Understands research methodologies (data collection, analysis, etc.) and is able to critically evaluate clinical practices, interventions, programs, and research.	0 1 2 3 4 5 6 [N/O]
1B. Independently reviews and incorporates scientific knowledge to clinical practice, program development, and/or educational presentations.	0 1 2 3 4 5 6 [N/O]
1C. Independently able to identify a topic of interest or need, to design and conduct an appropriate course of scholarly inquiry, and to disseminate information for a targeted audience (e.g., Psychology Grand Rounds).	0 1 2 3 4 5 6 [N/O]
Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.	
Competency Rating: Research	
Please provide your overall rating of this trainee's current competency in the area of: Research. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).	0 1 2 3 4 5 6 [N/O]

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

(ii) Ethical and legal standards							
Item Ratings							
2A. Demonstrates knowledge of, and adherence to, APA Ethical Principles and Code of Conduct as well as relevant laws, regulations, rules, and policies governing health service psychology at organizational, local, state, regional, and federal levels.	0	1	2	3 [N/O]	4	5	6
2B. Independently recognizes ethical dilemmas and applies ethical decision-making in order to resolve them.	0	1	2	3 [N/O]	4	5	6
Note: At Q4, interns must have scores of 2 or higher and residents must have scores of 4 or higher on all Item Ratings to graduate.							
Competency Rating: Ethical and Legal Standards							
Please provide your overall rating of this trainee's current competency in the area of: Ethical and Legal Standards. (Note: this is not a statistical average of scores, but rather, your overall impression of the trainee's competency in this domain).	0	1	2	3 [N/O]	4	5	6
Note: At Q4, interns must have scores of 3 or higher and residents must have scores of 5 or higher on all Competency Ratings to graduate.							

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

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

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

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

(vi) Assessment								
Item Ratings								
6A. Selects appropriate assessment measures and methods based upon empirical literature.	0	1	2	3	4	5	6	[N/O]
6B. Interprets assessment results according to professional standards, guarding against decision-making biases and distinguishing subjective from objective aspects of assessment.	0	1	2	3	4	5	6	[N/O]

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

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

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

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

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

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

- Trainee Strengths:

- Growth Areas (include specific recommendations to improve competencies):

- Progress on corrective recommendations you have given over the course of this evaluation period (if applicable)?

- Is the trainee ready to move to the next level of training, or independent practice?

- Other specific recommendations for future development

Please list the title of the scholarly project and briefly describe how project is planned for completion.
Current status? ___Yes, completed ___In progress ___No, not begun ___N/A

Supervisor _____ Date _____

Supervisor _____ Date _____

Supervisor Date

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

Signature of Trainee Date

Attachment 4: Neuropsychology Resident Evaluation Form

Neuropsychology Resident Evaluation Form

Trainee Name: **Date Evaluation Completed:**
Trainee Type: **First Year Resident** **Second Year Resident**
Neuropsychology Clinic (QX and QX)
Neurorehabilitation (including Polytrauma/TBI Clinic) (QX and QX)
Quarter: **Q1** **Q2** **Q3** **Q4** **Year XX**

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

Name of Person(s) Completing Form and Degree

1. **Licensed Psychologist? Yes**
2. **Licensed Psychologist? Yes**
3. **Licensed Psychologist? Yes**

Describe experiences during this Neuropsychology Residency training period:

Supervisory experience:
Experiences during Neuropsychology Clinic rotation:

Experiences during Neurorehabilitation rotation:

Scholarly Activity Project:

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

Scoring Guidance:

Year 1, Quarter 1: Scores of 2 and higher are considered acceptable. A rating of 1 must be brought to the attention of the Training Council for assistance or for possible remediation.

Year 1, Quarters 2-3: The resident is expected to display post-doctoral level competencies (ratings of 3 or better) in each domain at each rating period. Ratings of 1 or 2 must be brought to the attention of the Training Council for assistance or for possible remediation.

Year 1, Quarter 4 through Year 2 Quarter 3: The resident is expected to display advanced post-doctoral level of competencies (ratings of 4 or better) in each domain at each rating period. Ratings of 3 or lower must be brought to the attention of the Training Council for assistance or for possible remediation.

Year 2, Quarter 4: For successful completion of the Clinical Neuropsychology Residency at 24 months, final ratings are expected to be at the "Independent Practice" level (rating of 5 or better) for each element within each competency domain.

A rating of 6 is considered exceptional and may occur infrequently or not at all.

(i) INTEGRATION OF SCIENCE AND PRACTICE (Smith et al, 2019; Level 1)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Demonstrate developing and maintaining currency of knowledge and skill related to clinical neuropsychology, using scientific literature, seminars, conferences, training sessions, and/or other evidence-based resources.	
2. Demonstrate and utilize knowledge in the following foundational areas,	

including: a) the neuropsychology of behavior, including information processing theories, cognitive/affective neuroscience, behavioral neurology, and lifespan neuropsychology. b) additional areas as relevant to practice, especially neuroanatomy, neural systems, brain development, and neuropathology.	
3. Demonstrate knowledge of common neuropsychology research methodologies, the implications of their use for practice, and ability to critically evaluate neuropsychology research as it relates to clinical neuropsychology practice.	
4. Applies key components of evidence-based practice (i.e., best evidence, clinical expertise, and patient characteristics/culture/values) in selecting appropriate assessment, intervention approaches, recommendations, and supervision methods, and when engaging in consultation with other disciplines.	

COMMENTS (if any):

(ii) ETHICAL AND LEGAL STANDARDS (CoA IR C-9;Smith et al, 2019; Level 1)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Are knowledgeable of, and consistently act in accordance with a) the current version of the APA Ethical Principles of Psychologists and Code of Conduct; b) relevant laws, statutes, regulations, rules, and policies governing the practice	

of clinical neuropsychology at the organizational, local, state, regional, and federal levels c) relevant professional standards and guidelines	
2. Are conversant with ethical and legal issues relevant to psychologists and neuropsychologists' activities across settings, including informed consent, provider roles and relationships with patients/examinees, third party assessments, use of technicians/psychometrists, third party observers, disclosure of neuropsychological test data, test security, and assessment of performance/symptom validity.	
3. Recognize ethical dilemmas as they arise, apply ethical decision-making processes to resolve dilemmas, and utilize professional and legal consultation as appropriate.	
4. Conduct self in an ethical manner in all professional activities.	

COMMENTS (if any):

(iii) INDIVIDUAL AND CULTURAL DIVERSITY (CoA IR C-9; Smith et al, 2019; Level 1)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	

2. Integrate current theoretical and empirical knowledge of diversity issues in neuropsychological assessment, research, treatment, and consultation (e.g. health disparities, language differences, educational level, cultural context, literacy, individual differences); understand and appreciate how cultural, linguistic, disability, and other demographic / socioeconomic factors affect the process and outcomes of neuropsychological assessments and the application of normative data and interpretations in specific populations.	
3. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	
4. Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during the residency program.	

COMMENTS (if any):

(iv) RESEARCH (CoA IR C-9(d); Smith et al, 2019; Level 3)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Accurately and effectively perform neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.	
2. Apply knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions and determine effective research design and appropriate analysis.	

COMMENTS (if any):

(v) PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS (CoA IR C-9(d); Smith et al, 2019; Level 3)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Behave in ways that reflect the values and attitudes of psychology and Clinical Neuropsychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	
2. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.	

3. Actively seek and demonstrate openness and responsiveness to feedback and supervision.	
4. Respond professionally in increasingly complex situations with a greater degree of independence.	
5. Demonstrate an emerging professional identity consistent with the Clinical Neuropsychology specialty.	

COMMENTS (if any):

(vi) COMMUNICATION AND INTERPERSONAL SKILLS (CoA IR C-9(d); Level 3)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.	
3. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.	

COMMENTS (if any):

(vii) ASSESSMENT (CoA IR C-9(d); Smith et al, 2019; Level 3)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Utilize clinical interviews, behavioral observations, record review, and selection, administration, and scoring of neuropsychological tests to answer the assessment question.	
2. Demonstrate the ability to accurately discern and clarify assessment questions, the recipients of the assessment results, and how assessment results will be utilized.	
3. Interpret assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations informed by functional aspects of everyday living, quality of life, and educational/working/social/living environments.	
4. Address issues related to specific patient populations by referring to providers with specialized competence when appropriate, obtaining consultation, utilizing appropriate normative data, and describing limitations in assessment interpretation.	
5. Communicate both orally and in written reports the results and conclusions of assessments in an accurate, helpful, and understandable manner, sensitive to a range of audiences.	

6. Demonstrate knowledge of theories and methods of measurement and psychometrics relevant to brain-behavior relationships, cognitive abilities, social and emotional functioning, performance/symptom validity, test development, reliability validity, and reliable change.	
7. Demonstrate knowledge of the scientific basis of assessment, including test selection, use of appropriate normative standards, and test limitations.	
8. Demonstrate knowledge of patterns of a) behavioral, cognitive, and emotional impairments associated with neurological, psychiatric, and general medical conditions that affect brain structure and functioning and b) incidence, prevalence (i.e., base-rate), natural course, and key signs/symptoms of disease processes for conditions of interest in neuropsychology.	

COMMENTS (if any):

(viii) INTERVENTION (CoA IR C-9(d); Smith et al, 2019; Level 3)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Demonstrate an understanding of evidenced-based intervention to address cognitive and behavioral problems common to recipients of neuropsychological services.	
2. Demonstrate an understanding of how complex neurobehavioral disorders and sociocultural factors can affect the applicability of interventions.	

3. Use assessment and provision of feedback for therapeutic benefit.	

COMMENTS (if any):

(ix) CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS (CoA IR C-9(d); Smith et al, 2019; Level 3)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Demonstrate knowledge and respect for the roles and perspectives of other professions such as effective communication, appropriate referrals, and integration of their perspectives into case conceptualizations.	
2. Function effectively in consulting roles across settings (e.g., clinical, legal, public policy, research), clarifying referral questions, applying knowledge appropriate to each setting, and communicating results to referral sources both verbally and in writing.	

COMMENTS (if any):

(x) TEACHING/SUPERVISION/MENTORING (CoA IR C-9(d); Smith et al, 2019;

Level 3)

Please rate the resident's competency level using the scale below.

1 Advanced Graduate Student / Practicum Level: Extensive oversight and direction required.
2 Internship Level: New skill area or limited experience: Close supervision needed for some important task elements.
3 Post-doctoral entry Level: Moderate supervision needed when dealing with routine scenarios within scope of clinical neuropsychology specialty practice.
4 Advanced Post-doctoral Level: Trainee displays proficiency but benefits from consultation and supervision with more complex scenarios related to this aspect of specialty practice.
5 Independent Practice Level: Advanced proficiency in core competencies related to this aspect of specialty practice. Trainee displays competency in basic and complex scenarios, and consults appropriately. While trainee receives required formal supervision per accreditation, institutional, and legal standards, they are functioning at an independent practice level of competency.
6 Outstanding performance at the professional practice level: Superior Competence.
N/A/ or N/O (Not Applicable or insufficient opportunity to observe)

1. Demonstrate knowledge of supervision models and practices relevant to clinical neuropsychology.	
2. Teach, supervise, and mentor related to clinical neuropsychology effectively and appropriately presenting information related to Clinical Neuropsychology.	

COMMENTS (if any):

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

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

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

Current status?___Yes, completed __In progress ___No, not begun

_____ _____
Supervisor. Date

_____ _____
Supervisor. Date

_____ _____
Supervisor. Date

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

_____ _____
Signature of Trainee Date

Attachment 5: Psychology Supervision Performance Improvement, Remediation & Dispute Resolution Policy

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

In reply refer to: 116B/JB

Memorandum

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

1. **Purpose:** This memorandum outlines the VA St. Louis Health Care System Psychology Training Program's due process policies on problematic supervisor performance. This memorandum is intended to establish processes related to expectations in the performance of psychologists engaged in the auxiliary task of supervising psychology trainees. The policy is intended only to improve the internal management of the VA St. Louis Health Care System Psychology Training Program and is not intended to, and does not, create any right to administrative or judicial review, or any other right, substantive or procedural, enforceable by a party against the United States Department of Veterans Affairs, its officers or employees, or any other person.

2. **Overview:** It is the intention of the training program to ensure trainees at all levels are provided with satisfactory supervisory experiences and are not subject to problematic or negligent behavior on behalf of a staff supervisor. This memorandum serves to indicate how such instances will be handled by the Training Council (TC).

3. **Policy:** It is the intention of the TC to ensure satisfactory supervisory experiences for trainees. We have and will continue to solicit regular feedback from trainees and peers/colleagues with respect to supervisor behavior and comportment.

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

   It is important to note that neither the TD nor the ATD has supervisory authority over professional staff. They cannot make or recommend disciplinary actions to the supervisor as an employee (i.e.; jurisdiction is limited to the employee's role as a supervisor, not as a member of the medical staff).

4. **Definition of Problems in Supervisor Performance:** Performance is identified as problematic when there is a substantiated claim that any of the following is demonstrated by a supervisor:

   7) Failure to provide supervision services as outlined in APA Guidelines for Clinical Supervision in Health Service Psychology (APA Guidelines for Clinical Supervision in Health Service Psychology). In brief, failure to do any of the following (see attached link for detailed description):

a. Provide supervision within areas of clinical competence, coordinate/communicate with TC, and maintain competencies in supervision, working with diverse populations, and incorporating technology.
b. Develop and maintain self-awareness regarding diversity competence, planfully strive to enhance one's own competency via lifelong learning, and facilitate diversity competence in supervisees.
c. Maintain a collaborative and respectful supervisory relationship, with clearly outlined responsibilities and expectations for both supervisor and trainee, and regularly provide feedback to trainee.
d. Demonstrate professionalism in one's own comportment and interactions and teach trainees the knowledge, skills, and attitudes related to their own professional comportment.
e. Provide open, transparent, competency-focused feedback about trainee performance to both the trainee and TC in a collaborative and ongoing manner.
f. Understand and adhere to program, APA, institutional, and legal policies related to performance evaluations and performance concerns.
g. Model ethical and legal practices, as outlined in program policies, APA guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations and teach trainees to do so.

8) Failure to provide supervision as outlined in APA Standards of Accreditation and Implementing Regulations (Policies and Procedures (apa.org)), including failure to:
a. Provide the required amount of supervision to interns and residents, per SoA (IR C-14 I. and C-14 P.) and local program policies:
i. For interns, 90 minutes per week per rotation and 60 minutes per week for preceptor, to total 4 hours
ii. For residents, 120 minutes per week from a minimum of 2 supervisors
b. Base all written evaluations in part on direct observation (IR C-17 I. and C-17 P.)

9) Failure to abide by program and institutional polices regarding:
a. Supervision coverage, including requirement for supervisor to be on-site when trainee is providing face-to-face care or to identify an on-site emergency coverage supervisor and communicate this to trainee.
b. Record-keeping, including submitting all required documentation in timely manner.

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

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

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

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

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

Chief of Psychology will direct the above efforts, in consultation with the two eligible TC members with the greatest length of service on TC. In cases where there is concern regarding problematic behavior of the entire TC, the Chief of Psychology will direct the above efforts.

B. Addressing Substantiated Concerns:

1. TC leadership's primary responsibilities when evaluating a substantiated concern about supervision are to: evaluate the expressed concern(s) with respect to the seriousness of the concern(s) and to determine the level of intervention that is most appropriate. TC leadership may consult with TC Supervision Specialists at any time during this process to evaluate the seriousness of a concern or for feedback and input on appropriate interventions or avenues for resolving concerns.

   i. If a concern is determined to be minor, Training Council Leadership or designee will communicate directly with the supervisor in question and suggest avenues for resolving problems. Resolutions at this level may include: no action, watchful monitoring, and/or general recommendations for further building supervisory competency.

   ii. If the concern represents a significant deficit in skill, practice, or behavior that can be remediated, TC leadership or designee will directly communicate to the supervisor both verbally and in writing as to the nature of the expressed concerns. In these instances, TC leadership will consult with the Chief of Psychology and the supervisor in question to develop a Formal Performance Improvement Plan in order to remediate these concerns. The Performance Improvement Plan may include:

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

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

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

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

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

6. Training Program Dispute Resolution Process

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

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

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

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

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

D. At the Chief of Psychology's discretion, investigation may also include:
   iv. speaking with any other parties with information relevant to the issue
   v. reviewing training records and any other relevant documentation
   vi. consulting with TD/ATD (if they are not the subject of the notice of disagreement), consulting with TC Supervision Specialists (if they are not the subject of the of the notice of disagreement), and/or other senior members of TC (who are not the subjects of the notice of disagreement).

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

Medical Center Alternative Dispute Resolution Process for Employees

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

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

Documentation and Storage of Complaints/Disputes

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

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

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

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

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Predoctoral and Postdoctoral Training Programs
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