



# **Policy and Procedure Manual**

## **Psychology Internship Training Program**

### **Eastern Oklahoma VA Health Care System**

#### **(EOVAHCS)**

#### **Tulsa, Oklahoma**

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Note: Many of the Policies and Procedures contained within this manual were adapted from materials developed by Training Directors throughout the greater VA HCS as part of a collaborative approach to psychology training.

## Preface

Psychology Internship provides a year of intensive, supervised clinical training, intended as a bridge between graduate school and entry into the profession of psychology. Eastern Oklahoma VA Health Care System training is designed to accomplish the following goals: Provide a strong generalist training with emphasis on fidelity to evidence based psychotherapy deployment, strong psychological assessment skills and a solid development of professional identity facilitating the transition from graduate student to psychologist.

Clinical competence is achieved through supervised practice in a variety of treatment settings over the course of the training year. Experiential learning is augmented by group supervision, didactic presentations, interdisciplinary collaboration, and reflective practice. Interns are actively involved in patient care, taking increasing responsibility for treatment decisions as their skill and knowledge are enhanced. At the completion of the year, interns are expected to have demonstrated competency in assessment and evaluation, individual and group psychotherapy, and a variety of other interventions. Interns should be able to generalize these skills to other settings, problems and populations, while also recognizing the limitations of these skills in other situations. Interns are also expected to have a knowledge of, and sensitivity to, ethical, legal and a range of diversity considerations that impact psychological practice. Interns are expected to recognize their own strengths and limitations, and to know when and how to seek supervision/consultation.

Interns developing a professional sense identify is as important as the development of clinical skills. Professional identity includes a number of components. In part, it involves understanding the unique contribution and perspective one brings as a psychologist, while at the same time, appreciating the intersection with contributions of other disciplines. An additional component involves an understanding of professional behavior and conduct, including the ethical and legal guidelines related to professional practice. The internship program emphasizes that how one practices can be as important as what one practices. Overall, the growth of professional identity, in concert with the attainment of clinical competencies, will prepare interns for successful entry into the profession at the postgraduate level.

# Introduction

## **Purpose of the Training Manual**

This manual presents the policies and procedures of the Eastern Oklahoma VA Psychology Internship Training Program. The handbook is the product of past experience, consultation with other training programs, compliance with the Standards of Accreditation from the American Psychological Association (APA) Commission on Accreditation (CoA), guidance from the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the VA Office of Academic Affiliation (OAA). This handbook is designed to facilitate training by providing policies and guidelines. These policies and procedures will be followed unless superseded by Federal Policy or as otherwise required by Federal law. Unforeseen circumstances may call for exceptions to or changes in policies and guidelines.

## **Mission of the program**

The primary aim of the EOVAHCS psychology training program is to provide the highest quality generalist training using evidence-based psychotherapies and psychological assessments anchored in science, inclusive of diverse cultural methodologies and informed by client preference. The program strives to prepare interns for postdoctoral level employment as a psychologist in the science, skill development and art of psychological practice. We aim to provide a strong, well-rounded generalist training. Additionally, the Practitioner-Scholar model underlies the training program philosophy. The foundational importance of research informing practice is paramount with ideographic considerations further informing practice and the development of professional competencies. Socio-cultural, historical, social justice and ideographic considerations are emphasized throughout the training program such that Black, indigenous, people of color, marginalized and underserved populations are approached with I-CARE values, cultural humility and receive gold standard care. Additionally consistent with our training aims, interns are expected to develop competencies consistent with the APA profession-wide competencies.

The program aims are very relevant to the clinical population served, which is a population that greatly benefits from telemedicine services, quality psychological assessment, interdisciplinary consultation, empirically supported treatment, and respect for diversity. As such, our training program enables us to increase access to care for our underserved, veteran population. In addition, interns who train in our program often stay within the VA system, sometimes at our own VA. Therefore our training program is also contributing to increasing the VA talent pool of mental health clinicians.

## **Overview of the program**

The internship is a generalist program designed to prepare clinical and counseling psychologists for competent and responsible professional work in the postdoctoral year or in entry-level positions. Clinical experience is supplemented by a variety of educational offerings, multidisciplinary collaboration/consultation, committee work and reflective local practice community outings.

Clinical experience is gained during two twelve month rotations, a) Evidence Based Psychotherapy and b) Psychological Assessment and two six-month rotations selected by the intern with consultation from training directors. The rotation system is designed with enough flexibility that interns are able to obtain depth and breadth of experience, depending upon individual training plan needs and goals. Prior to selecting rotations, interns receive current information about the experiences available in each rotation, are aided in reviewing their own individual goals (as well as areas of strength and growth needs) and prior experience in the interest of obtaining a well-rounded internship.

## Training Setting



EOVAHCS serves more than 52,000 Veterans throughout 25 counties in eastern Oklahoma. The system facilities include a medical center and seven community based outpatient clinics (CBOC). The Jack C. Montgomery VA Medical Center located in Muskogee Oklahoma and opened in 1923 was the first VA hospital in the nation to be named after a Native American. Jack C. Montgomery was a Medal of Honor Recipient and citizen of the Cherokee Nation. A large Tulsa CBOC, Ernest Childers VA Outpatient Clinic is located in south Tulsa and is also named after a Native American Medal of Honor recipient and citizen of the Muscogee Nation. Additional CBOCs are located in Tulsa on Eleventh Street/Route 66, Bartlesville, Claremore, McAlester, Idabel and an annex building for mental health in east Muskogee.

The psychology training program activities and rotations take place primarily at three sites in the system. These sites are Jack C. Montgomery VA Medical Center, The Ernest Childers VA Outpatient Clinic and Eleventh Street Tulsa Behavioral Medicine Outpatient Clinic.



The Jack C. Montgomery VA Medical Center operates 62 beds, including an emergency department, primary and secondary levels of inpatient medical and surgical care in addition to outpatient primary and consultative care in medicine and surgery. Psychology trainees report to the Jack C. Montgomery Medical Center in Muskogee for the inpatient psychiatric rotation. The inpatient psychiatric unit (5 East) has 12 beds for women and men Veterans in acute mental health crisis. Five East provides a true multidisciplinary experience as rotating trainees interface with nursing, psychiatry, social work, chaplains, recreation therapists on a daily basis. Trainees gain experience in comprehensive mental health evaluation, psychological assessment, provision of group therapy and short term individual therapy, crisis assessment, safety and discharge planning. A full time licensed psychologist provides face to face supervision for psychology trainees on the unit.

The large Earnest Childers VA CBOC located in south Tulsa provides primary care, medical specialty care, outpatient polytrauma rehabilitation services and a range of behavioral medicine services. The behavioral medicine services include outpatient neuropsychological evaluations, primary care mental health integration (PCMHI), substance use disorder (SUD) program, psychosocial recovery and rehabilitation program (PRRC) for those with persistent mental illness, general mental health or behavioral health integrated programs (BHIP), LGBTQ+ Program. Psychology trainees report to the Ernest Childers CBOC for rotations including all of the behavioral medicine services mentioned. There are approximately eight licensed psychologists providing supervision for rotations that take place at Ernest Childers CBOC. Clinical activities vary according to rotation but primary consist of outpatient individual and group psychotherapies, comprehensive mental health evaluations, case management, crisis evaluation, risk assessment and safety planning.

The psychology training program is located at the Eleventh Street Tulsa CBOC. Psychology interns have a dedicated bullpen/group room for group supervision, didactics and trainings. Individual offices are also available for clinical activity. The Eleventh Street CBOC is also home to the EOVAHCS Homeless Program, Intensive Community Mental Health Recovery Services (ICMHRS), PTSD Clinical Team, Women's Specialty Team and Military Sexual Trauma Team, and a General Mental Health Women's Behavioral Health Interdisciplinary Team (BHIP). While at this site, psychology trainees take part in group supervision, didactics and trainings. They also conduct psychological testing and feedback sessions from this site. Finally, the PTSD Clinical Team and Women's Team rotations in addition to their year long experience with evidence based therapy are based out of this site. At any given time there are approximately five licensed clinical psychologists at this site for face to face supervision.

EOVAHCS uses telehealth technology to connect and serve Veterans in remote and rural Oklahoma. The Psychology Training program offers a rotation in Rural Telehealth in which the intern is located in any one of the Tulsa CBOCS with a supervisor on site. All interns are trained in delivery of telehealth through the VA Video Connect application. Telehealth services include individual and group psychotherapy and comprehensive mental health evaluations. All of our licensed psychologists are able to provide supervision for trainee delivery of telehealth services, however we do have two full time licensed psychologists who exclusively provide telehealth services.

## **Philosophy of Program**

The primary aim of this training program is to provide quality generalist training utilizing evidenced based therapies and assessments. The Scholar-Practitioner model is the underlying philosophy and will be followed to prepare interns as well-rounded competent clinicians. We emphasize the integration of research and practical experience for the development of professional competency. Therefore, emphasis is placed on applying evidence-based practices, research-based programming, and the application of science into practice. The goal is to facilitate interns' development of critical thinking, conceptualization, and problem-solving skills. Prior to the completion of the training, interns will be expected to be competent in providing basic psychological services to Veterans in an ethical, professional, and knowledgeable manner.

The internship program is structured to help interns grow and mature both personally and professionally. Internship training is designed to promote development in two fundamental areas: 1) Achieving foundational competencies in psychological practice and 2) Developing a sound professional identity. All aspects of the training program will facilitate the development of core competencies as recommended by APA emphasizing the importance of multiple skill sets among diverse populations and in varying functional roles involved in patient care. Interns will learn to effectively communicate their observations and clinical opinions (verbal and written) in interdisciplinary settings and to develop interpersonal skills needed to work effectively with patients, their families, and allied health professionals. Interns will also have the opportunity to further develop their knowledge and sensitivity to cultural, ethical, and legal issues that impact psychological practice along with an overall understanding of individual differences.

In addition to professional competencies, the training program strives to promote positive development of the intern's professional identity. This involves multiple dimensions: Supervisors will provide modeling, feedback, and a progressive gradient of independence needed to help interns better develop a sense of themselves as an emerging professional. This involves helping the intern negotiate the transition from the student role to the professional role, particularly with respect to self-image, increasing responsibilities, the navigation of complex service delivery settings, and professional competence. The program creates a learning environment that supports self-awareness and a more refined sense of strengths and limitations through supervisory feedback and evaluations such that interns develop a better sense of when to act independently and when to seek consultation.

The training program experiences include work with mental health care for rural Veterans and underserved Veteran populations. Interns will be incorporated into programs where the focus is specifically on underserved populations including working with Veterans with severe mental illness (SMI), Veterans who have experienced military sexual trauma (MST), are currently living in remote area (rural mental health), who are currently going through the court system (Veteran's Treatment Court), and who are of a minority sexual or gender orientation, (LGBT). We also work closely with rural Native American communities in the Eastern Oklahoma area, allowing trainees to develop multicultural understanding of diverse tribes in Eastern Oklahoma and insight into the unique needs of Native American Veterans.

Each training opportunity in all rotations will present the opportunity to train with a multidisciplinary staff in a cooperative and professional environment along with training in evidenced based practices. Our diverse staff will offer a breadth of viewpoints and experiences to the training experience with a focus on Veteran-centered care as well as an emphasis on recovery and community re-integration.

### **Trainee self-disclosure**

Consistent with the [APA Ethical Principles of Psychologists and Code of Conduct](#), psychology trainees at EOVAHCS are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The primary exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. Disclosure is included as an optional exercise in a learning experiences during the training year. For example, the Diversity Lens presentation in the Diversity Seminar discloses cultural and historical and lived experiences that have shaped their cultural identity and view of self, others and the world. However, even with this presentation which is modeled by faculty, interns are encouraged to only disclose to the level they are comfortable doing so.

### **EOVAHCS diversity and multicultural statement**

EOVAHCS recognizes and values that psychology staff and trainees will have an opportunity to work with Veterans from a multitude of diverse backgrounds who differ in terms of culture, age, sexual orientation, gender, gender identity, national origin, religion and or belief system, ability, body size, income and many other forms of diversity. As such, the program emphasizes respect for trainees, patients, and staff

members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and other group identities. EOVAHCS values diversity and expects for all staff and trainees to demonstrate that value in all actions. The training program policy is such that psychologists and psychology trainees cannot exempt themselves from working with any of these or other diverse groups of persons for political, religious, or other reasons as it would constitute a form of unfair discrimination against a group of people. Interns are entitled to equal treatment in selection decisions and freedom from harassment, or unfair treatment. If an intern feels that any form of discrimination is occurring, they are encouraged to discuss this with the Training Director and/or follow the program grievance process. In addition, the intern may elect to utilize the VA EEO process (see below VA policy). The intern can request confidential assistance in accessing the EEO program from the Training Director, Assistant Training Director, any member of the training committee, or the program support assistant. We strive to recognize and oppose social injustice in its various forms including prejudice, oppression, exploitation, harassment, and other forms of unfairness.

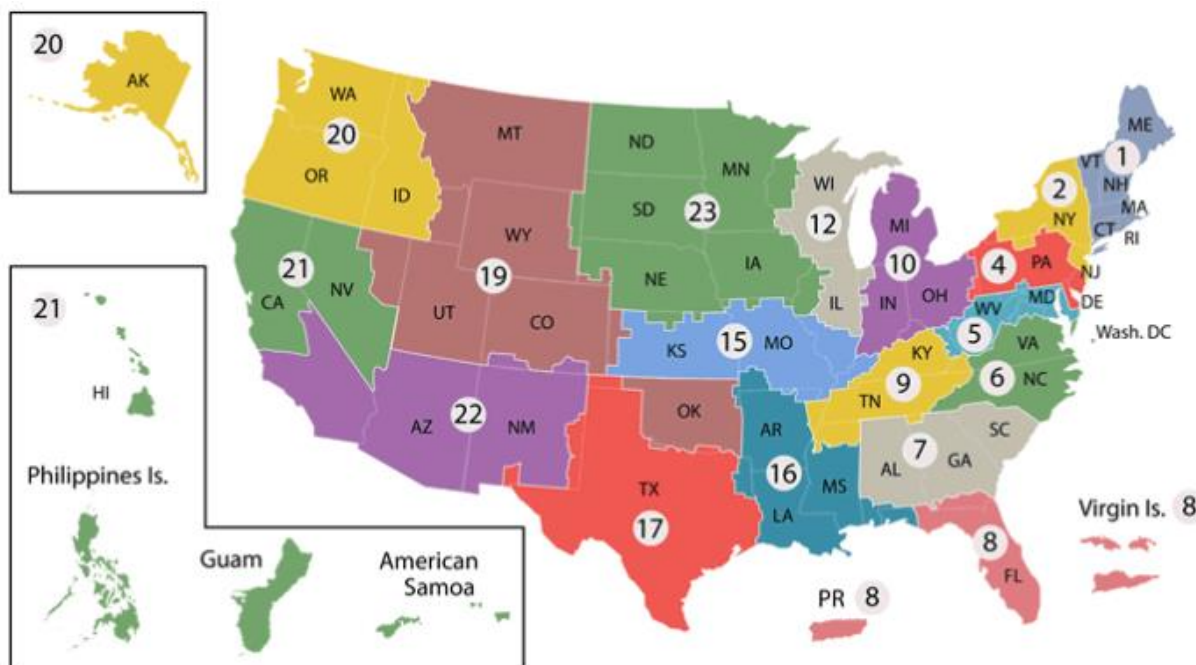
# Administrative Organization

## ORIENTATION TO THE VA

The Department of Veterans Affairs is divided into the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration. Our training program is part of the VHA. The VHA's mission is to provide clinical service, research, and training for the benefit of Veterans of the US military. As such, it is important to have an understanding of cultural issues related to Veterans and the military. You will learn this as a part of your orientation and training here but you may wish to do some preliminary reading to acquaint yourself with certain terms and issues.

The VA is the largest health care system in the nation and is the largest training site for physicians, psychologists, and many other health care professions. Mental Health services are currently a primary focus of attention in the VA, in large part due to concern about Post Traumatic Stress Disorder, Traumatic Brain Injury, and other issues among service members returning from Iraq and Afghanistan. Telehealth initiatives have long been an option in healthcare delivery, however now they are a routine way to provide specialized services to the more rural locations or homebound Veterans.

The Jack C. Montgomery VAMC is the major medical facility for the Eastern Oklahoma VA System. It is part of the Veterans Integrated Service Network (VISN) 19. There are a total of 23 VISNs within VA, each with its own Director who oversees the operations of the medical centers within each VISN.



## VA MISSION STATEMENT & CORE VALUES

### Eligibility for Care

Any person who served on active duty other than for training purposes, and separated under any condition other than dishonorable, is eligible to apply for medical benefits through the Department of Veterans Affairs (VA). Some restrictions apply to those who entered active duty after September 7, 1980, and who did not complete 24 continuous months of active service. The business office should be contacted at 888-397-8387, ext 4 to determine proper eligibility. Non-service connected Veterans and those without statutory eligibility must provide income and net worth assessments on an annual basis and may be assessed a co-payment for care. *The Veterans you are treating have earned their medical care through service to our country.*

### Mission Statement

The VA's mission statement is to fulfill President Lincoln's promise ***"To care for him who shall have borne the battle, and for his widow, and his orphan"*** by serving and honoring the men and women who are America's veterans. The Veteran Healthcare Association's mission statement is to "Honor America's Veterans by providing exceptional care that improves their health and well-being."

## Core I-CARE Values

***Integrity:*** Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

***Commitment:*** Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

***Advocacy:*** Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

***Respect:*** Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

***Excellence:*** Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

## Training Director (TD)

The Training Director at EOVAHCS is a fulltime position that holds a collateral leadership role. The Training Director reports to the Psychology Section Chief for Mental Health and collaborates closely with the Designated Education Officer and Behavioral Medicine Chief. The Training Director is responsible for the overall functioning of the psychology training programs.

## Assistant Training Director (AD)

The Assistant Training Director is not a fulltime position and instead is an additional duty that is taken on by the individual who has a fulltime psychology staff position at EOVAHCS. With regard to the psychology training program role, this individual is appointed by and collaborates with the Training Director and the Lead Professional of Psychology. The Assistant Training Director works closely with the Training Director and is responsible for assisting with the overall functioning of the psychology training program as well as functioning as the Acting Training Director in the Training Director's absence. At EOVAHCS the ATD also oversees the psychology practicum program.

## Training Committee (TC)

The Training Committee formulates training policies and procedures and serves as training faculty

/supervisors for psychology trainees. The main task of the committee is to serve the needs and goals of the psychology discipline, serve as supervisory staff for interns and practicum students.

1. The Training Committee consists of twenty two voting members: the Training Director, 21 psychologists (including the ATD). There are also two ex-officio members (non-voting): the Psychology Lead Professional and ACOS of Education.
  - The Training Director is a permanent member who sequences agendas and chairs the TC meetings. The Training Director is a voting member of the Training Committee but can abstain from voting.
  - The TD appoints staff members to the TC, in collaboration with the AD, with an eye toward representing the broad interests of both the internship and practicum programs. TD may appoint other ex-officio members.
  - At the inception of the training year, the intern cohort is provided with the schedule for TC meetings. The cohort members take turns attending the start of each TC meeting and providing feedback on behalf of their cohort.
  - The TC also forms sub-committees or workgroups, which are each led by the TD, AD or TC member who serves as work group coordinator: Examples include but are not limited to: a) Assessment, b) Practicum, c) Recruitment/Interview/Ranking, and e) Performance Improvement/Remediation.
2. If a Training Committee member (either staff or intern) experiences a conflict of interest in a decision to be made by the TC, the member is expected to bring this to the attention of the committee, and to abstain from voting on the issue. If the issue involved will require protracted consideration (more than two meetings), an alternate with voting privileges may be temporarily appointed by the Psychology Section Chief in order to maintain diversity of opinion and ensure fair representation. The alternate member will be appointed prior to any hearing and deliberation, so that they may give fair and informed consideration to the issue.
3. The Training Committee may meet as a whole to consider issues that pertain to all levels of training or in sub-workgroups to consider issues that pertain solely to the internship, postdoctoral, or practicum programs.
4. The Training Committee meets as a whole or in sub-workgroup at least once per month and at the call of the Training Director.
5. Any staff member, intern or resident may request that the Training Committee consider an issue. Such requests should be submitted in writing to the Training Director. The Training Director



will inform the person of the date the issue will be considered. Staff members and trainees who propose agenda items are invited to attend meetings when their agenda items are to be discussed.

6. Decisions made by the TC are based on information obtained from staff, trainees, and/or other involved parties. This information may be requested by memo, questionnaire, interview, or open discussion. Decisions that change the policies of the program will be written and distributed as additions or corrections to this manual. Of important note, policy changes that increase requirements (i.e. additions to the required curriculum) for meeting minimum levels of achievement of the program will not take effect until the beginning of a new training year. As such, policy changes that assist in clarification of procedures and additional opportunities for programming that benefit the trainees will take immediate effect upon vote of the TC and inclusion in manual for the current training year.

7. Policy decisions will be made by the Training Committee as a whole, or relevant sub-workgroups, only when a quorum of voting members is present. Preferably, such decisions will reflect a consensus of the committee, but if this is not possible, a simple majority will prevail.

8. The Training Committee may refer issues for discussion or vote by the staff and/or trainees.

## **Supervisor meetings**

In addition to the monthly Training Committee meetings, supervising psychologists of any trainee engaged in clinical service must attend the monthly supervisor meeting. The focus of this meeting is peer consultation of supervision and discussion of trainee progress (at a minimum of mid-point and end-point of each rotation). Trainees are not present at this meeting.

## **Training Director Meetings**

To support on-going growth and provide support, the Training Director and/or Assistant Training Director meet individually with interns no less than once per quarter to review and update training plan. Further, given the culture, climate and priority to trainees, TD and AD have an 'open door' policy for interns.

## **Training Program Involvement**

In addition to serving on the Training Committee, interns are asked to assist in the development and administration of the training program by participating in the following activities:

- **Intern Selection:** A workgroup comprised of the Training Director, Assistant Training Director, and

training faculty evaluates internship applications and recommends selections for interviews for the coming year. Additional staff members and interns may be added to the workgroup at the request of staff, interns, the Training Committee or the Training Director. After initial selections for online interviews are made, interns and other psychology trainees participate in interview days to answer questions of intern candidates.

- **Didactics and Seminars:** Interns are asked to provide information about their learning needs and preferences, and to be actively involved in the selection of didactic and seminar topics. The Assistant Training Director coordinates the scheduling of appropriate speakers.

## **Trainee staff relations**

Based on the APA ethical guidelines on multiple relationships, the training program requires the following guidelines be followed by staff and trainees:

- All staff and training faculty have an obligation to be respectful, ethical, professional, and appropriate toward trainees. Training staff are encouraged to model interactions of dignity and respect with trainees and other training staff. Likewise, trainees are expected to treat training staff respectfully, ethically, professionally, and appropriately.
- Training faculty and staff may not engage in multiple relationships with trainees. This protects trainees from exploitation and protects staff from giving the appearance of impropriety. This also protects the morale of all trainees by preventing the perception of favoritism and/or unfair treatment.
- A multiple relationship occurs (APA ethical standard, 3.05):
  - When staff and training faculty taking on another role with the trainee at the same time and
  - At the same time is in another role with the same trainee,
  - At the same time is in a relationship with a person closely associated with or related to the trainee with whom staff and training faculty has the professional relationship
  - Or promises to enter into another relationship in the future with the person or a person closely associated with or related to the trainee (e.g., promise at the end of the training period to begin dating the trainee)
- If there is a pre-existing relationship both parties must be forthcoming about it and disclose to the Training Director and Lead Psychologist.

- Exploitative Relationships (APA ethical standard, 3.08): Staff and training faculty do not exploit trainees over whom they have supervisory, evaluative, or other authority.
- Sexual Relationships with Students and Supervisees (APA ethical standard, 7.07): Staff and training faculty do not engage in sexual relationships with students or trainees who are in their rotation, agency, or training center or over whom psychologists have or are likely to have evaluative authority.
- If staff and training faculty find that due to unforeseen factors, any relationship has arisen, they must take reasonable steps to resolve it by speaking to the Training Director and/or Lead Psychologist with due regard for the best interests of the affected trainee and maximal compliance with the Ethics Code.
- If a trainee finds that due to unforeseen factors, a potentially harmful multiple relationship has arisen, they must speak to their mentor, Training Director, Lead Psychologist, or other uninvolved staff to resolve it.
- These guidelines will be maintained even if the training staff member is not directly supervising the trainee.

# Administrative information

## The internship calendar

The internship is for one full year (2080 hours), beginning July 29<sup>th</sup>, 2024

For the 2024-2025 internship year, the 6-month rotations are scheduled as follows:

1<sup>st</sup> rotations – Monday, August 26<sup>th</sup>, 2024- Friday, January 31<sup>st</sup>, 2025

2<sup>nd</sup> rotations – Monday, February 3<sup>rd</sup>, 2025-Friday July 11<sup>th</sup>, 2025.

The final week of internship (July 21<sup>st</sup>-July 25<sup>th</sup>, 2025) will be used for finalization of documentation and out-processing.

A Microsoft Outlook calendar called “Psychology Outlook Calendar” organizes the training year and informs interns of upcoming didactics, trainings, diversity outings, etc.

## Work hours

Like other EOVAHCS employees, interns work a 40-hour week, with a standard work day (tour of duty) from 8am to 4:30pm (with 30 minutes for lunch), resulting in an 8-hour day. Interns work a five-day work week and are not eligible for 4/5/9 or 4/10 alternative work schedules. In order to modify a tour of duty, permission must be requested by the trainee from the Training Director in writing. If a modification is approved, the trainee and the Training Director will work together to coordinate with the timekeeper regarding this change. Interns are required to spend a minimum of ¼ of their time in direct patient care activities. For some interns, the related administrative and clinical documentation may result in working over 40 hours per week. This type of work beyond the usual tour of duty does not result in hour for hour compensation time. Instead, this is an opportunity for professional development in either improvement of time management and efficiency or engaging in a supportive discussion (with supervisor/Training Director/mentor) regarding a reasonable workload. As described later in this manual, interns will complete weekly hours logs to track activities that include direct service hours, support hours, supervision hours, and other program activities. These logs will be reviewed and signed weekly by supervisors and monthly by the Training Director.

There may also be occasions when interns find themselves with unscheduled time due to cancellations, no-shows, or fluctuations in clinic load. We encourage interns to actively use these times to make phone calls, cover walk-ins or offer to take any scheduled intakes and be proactive in order to gain clinical contact hours. However, downtime can also be used for clinical reading, dissertation research, or other scholarly activities. VA computers and equipment may be used for this purpose but there are certain security guidelines that must be followed (e.g., no external USB drives are allowed). You are encouraged to discuss

your specific needs early on so that we can arrange ways for you to complete your scholarly work within our organizational constraints.

Telework may be an option for certain trainings or in the case of hazardous weather, but is not a guaranteed part of the internship training experience. Decisions about use of telework will be based on VA policy, licensing laws, and maintenance of high quality patient care and education. Any permissions for telework are only granted by the Training Director with consultation as appropriate with service line leadership.

## **Attire**

As an emerging professional and a representative of the discipline of psychology, interns are expected to wear appropriate professional attire while working at EOVAHCS. Professional appearance is inclusive of manner of dress as well as overall presentation. Exposure of tattoos and piercings is not banned within the facility or program dress code. However, trainees should be thoughtful in their self-presentation, associated stimulus value, and the impact on their professional duties. As such, exposed tattoos depicting nudity, violence, degradation to others, and/or profanity are not allowed. In regards to clothing, business casual such as slacks and button down shirts or polo shirts are acceptable. For skirts/dresses, a hem length of just above the knee in length or longer is required and skirts or dresses should be a minimum of six inches above the ankle. A neckline covering all cleavage/chest is also required. It is not acceptable to wear jeans, slippers (aka flip flops), shorts, athletic shoes, “spaghetti” strap tops, tank tops, athletic attire, or revealing clothing to work. Leggings are considered an undergarment and do not qualify as pants, thus only being acceptable if worn under other clothing. For those participating in VA outings (e.g., houseless outreach, recreational activities) that require more casual attire, trainees are expected to maintain a professional appearance. Wearing jeans or loose fitting hiking pants (without rips, tears, and stains), t-shirts (without logos and covering chest), and athletic shoes are acceptable. It is not acceptable to wear athletic attire (including yoga pants and tank tops).

## **PAY AND BENEFITS**

Stipends are paid in 26 bi-weekly installments. The stipend for the 2024-2025 training year is \$33,891.00 and is set by VA Central Office. The VA requires that payment be made by electronic deposit, so you will be asked for bank account information during Human Resources (HR) in processing on the first day. You will receive payment every other Friday, starting about 3 weeks after beginning internship. VA interns are eligible for health insurance and for life insurance, just as are regular employees. As temporary employees, interns may not participate in VA retirement programs. The Office of Personnel Management (OPM) has oversight for VA benefits and you may review those benefits at <http://www.opm.gov/healthcare-insurance/healthcare/>. HR will provide you

with more detailed information about VA benefit programs during in processing. Upon approval by the Training Director the form is forwarded to HR for their action. Review the information sheet located in the shared drive for an overview of the subsidy process.

## LEAVE

You are entitled to 13 days of **annual (vacation) leave** per year and up to 13 days of sick leave. This leave time is accrued at the rate of 4 hours per two-week pay period. Thus, it takes time to accrue leave and this can make taking leave early in the training year challenging. If there is a compelling reason to take leave before the hours are accrued, you may be granted leave without pay. At the end of the internship you will be paid back for any accrued unused annual leave, so you will essentially get back the salary dollars that you lost during the leave without pay. Annual leave (including substitute leave without pay) must be kept to 13 days in order to fulfill the program's training requirements. If you have any need for leave related to religious activities and you have not yet accrued sufficient leave, please speak with the Training Director, as the program will make every effort to accommodate.

**Sick leave** may be used for any illness or medical appointments. Some of it may also be used for care of a family member. It cannot be used for vacations or personal time. If you have a specific situation that might affect your sick leave usage, you may want to discuss this with the training director at the beginning of the year. The specifics surrounding leave usage, including jury duty and bereavement leave, are located in the Leave Administration Policy 05-01 on the VA NCHCS intranet.

You are allowed to take up to three days of paid **professional (administrative leave)**. This time can be used for post doc or job interviews, for returning to your academic program for meetings related to your dissertation or research, or educational activities of interest that are not a part of the internship program. These activities are not counted against your days of professional leave.

Generally, all leave will be approved as long as enough has been accrued and adequate arrangements have been made for clinical work. Leave requests should be routed to the Training Director, and the supervisor of the affected clinical activity. Leave must also be officially entered into the VA's timekeeping system for which you will receive training during Orientation.

## **PARENTAL LEAVE AND EXTENDED MEDICAL LEAVE**

Given the timing of psychology graduate training, it is not unusual for interns to become pregnant or adopt children during their internship year. It is also possible a situation requiring extended medical leave may occur. In these cases, it is important for EOVAHCS Psychology Internship Program to come to a mutually agreeable solution with the Interns that accomplishes, at a minimum, the following goals:

- Comply with state, federal, and VA standards regarding parental or medical leave
- Allow appropriate parental leave for parents and their new children
- Provide sufficient time for bonding with new children and postpartum recuperation
- Allow intern to return to health from medical leave in a manner consistent with medical recommendations
- Ensure the intern meets the program's aims, training goals, competencies, and outcomes.
- Ensure the intern completes a total of 2000 hours.
- Ensure the intern completes 500 hours of face to face contact with clients and/or in consultation with another professional related to client care.

If the need for parental leave or extended medical leave becomes apparent, please discuss this matter as soon as possible with the Training Director. It is a top priority for our program to adequately accommodate leave for new parents and/or medical needs, while maintaining the integrity of the training program. The internship program will work as creatively and flexible as possible to accommodate the needs of the intern. A request for advanced sick leave can be arranged to allow for planned leave usage for the purpose of parental leave or extended medical leave. This time will first include accrued sick leave then annual leave up to the 26 days allowed for the training program (13 days AL and 13 days SL). If additional time is needed, trainees may request Leave Without Pay. In cases of LWOP, the Training Director will work closely with the Office of Academic Affiliations (OAA) and the Fiscal Office to coordinate how to adjust stipend-related funds if the internship year consequently extends beyond the federal fiscal year. During LWOP status, the VA will continue to pay the VA portion of health and life insurance benefits. When the Intern returns to duty, they will need to pay for their portion of these expenses. They may do so over time through payroll deductions. Upon returning to duty, the Intern will be returned to paid status.

Interns will create a collaborative plan for parental leave or extended medical leave with the Training Director documented in writing. This plan will establish how leave will be used, and how the intern will achieve his/her 2000 internship hours and all program competencies.

Arrangements to make up hours needed for completion of the training program in the form of Leave Without Pay will be considered at the end of the training program.

## REQUESTING LEAVE

### For planned annual and sick leave:

1. First, check your current leave balance to see if you have accrued enough leave to make the request.
2. If you have leave available, obtain approval via e-mail from Supervisors impacted for that day.
3. Forward the approval email to the Training Director for approval.
4. Once approved by the Training Director via E-mail, enter the leave into VATAS.
5. Enter a LEAF request to block your clinic/schedule if leave will impact clinical schedule.
6. Place leave on 'Psychology Intern Calendar.'

Scheduled leave is not approved unless these procedures are followed and clinic is blocked 45 days or more in advance. *Taking any leave without proper authorization may result in loss of pay for the unauthorized absence, loss of supervised hours, and possible disciplinary action.*

### For unscheduled/unplanned leave:

- Unscheduled absences related to illness or other emergencies should be reported to the **Behavioral Medicine Call In Line (918) 577-4360 the Director of Training (918-770-2925), and supervisor(s) with whom you work on that day as soon as possible.**
- Once a trainee returns to work, **sick leave must be entered into VATAS within 2 hours upon your return.**

## FEDERAL HOLIDAYS

Interns receive 11 paid federal holidays. When the holiday falls on a Saturday, the Friday before is typically the federal holiday. When it falls on a Sunday, the next Monday is typically the federal holiday.

New Year's Day January 1  
Martin Luther King Day Third Monday in January  
Presidents' Day Third Monday in February  
Memorial Day Last Monday in May  
Juneteenth June 19



Independence Day July 4  
Labor Day First Monday in September  
Columbus Day Second Monday in October  
Veterans Day November 11  
Thanksgiving Fourth Thursday in November  
Christmas Day December 25

## **TIME LOGS**

Interns are required to track all hours and specify time spent in client contact (whether in-person or by telephone) and all time spent in individual and group supervision. You will be expected to complete a minimum of 2000 hours of total internship hours (this will include holidays, annual & sick leave), including a minimum of 500 hours of face to face contact with clients. Intern tracking logs will be reviewed regularly by your primary rotation supervisor and the Training Director. Any issues in meeting this requirement should be brought to the Training Director's attention as soon as possible.

## **INTERN OFFICES**

Interns are assigned office space equipped with a networked computer, desk with secured storage, telephone, and basic office supplies. Please be aware that offices are often used by other staff when intern is not on duty location. Be respectful of your office mate. The VA is not responsible for breakage or theft of personal items. Valuables should be secured in a desk drawer and the door locked at all times.

## **ASSESSMENT MATERIALS**

The psychology discipline has a variety of testing materials available for use by interns, ranging from self-report to neurocognitive measures. Interns are expected to prepare for testing by ensuring the measures needed and protocols are available on the day of testing (may need to coordinate with other interns and staff). Please sign-out on the sheet posted in the assessment room when a measure/manual is removed from the office. Once finished with your materials, interns are expected to place them back in the appropriate location and indicate they have returned the material on the sign-out sheet. As many people use these assessments, please be considerate of maintaining neatness and order in the assessment rooms.

## **ADMINISTRATIVE SUPPORT**

In addition to the psychology training staff, there are several support staff members available to help you learn the system and to provide logistical support when needed. There will be quite a few details to attend to during the beginning of your internship (e.g., obtaining keys, I.D. badge, parking pass, scheduling clinical space assignments). Most of these will be handled during Orientation but it can often take a few weeks to get everything sorted out.

## **PHOTO ID BADGES**

Photo ID badges known as personal identity verification cards, or PIV badges, will be made during orientation week. All interns and staff are required to wear PIV badges at all times during duty hours and must be visible above the waist. This is a requirement of the Joint Commission—clients are entitled to know who is providing their care. ID Badges must be surrendered at the end of the training year. Lanyards should be appropriate for use in a medical center setting. If your PIV card is forgotten or lost it can result in a delay in start to your day. Should this occur, called the National Help Desk for a temporary ‘work around’ password. The National Help Desk number is 1-855-673-4357.

## **EQUIPMENT AND KEYS**

Interns’ office keys and any other equipment will be assigned by administrative support staff. Interns are financially responsible for all items checked out and may be required to reimburse the Medical Center for lost or misplaced items.

## **Psychological activities outside the VA and non-VA employment**

All assignments (e.g., rotations) of the internship must be formalized by the approval of the Training Committee.

All other activities involving client contact, consultation, professional activities, or research occurring outside the auspices of the internship program are outside the purview of this institution. Any intern engaging in such activity on their own is responsible for any action that may be taken against them in connection with this activity. The intern is expected to inform the Training Director of any such activities, and may be asked to sign a form acknowledging their responsibility for the outside activity. In identifying affiliations for published or presented work, the trainee should affiliate themselves with EOVAHCS if their work was done as an extension or part of their work at the institution. One should not identify an affiliation at an institution where the work was not conducted (i.e. while an intern at the VA, doing outside research that is not your duties as an intern). The American Psychological Association website is a reliable resource

for making decisions about affiliation. The trainee also should consult with the Training Director, Office of General Counsel, and other resources as deemed appropriate. Of note, even when publishing under appropriate affiliation with the VA, the following disclaimer should be included in presentations and/or publications: “The contents of this presentation/publication do not represent the views of the U.S. Department of Veterans Affairs or the U.S. Government.”

In addition, if the intern has employment outside of the VA (either paid or voluntary) while employed by VA on internship, the intern should disclose this employment to the Training Director to ensure there is no conflict of interest. Failure to disclose outside employment may be considered a professional/ethical transgression and may result in a performance improvement plan. The intern cannot be at work at the VA (i.e. during tour of duty) when engaging in work on behalf of a non-VA agency, eg. Taking phone calls etc.

### **Early completion**

VA policy requires that interns remain on duty through the completion of the training year. Under exceptional circumstances (e.g., a teaching job that starts before official end date), the Training Committee can allow an intern to leave the internship early and still be credited with completion of the internship. This requires that the intern have satisfactorily completed the required number of hours (2080) at the time of early departure. This, in turn, would necessitate that an intern voluntarily work in excess of the standard 8-hour day for a period of time sufficient to accumulate the needed hours or has enough leave accrued to account for requested hours. Any request to receive credit for hours in excess of the 8-hour day must be pre-approved by the Training Director, after initial approval by all rotation supervisors. This is an extremely rare occurrence.

### **EXIT CRITERIA**

To successfully complete the program, interns must complete all requirements noted on the Expectations and Activities of the Primary Rotation along with the intern’s two Major and two Minor rotations. Further, interns need to not be involved in any significant wrongdoing and receive satisfactory ratings (minimum of Level 3) on their comprehensive final year evaluation which is completed by their Primary Supervisor in consultation with the Training Directors, major/minor rotation supervisors and the Training Committee. Each intern will meet with the Training Director for an exit interview (Appendix 2: Attachment E) to discuss any other issues relevant to the training program and for final feedback.

### **Maintenance of Records/Training Files**

The training program keeps a training file on each intern who has participated in the psychology internship at EOVAHCS. All files are kept electronically. Electronic files are saved on a secured drive that is accessible only to the Training Director, Asst. Training Director(s), Lead Professional, and program support assistant.

The intern record is kept indefinitely. The intern record includes the initial application and acceptance letter, as well as documentation of completion of program requirements. This includes, but may be not be limited to, the following: comprehensive evaluations, performance improvement plans if they exist, hour logs, and other relevant documents. The intern record will also include any identification of ethical or competency concerns.

# Training Program Resources

## Supervision

Supervisors are the internship program's most important training resource. They provide modeling, instruction and specific feedback. Supervisors facilitate interns' interactions with other facility personnel and facilitate the acceptance of the intern as an important contributor to the treatment program. Because all supervisors have patient care responsibilities, interns gain skills and knowledge working side-by-side with staff members. Interns can expect intensive supervision with the opportunity to take on considerable professional responsibility. Styles of supervision and techniques utilized vary from rotation to rotation. Licensed psychologists with hospital privileges are eligible to be primary supervisors. Supervisors throughout the training program use a developmental approach within a competency-based supervision model, scaffolding learning experiences as appropriate for the individual intern and providing feedback that is anchored within the expected competencies. Psychologists who are not yet licensed, or who lack hospital privileges, may provide adjunctive supervision (i.e., in addition to the supervision provided by the primary supervisor and only with the support/collaboration from the primary supervisor).

Supervision is a private relationship (not a confidential relationship), with specific obligations of the supervisor to share information within the training program pertinent to the development of the trainee and benefit of patients. Supervision is an evaluative relationship in which the patients of the trainee are those of the supervisor. Supervisors will share updates on trainee development, progress, and any concerns as a part of consultation with training faculty and the Training Director. The program values trainees having a collaborative and open relationship with supervisors. Supervisors will prioritize maintaining privacy of trainees in the event of personal self-disclosures, while also being obligated to share information with the Training Director related to concerns about safety (whether of the trainee or patients), quality of care, and educational need. In order to offer training rotations, supervisors must submit their rotation descriptions to the training committee for review and approval.

- Supervisors meet with the intern group during orientation week to introduce themselves. They are available to talk with interested interns to determine whether the rotation would be a desirable placement for the intern based on individual learning needs and interests.
- The supervisor works with the intern at the beginning of the rotation to review rotation expectations, delineate training goals and the means for reaching these goals.
- Supervisors schedule regular times for supervision and provide additional supervision as needed. A minimum of two hours of scheduled individual supervision is required each week, as well as two additional hours per week via individual and/or group supervision. EOVAHCS provides one hour of individual supervision for assessment and one hour for rotation supervision every week. In addition .5-1 hour of individual supervision takes place for EBP Rotation. Finally, there are two

hours of weekly group supervision. This equates to more than four hours of total supervision each week for each intern in accordance with APA CoA requirements. In compliance with APA requirements, a supervisor must engage in live supervision (either video/audio recording or in-person) of the interns' clinical work for each evaluation period. Interns and supervisors are also strongly encouraged to engage in regular review of either audio and/or video recordings of clinical work as part of the supervision process. Trainees collaborate with their supervisors to ensure a proper coverage plan across and within rotations that enables the trainee to obtain any assistance needed outside of on-going scheduled supervision meetings.

- Supervisors co-sign all progress notes, treatment plans, assessment reports, correspondence and any other intern entries in the medical record. Licensed psychologists must co-sign all psychology trainee notes.
- When a supervisor is away from EOVAHCS they arrange for appropriate alternative supervision in advance and provide the alternative supervision to the intern.
- At quarterly intervals, each supervisor reviews progress with the intern via a formal evaluation and formulates plans for the remainder of the placement. The supervisor shares their evaluation of the intern's strengths and needs with the training committee. Of note, competency-based feedback should be shared with the intern on an on-going basis, including as part of weekly supervision sessions.
- At mid rotation, the supervisor prepares a written evaluation of the intern's progress on the rotation. The supervisor and intern discuss the evaluation and the supervisor provides the evaluation to the Training Director. All evaluations are placed in the intern's file, and a summary is sent to the Director of Clinical Training of the intern's graduate program at the mid-point and end of the training year.
- Trainees are expected to communicate regularly with supervisors regarding any on-going needs. Trainees are expected to contact supervisors immediately regarding any safety concerns or imminent patient concerns, while also being timely and forthright in communication regarding other clinical care issues. Trainees should come to supervision meetings prepared and be an equal partner with the supervisor in ensuring that supervision sessions are maintained and rescheduled in a timely manner when circumstances arise (e.g., unplanned sick leave, change of scheduled meeting due to leave, patient crisis).

## Resources

The [VHA National Desktop Library](#) is an online medical library available to staff VA-wide that provides full-text access to clinical textbooks, journals and databases including psycARTICLES and PsychINFO. **Resources on the site are only available to VA staff.** However, the [Veterans Health Library](#) is available to provide health related information to Veterans, their families and caregivers.

DSM-5TR can be found in a full digital version here.

[Psychiatry Online | DSM Library](#)

**Comprehensive Resources at VHA are archived on “SharePoint” site. Important share point sites are included below. Recommend this sites be ‘bookmarked’ for future use.**

[Measurement Based Care in Mental Health - Home \(sharepoint.com\)](#)

[OMHSP Diversity, Equity and Inclusion Resources \(sharepoint.com\)](#)

All VA EBPs can be found here > [Mental Health Communities of Practice \(sharepoint.com\)](#) (review this link in orientation.) However, some frequently accessed EBPs are directly linked below.

[Home - Cognitive Processing Therapy \(CPT\) \(sharepoint.com\)](#)

Prolonged Exposure [Home \(sharepoint.com\)](#)

[Acceptance and Commitment Therapy for Depression \(ACT-D\) \(sharepoint.com\)](#)

[Cognitive Behavioral Therapy for Depression \(CBT-D\) Training Program \(sharepoint.com\)](#)

[Interpersonal Psychotherapy for Depression \(IPT\) - Home \(sharepoint.com\)](#)

[Home - CBT for Insomnia Training Program \(sharepoint.com\)](#)

[Motivational Interviewing and Motivational Enhancement Therapy - Home \(sharepoint.com\)](#)

[Home - Family Services \(sharepoint.com\)](#)

**Library E-Alerts** (This will give you options to select on subject matters you would like to receive journal article updates on)

<https://www.va.gov/library/LiteratureAlert.asp>

## **Oklahoma Statutes for Psychologist**

[https://www.ok.gov/psychology/Rules\\_Laws\\_Resources/index.html](https://www.ok.gov/psychology/Rules_Laws_Resources/index.html)

## **INTERNS' SHARED FOLDER ACCESS**

A shared folder for interns is located on the EOVAHCS Behavioral Medicine Shared Drive. All required forms, policies, handbook, orientation materials, and a copy of the APA Ethical Principles and Code of Conduct are located in this folder and accessible to interns at any time when logged into a VA network computer.

## **Network, Computer & Software Access**

Interns have access to the VA's networked PC workstations for clinical and educational activities. All clinical documentation in the VA is completed on the Computerized Client Record System (CPRS) and interns will receive instruction in this system at the beginning of their training.

Most emails are now sent via MS Outlook, though this system is not considered secure for the purpose of sending client information unless the messages are encrypted. Assistance with encrypting messages will be provided during Orientation. All computers have the Microsoft Office programs.

All computers have internet access and any use in support of clinical or academic activities is acceptable. The general rule is that limited personal use is acceptable though certain websites might be blocked. It is worth exercising prudence, as internet use can be monitored.

The training program has a shared folder on the network that contains a large volume of client handouts, professional articles, and other resources. Access to the shared folder will be provided at the beginning of internship. Interns are encouraged to review the shared folder and seek out documents that may be of use. Interns are welcome to download material from this shared folder for future use.

The VA places a huge emphasis on information security. PIV Badge should never be left unattended in your computer. External drives such as USB devices should NEVER be used. Follow prescribed guidelines in handling and protecting client information is extremely important. If interns need to transport audio or video recordings of sessions for supervision meetings, and this is considered acceptable as long as certain guidelines are followed (e.g., no written client identification information on the tapes, transportation limited to that which is necessary). Veterans must provide written consent for recording prior to any recording being completed. After the recording is reviewed in supervision, interns are responsible for ensuring these are appropriately deleted. The Consent for use of Picture and/or



Voice form is located in the shared training materials folder on the VA server which will be accessible at the start of internship.

## **Telehealth Supervision Policy**

EOVAHCS includes seven community based outpatient clinics (CBOCS) (McAlester, Bartlesville, Idabel, Claremore, Muskogee East, Ernest Childers Tulsa and TOPC 11<sup>th</sup> Street.) Clinical sites can be separated by 50 miles or more and differ in rurality and culture. EOVAHCS is committed to providing quality service to the Veterans across our the system and providing quality training, with a multicultural emphasis, to our psychology trainees. We actively train, engage and supervise interns with telehealth services to meet the needs of Eastern Oklahoma Veterans and fulfill the VA mission. Providing telehealth services allows trainees to gain applied experience using advanced technology and gain valuable clinical experience serving Veterans from diverse cultural groups. Providing this expanded service includes providing patient care (both in-person and via telehealth) and participating in supervision via video teleconferencing platform.

As EOVAHCS catchment area and health care system expands across the entire eastern half of the state, psychologists in the system who serve Veterans and supervise trainees are, by necessity, not all centrally located on-site in Tulsa where psychology trainees are primarily located.

These psychologists have subject matter expertise and cultural knowledge that supports an optimum learning experience for the trainee, as well as upholding a high standard for patient care, that can be accessed via the provision of telesupervision. In addition, the depth of supervisors available to provide additional supervision to trainees is expanded by further including those available via telesupervision. Via use of telsupervision, trainees have greater access to more supervisors and more diverse and varied background of supervisors across the health care system. Additionally, the training program allows psychologists not physically located in Tulsa to have collegial engagement through the training program. In sum, telesupervision supports the overall training program aims of providing generalist training, serving the diverse and rural patient population of Eastern Oklahoma.

Not all trainees learn or at a development level that is appropriate for telesupervision. A trainee that needs higher oversight (e.g., in the room graduated level of responsibility, high need for feedback, identified competency concerns—even if not on a formal remediation plan) and trainees who have greater difficulty with self-initiation (e.g. proactively reaching out to supervisions, problem-solving technology issues or other issues) may not be as good of a fit for telesupervision. Those trainees would receive supervision in-person, either exclusively or to greater amount. As part of their orientation to the

setting, trainees will receive instructions on how to properly utilize the technology, how to respond if the technology fails, and what to do in emergency/crisis situations (via both psychology orientation and VA-wide available trainings).

Telesupervision will only be used for those rotations in which it is deemed to fulfill the level of oversight needed, provides a high-quality training experience for the trainee, and does not detract from the fulfillment of clinical care duties or upholding learning needs of the trainee. In addition, consistent with all aspects of their learning experience, trainees are encouraged to request any reasonable accommodation in order to effectively engage in telesupervision in an effective manner. On a weekly basis, one or less hours of supervision may be provided via telesupervision. Group supervision will primarily be conducted via in-person supervision. Thus, throughout the training year an intern will typically have no more than 25% of their individual supervision occur virtually. Thereby, 75% of their total supervision is in persona.

Trainees primarily report on-site regardless of rotation throughout the training year, promoting the opportunity for collegial engagement, interdisciplinary interactions, and general professional development. Patient care is a combination of telehealth and in-person care dependent on patient preference and training rotation.

#### Function of Supervision Policy

This policy is to ensure that the internship program engages in telesupervision of Interns in a manner that ensures: (a) oversight of the Interns' engagement in clinical care; (b) consistent and immediate access of Interns to their supervisors; (c) high-quality of care provided to Veterans; and (d) a high-quality internship educational experience.

#### Definition of Roles and Allowances

To ensure the full function of both in-person and telesupervision is upheld, the following roles are clarified:

- *Telesupervision*: clinical supervision of psychological services through synchronous video with audio format where the supervisor is not in the same physical facility as the Intern.
- *In person supervision*: clinical supervision of psychological services where the supervisor is physically in the same room/building as the Intern.
- *Clinical supervisor*: psychologist who serves as the primary provider on encounter, co-signer on documentation, and is responsible for patient care.
- *Site supervisor*: psychologist who is available to intervene with a patient, if needed (including being on site if a psychology trainee is on site), is fully able to supervise (e.g., licensure, etc.), has agreed to provide supervision assistance, and who is made aware of the Intern's clinical activities and needs. Note: a site supervisor is **required** to be on-site if the clinical supervisor is working off

site. The site supervisor co-signs on notes for encounters during which the clinical supervisor provides clinical or supervisory intervention in the care of the Veteran.

Clinical supervisors (whether in-person or telehealth) maintain full professional responsibility of the clinical cases of Interns being supervised in the same capacity as they do their own patients. The location of the patient, clinician, and supervisor are disclosed to the patient and documented in the note. This serves the purpose of ensuring for proper safety planning should the patients experience any risk.

Additionally, supervision statements/documented informed consent included in the body of each note should include the on-site supervisors name. For example:

Veteran agreed to participate in this therapy session. Writer and Veteran discussed the voluntary nature of assessment, treatment, and the limits of confidentiality. Veteran was made aware that this provider is an unlicensed doctoral psychology intern working under the clinical supervision of Dr. XYZ and the site supervision of Dr. ABC. Veteran was provided with contact information for the clinical supervisor, this writer and the Veteran's Crisis Line the outset of therapy.

### **Microsoft Teams**

- Microsoft TEAMS should automatically load with computer sign in.
- Microsoft TEAMS is the primary way that supervisors and staff communicate and all interns should be alert and mindful of TEAMS notifications.
- Microsoft TEAMS is also the main way to find people, emails and phone extensions in the system
- Contact lists can be created in TEAMS. Chat threads can be named. You will be added to chat threads for MSAs and scheduling in your work area.
- When not wanting to be directly alerted to an instant message, your status can be placed on Do Not Disturb, such as when you are in session. Messages will still arrive, but without sound or other alerts. If using the do not disturb option ensure removing the option as soon as you do become available to maintain communication with everyone at all times
- Messages can be sent to your supervisor when they are in red or do not disturb, however be aware they may be in a meeting or session and may not be able to

immediately respond. If this is the case and urgent supervision is need, you can reach out to another training committee member or training director(s).

- You will have a dedicated Team, called 2024-2025 Interns for resources and communication. All training committee members will also be part of this Team.
  - Under files section, are materials for didactics
  - Most supervisors will want to review your notes in word in the beginning and then will give you clearance to enter directly into CPRS and they may use Teams to do this.
  - There are also folders for you to quickly access your training activity and orientation schedules along with your training and orientation manuals

### **OneDrive**

This is your own personal storage drive on the network that nobody can access but you. You can create folders and arrange things you need to save as needed. The OneDrive is accessible at any computer on the VA Network that you sign into.

### **S: Drive**

The S Drive is the shared drive for Behavior Medicine Service and everyone has access to these folders. Of particular note would be the IPV folders with resources. Ensure you are aware of resources there.

The intern folder is under Psychology Internship Program: Interns. Here you will find many helpful resources to reference throughout the year. Please review all of the folders and become familiar with materials.

### **M: Drive**

The M Drive is a media drive where all trainees are to store audio recordings of sessions. Do not store recordings on your One Drive or on your desktop. Each trainee will have their own folder titled with their name and can organize it as they see fit. The path is as follows: M: > Behavioral Medicine > PATIENT\_DATA > your name.

# Learning Experiences

## PLANNING THE TRAINING YEAR

Prior to the start of the internship year, interns are sent a preliminary non-binding questionnaire to identify initial training interests. This information helps the Training Committee in planning for the training year. At the beginning of internship, interns go through several days of orientation activities, which provide the opportunity to meet all the prospective supervisors. Interns are asked to rank order their preferences of rotations.

An individualized training plan (See Appendix 2: Attachment C) is developed for the interns in conjunction with the Training Director and other faculty input based on specific interests and training needs. Every attempt will be made to place interns with their first choices of rotations if possible. During orientation, assessments of competency in the areas of ethics, multicultural awareness, diagnostic interviewing, assessment interpretation and report writing, self-reflection, and relational skills are administered. Each intern receives individualized feedback and any areas of weakness noted from these assessments will be addressed in their individualized training plans.

The program is organized into two six-month segments which will include two major rotations. Interns also complete yearlong primary rotation focused on evidence-based assessment and therapy. There may be opportunities for additional experiences that are outside of the normal rotation activities. Participation in such activities is based on individual interests and must be clearly specified and approved by the Training Director and the affected supervisor(s).

At the beginning of each rotation, rotation supervisors will review the rotation expectations and activities with the intern. These also will be reviewed at mid and end of rotation, and information from this will be utilized to complete the formal mid and end of rotation evaluation forms.

Interns' interests and priorities often change over the course of the training year and changes in the training plan are permissible provided they continue to allow for the intern to complete their required training experiences and the program has the capacity to handle the switch. Interns' second half of the year rotations will not be finalized until mid-rotation evaluations during the first half of the year rotations are complete. This will allow for more time to fully assess areas of strength and weaknesses. The Training Committee will meet and discuss any recommended training rotations to assist interns with training needs and to ensure they meet the program aim of quality generalist training utilizing evidenced based therapies and assessments.

## Orientation Weeks

During the first four weeks of the training year, interns are introduced to the structure, policies and

procedures of the internship program, as well as important aspects of the behavioral medicine service and the medical center. Each intern meets individually with the Training Director(s) to assess the strengths and limitations in their prior training, and to plan how the intern's training needs might be met during the internship year (training plan meetings). Each intern completes a baseline strengths and needs assessment with the training faculty to determine individual training needs. Prior to the training year start trainees complete a rotation preference list. On the basis of the interns ranked preferences and program logistics, the Training Director and Assistant Training Director (in consultation with members of the training faculty) determine rotation placements before the close of orientation for each intern. Additionally, during the initial weeks on site, interns are oriented to the computerized patient record system (CPRS) and many applications used for patient care, time keeping and administrative tasks. Finally, interns are oriented to Veteran culture through a series of Veteran panels, didactics and local reflective practice outings.

## **Rotation structure**

Rotation placements are provided by rank order from interns to TD and final assignments are made by the training program with consideration of supervisor availability and other considerations. There are a wide variety of training options, each with different strengths and limitations. Interns are encouraged to request rotations that will broaden their experience and skills.

The internship year is divided into two 6-month rotations. This division of time is designed to allow for *breadth* of experience, while still providing sufficient time within a setting to achieve *depth* of experience.

To ensure that an intern is able to achieve both depth and breadth of experience, the training program may alter the rotation schedule for an individual intern to allow for an additional experience. Eg. Leading a group if no groups are offered in the rotation.

Remaining on the same 6-month rotation for a full year is discouraged as the training program's goal is providing a well-rounded, generalist training. However, if remaining on the same rotation for a full year is requested the option can be explored with the rotation supervisor and the trainee and if a rationale exists that promotes clinical and professional development this can be facilitated.

## **EXPECTATIONS OF INTERNS**

The Internship Training Committee, faculty, and interns are responsible for organizing and coordinating a set of meaningful training experiences which will aid the intern in his/her professional growth. Interns, therefore, must honestly and thoughtfully identify and articulate their training needs and keep their supervisors and the Internship Training Committee apprised of changes in these needs as the year progresses. Any problems encountered by the interns related to their training sites, work-related relationships, supervision relationships, clinical work, or personal problems or situations that impact their ability to provide clinical services, should be immediately relayed to a member of the Training Faculty and/or the Director of Training. All such problems will be addressed in a non-punitive and

practical manner. All interns will be encouraged and helped to clearly identify the changing limits of their competence.

While initially not yet licensed, interns must adhere to all professional standards of practice and ethical constraints that are relevant for psychologists. Interns must actively and independently review the APA Code of Ethics and the Oklahoma statutes relevant to psychologist's practice, review relevant scientific literature, seek necessary supervision, actively participate in consultation, and undertake continuing education. Links to this information is readily available year round to interns on the SharePoint site. Interns are expected to be active participants in every aspect of their training, including being timely and prepared for supervision. The internship may be their last organized and intensive professional opportunity to receive critical supervision and guidance and they are expected to take full advantage of it. Interns must be open to honest feedback from the faculty, from supervisees, from affiliated professionals and staff, and from other interns.

Interns are expected to be self-revealing about their own backgrounds to the extent that it serves the goal of improving their diversity awareness. They are expected to be self-revealing about their own tendencies and difficulties insofar as this openness serves the goal of improving their clinical abilities. Interns are expected to provide feedback and constructive criticism to the Director of Training, training faculty, and other interns and thereby contribute to the continuous development of the internship. Active participation in didactics, provision of feedback to the Internship Training Committee, consultation with mentors and faculty, regular completion of formal evaluation instruments, and informal discussions with the Director of Training are methods by which interns contribute to the continuous improvement of the internship.

## **EXPECTATIONS OF TRAINING FACULTY**

Training faculty should represent positive, competent and professional role models to interns as evidenced by significant clinical involvement; commitments to teaching, training and/or research; and experience with program development, advocacy and administrative activities. In addition, continued professional education and service to psychological societies and to the professional community are important. Faculty members are expected to take primary responsibility for the quality of the supervisory relationship. To that end, they are expected to be highly accessible to interns, to be available for needed supervision and consultation and to arrange for backup supervision when necessary, to be fair and forthright in evaluations, and to be open to constructive criticism and feedback on their supervisory skills. Faculty members involved in the internship are expected to be active in maintaining competence in the provision supervision, which can be done through CE training on supervision and/or independent reading on supervision skills.

Should significant training problems arise in the course of the supervisory relationship (i.e., problems which make the supervisory relationship untenable, or problems in internship performance which may require significant remediation), training faculty are expected to immediately relay this to the intern and the Director of Training. Training faculty are also expected to participate in the internship program

through timely completion of trainee evaluation forms and consistent attendance at faculty training meetings.

### **Evidence Based Psychotherapy Trainings**

Two full evidence based psychotherapy trainings are provided over the course of the year. These range between two and three full days and include other staff from across the system and provide an opportunity for interns to meet others and learn in a multidisciplinary setting.

### **Group Supervision**

Interns receive two hours of group supervision weekly for the duration of the training year. (One hour for assessment group supervision, one hour for EBP supervision)

### **Didactics**

Weekly, throughout the training year, interns attend a two hour didactic training.

In addition to the weekly didactic series, interns participate in a monthly one-hour Behavioral Medicine Staff Development Series presented by staff from various disciplines on clinical topics affecting Veteran care. Disciplines represented include psychology, social work, vocational rehabilitation specialists, peer support, chaplains and prescribers including psychiatrists, physician assistants, and clinical nurse specialists.

### **Seminars**

At mid-year Interns and supervisors attend a supervision conference sponsored by the University of Tulsa. This conference kicks off “New Supervisor Seminar” that meets twice a month December-July. Also at mid-year group supervision of supervision is added as interns are begin to engage in supervision of practicum students and social work interns. January-May interns provide an monthly hour of peer supervision to social work interns. If there is a practicum student within clinical proximity and psychology intern is deemed developmentally ready, the psychology intern can gain some experience supervising. Intern is supervised for supervision by rotation supervisor and in new supervisor seminar.

The yearlong diversity seminar has evolved over the past five years to include training faculty presentations, intern presentations, local reflective practice outings, optional involvement in the multidisciplinary brown bag series “Voices at the Table” and the Multicultural Committee. The seminar culminates when the internship cohort provides a 3.5 hour group presentation on some aspect of diversity to the psychology discipline.



## Rotation Description and Assignment

### Rotations

Each intern is required to participate in yearlong rotations for Psychological Assessment and Evidence-Based Psychotherapy. Additionally, two six month rotations are chosen by the intern with coordination from the TD to ensure training plan goals are met. Rotations can be located across the EOVAHC system but are primarily either located at the the Muskogee Hospital or Tulsa Community Based Clinics.

#### **Psychology Assessment: Supervised by assessment supervisor**

Interns will conduct assessments in response to consult requests submitted by clinical providers anywhere within the VA system. The assessments involve clinical interview, review of history and records, and standardized psychological assessments and are specific to the referral questions. Interns will write integrated assessment reports and present this feedback to both colleagues and clients as appropriate. Emphasis is placed on collaborative therapeutic assessment with referring professionals and the client. In order to best clarify referral questions and provide meaningful feedback.

#### **Evidenced-Based Psychotherapy Clinic: Supervised by EBP supervisor**

Interns will become proficient in a minimum of two evidenced based therapies Cognitive Processing Therapy (CPT) and Acceptance Commitment Therapy for Depression (ACT). Interns will have the unique opportunity to be trained and supervised by VA National/Regional consultants in both modalities. Trainings for both CPT and ACT-D will include in-person instruction, audio recordings, direct observation, supervision, and consultation.

### ROTATION OPTIONS

Each intern will choose two major (two days a week) 6 month rotations and two minor (one day a week) 6 month rotations. All major rotations can be made into a minor rotation with the exception of the Neuropsychology/Polytrauma/TBI rotation which is offered only as a major rotation. Rotation locations are varied and these will be assigned based on supervisor availability. Interns stay at the assigned location for the duration of the rotation.

#### ***Choice of major rotations include:***

***(Interns will choose two each lasting 15 hours per week for six months )***

- General Mental Health Clinic/Behavioral Health Integrated Program (BHIP)
- PTSD Clinical Team (PCT)
- Women's Mental Health Speciality/MST Treatment Program
- Acute Inpatient Psychiatry/Behavioral Health
- Substance Use Disorder Team (SUD)/Veterans Treatment Court
- Psychosocial Rehabilitation and Recovery Center (PRRC)

- Home-Based Primary Care (HBPC)
- Rural Telemental Health
- Psychosocial Rehabilitation and Recovery Center (PRRC)
- Primary Care Mental Health Integration (PCMH-I)

**Rotation Description:**

***Major Rotations:***

***General Mental Health:*** Interns will work as part of an interdisciplinary outpatient clinic, seeing veterans with a full spectrum of psychological disorders including schizophrenia, non-combat PTSD, bipolar disorder, depression, and anxiety. Psychological work in the clinic includes individual and group psychotherapy, as well as participation in the initial intake and treatment planning process for veterans. The intern would have the opportunity to develop and enhance skills in evidence-based psychotherapy by participating in both group and individual therapy with a broad range of psychopathology. Skills in differential diagnosis and treatment planning are facilitated through participation in the intake process, which includes veterans with a diverse range of presenting concerns and knowledge base regarding psychotherapy. In this clinic a holistic, recovery-oriented approach to care is taken so interns work closely with medication providers (nurse practitioners and psychiatrists) and social workers (homeless veteran coordinator, CWT and supported employment coordinator), as well as collaborating with primary and specialty care physicians.

**Locations: TOPC 91<sup>st</sup> Street**

***Inpatient Mental Health Service:*** Interns will work as part of a multidisciplinary treatment team on a 10-bed locked acute psychiatric unit. In this setting, the interns provide brief psychotherapy and psychological assessments. A large focus of the rotation is consulting and communicating about treatment conceptualization and planning with the team, which includes nursing, social work and psychiatry staff. Psychological interventions include comprehensive psychosocial interviews, individual and group therapies and psychological assessment.

**Location: Muskogee Hospital**

***PTSD Clinical Team (PCT):*** Interns will gain experience in empirically supported assessment and treatments of PTSD related to combat. Evidenced Based Psychotherapy training opportunities include: Cognitive Behavioral Therapy (CBT) Skills Groups, Cognitive Processing Therapy (CPT), CBT for Insomnia, and Prolonged Exposure Therapy. Interns will learn to reliably administer and score the Clinician Administered PTSD Scale (CAPS-5). Training focus will be individualized based on intern's past training, experience, and interest.

**Location: TOPC 11<sup>th</sup> Street**

***Women's Mental Health Specialty/MST Treatment Program:*** Interns will gain experience in empirically supported assessment and treatments of PTSD related to sexual trauma in the military (MST) and outside

the military. Other frequent diagnoses treated within this clinic include Borderline Personality Disorder, Major Depressive Disorder, and Anxiety Disorders. Evidenced Based Psychotherapy training opportunities include: Cognitive Behavioral Therapy (CBT) Skills Groups, Skills Training in Affect and Interpersonal Regulation (STAIR), Dialectical Behavior Therapy (DBT) Skills Groups; Cognitive Processing Therapy (CPT), CBT for Insomnia, Mindfulness, Exposure Relaxation Rescripting Therapy for Trauma Related Nightmares (ERRT), Cognitive Behavioral Therapy for Depression and Prolonged Exposure Therapy. Interns will learn to reliably administer and score the Clinician Administered PTSD Scale (CAPS-5). Training focus will be individualized based on intern's past training, experience, and interest.

**Locations: TOPC 11<sup>st</sup> Street**

***Substance Use Disorder Team:*** The Eastern Oklahoma VA Health Care Systems (EOVAHC) Behavioral Medicine Service (BMS) offers a "continuum of care" model for Veterans diagnosed with Substance Use Disorders (SUD) and Co-Occurring Disorders providing interns the opportunity to individualize their training experience. A strong clinical focus would provide interns with experience in Substance Use Disorder assessment, consultation, evidence-based therapies, outpatient and intensive outpatient (IOP) groups and may also include Inpatient consultation. Evidence Based practices include Motivational Enhancement Therapy, Mindfulness, Seeking Safety, 12-Step Facilitation, a Cognitive Behaviorally focused Relapse Prevention and Acceptance Commitment Therapy approaches.

Tulsa Veterans Court (VTC) targets veterans charged with non-violent felonies and who also struggle with drug and/or alcohol addictions, and/or mental health problems. The Veterans Treatment Court is a collaborative effort among the 14th Judicial District Tulsa County Drug/DUI Court, U.S. Department of Veterans Affairs, Tulsa County District Attorney's Office, Tulsa County Public Defender's Office, Human Skills and Resources Supervision, Tulsa County Court Services, and many other community partners. Tulsa Veterans Court is certified as a National Training Mentor Court. Interns will have the opportunity to attend court dates, graduations and provide counseling services and case management to VTC participants. Interns on the SUD rotation will also have the unique opportunity to be trained by and consult with a National Trainer in MET.

**Locations: TOPC 91<sup>st</sup> Street**

***Psychosocial Rehabilitation and Recovery Center (PRRC):*** This rotation is a recovery based, daily treatment program for Veterans who have persistent severe mental illness including Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, and PTSD. The goal of the PRRC is community integration and building skills to strengthen social supports. The Intern would be expected to provide individual and group interventions to veterans with serious mental illness as part of an interdisciplinary team including the following disciplines: Vocational Rehabilitation, Peer Support, Social Work, and Psychologist.

**Location: TOPC 91<sup>st</sup> Street**

***Home Based Primary Care Rotation:*** Interns will have the opportunity to learn how to effectively provide a full range of psychological services to clients in the home who are unable to travel to the nearest VA Medical Center. Many of those served are in very rural areas of Eastern Oklahoma, which will add to this unique training experience. Specific services include screenings; psychological, cognitive, and capacity

assessments; psychotherapy; and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize evidence-based and best practice approaches.

**Location: TOPC 91<sup>st</sup> and community**

### ***Primary Care Mental Health Integration (PCMHI)***

The primary care mental health integration (PCMHI) rotation provides evidence based behavioral health services to patients within the primary care setting. Psychological interns will work in collaboration with primary care physicians, nurses, and other PCMHI social workers and staff to provide integrated services that treat the *whole* person. Primary Care patients present with behavioral health concerns (anxiety, depression, PTSD, etc.) in addition to physical health concerns and medical conditions. Interns will receive warm hands offs from medical teams and provide feedback and consultation to the referring provider about patient care. Interns conduct brief functional assessments and interventions that facilitate patient progress towards behaviorally based goals. Consistent with the PCMHI model's episode of care, most patient appointments will be no more than 30 minutes with a maximum of 6-8 follow up sessions. Interns will also submit referrals and coordinate care when indicated to other specialty clinics and services. PCMHI not only aims to reduce symptoms of psychopathology, but to also improve patient functioning and quality of life. The rotation emphasizes a contextualism perspective to case conceptualization and the implementation of contextually and behaviorally based psychotherapeutic interventions.

**Location: TOPC 91<sup>st</sup> Street**

## **Evidence-Based Therapies Used within Various Rotations:**

Interns will also have the unique opportunity to be exposed to other evidenced based therapies implemented on their rotations. The following is a list of Evidenced Based Therapies currently utilized by psychologists with provider status in that specific modality.

**Prolonged Exposure Therapy (PE):** PE is a manualized, cognitive-behavioral time-limited (10-15 weeks) treatment approach for veterans with a diagnosis of PTSD. This therapy is provided in individual format only.

**Motivational Interviewing/Motivational Enhancement Therapy (MI, MET):** MI and MET are client centered therapeutic styles for eliciting behavioral change. These are used frequently with clients with Substance Use Disorders.

**Dialectical Behavioral Therapy Skills Group (DBT):** DBT is a manualized approach focusing on the skills of mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance.

**Acceptance and Commitment Therapy (ACT):** ACT uses acceptance and mindfulness processes along with commitment to behavioral change to bring about greater psychological flexibility.

**Cognitive-Behavioral Therapy for Depression (CBT-D):** CBT-D focuses on cognitive restructuring along with behavioral activation to treat depressive symptoms. This is available in group and individual format.

**Interpersonal Therapy for Depression (IPT):** IPT is based on the principle that there is a relationship

between the way people communicate and interact with others and their mental health. This therapy encourages the client to regain control of mood and functioning typically lasting 12–16 weeks.

**Cognitive-Behavioral Therapy for Chronic Pain:** This is a manualized, time-limited (12 weeks) that focuses on CBT skills for pain management. This is available in group and individual formats.

**Exposure, Relaxation, and Rescripting Therapy (ERRT):** This is a manualized, time-limited (5 weeks) cognitive-behavioral therapy for the treatment of trauma related nightmares. This is available in group and individual formats.

**Social Skills Training:** Evidenced based treatment for veterans with severe mental illness. This is available in group format.

**Integrated Behavioral Couples Therapy (IBCT):** This is a couple therapy that incorporates the strategies of behavioral couple therapy with new strategies for promoting acceptance in couples. Studies indicate that IBCT is an effective intervention for reducing marital distress and improving relationship satisfaction.

## **Rotation Enhancements**

Rotation enhancements are an option for trainees to gain special, distinct experience with a particular population or experience during the training year. Typically, this is about four hours of time that are generally worked into the rotation schedule.

### ***Special Populations***

This rotation enhancement specializes in providing therapeutic services to Veterans from minority populations including: racial/cultural differences, LGBTQ, women, Veterans in the legal system, and Veterans with major physical disabilities. As psychologists, we have an ethical responsibility to provide culturally informed care for our clients and the communities with which we engage. However, clinicians also cite concerns about their abilities to apply knowledge of diversity to routine practice. This rotation enhancement will provide interns an opportunity to bridge the gap between knowledge and application. The Special Populations Rotation Enhancement is designed to be flexible, allowing interns the opportunity to create an experience fitting with personal and professional goals, prior training experience, and expectations.

### ***Specialty Assessment***

This rotation enhancement specializes in providing assessments prior to medical procedures such as bariatric surgery and organ transplants. If the opportunity arises evaluations conducted for VA police candidates may be an option. Interns receive enhanced training in these specialty assessments/evaluations in regards to administering of standardized assessment instruments, psychosocial interview, interpretation, and report writing.

### ***Administrative Enhancement***

The administrative enhancement provides the opportunity for interns to practice administrative functions as they relate to mental health. For example: Intern may assist with National VA mental health

directives such as SMI ReEngage (outreach to Veterans with SMI who have been lost to care), EPIC (Early Psychosis Intervention Coordination), Inpatient Recovery Transformation Meeting (Review of recovery oriented practices on the inpatient unit) and local efforts such as the Complex Care Committee (Multidisciplinary team reviews of complex patients) and other systems as they arise. This rotation will develop an interns reflective and critical thinking skills, writing skills and navigation of systems/organizations.

### ***Rural Telemental Health (RTH)***

The Rural Telemental Health (RTH) rotation offers interns distinct and innovative training using technology to complement their psychotherapy, psychological evaluation, consultation, and interprofessional skills. Interns can expect to work towards decreasing health disparities in an interprofessional training model serving rural Oklahoma veterans in partnership with social work, psychiatry, and primary care using video teleconferencing. Interns learn the unique contributions of economic, social, and cultural factors affecting the mental health of rural veterans. As a result of socio-economic-cultural influences, many of our rural veterans have multifactorial medical and mental health issues; therefore, interns will acquire advanced skills and knowledge in assessment, evaluation, psychotherapy, consultation, and case management

### ***Dialectical Behavior Therapy (DBT)***

The EOVAHCS proudly offers a Comprehensive Dialectical Behavior Therapy (DBT) program for Women Veterans. Interns interested in this opportunity would first complete a 2-3 day recorded training in DBT. Following training, interns would then attend weekly one-hour DBT consultation team meetings and provide individual DBT to one veteran for approximately 6-8 months as part of the rotation enhancement. Additionally, interns would co-facilitate either a Comprehensive DBT group, or a women or co-ed DBT skills group (non-comprehensive).

### ***Research***

While internship is a year focused on clinical training and activities, EOVAHCS also supports opportunities for expanding research involvement and competence. Interns who have engaged in this rotation enhancement in the past have assisted with ongoing research projects (e.g., trauma and adverse childhood experiences in veteran populations). Research proposal and grant writing experience within a VA context is also a priority of this enhancement.

## Sample of Training Structure

### MAJOR ROTATIONS

Rotation 1 (first 6 months) – 2 days per week

Rotation 2 (second 6 months) – 2 days per week

### YEAR LONG ROTATIONS

Assessment rotation – 1 day per week

Evidence-based psychotherapy rotation – 1 day per week

### INDIVIDUAL SUPERVISION

Major rotation supervision – 1 hour per week

Assessment rotation supervision – 1 hour per week

Evidence-based psychotherapy rotation supervision – 30 min per week

### GROUP SUPERVISION

Assessment group supervision – 1 hour per week

Evidence-based psychotherapy group supervision – .5-1 hour per week

Supervision of supervision group – 1 hour weekly/biweekly, starting mid-year

### DIDACTIC SEMINARS

Presentations – 2 hours per week

### GROUP PROJECT, COMMUNITY OUTREACH, MISCELLEANOUS ACTIVITIES

4 hours per week

# Eastern Oklahoma VA Psychology Internship Policy/Procedure Manual

Day	Time	Activity
Monday		<b>Assessment Rotation Day (TOPC 91<sup>st</sup> or 11<sup>th</sup>)</b>
	8-9am	Chart Review/Client Prep
	9am -12pm	Assessment Client Interview/Testing (every other week)
	12:00-1pm	Lunch
	1-3pm	ADHD or Cognitive Screening (weekly)
	3-4pm	Individual Supervision
	4-4:30pm	Administrative Time
Tuesday		<b>Didactic/Group Supervision Day (TOPC 11<sup>th</sup> Street)</b>
	8-10am	Didactic Training
	10-11am	Assessment Group Supervision
	11am-12 noon	EBP Group Supervision
	12-1:00pm	Lunch
	1-4:30pm	Admin Time/Diversity Outings
Wed		<b>Rotation Day</b>
	8-8:30	Treatment Team Morning Huddle
	8:30-9am	Chart Review/Client Prep
	9-10am	Individual Intake Assessment
	10-11am	Individual Client Session
	11am-12pm	Individual Supervision
	12-1pm	Lunch
	1-2:30pm	Group Session
	2:30-3pm	Admin Time/Progress Notes
	3-4pm	Individual Client Session
	4-4:30p	Admin/Progress Notes
Thursday		<b>EBP Day</b>
	8-9a	Chart Review/Client Prep
	9-10am	Individual Supervision
	10-11am	Individual Client EBP Session
	11am-12pm	Individual Client EBP Session
	12-1:00p	Lunch
	1-2:00p	Individual Client EBP Session
	2-3:00p	Individual Client EBP Session
	3-4:30pm	Progress Notes/Documentation/Case Management
Friday		<b>Rotation Day</b>
	8-9am	Admin
	9-10am	Individual Client Session
	10-11am	Individual Client Session
	11am-12pm	Individual Client Session
	12-1pm	Lunch
	1-3pm	Group Therapy
	3-4:30pm	Admin/Progress Notes

**Sample Intern Weekly Schedule – Generic Outpatient Rotation / Assessment and EBP Rotations.**



**NOTE:** not all sessions will last for an entire hour which can allot more time for documentation along with cancellations and no shows.

## **PROGRAM STRUCTURE, AIMS AND COMPETENCIES**

### **Program Overview**

The EOVAHCS Clinical Psychology Internship Program follows all rules and regulations for match and advertising of the position outlined by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

The philosophy of our training program is that training is best understood as a process of development and growth. This growth and evolution can best be nurtured through the provision of structured, developmentally sequential, experiential, and educational learning opportunities. Our program places great emphasis on the development of mentorship relationship which adds to the richness of the training opportunity by offering professional support and encouragement in areas such as ethics, problem solving, and organizational development and interaction.

We strive to prepare graduates of our internship training program to assume staff and faculty positions in medical centers where they will be able to use their training to provide empirically supported treatment, to enhance mental health services and provision of care, and to increase access of care to rural and remote Veterans and those who are underserved.

Internship training competencies are designed to build upon the basic clinical competencies acquired in graduate training. Our training program provides training in 9 broad competency areas consistent with APA standards:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes and Behaviors
5. Communication and Interpersonal skills
6. Psychological Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional Collaboration

### **Professionalism in conduct, ethics and legal matters**

Throughout training, interns will professionally conduct themselves in accordance with APA Ethics, legal standards of State of Oklahoma and US Federal Government, and VA policies and procedures. At the completion of training, interns should demonstrate continued growth in professional development and identity. Interns should display professional and appropriate interactions with treatment teams, peers and supervisors, and seek peer support as needed. Interns will seek consultation or supervision as needed

and use it productively. Trainees should demonstrate positive coping strategies with personal and professional stressors and challenges. Interns will maintain professional functioning and quality patient care. Interns should be responsible for key patient care tasks (e.g. phone calls, letters, case management), complete tasks promptly; have efficient and effective time management; demonstrate good knowledge of ethical principles and state law and consistently apply these appropriately, seeking consultation as needed. Trainees should display necessary self-direction in gathering clinical and research information independently and competently and will seek out current scientific knowledge as needed to enhance knowledge about clinical practice. At completion of internship, trainees should demonstrate a growing ability to accomplish administrative tasks by any of the following: ability to utilize mental health databases; participation in ongoing evaluations of clinical programs; development of innovative programs and patient care services; and/or supervised participation in program administration. They should show awareness of, and sensitivity to, systemic issues that impact the delivery of services, especially those that involve other professionals and disciplines.

### **Cultural diversity skills**

At the completion of training, the intern should consistently achieve a good rapport with patients from all types of backgrounds, be sensitive to the cultural and individual diversity of patients, be committed to providing culturally sensitive services; be aware of their own background and the impact on clients; and, be committed to continuing to explore their own cultural identity issues and relationship to clinical work.

### **Assessment and conceptualization skills**

At the completion of training, interns should be able to appropriately assess, evaluate and conceptualize a broad range of patients, including those with complex presentations and complicated co-morbidities. Selection and use of assessment tools and/or evaluation methods should be appropriate to the clinical needs of the patient and the clinical setting, and responsive to the needs of other professionals. Assessment should be practiced in a culturally competent manner, and conducted with an awareness of current ethical and professional standards. The intern may demonstrate advanced skill in assessment by providing consultation and/or instruction to other providers. Interns should develop skill in evaluating the outcome of treatment interventions with individual patients.

### **Intervention and consultation skills**

At the completion of training, trainees should demonstrate the ability to effectively work with diverse populations, and provide appropriate intervention in response to a range of presenting problems and treatment concerns. They should also demonstrate skill in applying and/or adapting evidence-based interventions with a specialized population, and be able to provide clinical leadership when working with other providers. Interns should demonstrate effective consultation skills with other professionals, and may provide counsel regarding difficult clinical matters in areas of their expertise. Trainees should

demonstrate the ability to give presentations in a formal didactic setting. Interns should demonstrate emerging skills in supervision, as well as knowledge of, and sensitivity to, ethical, legal, and cultural issues in providing supervision.

### **Education and teaching skills**

At the completion of training, trainees should demonstrate the ability to give presentations in a formal didactic setting; to teach skills to medical students, residents and allied health trainees in medical center training settings; and/or to educate and support other professionals in medical center settings. Trainees may also demonstrate the ability to use telemedicine and other technological modalities to provide mental health consultation to remote clinical sites; and may demonstrate emerging mentoring skills by providing consultation to colleagues. Trainees should demonstrate emerging skills in informal supervision, as well as knowledge of, and sensitivity to, ethical, legal, and cultural issues in providing supervision.

### **Evaluation, scientific thinking, and integration of science with practice**

At the completion of training, trainees should demonstrate the ability to base clinical decisions on the scientific literature, and to generate evidence-based principles to guide practice in areas that lack an empirical literature. Trainees should demonstrate an awareness of the limitations and cautions in translating evidence-based practices to individual cases, particularly in non-majority populations. Trainees should be able to demonstrate skills in translating scientific thinking and research into applied practice.

## **INTERNSHIP REQUIREMENTS**

**Client Contact:** Interns are required to complete a minimum of 500 hours of face to face contact with clients and/or in consultation with another professional related to client care. Interns track their hours, and primary rotation supervisors review these regularly. Hours are submitted to the intern's primary rotation supervisor (weekly) and the Training Director (monthly).

**Psychotherapy:** Interns must demonstrate competence in individual and group psychotherapy with a variety of client types and settings. It is expected that interns will show competence in **at least two (2)** evidence-based psychotherapies as measured by receiving a Level 3 (Intermediate Competence) on their formal evaluations. The qualifications for competence as outlined by the national standards of training and consultation for obtaining provider status in that particular evidence-based psychotherapy as outlined by the VA will be strived for; however, are not required to be met in order to receive a Level 3 rating. It is also expected that interns will conduct **at least two (2)** evidenced based psychotherapy or psychoeducational groups. If the supervisor wishes therapy sessions to be audio or videotaped, the client chosen must agree to be audio recorded and sign the appropriate consent form. It is expected that interns will administer each therapy session, self-report assessments appropriate for screening particular diagnoses and/or the intervention being provided.

**Psychological Assessments:** Over the course of the internship year, interns will conduct evidence-based assessments and comprehensive intakes on their primary rotation. At the initial meeting with the primary supervisor, the intern and supervisor will discuss the intern's prior assessment history, such as experience in clinical interviewing, test administration, test interpretation, report writing, and feedback. Discussion will also include experience with a variety of assessments, such as cognitive and neuropsychological evaluations, personality evaluations, and other areas of specialty practice (i.e., Inpatient, transplants, capacity, forensic), to include the intern's attention to and ability to incorporate relevant developmental and sociocultural issues in the assessment process. Special attention will be given to assessments commonly administered in our outpatient mental health clinic (MMPI-2/MMPI-2-RF, PAI, WAIS-IV, WASI, and several self-report measures).

## Presentations

Each intern will conduct a formal presentation to interns and staff at the Behavioral Medicine Staff Development meeting, a presentation for psychology training faculty for diversity seminar and a larger group project in May of the training year for the Psychology Quarterly Seminar. Presentations are made using PowerPoint. The Training Director or, at the intern's discretion, another psychologist who can mentor the intern, **must** review presentation slides prior to the presentation. The Training Director will review your presentation evaluation feedback forms with each intern.

- Case presentations maybe requested from group supervision supervisors. Example: A case presentation on a comprehensive psychological assessment case or a case presentation on a completed individual and/or group therapy client for an evidenced based intervention he/she provided including intervention effectiveness data. These presentations are up to supervisor discretion and dates will be assigned with consideration and input from interns.

Case presentations include a brief discussion of the relevant scientific literature and mention of any medication, legal, ethical, or diversity issues raised by the case. When interns are assigned their presentation dates, they must notify their supervisor of the date and time to ensure the supervisor has adequate time to block their schedule to attend. Interns and their case supervisors plan the presentations jointly. An outline of the presentation should be reviewed with the case supervisor at least **two weeks** prior to the scheduled presentation.

See recommended Case Presentation Outline located in the share drive folder titled Case Presentation Info. The supervisor **must** review the PowerPoint slides prior to presentation. At minimum, the intern class and case supervisor will attend the presentations. The Training Director will review your presentation evaluation feedback forms with each intern.

Each intern will also lead two discussions on recent journal articles in group supervision. One will be focused on either evidenced based therapy or assessment. The other article will focus on a diversity topic after he/she completes the diversity didactic. These will be informal presentations and are expected to include a brief outline to be passed out to fellow interns/staff attending.

## **Required Didactics**

Interns are required to attend two hours of weekly didactics. This didactic series may also include video-conference with other remote VA Healthcare Systems for special topics. The didactics series includes but is not limited to the following topics: Assessments, Interventions, Professional Development, Diversity, Ethics, Psychopharmacology, Considerations when working with rural populations, Supervision and Leadership. Monthly, an additional hour of the didactics will be provided in the BMS Staff Development Meetings. Interns also may choose to attend other elective didactic opportunities within the VA. The didactic schedule will be provided to interns at the outset of the training year and also placed on the intern outlook calendar. Interns are expected to complete and submit prompt feedback/evaluations of didactic presentations.

## **Meetings with the Training Director**

Interns meet with the Training Director or Associate Training Director throughout the training year, but especially at quarterly intervals. The time may be used to provide formal/informal feedback or to have informal discussions about the internship program, professional development, training concerns, questions about the VA system, or other areas of interest for interns. Feedback about the training program is welcome at any time, including during these informal meetings.

## **DOCTORAL PROGRAM GRADUATION**

Because of asynchronies between the internship year and the academic calendar of various graduate programs, questions often arise regarding participation in doctoral program graduation ceremonies and the date that the doctoral degree is awarded. Doctoral programs accredited by APA are not allowed to award doctoral degrees in professional psychology before the full internship is completed. For our program, this occurs in late July/early August. On occasion, if an intern has met all training competencies and has annual leave remaining at the end of the year, the certification of internship completion can occur before the scheduled end date, corresponding to the number of remaining days of annual leave. Sick leave cannot be used in this manner. Certification of internship completion cannot occur before this time. Graduate programs have varying requirements regarding participation in graduate ceremonies prior to the completion of all degree requirements. When indicated, the Training Director may document an intern's good standing in the program to be eligible to participate in graduation ceremonies prior to internship completion.

## **LICENSING**

The program's primary goal involves preparing graduates for successful practice and licensure as a Psychologist. As such, interns are strongly encouraged to begin preparation for the licensure process during internship. At the end of the training year, the Training Director will complete a Verification of

Experience form for each intern, and these documents will be kept in the intern's training file until the intern requests them to be sent directly to the licensing board of their choice.

Please note, the process outlined above will assist the intern in obtaining licensure in Oklahoma, but each state licensing board has its own requirements. Interns are encouraged to consider where they might eventually pursue licensure and to examine the licensing laws specific to those jurisdictions. A good source of information for licensing rules is <http://www.asppb.org/>. The Training Director will complete any needed paperwork for other jurisdictions. Becoming licensed requires attention to multiple details, and it can be helpful to have an awareness of the process in advance.

# Documentation and Engagement

## Documentation of appropriate oversight and supervision level

The VA requires that the supervisors document the level of supervision a given trainee is working under for a given clinical encounter. There are three possible levels of supervision:

- (1) Room - The supervising practitioner is physically present in the same room while the trainee is engaged in direct health care activities.
- (2) Area - The supervising practitioner is in the same physical area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with Veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation and treatment
- (3) Available - Services are furnished by the trainee under the supervising practitioner's guidance. The supervising practitioner's presence is not required during services, but the supervising practitioner must be in the facility (or available via telehealth), available immediately by phone or pager, and able to be physically and/or virtually present as needed.

The supervisor is responsible for deciding which level of supervision is appropriate and it should be documented in the note. VA regulations suggest that practicum students can only be at level one or two, while interns and post docs could be at any of the three levels for a given interaction.

To assist with this requirement, documentation templates are created. The trainee will add one of the templates (with appropriate modifications) to the bottom or tops of each patient progress note in the electronic medical record for all clinical encounters.

## Documentation, consent, and disclosure of trainee status

Trainees must provide proper informed consent regarding confidentiality terms/limits as well as status as a trainee as follows.

Trainees must review confidentiality terms/limits at onset of initial contact with new patients AND document within the documentation in the medical record.

Trainee disclose to patients status as a trainee AND name of supervisor AND how to contact by calling VA.

- Document this disclosure in CPRS record (i.e. initial individual treatment note, psychological assessment, CMHE)
- Some state licensure standards (California) require this is provided in writing to the patient (highly recommended)



The supervisor is the primary provider in the encounter and also identified in the notation at the bottom of the body of the note (see above). If a supervisor is on leave (AA, sick, annual), the covering supervisor is identified as the primary provider in the encounter and is identified in the notation in the body of the note.

## **Direct Observation and Recording of Sessions for Supervision**

All trainees across rotations are expected to routinely engage in recording of clinical care sessions, with consent of the Veteran, as an important part of their rotation duties/experience. It is also an important part of providing quality supervision, oversight of patient care, and meaningful feedback; APA SoA requires each evaluation period to include direct/live observation conducted by the supervisor. For supervisors to grant trainees the level of responsibility of a supervisor being “in the area” or “available” (as opposed to “in the room”), a supervisor must have directly observed the trainee skills within that modality (e.g., individual therapy, couples therapy, group therapy, assessment).

Overview of requirements:

1. Trainees are required to be directly observed either via live observation or video recording for every rotation, with this occurring at the onset of the rotation experience and continuing throughout the training experience.
2. Observation will occur throughout the rotation as discussed with the supervisor. Trainees and supervisors are required to follow the SOP for recording and storing of patient care sessions for education purposes, which will be provided by the Training Director at the beginning of every training year.
3. It is suggested to have *at least* 2 direct observation experiences in the first month of a rotation.
4. Trainees are responsible for requesting consent to record from Veterans, following the SOP for recording and storing of patient care sessions
5. For recorded observations, the trainee must review the recording. This should be discussed with the supervisor on what is expected in the review of the recording.
6. Trainees should alert supervisors of any issues that may interfere with direct observation or recording and should proactively work with the supervisor on how to resolve the issues as observations are required.

## **Approach to Clinical Care**

Internship is a time to engage in practice in the reality of being a full-time clinician. This can be an adjustment from practicum experiences. All interns are encouraged to look at the individual intern schedule with their supervisor(s) in terms of direct clinical service hours versus number of patients. Not every patient needs to be seen every week for a full session. The program encourages trainees to adjust according to the treatment plan, needs of the patient, and what is clinically indicated in regards to

“therapy doses.” A part of this discussion between interns and supervisors will include attending to how often/frequent the interns are scheduling patients who frequently no show appointments. Each time a patient no shows an appointment this is a “missed opportunity” and takes away from the care another Veteran could be receiving. The training program encourages trainees to think about these system and clinical issues in order to gain experience practicing in the realities of clinical work.

## **Maintenance of hours logs**

The training program requires interns to complete weekly hours logs in order to ensure the appropriate acquisition of direct clinical service hours and supervision. The logs also assist the supervisors and Training Director with on-going review of the intern’s clinical experience and how this is balanced across the rotations, as well as overall training program experiences. Interns are required to complete hours logs on a weekly basis, reviewing them with their supervisors on an on-going basis. Interns will turn in their hours logs to the Training Director for final signature after approval of the logs by their supervisors.

In recording of direct service hours, trainees should only include those hours that were in the direct service of an identified patient/client. All hours related to preparation of materials or planning should be recorded under support hours.

Of note, state licensing boards vary regarding licensure requirements and what hours/experiences count towards meeting these requirements. Interns are strongly encouraged to review requirements of states they are interested in in which they make seek future licensure. Trainees can also reference the ASPPB ([www.asppb.net](http://www.asppb.net)). Trainees are also encourage to explore options for banking of credentialing via ASPPB, National Register, or other means.

## **Evaluation of intern progress**

A variety of evaluation methods are used in the training program. Because feedback and instruction is most valuable when it is immediate and specific, supervisors and interns are expected to exchange feedback routinely as a normal part of on-going professional engagement. Additional evaluation procedures formalize this regular information exchange.

### **Intern self-evaluation and rotation evaluations**

Interns are asked to evaluate themselves and their skill development at various points during the year. During the orientation weeks, interns are asked to complete a self-assessment and benchmark exams which help in the development of their individualized training plan. Interns also meet individually with the Training Director to assess their prior training experiences, to identify strengths/areas for growth and plan for the training year. At the beginning of all rotations, learning expectations are reviewed and signed with supervisors and supervised. At midpoint of each rotation, interns are asked to provide input related to their progress and to plan for attaining these goals during the remainder of the rotation.

At mid-rotation each intern receives a written evaluation of their performance in the placement based on the competencies of the program. The written feedback is discussed with interns, and a copy placed in the intern's file.

### **Supervisor's meeting and review**

On a monthly basis, and in conjunction with the exchange of feedback described above, the supervisors meet as a group to review interns' progress in fulfilling their training needs. The primary purpose of this meeting is to ensure that any difficulties or special training needs are identified at an early point in the rotation, so that remedial recommendations or assistance can be offered in a timely manner. Should the supervisor group develop any feedback for an intern as a result of the review, it is the responsibility of the intern's primary supervisor to discuss such feedback with the intern. The Training Director may also be helpful in communicating the feedback of the supervisor group. The supervisor group may make recommendations to interns regarding future training experiences. This group acts in an advisory capacity to the Training Director and Training Committee.

### **Evaluation**

#### **Minimal Level of Achievement and Procedures for Evaluation**

For interns to successfully complete the training program, they must receive at least a Level 3 rating ("Intermediate Competence") in all competencies and elements on their final year end comprehensive training evaluation completed by the training director in consultation with all rotation supervisors.

Generally, the comprehensive evaluation is a summary of rotation, assessment and EBP evaluations. A Level 3 rating ("Intermediate Competence") indicates the intern is considered prepared for entry-level independent level practice and licensure. This rating indicates the intern needs minimal structure for routine activities, but may need supervision for more complex situations and the intern is able to generalize knowledge, skills, and abilities across clinical activities and settings.

Throughout the year, rotation supervisors evaluate the intern's clinical skills/knowledge areas. Rotation Supervisors review the progress the intern has made on their specific rotation expectations/activities forms at mid- and end-of-rotation. During the mid-rotation evaluation, the supervisor will alert the intern immediately to any area of concern, specifically, any area they would rate the intern below a Level 3 ("Intermediate Competence") on the formal evaluation forms. If this happens at mid-year or beyond the supervisor will develop an individualized plan for the intern to enhance his or her competence in any area where the supervisor has a concern that would warrant a rating below Level 3. These rotation expectations/activities forms are given to the primary supervisor who utilizes this information along with his or her own experience with the intern to complete the formal mid-year and end of year evaluations and provide this feedback to the intern. This results in informal evaluations completed at 3 months and 6 months for Rotations and formal evaluations at 6 months and 12 months by the EBP and Assessment Supervisors who include information from the informal evaluations. Mid-rotation evaluations ensure the intern is informed of any areas of concern regarding the competencies or elements and allotment of time for growth and improvement. The Training Director reviews these evaluations with the intern, and copies are provided to the intern's graduate program. Any areas rated below a Level 3 during the comprehensive mid-year evaluation will result in a remediation plan being implemented.

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## Competency Benchmarks

Intern competence is rated on the profession-wide competencies of: 1) Research, 2) Ethical and legal standards, 3) Individual and cultural diversity, 4) Professional values, attitudes, and behaviors, 5) Communication and interpersonal skills, 6) Assessment, 7) Intervention, 8) Supervision, and 9) Consultation and interprofessional / interdisciplinary skills. The competence ratings used in the psychology internship training program at the EOVAHCS are based on how much supervision is required for a trainee to perform a task competently. It should be noted all interns receive at a minimum of 2.5 hours of individual supervision and two hours of group supervision per week regardless of the competency rating received. There ratings range from 1-5 and are defined as follows:

### LEVEL 5: FULL PERFORMANCE LEVEL

- 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 intern has fully mastered this skill area and can handle complex situations independently. Training is consultative in character.

#### **LEVEL 4: ADVANCED COMPETENCE**

- The intern consistently integrates well-developed knowledge, skills and abilities into all aspects of professional practice. Functions proactively and independently in most contexts. Supervision is accessed independently when needed for complex/novel situations.

#### **LEVEL 3: INTERMEDIATE COMPETENCE**

- The intern is considered prepared for entry-level independent level practice and licensure. The intern needs minimal structure for routine activities, but may need supervision for more complex situations. Generalizes knowledge, skills, and abilities across clinical activities and settings. This is the level expected for most skills mid-way through the internship training year and the minimum level required for successful completion of the internship training program.

#### **LEVEL 2: BEGINNING COMPETENCE**

- The intern requires intensive supervision for unfamiliar clinical activities and/or novel circumstances. This is the level of competency expected for a beginning intern working with a new clinical population and might be an appropriate rating for beginning acquisition of a novel skill set within a new rotation.

#### **LEVEL 1: REMEDIAL**

- The intern shows significant deficiencies in this skill area, with little to no autonomous judgment. The intern is dependent upon direct observation and detailed preparatory instruction, and shows skill in this area below that expected of a beginning intern. Intensive supervision required to attain most basic level of competence OR trainee has not attained expected level of competence despite standard mentoring/supervision. Scores in this range always trigger a review by Training Director and Training Committee.

**Ratings are NOT grades.** It is important to remember that these ratings are not "grades." A Level 1 rating is not necessarily failing. It is quite possible that an intern has had no previous experience with a particular task and needs to have a staff psychologist present during the early stages of the experience until they require less intensive supervision. A Level 2 rating also is not necessarily unsatisfactory—there are many tasks on which an intern might begin at Level 1 or 2. **These ratings only become "unsatisfactory" if, by the end of the internship, the intern has not attained at least Level 3 rating across all competencies.**

An intern will likely not warrant a Level 4 rating on most tasks until near the end of the program; thus, an intern might stay at Level 3 for some time. This would *not* mean that no progress is being made. Interns obtain knowledge of progress through verbal feedback from supervisors and on specific items on the evaluation forms. As applied to ratings of items (aspects), it is expected that interns will have a distribution of level ratings. At the beginning of the year, it is likely there will be some 2s, many 3s, and possibly an occasional 4. Progress toward training goals can be noted on a clinical activity by observing how the

distribution of ratings shifts upward during a training assignment. This scheme provides interns with very specific feedback of progress because it tells them exactly on which detailed components of an activity progress is or is not being made.

# Program evaluation

## Supervisor and Program Evaluation

Interns complete formal training program evaluations at mid and end of the year and discuss feedback with DT and/or AD. This evaluation includes all nine competency domains in addition to program specific feedback.

Interns complete evaluations of all supervisors at mid and end of each rotation and discuss supervisor evaluations with each supervisor and the training director.

All interns complete evaluations of each didactic training independently and submit to a portal where data is uploaded for DT. Feedback on the didactic trainings is particularly helpful in planning for the following year. Didactic feedback is provided to presenters annually, usually at the annual training committee retreat.

At the completion of internship, interns participate in an exit interview with the staff member of their choice. The exit interview allows interns the freedom to provide feedback to the program after all evaluations are completed at the end of the training year. The exit interview consists of standard questions but any and all feedback is welcome at this point in time. Interns can opt to meet with the DOT, AD, any Psychology Training Committee member, or any staff member they are comfortable with. Interns are encouraged to give as much information as possible both positive and negative.

Interns also have the opportunity to provide feedback during the training year at the monthly trainee committee meetings. Interns, in turn, solicit feedback from their cohort and attend the first quarter of the meetings to provide feedback. Following the meeting, the DOT responds to the cohort with any follow up information needed and/or any actionable item in writing.

During each quarterly training plan review meeting, interns meet with DOT and/or AD to review their progress. Feedback related to program, supervisors and training is also addressed at these meetings.

# **Problem identification and resolution:**

## **Intern raised concerns/problems and concerns related to intern performance/conduct/competency**

### **INTERN GRIEVANCES**

A grievance is defined as an intern complaint against a supervisor/staff member, another intern, and/or the program. It is our priority to provide an effective and consistently-applied method for an intern to present his/her grievances and have those grievances internally resolved at the lowest possible level. At the same time, the process allows for the opportunity to appeal up the chain of command (e.g., supervisor, Associate Training Director, Training Director, Psychology Chief, BMS Chief, Chief of Staff) if needed to ensure due process and help interns feel comfortable that concerns can be addressed without fear of reprisal. (See Appendix 1: Attachment G). Interns are encouraged to discuss any questions about the policy with the Training Director.

### **INTERNSHIP REMEDIATION, DUE PROCESS, AND INTERN TERMINATION**

The goal of the program is to successfully graduate interns into a career in professional psychology, and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If remediation is required, a formal remediation plan is developed with clear and specific expectations and is agreed upon by the intern, supervisor and Training Directors. When necessary, the Director of Training from the intern's graduate program is notified and provides assistance in designing remedial efforts. The Training Director is responsible to the Chief of Behavioral Medicine for carrying out the provisions of this policy. Please see Appendix 1: Attachment G for the full procedures. Specific questions regarding this should be addressed with the Training Director.

### **Intern Competency Concerns**

The internship program aims to develop professional competence. There may be instances when the intern is lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the internship program will help interns identify these areas, and provide remedial experiences or recommended resources, in an effort to improve the intern's performance to a satisfactory degree. The problem identified may be of sufficient seriousness that the intern would not get credit for the internship unless that problem was remedied.

Should this emerge as a concern, the problem must be brought to the attention of the Training Director



at the earliest opportunity, so as to allow the maximum time for remediation. The Training Director, collaboratively with the supervisors, will inform the intern of the concern, and collaboratively develop a plan for effective response. This may include the Training Director calling a meeting of the Training Committee, in addition to collaboratively forming a remediation/performance improvement plan with the intern and supervisors to be reviewed and updated on an on-going basis. The Director of Clinical Training of the intern's graduate program will be notified in writing of the concern, and consulted regarding their input about the problem and its remediation.

- a. Competency deficits are defined as when a trainee has been identified as functioning in a manner that is below competency expectations (as defined on the competency evaluation form), identified as not meeting the minimum levels of achievement according to expected timeline of progress in the training program.
- b. Additionally, the following behaviors are also problematic: 1) the trainee does not acknowledge, understand, or address the problem that is identified; 2) the problem is not simply a skills deficit that can be rectified by academic or didactic training; 3) the quality of the clinical services delivered by the trainee is significantly negatively affected; 4) the problem is not restricted to one area of professional functioning; 5) a disproportionate amount of time and attention is required by training faculty; 6) the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
- c. At any time, a trainee may be given verbal feedback – considered a verbal warning – that they are not performing up to expected standards. It is especially important that supervisors provide this verbal warning at a minimum during the scheduled quarterly evaluations. However, it is recommended that such warning be given as soon as problems are identified.

### **Illegal behavior, unethical behavior, or conduct violations**

Illegal behavior, unethical behavior, or Veterans Affairs conduct violations by an intern should be brought to the attention of the Training Director in writing as soon as possible. Any person who observes such behavior, whether staff or intern, has the responsibility to report the incident. In addition to the training program policies and procedures described below, when these incidents are reported all facility policies and procedures will be as well as the APA ethics guidelines.

- Illegal behavior is determined in consultation with Veterans Affairs Office of General Counsel. Unethical behavior is determined by the APA ethical code and/or in consultation with the APA Ethics Office. Veterans Affairs personnel conduct violations are determined by review of facility and national policy and in consultation with Human Resources.

- The Training Director, the supervisor, and the intern may address infractions of a minor nature. Verbal consultation will be the first step in the process. Written documentation may be the second step. A written record of the complaint and action will become a permanent part of the intern's file.
- Any significant illegal or unethical infraction or repeated minor illegal or unethical infractions must be documented in writing and submitted to the Training Director, who will notify the intern of the complaint. Distinguishing a major legal or ethical violation from a minor legal or ethical violation may require consultation with District Counsel, the APA Ethics Office, and the VA Office of Academic Affiliations. However, violations that involve harm or threat of harm to others always constitute a major violation. Per the procedures described above, the Training Director will call a meeting of the Training Committee to review the concerns, after providing notification to all involved parties, including the intern and DCT of the graduate program. All involved parties will be encouraged to submit any relevant information that bears on the issue, and invited to attend the Training Committee meeting(s).
- Following a careful review of the case, the Training Committee may recommend either probation, suspension or dismissal of the intern. Recommendation of a probationary period or termination shall include the notice, hearing, and appeal procedures as in cases of insufficient competence. A violation of the probationary contract would cause termination of the intern's appointment at EOVAHCS. EOVAHCS facility policy and procedures will be followed and Human Resources and/or District Counsel may be involved.

# Social Media Guide

## Use of social networking sites, personal webpages, and blogs

It is common for people to have personal webpages and/or to communicate over the web via social networking sites and blogs. The purpose of this section is to provide some guidance about any public representation of you or the program over the web. While these guidelines currently apply to individuals' use of social networking sites, personal webpages, and/or blogs, nothing here is intended to limit them to only these public representations.

1. Many of the social networking sites such as Twitter, Instagram, Facebook, etc. have been unblocked by VA. However, use of these sites on VA time should be limited only to VA-related business or to access VA-related information and postings.
2. If you do not represent yourself as a EOVAHCS psychology trainee or employee, do not speak about VA, or if you cannot be reasonably identifiable as affiliated with VA, you can represent yourself as you wish in the public domain, including on the web. However, if you use social media and other forms of electronic communication, seriously consider how your communication may be perceived by current and future patients/clients, colleagues, faculty, supervisors, and others. Since all public information is accessible to potential future employers and to current and potential future patients and clients, your online representation can affect you professionally. The internet is an easily accessible time capsule. The program encourages good professional judgement in what trainees post online for both their current and future professional reputation. In the best interest of future employment and the professional future of trainees, the program strongly advises that trainees set all security settings to "private," limit the amount of personal information posted on these sites, and avoid posting information/photos or using any language that could jeopardize your professional image. Choose your "friends" carefully and monitor/remove postings made by your friends that may portray you in unprofessional ways. Do all you can to keep your online image as professional as possible.
3. Decisions to connect socially with former or current patients online should be made as if the patient were in person, i.e., by keeping professional boundaries very clear. Under no circumstances should you "friend" a former or current patient on social networking sites, or otherwise accept or solicit personal connections with former or current patients online. Your relationships with former and current patients must remain strictly professional. Consistent with this approach, trainees should not "google" current or former patients, nor do other online research of patients.

4. Decisions to connect online via social media platforms with current supervisors, during your training year, should be made as if the supervisor were in person, i.e., by keeping professional boundaries very clear. Under no circumstances should you “friend” a EOVAHCS supervisor, during your training year, on social networking sites, or otherwise accept or solicit personal connections with supervisors online, while you are still a trainee.
5. Under no circumstances should you discuss patient cases or share patient identifying information in emails, listservs, websites, web groups, or blogs, include any information that could lead to the identification of a patient, or compromise patient confidentiality in any way. Even if you think you have de-identified patient information, consider how such communication could be viewed if seen by the patient or someone who knows the patient. This includes “venting” about a patient interaction, quoting a patient (without stating other identifying information about the patient), talking about a success or disappointment regarding a patient, etc. You are not in control of this information once it is released to the hundreds or thousands of people on a listserv or web group discussion board, for example, or on a website that will “live” electronically online for years. A perception of the breach of privacy/confidentiality compromises the reputation and integrity of the individual provider, the profession, and the greater VA. Best to think twice before posting once!
6. If you use your VA Outlook email address to send messages outside of greater VA system, be sure that your email signature identifies you correctly as a Psychology Trainee (i.e., Psychology Intern or Psychology Postdoctoral Resident). Indicate the year of your internship or Residency (2024-2025) so that future searches on listservs identifies you by the year of your affiliation with EOVAHCS. Likewise, any posting you make identifying yourself as a psychology trainee on websites should indicate the year of your internship or residency.
7. If your webpage/blog does identify you as a psychology trainee, as affiliated with the EOVAHCS psychology training program, or employed by EOVAHCS, then the program has an interest in how you and the program is portrayed. Your webpage/blog must meet all legal and ethical guidelines from the Board of Psychology and the American Psychological Association (e.g., you cannot represent yourself as a “psychologist” in the State of Oklahoma). Your website/blog must be professional in its content and must not contain objectionable material. We will not actively search out EOVAHCS trainees’ webpages. However, if we become aware of a page or blog that identifies you as a psychology trainee, a trainee in the training program, or affiliated with EOVAHCS, and that page or blog is considered by the Training Director to contain unethical, illegal, or otherwise objectionable material, we will ask you to modify or remove the problematic material. Should you choose not to modify or remove the material, the Training Director will follow the existing procedures for dealing with trainee misconduct and/or unethical behavior.

8. In addition to the training program policies and procedures described above, any relevant facility policies and procedures are also to be followed (i.e., policies related to public statements by VA employees being reviewed by the Public Affairs Officer and/or District Counsel, etc.).

(Note: This policy is based in part on the policies developed by Elizabeth Klonoff, Ph.D., at the San Diego State University/UC San Diego Joint Doctoral Program in Clinical Psychology, Jennifer Cornish, Ph.D., at the University of Denver, and Jeannette Hsu, Ph.D. at the VA Palo Alto.)

# Outreach/ Community Engagement

## **Community outreach presentations/engagement**

As a training program, we welcome and value trainee involvement in community outreach that supports the VA mission. To uphold the integrity of the training program, engaging in community activities (e.g., lectures, conducting trainings, outreach) must be approved, in writing, by the trainee's direct clinical supervisor and this supervisor is deemed the primary collaborator with the intern. If the clinical supervisor has any concern regarding participation in the community activity, these concerns will be brought to the Training Director. Community involvement activities are those that are deemed appropriate for trainees to engage in as a representative of the VA and are in line with the goals and mission of the training program.

## **Engagement in off-site didactics or program activities**

At various points in the training year, interns may engage in off-site program activities (e.g., community didactics, cultural outings, peer support engagement, outreach as part of a rotation activities). Interns are expected to conduct themselves with the highest level of professionalism while in route to, during engagement in activity, and in the travel from the activity during all working hours of the VA tour of duty. The program expects that interns will be positive representatives of the VA within these community engagements, engaging in only those behaviors that would also be consistent with behaviors at the facility and use of solid professional judgement.

# ***Making the most of internship***

## **The power of the cohort**

EOVAHCS training program highly values community and collegiality. Interns are expected to think about their impact, their obligation to others (on various levels), and their influence on setting the tone of their professional experience. The program views internship as a powerful opportunity to practice collegial engagement, as part of the overall goal of growth on multiple dimensions as an emerging psychologist. The program strongly discourages up-ward or downward social comparison as means of interns formulating their sense of self as a professional. Instead, interns are encouraged to look to their fellow cohort members for opportunities to either learn from a fellow intern who has particular expertise or skill in an area, while likewise sharing expertise with their fellow cohort members. The program highly values community rather than competition, sharing the common goal of enriching the development of future psychologists in the endeavor to reduce human suffering.

Positive collegial relationships are highly supportive and encouraging, while at the same time also enabling growth in each other. This means being willing to compassionately challenge each other to take on different perspectives and effectively problem-solve, rather than just express agreement with each other. This translates into a willingness to discuss, and in turn hear, what we need to hear and not just what we want to hear. Respectful disagreement is expected as an important part of learning and development; discussion of differing perspectives is encouraged. An optimal exchange is done within the context of grace, compassion, and empathy. While differing perspectives can at times be difficult to sit with, we encourage trainees to practice genuine curiosity, openness, and interest while engaging with others whose perspective is different from their own. The training program identifies this as an important professional skill, translating into effective professional engagements and quality clinical care.

## **Initiative and Active Learning**

The program recognizes that engagement in internship presents multiple challenges in adapting, including interns becoming familiar with a new work environment and living locale. Internship is often a dramatic shift from the structure of graduate school education to full time clinical engagement. The EOVAHCS training program encourages interns to take an active approach to their own learning, professional development, and professional engagement. This is inclusive of good professional practice in taking responsibility for initiating professional contact, partnering with program and facility staff in problem-solving, and ensuring fulfillment of all duties and requirements across the range of your professional practice within the training program.

## **The opportunity to learn**

The internship training year can either be viewed as a “box to check” on the road to a doctorate or an opportunity for intensive learning. EOVAHCS training program highly encourages interns to take initiative

in their own learning and as a member of the greater health care facility community. We encourage interns to be active in their learning process, being self-reflective on areas of growth and seeking out those opportunities that feel more uncomfortable. The training program supervisors and Training Director(s) are here to provide support regarding the balance between taking initiative and ensuring proper engagement in the oversight of supervision. As much as the training program puts great effort, care, and thought into all elements of the training program, there are things that will not be optimal or go wrong during the training year. We strongly encourage trainees to make contact with supervisors, TD, and mentors to assist in navigating any difficulties to have support as well as engage in collaborative problem-solving surrounding any difficulties. We encourage each intern to identify who and how they want to be in their professional engagements, with the internship training year serving as the gateway into their professional career.



# ***Department of Veterans Affairs (VA)***

## ***Policies***

### **STATEMENT OF NONDISCRIMINATION**

The Psychology Internship program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, clients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. Further, the internship avoids any actions that would restrict program access or completion on grounds that are irrelevant to success. Evaluative decisions are only based on the likelihood of success as a professional psychologist. If an intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance process outlined below. In addition, the intern may elect to utilize the VA NCHCS EEO process (see VA policy below). The intern can request confidential assistance in accessing the EEO program from the Training Director, Associate Training Director, or any member of the training committee.

### **VA POLICY FOR EEO, DIVERSITY, AND NO FEAR**

#### ***Department of Veterans Affairs (VA) Secretary's Equal Employment Opportunity (EEO), Diversity and Inclusion, No FEAR Act, and Whistleblower Protection Policy Statement***

VA is committed to ensuring EEO, promoting workforce diversity, workplace inclusion, and constructively resolving conflict to maintain a high-performing organization in service to our Nation's Veterans. We will vigorously enforce all applicable Federal EEO laws, executive orders, and management directives to ensure equal opportunity in the workplace for all VA employees. This document summarizes VA's EEO, diversity and inclusion, and No FEAR-related workplace policies.

#### ***EEO and Prohibited Discrimination***

VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation,

or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

VA's Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361. The regulations governing the Federal EEO complaint process are found in 29 CFR Part 1614.

Employees seeking redress under this process must contact an EEO counselor in person, by phone, or in writing within 45 calendar days of the date of the alleged discrimination. Employees may also report allegations to their immediate local facility EEO program manager or a management official in their chain of command, or they may raise discrimination issues through the Negotiated or Administrative Grievance Process or the Merit Systems Protection Board (MSPB) as appropriate. While an allegation of discrimination may be raised through these additional avenues, this action does not constitute initiation of an EEO complaint with an EEO counselor through the Federal sector EEO complaint process, and it does not extend the 45 calendar-day time limit to initiate an EEO complaint with ORM.

Complaints of discrimination filed on the basis of marital status or political affiliation may be investigated as prohibited personnel practices and are under the jurisdiction of the MSPB or the Office of Special Counsel (OSC). Complaints filed on the basis of parental status may be processed through VA's internal complaints process. Employees seeking to file complaints based on sexual orientation may have multiple avenues to consider. If an employee believes that he or she has been discriminated against based on sexual orientation, he or she should contact an ORM EEO counselor for more information.

### ***Conflict Management and Alternative Dispute Resolution***

Workplace conflict is often the result of miscommunication and creative tension in the organization. If properly managed, it can yield positive improvements to business processes and the organizational climate. It is important we maintain an organizational culture in VA that does not suppress creative conflict or suppress constructive debate and dissent. To maintain a respectful, productive, and effective work environment, it is VA's policy to address and resolve workplace disputes and EEO complaints at the earliest possible stage. VA offers Alternative Dispute Resolution (ADR) services such as mediation, facilitation, and conflict management coaching to assist parties in constructively resolving disputes. ADR involves a neutral third party

working with the employee, supervisor, or group to engage in constructive communication, identify issues and concerns, and develop collaborative solutions. Employees and supervisors are encouraged to consult their ADR program manager or VA's Workplace ADR program for guidance and assistance in resolving workplace disputes of any kind.

### ***Prohibited Personnel Practices***

The Civil Service Reform Act of 1978, as amended, protects Federal Government applicants and employees from "Prohibited Personnel Practices" including discrimination, coercion, intimidation, preferential treatment, and other prohibited practices in violation of merit systems principles. Under the law, OSC will investigate and take action to correct prohibited conduct. Injured persons may bring actions before the MSPB, if OSC declines to act. Individuals interested in more information should visit: <http://osc.gov/ppp.htm>.

### ***Reasonable Accommodations***

VA is committed to the employment and retention of individuals with disabilities. To that end, VA will vigorously enforce Sections 501, 504, 505, and 508 of the Rehabilitation Act of 1973 as amended, which mirror the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendments Act of 2008. This includes maintaining accessibility of electronic and information technology to individuals with disabilities. All Federal employees and members of the public with disabilities must have access to and use of information and data, comparable to that of employees and members of the general public without disabilities, unless an undue burden would be imposed on the agency.

An important component in hiring and retaining individuals with disabilities is the provision of reasonable accommodations to employees and applicants on the basis of disability in accordance with law. For individuals with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to perform the essential functions of their jobs and enjoy equal benefits and privileges of employment. Individuals who believe they need such accommodation should request accommodation from immediate supervisors. The procedures for requesting and processing requests for reasonable accommodation are contained in VA Handbook 5975.1. VA has also established a centralized reasonable accommodations fund to support requests for accommodation that may not be otherwise funded. Individuals interested in more information should contact the Office of Diversity and Inclusion.

In accordance with Title VII of the Civil Rights Act of 1964, VA also provides religious accommodations to employees unless doing so imposes an undue hardship on the organization. Accommodations may include adjustments to work schedules to accommodate religious

observances, allowances regarding religious attire, allowances to be excused from compulsory activities that conflict with the employees sincerely held religious beliefs or practices, and other modifications. Individuals who believe they need a religious accommodation should request the accommodation from their immediate supervisors. Religious expression and exercise are permitted in the VA workplace provided that such expression does not suggest government endorsement or preference for one faith over another, interfere with efficient working of government VA operations, or intrude upon the legitimate rights of other employees.

### ***Workplace Harassment***

Workplace harassment is a form of unlawful employment discrimination, and will not be tolerated. Workplace harassment is defined as any unwelcome, hostile, or offensive conduct taken on the bases listed above, which interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Harassment by or against VA employees, applicants, contract employees, clients, customers, and anyone doing business with VA is prohibited. Title VII prohibits offensive conduct, such as ethnic slurs, that creates a hostile work environment based on national origin. Employers are required to take appropriate steps to prevent and correct unlawful harassment. Likewise, employees are responsible for reporting harassment at an early stage to prevent its escalation.

Sexual harassment is a form of workplace harassment that is prohibited and will not be tolerated in VA. Analogous to other forms of workplace harassment, it involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of one's employment; (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or (3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment.

Unlawful harassment extends to harassing comments posted on social media, such as Internet sites. It is the duty of an employer to protect its employees from unlawful harassment, if there is a nexus with the workplace. This duty is unaffected by the location where harassment occurs, on or off the worksite, including in cyberspace. The duty remains the same--supervisors must intervene and take prompt and effective corrective action to end the harassment.

Supervisors and employees bear responsibility in maintaining a work environment free from discrimination and harassment. Employees must not engage in harassing conduct, and all employees should immediately report such conduct to their supervisor, another management official, collective bargaining unit, Employee Relations (ER), Labor Relations (LR) Specialists, or ORM, as appropriate. If an employee brings an issue of harassment to a supervisor's attention,

the supervisor must promptly investigate the matter and take appropriate and effective corrective action. Allegations of discrimination and harassment will be taken seriously and appropriate corrective action – up to and including termination – will be taken, if allegations are substantiated. Supervisors are strongly encouraged to seek guidance from their local EEO manager, ORM, ER and LR staff, or the Office of General Counsel when addressing issues of discrimination or harassment.

### ***Workplace Violence and Bullying***

Workplace violence, the threat of violence, and/or bullying of workers are strictly prohibited. This type of prohibited behavior can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults. “Bullying” conduct constitutes fighting, threats, and intention to inflict harm, or abusive, offensive, unprofessional, intimidating, slanderous, malicious, derogatory, or otherwise inappropriate or unacceptable language intended to degrade or humiliate a particular person or group of people. Bullying and workplace violence are violations of VA’s policy and will not be tolerated. Any employee who is subject to bullying behavior or potential workplace violence should immediately report the matter to his or her supervisor or another appropriate official.

VA’s Office of Occupational Safety and Health under the Office of Administration is responsible for providing oversight of VA's Occupational Safety and Health and Workers' Compensation programs in support of VA's Designated Agency Safety and Health Official. Violence in the workplace is an occupational safety hazard citable under Department of Labor’s Occupational Safety and Health Administration standards and under VA Directive 7700. Under Secretaries, Assistant Secretaries, and other Key Officials are required to implement a violence prevention program.

### ***Language Usage***

VA recognizes and respects the right of employees who speak languages other than English in the workplace, outside of the performance of their work duties. Employees may speak another language when the conversation is not related to the performance of their duties; for example, when they are in the break room or making a personal telephone call. Circumstances in which an English-only rule may be justified include: communications with customers or coworkers who only speak English; emergencies or other situations in which workers must speak a common language to promote safety; cooperative work assignments in which the English-only rule is needed to promote efficiency. Even if there is a need for an English-only rule, Supervisors may not take disciplinary action against employees for violating the rule unless VA notified workers about the rule and the consequences of violating it.

The Equal Employment Opportunity Commission has stated that rules requiring employees to speak only English in the workplace violate the law unless they are reasonably necessary to the operation of the business. A rule requiring employees to speak only English in the workplace at all times, including breaks and lunch time, should be limited to the circumstances in which it is needed for the employer to operate safely or efficiently.

***No FEAR Act/Whistleblower Protection***

It is imperative that all VA employees, supervisors, and officials understand the protections afforded by The Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act) and the Whistleblower Protection Act. The No FEAR Act protects Federal employees from unlawful discrimination and reprisal for participation in protected EEO and whistleblowing activity. The Whistleblower Protection Act prohibits retaliation against public employees or applicants for employment for reporting a violation of law, rule, or regulation; gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and special danger to public health or safety. Retaliation against individuals for whistleblowing, opposing discrimination, or participating in the discrimination-complaint process is unlawful and will not be tolerated. This includes complainants, witnesses, and others who provide information concerning such claims.

The Whistleblower Protection Enhancement Act of 2012 amended the law regarding whistleblowers' rights by: (1) making a whistleblower's oral disclosures legally sufficient; no longer must a disclosure be in writing; (2) making disclosures that fall within the whistleblower's job duties an eligible basis of a whistleblower claim; (3) strengthening anti-retaliation restrictions; (4) allowing damages that could be obtained by a whistleblower to include consequential damages such as emotional distress; and (5) establishing a 2-year trial period for these provisions. Avenues of redress available to address claims of reprisal for whistleblowing include local Congressional representatives, the MSPB, and the OSC. VA will not tolerate violations of the spirit or letter of these Federal statutes.

Every VA employee is responsible for safeguarding the privacy of Veterans and other individuals served by VA and for complying with laws that protect client health information and other sensitive personal information. Be advised that a whistleblower disclosure of information is protected only if the release is specifically permitted by all applicable confidentiality provisions. Wrongful disclosure of sensitive personal information, such as medical or personnel records, may be subject to civil and criminal penalties as well as disciplinary or other adverse action.

***Uniformed Services Employment and Reemployment Rights Act of 1994***

An employee has the right to be reemployed in his or her civilian job, if he or she leaves a civilian job to perform service in the Armed Forces, Reserves, National Guard, or other

“uniformed services” as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA, 38 U.S.C. §§ 4301 – 4335). USERRA ensures that persons who serve or have served in the uniformed services: (1) are not disadvantaged in their civilian careers because of their service; (2) are promptly reemployed in their civilian jobs upon their return from duty; and (3) are not discriminated against in employment based on past, present, or future military service. Individuals interested in more information should visit:

<http://www.osc.gov/outreach.htm>.

### ***EEO, Diversity, and Conflict Management Training***

VA is committed to educating its workforce on its EEO-related policies and protections on a regular basis to maintain a discrimination-free workplace. To that end, VA requires that all employees take mandatory Workplace Harassment Awareness/No FEAR Act training in the Talent Management System (TMS Item No. 8872) within 90 days of their initial hire and every 2 years thereafter. This training is available to all employees through VA’s TMS. Managers and supervisors are also required to take mandatory EEO, Diversity, and Conflict Management Training (TMS Item No. 1328672) every 2 years. This training is mandatory for all senior executives, managers, and supervisors. Both courses are available online at the following link:

[https://www.tms.va.gov/learning/user/deeplink\\_redirect.jsp](https://www.tms.va.gov/learning/user/deeplink_redirect.jsp).

### ***Diversity and Inclusion***

VA must cultivate an inclusive work culture and create an environment that reflects the diversity of our increasingly global community. We must leverage the diversity of our workforce and empower all of our employees to contribute to VA’s noble mission. Inclusion is the means by which we drive employee engagement and empower all of our human resources by enabling their full participation in the mission and protecting their voices. Diversity and inclusion are the cornerstones of a high performing organization. They are more than legal or social imperatives in this millennium; they are business imperatives essential to providing the best public service. We all share the responsibility to ensure we embed the complementary principles of equity, diversity and inclusion throughout VA. I encourage all VA employees to actively embrace these principles in all that we do to deliver the best care and services to America’s Veterans.

**References and updates to the VA’s EEO policy can be found here:**

<http://www.diversity.va.gov/policy/statement.aspx>

**In conclusion:**

Finally, we would like to again welcome you to the internship program. There is a lot to learn about our system, so please let us know as you develop questions. We are hopeful and confident that you will soon get your bearings and will find this to be an exciting, valuable, and supportive training experience. One of the greatest joys of internship training is developing long-term relationships with our current interns and graduates as they progress in their professional development. We look forward to starting this process with you. Please feel free to send any questions to the Training Director or the Associate Training Director.

Dr. Arena Mueller & Dr. Jordan Heroux



**APPENDIX 1: EOVAHCS PSYCHOLOGY INTERNSHIP PROGRAM: POLICIES AND PROCEDURES**

**Attachment A:** Program Information

**Attachment B:** Intern Selection

**Attachment C:** Psychology Training Committee

**Attachment D:** Intern Hours and Timekeeping

**Attachment E:** Malpractice Insurance

**Attachment F:** Client Care Records and Supervision

**Attachment G:** Due Process and Grievance Procedures

**Attachment H:** Reporting and Emergency Procedures

**Attachment I:** Telehealth Services and Telehealth Supervision

**Attachment J:** Final Clearance

**DEPARTMENT OF VETERANS AFFAIRS  
VETERANS HEALTH ADMINISTRATION  
EASTERN OKLAHOMA VA HEALTHCARE SYSTEM  
VISN 19**

**EOVAHCS PSYCHOLOGY INTERNSHIP PROGRAM  
POLICIES AND PROCEDURES**

1. **PURPOSE:** To assure that the Psychology Training Program provides high quality training, remains in compliance with all accreditation standards of the American Psychological Association (APA), operates within the guidelines of the Veterans Affairs (VA) Office of Academic Affiliations (OAA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), and meets other relevant review standards.
2. **POLICY:** The Training Director and/or Associate Training Director will be responsible for reviewing, on an annual and ongoing basis, all policies pertaining to the Psychology Internship Training Program and assuring that the program meets all such policies.
3. **PROCEDURES:**
  - a. Training:
    - 1) Following the selection of interns from non-affiliated programs, the Training Directors will work with OAA to initiate the standard VA-University Affiliation Agreement. Such affiliations will be in place prior to the intern's start date. These are kept through OAA.
    - 2) Written documentation of a scheduled plan for supervision will be completed within two weeks of the start of each placement, signed by both supervisor and intern. Interns will receive a minimum of five hours of individual and group supervision during regular scheduled supervision times.
    - 3) Interns' performance will be evaluated following a standardized format; along with any narrative the supervisor may add incorporating individualized goals for the placement. The interns will be provided with copies of this performance evaluation form at the beginning of the training year. The Training Directors will notify the school of interns' progress as indicated.

4) Review of interns' major and minor rotation progress will be completed independently by each of their supervisors at mid (3 months) and end (6 months) of the rotation. Formal review of interns' primary rotation and overall progress in the program will be completed independently by their primary supervisor at mid (6 months) and end (12 months) of the rotation in consultation with the training committee and training directors. Interns will be observed directly at least once per each evaluation period in the rotation. Supervisors will review their written evaluations with the intern. The formal evaluations completed by the primary supervisor at mid and end of the year will be reviewed with the intern by the primary supervisor and the training director and copies will be submitted to the intern's graduate school. If a rating of 2 or lower is noted, a plan for improvement will be generated. See Attachment H for Remediation Procedures. In order to complete the internship, interns must receive 100% of ratings at 3 and above for competence in the following areas: research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills. In addition, interns must complete the expectations/activities outlined for each of their specific rotations. Lastly, interns need to have not engaged in any significant wrongdoing during their internship year.

5) The Training Directors will meet with the interns during orientation to develop an individualized training plan. The Training Directors, in collaboration with the Training Committee, will maintain regular contact with the interns throughout the training year and adjust the training plan as needed.

6) Throughout the training year, the Training Directors will solicit feedback from interns about their training experience. This will be discussed regularly in group supervision with the training directors. Further, each intern will rotate serving as a representative for their intern class and attend the beginning of the monthly internship training committee meeting to discuss any class concerns and/or recommendations. Additionally, the Training Directors will conduct exit interviews with each intern upon completion of the training year to gather further information on the training experience. After completion of the internship, questionnaires will be sent to each intern to determine the perceived effectiveness of the VA training program.

7) The Eastern Oklahoma VA Healthcare System psychology training program does not require interns to disclose personal information to their clinical supervisors except in

cases where personal issues may be adversely affecting the intern's performance and such information is necessary in order to address these difficulties.

b. Standard Administrative Procedures for Interns:

1) Policies and Procedures for interns are outlined in Attachments "A" through "J", covering Program Information and Requirements, Hours and Timekeeping, Malpractice Protection, Final Clearance, Intern Selection, Psychology Training Committee, Client Care Records and Supervision, Due Process, and Grievance Procedures, Reporting and Emergency Procedures, and Telehealth Services and Telehealth Supervision.

4. **RESPONSIBILITIES:** The Chief of Behavioral Medicine Service has overall responsibility for the training program followed by the Psychology Section Chief. The Training Director followed by Associate Training Director is hereby delegated the operating authority for the program and is responsible for (1) Assuring that the Psychology Training Program is actively seeking APA Accreditation by monitoring all APA Accreditation Standards, (2) Informing Psychology staff members of these standards, (3) Assuring that all activities of the Psychology Training Program meet such standards, and (4) Assuring that adequate equipment, facilities, and resources are identified for use by interns and training psychologists to meet training needs. Psychologists involved in training are responsible for ensuring that their training and supervisory activities meet all relevant standards. The Training Director is responsible for administratively approving leave, addressing direct client safety concerns, conferring on training-related issues to the Training Committee, and handling any other issues as appropriate. Interns are considered temporary employees and, as such, the Chief of HR is the appointing authority for interns with the sole authority and responsibility to terminate employment, in collaboration with the Training Directors, using the guidelines provided in VA Handbook 5021.

5. **REFERENCES:** VHA Handbook 1400.04 Supervision of Associated Health Interns; American Psychological Association Commission on Accreditation (Guidelines and Principles for Accreditation of Programs in Professional Psychology); APPIC Match Policies; VA Handbook 5021/10; Psychology Internship Education Affiliation Agreement; Article 33 of the Master Agreement between the Department of Veterans Affairs and the American Federation of Government Employees 2011.

6. **ATTACHMENTS:**

Attachment A – Program Information

Attachment B – Intern Selection

- Attachment C – Psychology Training Committee
- Attachment D – Intern Hours and Timekeeping
- Attachment E – Malpractice Insurance
- Attachment F – Client Care Records and Supervision
- Attachment G – Due Process and Grievance Procedures
- Attachment H – Reporting & Emergency Procedures
- Attachment I – Telehealth Services and Telehealth Supervision
- Attachment J - Final Clearance

**EXPIRATION DATE:** This policy will be reviewed every year, or sooner, as necessary (last review date, July 17, 2024).

**ATTACHMENT A**

**PROGRAM INFORMATION**

The following points are based on training committee decisions, VA Office of Academic Affiliations (OAA) training policies, and APA accreditation requirements (though the internship program is not currently accredited) and are subject to future revision.

1. Interns will be assigned training experiences and supervisors based on program requirements, emphasis area, training committee recommendations, previous experience, interests, and career goals. Interns will be asked to rank order their preferences for rotations prior to starting the internship and turn these into the training director.
2. Interns will complete orientation where they will learn about each rotation in more detail and meet each of the supervisors. Interns will be given the opportunity to make any edits to their rank ordering of rotation preferences. Each intern will also meet with the Training Director during the first week of training to discuss their goals, interests, skills, and training needs. The Training Director will make recommendations to the Training Committee and supervisors regarding training rotations and experiences based on this information along with the intern's preferences. Attempts will be made to match the training plan with the intern's top preferences; however, this cannot be guaranteed. The second half of the year rotations assignments will not be made until mid-rotation evaluations are complete for the first half of the year rotations. This will enable the training committee to more thoroughly identify potential training needs.
3. Interns will be assigned to a supervisor for each rotation. At the beginning of each rotation, interns will negotiate scheduled supervision hours, review and sign the rotation expectations and activities, complete the Supervision Agreement Form with each supervisor and give these to the Training Director for placement in their training files.
4. Interns are expected to attend all assigned training activities unless excused by the Training Director. A didactic schedule will be given to each intern during orientation. Interns should not schedule other activities at required seminar times. Exceptions are to be discussed with and cleared by their supervisor and the Training Director.
5. Most rotations have team meetings, seminars, case conferences, or other types of activities in which interns are expected to participate. Expectations and goals for each rotation will be clearly defined and discussed with the intern at the start of the rotation.

6. Interns will receive at least five hours of weekly supervision by a licensed clinical psychologist, three of which will be individual supervision. Additional clinical activities may involve adjunctive supervision from other licensed mental health professionals or graduate psychologist (under the license of a psychologist). Interns will have access to consultation and supervision during times they are providing clinical services.

7. While at the medical center and utilizing its facilities, interns can accept only patients who come to the hospital through normal administrative channels. Patients whom interns have seen at other facilities or those referred to an intern from the community cannot be seen unless they are eligible for treatment at this medical center and have been accepted administratively.

8. Generally, interns are discouraged from making long-term commitments to patients and from carrying patients from one rotation to another. Situations may exist where it is necessary or most beneficial to the patient or to a intern's training needs to do so, but these are to be first discussed with and approved by the current and next rotation supervisors, as well as the Training Director.

9. Interns are expected to complete an orientation and other mandated trainings throughout the year.

10. The program abides by the VA Equal Employment Opportunity Policy, which states that employees will be treated fairly and equitably, without regard to age, race, color, gender, physical or mental handicap, national origin or sexual orientation. The program also abides by VHA Directive 1018 regarding nondiscrimination in federally-conducted education and training programs.

## **ATTACHMENT B**

### **INTERN SELECTION**

1. **PURPOSE:** To set policies and procedures for selecting psychology doctoral interns.
2. **GUIDELINE:** The selection of psychology interns at all levels must be consistent with equal opportunity and nondiscrimination policies of the medical center as well as the guidelines and policies of APPIC and APA's SoA.
3. **PROCEDURES:** Procedures must be consistent with what is posted on the Psychology Training Program's website.
  - a. **Doctoral Internship Training:**
    - 1) Applications for our doctoral training program are solicited nationally from APA accredited psychology doctoral training programs in clinical, counseling, and school psychology. Applicants must be U.S. citizens. Potential applicants may learn about the program from direct emails to clinical and counseling doctoral program training directors, and email postings on relevant psychology list serves.
    - 2) A selection committee will be comprised of the Training Director, the Associate Training Director and at least two other staff psychologists involved in the training program. Preference will be given to applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic assessment and intervention skills with preference being given to 50 or more direct assessment hours and 200 or more direct intervention hours, scholarly potential, and the personal characteristics necessary to function well in our internship setting. The selection criteria are based on a "goodness-of-fit" with our scholar practitioner model, and the program looks for intern applicants whose training goals match sufficiently the training that is offered. Candidates are selected from many different kinds of programs and theoretical orientations, from different geographic areas, of different ages, or different ethnic backgrounds, and with different life experiences. Preference will be given to applicants with interests in generalist training with an emphasis on evidence-based treatment and assessment. As an equal opportunity training program, the internship welcomes and strongly encourages applications from qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability, or other minority status. The internship emphasizes and promotes diversity; it is an essential component of the training



program. We are committed to attracting diverse applicants and maintaining diversity within our intern cohorts. Students from diverse backgrounds (e.g., ethnicity/race, lifestyle, disability) and historically disadvantaged groups, are strongly encouraged to apply. All things being equal, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status.

- 3) In our intern selection process, the initial stages involve reviewing applications and evaluating them using a standard applicant rating form. The Training Director, Associate Training Director, and at least two other internship training committee members review the applications and at a minimum, each application will be reviewed by two members of the selection committee.
- 4) In-person, telephone, or video interviews are required of all applicants selected for a formal interview. In-person interview day(s) will be held for those able to attend. This will require a full day and involve an informational session with the Training Director, a tour of our facility, and at least two interviews with training staff. For applicants that opt for phone interviews, the interview will involve talking with at least two psychologists on the training committee and the training directors. Preference will not be given based on the format of the interview (i.e., in person versus telephone).

4. **RESPONSIBILITIES:** The selection committee will have full responsibility for the selection of psychology interns.

## ATTACHMENT C

### PSYCHOLOGY TRAINING COMMITTEE

1. **PURPOSE:** To assure that the Psychology Training Program provides high quality training, remains in compliance with all accreditation standards of the American Psychological Association (APA), operates within the guidelines of the VA Office of Academic Affiliations (OAA), the Association of Psychology Post-doctoral and Internship Centers (APPIC). Further, Psychology Training Committee creates the necessary administrative structure and processes to facilitate appropriate review and program improvement to ensure that the training program provides an environment needed for interns to attain all competencies.
2. **POLICY:** The Training Committee (TC) will provide a forum for supervisory discussion, on an ongoing basis, of intern progress, of mentorship growth and development, and for recommendation of such policy and procedure changes which might be useful for ongoing quality improvement within the training program.
3. **PROCEDURES:**
  - a. Membership: The TC will include the Training Director, the Associate Training Director and all supervisory psychologists within the training program. Full membership with voting privileges will extend to each member. The Training Director will serve as the committee Chair. In the absence of the Training Director, the Associate Director shall chair the meeting.
  - b. The TC will meet monthly or more often as needed.
  - c. Minutes will be maintained and made available on a secure share (S) drive.
4. **RESPONSIBILITIES:** While the Behavioral Medicine Chief has overall responsibility for the training program along with the Psychology Section Chief, the Training Director holds the programmatic authority for the TC and for the training program. The Associate Training Director shares this responsibility in the absence of the Training Director. Members of the committee are responsible for active participation in the ongoing work of the group and for seeing that their training, documentation, and supervisory activities continue to meet the highest standards.
5. **TRAINING FACULTY:**

## Eastern Oklahoma VA Psychology Internship Policy/Procedure Manual

### **CHRISTOPHER ALLEN, PH.D.** *(he/him/his)*

Oklahoma State University, 2017

Licensed Psychologist- Oklahoma

General Mental Health Team

LGBTQ+ Coordinator

Dr. Allen earned a Master's degree in School Guidance Counseling with a Licensed Professional Counselor certification from Southwestern Oklahoma State University in 2010. He then pursued and completed a doctorate in Counseling Psychology in 2017 from Oklahoma State University. Dr. Allen started his career at Southwestern Oklahoma State University as a staff clinician, where he provided therapy to adjudicated males in a group home adventure program. Following that, he completed post-doctoral work with OU Health Science Center with a focus on primary care and child abuse and neglect. Dr. Allen then joined the staff at Oklahoma City Indian Clinic as a therapist before venturing into private practice in Norman, Oklahoma, where he specialized in working with the LGBTQ+ population. Currently, he is part of the Eastern Oklahoma VA Healthcare system, where he delivers individual and group therapy, with a distinctive emphasis on mental healthcare for the LGBTQ+ community. Moreover, Dr. Allen offers a specialized clinic for EMDR therapy.

### **ANN BATCHELER, PH.D.**

Oklahoma State University, 2009

Licensed Psychologist- Oklahoma

BHIP Supervisor

General Mental Health Team

Dr. Batcheler graduated from Oklahoma State University in 2009 with a Ph.D. in Counseling Psychology. Her studies emphasized cultural diversity and social justice and her dissertation assessed implicit attitudes toward gays and lesbians. She completed her pre-doctoral internship at the University of Idaho. Dr. Batcheler holds B.S. and M.S. degrees in Physical Education from Texas A&M University and an M.A. in Counseling Education from Sam Houston State University. Her post-doctoral background includes multidisciplinary interventions with families who have lost custody of their children due to substance abuse issues. She also worked with developmentally delayed adolescents and their families in a residential treatment program. She joined the Jack C. Montgomery VAMC in 2015 as an outpatient general psychologist, addressing a wide spectrum of mental health issues. She is currently a supervisor of one of the four BHIP interdisciplinary teams in general mental health. In addition to her affinity for cognitive interventions, other clinical interests include hypnosis and nightmare rescripting. She also provides presurgical evaluations for candidates for bariatric surgery, organ transplants, and spinal cord stimulator candidates.

### **PATRICIA M. BYRD, PH.D.** *(she/her/hers)*

University of Tulsa, 2009

Licensed Psychologist – Oklahoma

Women's MH /MST Program Manager

Regional CPT Trainer/Consultant

Dr. Patricia Byrd served as the Director of Training when the role was officially designated in March of 2017 through her resignation in August of 2022. Dr. Byrd has continued as a faculty member of the psychology internship committee serving as a supervisor for the Women's MH/Sexual Trauma Treatment Program along and providing annual CPT training and Group Supervision/Consultation. Dr. Byrd received her Ph.D. in clinical psychology from the University of Tulsa in 2009. While at the University of Tulsa, she was a research lab manager for the Trauma Research: Assessment, Prevention, and Treatment Center with primary responsibilities focusing on managing randomized controlled trials involving Exposure, Relaxation, and Rescripting Therapy which is an evidenced based treatment for trauma related nightmares. Dr. Byrd completed her doctoral internship at the Federal Bureau of Prisons FCI in Fort Worth, TX. Following internship Dr. Byrd worked for the Federal Medical Center Carswell, in Fort Worth, TX as a Drug Treatment Specialist and the Suicide Prevention Coordinator working with federal women inmates. Dr. Byrd joined the staff at the EOVAHCS in 2013 as the PTSD/SUD Psychologist. She became the Military Sexual Trauma Coordinator in 2014 and created an evidenced based outpatient treatment program for male and female veterans who have experienced sexual trauma. She is currently the Women Veteran's Mental Health/Sexual Trauma Treatment Team Program Manager. Dr. Byrd is currently a certified regional trainer and consultant for Cognitive Processing Therapy in VISN 19 and the Women's Mental Health Champion for the facility. She also serves on the Women Veteran's Health Care Committee. Dr. Byrd received the Practicum Student Supervisor of the year award from the University of Tulsa in 2016. Dr. Byrd is licensed as a psychologist in the state of Oklahoma and in her free time she loves bird watching!

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### **PETER C. CIALI, PH.D.** *(he/him/his)*

Oklahoma State University, 2006

Licensed Psychologist – Oklahoma

Home Based Primary Care

National CBT-D Consultant

Dr. Ciali received his Ph.D. in Counseling Psychology from Oklahoma State University in 2006. He completed his clinical internship at Sharp Mesa Vista Hospital in San Diego, CA in 2005, with an emphasis in cognitive behavioral therapy. Dr. Ciali began his career in private practice and he joined the staff at the Jack C. Montgomery VAMC in 2009. In his current position as a Home Based Primary Care (HBPC) Psychologist, Dr. Ciali functions as the primary mental health provider for the HBPC team. Dr. Ciali provides time-limited, evidence-based mental health treatment in the veteran's rural residential setting. Dr. Ciali has also served as a VACO national training consultant in Cognitive Behavioral Therapy for depression since 2010.

### **VICTORIA FOXWORTH, PSY.D., M.B.A.** *(she/her/hers)*

Spalding University, 2023

Graduate Psychologist

Behavioral Medicine/BHIP Intake Clinician

Dr. Foxworth received her master's degree and doctorate in Clinical Psychology with an emphasis in Health Psychology from Spalding University. She completed her predoctoral internship at the Tuscaloosa VA Medical Center focusing on chronic health conditions, pain management, geriatrics, and neuropsychology. She relocated to Tulsa, OK and joined the Eastern Oklahoma VA Healthcare system in the fall of 2023 where she holds a staff position within General Mental Health completing intake evaluations and psychological assessments. In her spare time, Dr. Foxworth enjoys exploring the local food scene with her family and walking outside with her dog, Enzo.

### **DIANE GENTHER, PH.D.** *(she/her/hers)*

University of Kansas, 2012

Licensed Psychologist – Oklahoma

General Mental Health Team

Dr. Genther received her Ph.D. in counseling psychology from the University of Kansas in 2012. She completed her internship at the White River Junction VA Medical Center and following internship, she worked as a staff psychologist in university counseling, where training activities and supervision of practicum students and interns constituted a significant portion of her work. She returned to the VA Health Care System in 2015, and works as a virtual psychologist in Telemental Health, treating veterans through the Claremore VA Clinic, a rural outpatient clinic located about 30 miles northeast of Tulsa. She is a supervisor for the Empirically Based Practices and Rural Telemental Health rotations. Her clinical approach is collaborative and integrative, borrowing from interpersonal, dynamic, cognitive-behavioral, and third wave psychotherapy frameworks to best address the goals of the individual veterans with whom she works. She is a consultant for the Interpersonal Therapy for Depression VA Training Program and is excited to offer supervision in this particular EBP for interns who are interested. Her supervision approach is developmental, incorporates weekly review of trainees' clinical work, and addresses the specific training needs and goals of her supervisees. She enjoys travel and spending time with her family, friends, and animals; the latter of which includes a very large, drooling Mastiff. Dr. Genther is also a "foodie" and especially enjoys Thai and Mexican foods (the spicier the better).

### **LEAH HALL, PH.D.** *(she/her/hers)*

University of Minnesota, 2015

Licensed Psychologist – Oklahoma

Coordinator, Eating Disorder Team

Women's Mental Health/Sexual Trauma Treatment Team

Dr. Hall is a graduate of the University of Minnesota Clinical Science and Psychopathology Research Program, where her research focused on the use of functional MRI methods to investigate neural correlates of eating disorders and major depressive disorder. Dr. Hall completed her doctoral internship at the Jesse Brown VAMC in Chicago, IL where clinical training emphasized psychological assessment as well as evidence based treatment for PTSD, substance use disorders, and anxiety disorders. Dr. Hall joined the staff at the EOVAHCS in 2015 and is currently working with the VA's Office of Women's Mental Health as a faculty member with the National Eating Disorders Team Training Initiative. She is also a VA certified provider in the delivery of DBT, PE, CBT-D, ACT-D, and RISE.

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### **JORDAN HEROUX, PH.D.** (*he/him/his*)

University of Tulsa, 2016

Licensed Psychologist – Oklahoma

Associate Training Director of Psychology Training Programs

Women's MH/MST Team

VA National ACT Consultant/Trainer

Dr. Heroux received his Ph.D. in clinical psychology from the University of Tulsa in 2016. His primary areas of specialty are therapeutic/collaborative assessment and evidence-based psychotherapy. He completed his internship at the VA Puget Sound Health Care System, American Lake Division. He also completed postdoctoral training at the Central Arkansas Veterans Healthcare System. Dr. Heroux's theoretical orientation is primarily behavioral and informed by Acceptance and Commitment Therapy principles. His supervision style prioritizes warm support and encouragement balanced with constructive, behaviorally targeted feedback. He has achieved VA provider status in Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE) Therapy, Interpersonal Psychotherapy (IPT), and Social Skills Training (SST). He is an avid pun and dad joke enthusiast, earning him the nickname "Jor-Dad."

### **STEVEN ISAAK, PH.D.**

University of South Alabama, 2022

Graduate Psychologist

Women's Specialty/Military Sexual Trauma Team

Dr. Isaak received his Ph.D. in psychology from the University of South Alabama in 2022. During graduate training, his research areas included psychology of religion and spirituality, Veteran culture, military trauma, and moral injury. Dr. Isaak completed his internship at the James A. Haley Veterans' Hospital, in Tampa FL with a focus on military sexual trauma, wartime trauma, suicide prevention, and substance use. He also sought postdoctoral training at the New Mexico Veterans Healthcare System in Albuquerque, NM, focusing on Veterans seeking residential treatment for trauma, and substance use. Dr. Isaak joined the staff at the EOVAHCS in 2023 and is currently working with the Women's Mental Health and Military Sexual Trauma Team. He enjoys singing karaoke and spending time with his cat Gibby.

### **STEVEN KNIGHTEN, PSY.D.** (*he/him/his*)

Forest Institute of Professional Psychology, 2012

Licensed Psychologist - Missouri

SUD Clinical Team, with PTSD emphasis

Dr. Knighten completed his Master's degree in Counseling Psychology at Northeastern State University in 2005 and his doctorate in Clinical Psychology at Forest Institute of Professional Psychology in 2012. His pre-doctoral internship was at the La Frontera Psychology Consortium in Tucson, AZ where his main concentration was at the University of Arizona working with students with learning disorders, with additional rotations in substance use disorder treatment and psychological testing. Dr. Knighten started at the Waco/Central Texas VA in 2017 as the lead for the substance abuse treatment program. In 2019 he transferred to the Stillwater, OK clinic under the Oklahoma City VA where he was the first in person mental health therapy provider. Dr. Knighten transferred to the Tulsa/EOVAHCS clinic in 2021 to become the new SUD/PTSD Psychologist. He has a special interest in Cultural Diversity issues including advocating for marginalized populations, and he is a member of the Tulsa VA BMS Multicultural Committee. Dr. Knighten is a US Army Veteran and enjoys working to serve his fellow Veterans.

### **ASHLEY LeFLORE, PH.D.** (*she/her/hers*)

University of Alaska Fairbanks/Anchorage-2018

Licensed Psychologist-Oklahoma

Primary Care Mental Health Integration Psychologist

Dr. LeFlore received her Ph.D. in clinical-community psychology with a rural indigenous people's emphasis from the University of Alaska Fairbanks/Anchorage joint program in 2018. Dr. Woods completed her post-doctoral residency at the University of Oklahoma Health Science Center. During her post graduate work, she provided integrated healthcare services at the Oklahoma City VA south clinic and OU Children's Hospital. She completed her internship with Community Health of Central Washington in Yakima. Her clinical internship included integrated healthcare practice emphasizing the Primary Care Behavioral Health model, focused acceptance and commitment therapy (FACT), and health behavior change. Since 2020, she has worked for the Department of Veterans Affairs as a full time staff Psychologist in specialty mental health and primary care mental health integration. Dr. LeFlore's primary research and clinical interests include theory and application of contextual psychotherapies, disparities in health, culturally specific definitions of pathology and wellness, and systems theory.

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### **MEGAN MCARTHUR, PSY.D.** *(she/her/hers)*

Wheaton College 2019

Licensed Clinical Psychologist – Colorado

Graduate Medical Education (GME) Expansion Project Director

Neuropsychologist

Dr. McArthur began working at the Eastern Oklahoma VA Health Care System in 2020 in a liaison role dedicated to improving interprofessional clinical training and academic affiliate relations. She conducts neuropsychological assessment and is engaged in assessment supervision. She completed a Doctor of Psychology degree with a concentration in Neuropsychology at Wheaton College near Chicago in 2019, followed by a postdoctoral fellowship in Clinical Neuropsychology at the consortium of University of Oklahoma Health Sciences Center and Oklahoma City VA Health Care System. Prior to completing her graduate studies, Dr. McArthur was employed by the Veterans Benefits Administration and made rating decisions on veterans' claims for service-connected disability benefits. She was previously employed in an inpatient psychiatric unit and in group homes for adults with developmental disabilities in Cleveland, Ohio. Her research interests include the impact of emotional trauma on development and cognition and the person-centered application of neuropsychological recommendations.

### **MICHAEL MCKEE, PH.D.** *(he/him/his)*

Oklahoma State University, 2003

Licensed Psychologist, Oklahoma & Kansas

BHIP Supervisor

General Mental Health Team

Dr. McKee has been with the VA for ten years and is a BHIP supervisor in General Mental Health. He also served previously for three years as Veteran Care Coordinator for LGBTQ veterans. Dr. McKee works with the multi-cultural committee and began a multi-racial group three years ago called "Voices at the Table." The group is voluntary and open to all staff. The focus is to examine racism within our society and in examining our own implicit biases. His specialty is Schema Therapy based on Jeffrey E. Young's work. He is also certified in CBT for Chronic pain and CPT for PTSD. Dr. McKee has significant experience in working with groups and manages two CBT groups for anxiety and depression. Due to his extensive background in working with incarcerated and court ordered populations, he is often referred patients with anger management problems. Dr. McKee received his Ph.D. in Counseling Psychology from Oklahoma State University (2003) and a Master's Degree in Community Counseling from the University of Oklahoma (1986). His undergraduate degree is from Southwest Missouri State University with an emphasis in communication and religious studies. Dr. McKee's focus in graduate school was the relationship of negative self-schemas to partner attachment styles among male batterers. His previous work experiences include call-in chaplain for Norman Regional Hospital, volunteer chaplain for the support group Parent's Responding to Infant Death Experience, program director for MENder's court ordered anger management program, therapist and student supervisor on the residential sex offender treatment program at Joseph Harp Correctional facility, and program director and group therapist for court ordered substance abuse patients at Prairie View, Inc. in McPherson, KS.

### **PATRICK McNEELY, PSY.D.**

The Institute for Psychological Sciences

Divine Mercy University, 2022

Licensed Psychologist – Alabama

Staff Psychologist – Acute Psychiatric Inpatient Unit

Dr. McNeely received his Psy.D. in clinical psychology at Divine Mercy University in Sterling, VA in August 2022. He completed the Acute Psychiatric Inpatient, Psychosocial Rehabilitation and Recovery Center, Evidence Based Practice (CBT-I & CPT), and Psychological Assessment rotations during his clinical internship at the Eastern Oklahoma VA Healthcare System (EOVAHCS). Dr. McNeely's doctoral research focused on spiritual recovery from Moral Injury in Combat Veterans. He is licensed in the state of Alabama and joined the team as a staff psychologist on the acute psychiatric inpatient unit at the Jack C Montgomery VA Hospital as well as serving on the psychology internship training committee. Dr. McNeely immigrated from Quebec, Canada to Nebraska with his family at the age of 4. In his spare time, he enjoys spending time with his family, BBQing, watching Nebraska Football, and exploring Oklahoma.

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### **ARENA MUELLER, PSY.D.** *(she/her/hers)*

Adler School of Professional Psychology 2006

Licensed Clinical Psychologist – Ohio

Directory of Psychology Training Programs/Women's BHIP Lead

VA National ACT Consultant/Trainer

Dr. Mueller completed a Master's Degree with emphasis in substance use disorder at the University of Missouri-Kansas City in 2000 and doctoral work at the Adler School of Professional Psychology in Chicago in 2006. Dr. Mueller worked as a psychiatric emergency therapist in community hospital emergency rooms in the greater Chicago area and responded to the aftermath of the 2008 shooting at Northern State University in Illinois. Dr. Mueller has worked for University Counseling Centers in Missouri, Texas and Ohio where supervision of practicum students and interns was a major responsibility. In 2009 she began working at the Eastern Oklahoma VA Healthcare system where she has held roles that included the treatment PTSD, Substance Use Disorders and serious mental illness. Dr. Mueller holds faculty status at the University of Tulsa and Oklahoma State University. In her free time she researches and write about the history of homes in her midtown Tulsa neighborhood.

### **HEATHER RANGER KOBEL, PH.D.** *(she/her/hers)*

Oklahoma State University, 2002

Licensed Psychologist – Oklahoma

Home Based Primary Care Psychologist

Dr. Ranger Kobel works as a clinical psychologist and staff psychologist in the Home Based Primary Care Program. She received her Master's degree in Clinical Psychology from Emporia State University in 1998. Dr. Ranger Kobel joined the United States Air Force in 2001 and completed her residency in Clinical Psychology at Wilford Hall Medical Center, Lackland Air Force Base, Texas in 2002. That same year, she graduated with her Ph.D. from Oklahoma State University. Upon completion of her Air Force residency program, Dr. Ranger Kobel served four additional years as an Air Force Clinical Psychologist. Upon completion of her service in the Air Force in 2006, Dr. Ranger Kobel worked in private practice and as an adjunct professor at Oklahoma State University. In 2007, she was hired as an Outpatient Clinical Psychologist at The Eastern Oklahoma VA Healthcare System. Dr. Ranger Kobel served in that capacity until March of 2016, at which time she joined the Home Based Primary Care team. She also continues to maintain a private practice and has acted as a clinical supervisor for doctoral practicum students for Oklahoma State University.

### **ALYSSA RIPPY, PH.D.**

University of Tulsa, 2007

M.A. Industrial Organization Psychology

Licensed Psychologist – Oklahoma

PRRC Program Coordinator

Dr. Rippy has serviced as the Program Coordinator of the PRRC for 10 year. The PRRC program is an intensive mental health treatment program for Veterans with persistent and severe mental illness located at the Behavioral Medicine Clinic in Tulsa. She provides evidence based therapeutic interventions to Veterans with severe mental illness within a recovery-based framework. Prior to working with the PRRC, she served for seven years as the Program Coordinator for the Acute Psychiatric Unit at the Jack C. Montgomery VAMC. Dr. Rippy was recognized by the University of Tulsa with an award for Excellence in Clinical Supervision in 2012 and in 2023 with an award for Research the Makes a Difference. She has provided individual supervision to pre-doctoral students, psychology interns, and VA psychologists under supervision for licensure for 17 years. Dr. Rippy has focused the majority of her research on severe mental illness with specifically in the relationship between trauma and persecutory delusions and paranoia among combat Veterans as well as examining the effects of perceived discrimination on mental health.

### **AUTUMN SLAUGHTER, PH.D.** *(they/them/theirs)* University of Tulsa, 2022

Oklahoma Licensed Health Service Psychologist

PRRC Psychologist

Dr. Slaughter works as a staff psychologist with the Psychosocial Rehabilitation and Recovery Center (PRRC). They received a Master's degree in Counseling Psychology from Southern Nazarene University in 2015 and a Doctorate in Clinical Psychology from the University of Tulsa in 2022. They completed their internship and postdoctoral years at a high security, forensic hospital in Oklahoma where they later supervised psychology interns. Dr. Slaughter is also a writer and a gamer who has published papers on integrating writing and gaming into mental health treatment.

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### **JOHNNA SMASAL, PH.D.** *(she/her/hers)*

University of Tulsa, 2006

Licensed Psychologist – Oklahoma

Homebased Primary Care Psychologist

Dr. Johnna Smasal earned her Ph.D. in Clinical Psychology from the University of Tulsa in 2006. Dr. Smasal completed her pre-doctoral internship at Northeastern Oklahoma Psychology Internship Program and worked in private practice with special emphasis on trauma related evaluations and interventions. She served as Director of Operations for a children's residential program in the Tulsa area. She has a strong background in supervising postdoctoral residents and pre-doctoral interns.

### **RIVER SMITH, PH.D.** *(she/her/hers)*

University of Tulsa, 2008

Licensed Psychologist – Oklahoma

PTSD Clinical Team Psychology

Associate Chief of Staff for Research

Dr. River Smith earned her PhD in Clinical Psychology from the University of Tulsa in 2008. She completed her pre-doctoral internship and postdoctoral fellowship at the University of Oklahoma Department of Psychiatry and Behavioral Sciences as VA funded trainee. Her clinical and research interests are in the area of combat stress, risk, resilience and PTSD. She has worked on the Posttraumatic Stress Disorder Clinical team since 2009. She holds provider status in Prolonged Exposure Therapy and Cognitive Processing Therapy. In addition, she is a consultant for Cognitive Behavioral Therapy for Insomnia for the VA National EBP Training program. She previously served as Associate Director of the Psychology Internship Program and remains involved as training program faculty as an EBP, PTSD Clinical Team Supervisor and provides didactic trainings. In addition to her clinical time, she is currently the Associate Chief of Staff for Research at Eastern OK VA. Dr. Smith knows where to find great local music!

### **ELISE BERRYHILL TAYLOR, PH.D.** *(she/her/hers)*

University of Oklahoma - 1998

Licensed Clinical Psychologist – Oklahoma

Substance Use Disorder and Veterans Treatment Court Program Manager

Dr. Taylor is responsible for the management of the EOVAHCS Veterans Treatment Court and Substance Use Disorder programs (VTC/SUD). She is also the Tribal Coordinator for EOVAHCS. VTC services include coordination of treatment for Veterans involved in the Tulsa County Veterans Treatment Court. The SUD program provides an intensive outpatient program, residential and detoxification services, outpatient/aftercare, intake and assessment, Medication-Assisted Treatment, SUD/PTSD services, education, individual, family and group treatment, Tribally-oriented clinical approaches and case management, as well as consultative services to the inpatient units at the Medical Center. As Tribal Coordinator, she is responsible for assisting the EOVAHCS Director in the coordination of Tribal/VA partnerships. She has been employed with the VA since 2005.

Prior to her VA service, Dr. Taylor was the Clinical Director for the Muscogee (Creek) Nation Behavioral Health and Substance Abuse Services for eight years. Her specialty areas include child/adolescent mental health, American Indian identity and acculturation issues, and addiction. She belongs to the Ecovlke (Deer) Clan and Ocevopofa (Hickory Ground) Tribal Town. She has also worked with Alaska Natives, New Mexico Pueblo tribes and Dine'. She is married to a Tribal Veteran and has two sons.

### **DAVID WEBSTER, PH.D.** *(he/him/his)*

University of Nebraska-Lincoln – 2002

Licensed Counseling Psychologist - Arkansas

Psychology Section Chief

Dr. Webster is a counseling psychologist holding professional licensure in Arkansas. Dr. Webster completed his doctorate (2002) in counseling psychology at the University of Nebraska-Lincoln; Masters of Arts (1997) in community counseling at the University of New Hampshire Durham; Masters of Divinity (1981) at Gordon-Conwell Theological Seminary; and, Bachelors of Science in psychology (1975), Cumberland University. Dr. Webster's professional background has been diverse to include several years as a child and family staff psychologist in Fort Smith, Arkansas; several years working with military populations including active duty Soldiers with the Department of Defense (army) at both Fort Wainwright, Alaska and Fort Stewart, Georgia and veterans at the Fairbanks Veterans Center in Fairbanks, Alaska and now presently at the Eastern Oklahoma VA Healthcare Systems (EOVAHCS), and finally as program director of the Ph.D. program in clinical-community psychology at the University of Alaska Fairbanks. Primary clinical interests focus on psychological testing and therapeutic assessment and program development to promote process-outcome treatment initiatives.



## **ATTACHMENT D**

### **INTERN HOURS AND TIMEKEEPING**

1. The time commitment is defined as the full year (2080 hours), including federal holidays, earned time off, or assigned learning time elsewhere. Interns are entitled to 11 federal holidays (, New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving, and Christmas Day). Interns accrue four hours of sick leave and four hours of annual leave during each of the 26 pay periods in the year. Interns will receive compensation for any unused annual leave at the end of their appointment. Additionally, three days of administrative leave may be approved for professional activities such as: postdoc interviews, dissertation defense, and/or educational activities outside the medical center. Final decisions are made by the Training Director, Psychology Section Chief, Administrative Supervisor, and the Chief of the Behavioral Medicine if appropriate.
2. In the unusual event that an intern cannot complete the minimum time commitment (i.e., 2000 hours) consultation with OAA will take place.
3. The typical VA working hours ("tour of duty") are 8:00 a.m. to 4:30 p.m. with one-half hour lunch and two 15 minute breaks. It is assumed that interns will work a minimum of 40 hours per week, unless they have made arrangements for leave time. Tour of duty may be modified for specific training needs/interests of the intern with the approval of the training director.
4. Interns will track their patient contact hours and all time spent in supervision. This system places the responsibility and accountability for logging "clinical contact/hours worked" on the interns. These forms will be signed by the primary rotation supervisor and submitted to the Training Director by the intern weekly in the first 2 months. After that time, these forms will be signed and submitted to the Training Director monthly by the interns.
5. Federal and state taxes and social security deductions are withheld from the intern stipend.
6. Interns are responsible for verifying remaining leave time and resolving any discrepancies with the appropriate behavioral medicine time keeper.

**ATTACHMENT E**

**MALPRACTICE INSURANCE**

The Veterans Health Administration (VHA), by which you are employed, does not provide malpractice insurance for its employees, including interns. However, the law does provide that the Attorney General will defend a person who is sued for malpractice or negligence in accordance with the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C. 2679 (b)-(d) if he or she was "acting in the scope of such person's employment in or for the VHA." In any lawsuit under the Act, the United States will be named as the defendant. The law further provides that the Attorney General may compromise or settle such a claim. While we cannot say with certainty how the courts would rule in a given case or set of circumstances, it appears that you are reasonably protected against malpractice suits arising out of the normal performance of your duties at a VA facility, TO THE SAME EXTENT THAT ANY OF OUR PSYCHOLOGISTS OR PHYSICIANS ARE PROTECTED. What is not clear is the extent to which you might be subject to suit and damages if it were determined that the incident upon which the suit was brought was not related to the scope of your employment in or for VHA. Therefore, the decision that malpractice insurance is desirable or necessary is a personal matter that must be resolved by each individual concerned.

## ATTACHMENT F

### CLIENT CARE RECORDS AND SUPERVISION

1. **PURPOSE:** To set policies and procedures for documentation and records produced during the training process.
2. **POLICY:** The clinical work of interns is to be appropriately supervised, following the standards of the VHA and of the accrediting body. Patient contacts by interns are to be fully documented in the patient care record. All patient care reports and progress notes by interns are to be co-signed by the supervisor or designated supervisor within one business day.
3. **PROCEDURES:** Procedures to be followed by the interns for documentation of patient care are identical to those set forward in VAMC with the additional provision that such work by interns will be reviewed and co-signed by the supervising psychologist.

In accordance with VHA Directive 2009-002, Patient Care Data Capture, or subsequent policy issue, the supervising psychologist is considered the primary provider, even if that supervising psychologist did not personally see the patient or directly provide care. As such, the supervising psychologist is responsible for all services delivered to each Veteran by the intern. "Person Class" code in the Veterans Health Information Systems and Technology Architecture (VistA) identifies providers of health care services. Since interns of all disciplines covered by this Handbook are not considered independent providers, there exists no person class designation for them. Because interns do not have a person class designation, they may not be listed on the patient care encounter as a provider, either primary or secondary.

The format for progress notes and reports may vary from one training experience to another, so interns need to check this with their supervisor; however, at a minimum, initial progress notes need to be completed within 24 hours (one business day) of the encounter. For more complex notes and assessments, more detailed information can be added as directed by their supervisor. For psychological/neuropsychological assessments, an initial note must be entered the day of the contact. The full report will be completed and included in the chart within a reasonable time frame, as directed by their assessment supervisor. Interns are responsible for contacting other medical center staff involved in a patient's care when they become aware of urgent or critical information that may impact the other provider(s) care of that patient. In such situations, the other provider(s) need to be added as additional signers to the CPRS note. Interns will consult with supervisors to determine what may be urgent or critical. Interns are to complete all reports required on each rotation prior to beginning the next rotation.

All intern reports and progress notes in patients' medical records must be co-signed by the supervising psychologist and/or designee. The supervisor will review each note and add an addendum that include the following four key pieces of information: 1) the reason for today's visit, 2) what transpired in the session, 3) the working diagnosis, and 4) the plan going forward.

Rough drafts and progress notes should be maintained only on the medical center's computer network or other secure place. When in doubt about the status of any particular note or recording, the intern should consult his or her own supervisor. Permission to audio or video record a patient contact is to be obtained beforehand, and the appropriate releases are to be obtained.

**Release of Records:** No records are ever to be released directly to a veteran or to any outside person or agency by an intern. All records need to be authorized and released directly through the Release of Information (ROI) department which authorizes such release and tracks it, after having received the appropriately signed consent forms. Requests by patients to see their charts or to read their reports are to be referred to ROI. Interns will familiarize themselves with the implications of the Privacy Act, the Confidentiality Act, and HIPAA and implement the required practices as indicated.

#### 4. **RESPONSIBILITIES:**

- a. Interns are responsible for full and complete documentation of patient care contact and for the secure maintenance of their working notes and recordings related to those contacts.
- b. Training supervisors are responsible (1) to see that patient care reports and progress notes are appropriately entered into the chart and signed in a timely fashion (24 hours from initial contact; one business day); (2) to see that notes are co-signed by the identified supervisor within 24 hours; one business day. Exception to this rule: If the intern sees a patient on Friday, the CPRS note may be co-signed by the supervisor on the following Monday (or Tuesday if Monday is a National Holiday). Supervisors who are leaving for vacation must co-sign all intern notes prior to initiating leave. Training supervisors are responsible for delegating a coverage supervisor while they are out of the clinic.

## **DUE PROCESS AND GRIEVANCE PROCEDURES**

### **Due Process Procedures**

#### **REMEDIATION OF PROBLEMATIC PERFORMANCE, RETENTION, DUE PROCESS AND GRIEVANCE PROCEDURES**

**FEBRUARY 14, 2018, Revised July 2023**

##### **1. PURPOSE:**

This document provides a definition of problematic performance as it relates to psychology trainees. This document explicitly outlines due process and grievance procedures with a goal of performance improvement and retention whenever possible.

##### **2. DEFINITIONS:**

Problematic behaviors / performance: A problem behavior occurs when: an intern's behavior, attitude, or characteristics disrupt the quality of clinical services (including patient safety); relationships with peers, supervisors, or other staff; and/or the ability to comply with appropriate standards of professional behavior. Professional judgment is used to determine when a intern's behavior reflects a competence deficit. . Interns may exhibit performance or competency deficits, behavior, attitude or characteristics that are developmentally appropriate, however performance improvement/remediation may be needed when behavior(s) are identified as a pattern and when one or more of the following apply:

- 1) The intern does not acknowledge, understand, or address the problem when it is identified;
- 2) The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training;
- 3) The quality of services delivered by the intern is significantly negatively affected;
- 4) The problem is not restricted to one area of professional functioning;
- 5) A disproportionate amount of attention by training personnel is required;
- 6) The intern's behavior does not change as a function of feedback, remediation, efforts, and/or time;
- 7) The intern is unable to control personal stress which leads to dysfunctional emotional reactions and behaviors that disrupt professional functioning; and/or
- 8) The intern is unable to acquire professional skills that reach an acceptable level of competency. For example, an intern obtains "remedial" (below Level 3) ratings on their formal evaluations in a given domain.

9) A single serious/egregious incident such as but not limited to an ethical violation, harmful action or inaction impacting clinical care or a client takes.

Note: Egregious incident is at the discretion of training committee however, likely involves an ethical violation including but not limited to confidentiality breach, HIPPA violation, sexual misconduct, acting beyond the boundaries of competence without seeking supervision and the action adversely impacts or has the potential to do harm.

### 3. PROCEDURE FOR RESPONDING TO PERFORMANCE DEFICIT BY AN INTERN:

Supervisory staff and/or interns are expected to initially seek informal redress of minor grievances or complaints directly with the other party. When a supervisor identifies that an Intern is displaying problematic behavior which is in need of performance improvement/remediation, the least restrictive intervention will be employed before more restrictive intervention takes place. If initial attempt(s) at resolution proves unsuccessful, the concerned parties will approach the Training Director to facilitate resolution.

a. The informal process is administratively handled within the training program leadership. Steps to dealing with an **informal grievance** are detailed below:

i. The staff member will first provide feedback to the intern regarding the noted behaviors or performance issues.

ii. The staff member will consult the Training Director to determine if there is a reason to proceed with a formal performance improvement/remediation or sanction.

iii. The Training Director shall conduct an initial review of the matter in consultation with the Associate Training Director and the intern's supervisors.

iv. If, as a result of this meeting, it is determined that a formal review is not warranted, notification will be given to the intern by the supervisor who initiated the grievance within 5 days.

b) If a decision is made to proceed with a **formal review**, the steps for the formal review process are detailed below:

i) Notification will be given to the intern by the supervisor who initiated the grievance within 5 days that a formal review has been initiated

ii) Depending on the nature of the deficit , an intern may be suspended from interactions or modified interactions (i.e., only see clients with supervisor present) with clients temporarily. The Training Director may place the intern on non-patient care duties. The Training Director, in collaboration with the interns supervisors and associate training director will assign non-patient care tasks.

iii) Upon determination that a formal review is warranted a Training Subcommittee consisting of the Training Director and/or Associate Training Director, the intern's current supervisors and a minimum of one additional training committee member shall review available facts. An initial determination will be made as to whether there a deficit/problem is or is not present with the intern's performance, conduct, or behavior which warrants additional formal or informal performance improvement/remediation plans. The sub-committee will also review possible recommendations for performance/remediation plan at this meeting. This will be completed and the intern will be notified of the outcome of the subcommittee decision in writing within five business days.

iv) Following Training Subcommittee determination, if there is insufficient evidence to substantiate the existence of the alleged problem of intern's performance, conduct, or behavior, the intern will be notified in writing by the end of the fifth business day and the matter will be considered closed. Any related matters will be addressed in regularly scheduled clinical supervision. A copy of the letter will be retained as part of the intern's permanent file.

v. If by majority vote the Training Subcommittee decides that the deficit/impairment exists and/or formal performance improvement/remediation is necessary, the following courses of action can be taken and the intern will be notified within 5 business days of this meeting of which action was decided:

- Oral Warning: The Intern will be informed that there is a problem and that the behavior in question needs to be discontinued. There is no written record of this step.

- Written Statement: The Intern will be informed in writing that the Training Committee is concerned about the deficit/behavior. This written communication will include how supervisors will work with the Intern to rectify the matter and formal performance/remediation plan is not needed at this time. The Intern's Director of Training (DOT) from the graduate training program will be informed about the situation; however, the written statement will not be a permanent part of the Intern's file and will be removed when the situation is addressed and internship is successfully completed.

- Probation and Performance Improvement/Remediation: This is a time-limited, closely supervised period designed to facilitate performance such that Intern will be provided with opportunity to

achieve appropriate competency level with the domain involved. When probation and performance/remediation plan are deemed necessary, the intern's graduate training program will be informed in addition to the BMS Psychology Section Chief, BMS Chief, and Designated Education Officer. This remains as part of the permanent file for the intern.

vi. The committee will issue a Performance/Remediation Plan to the intern within five business days. A meeting to review the plan will take place, which may include the Training Director, Associate Training Director and the intern's supervisors. The Performance/Remediation Plan is a written statement to the intern that includes the following items:

a. A description of the competency deficit(s), problematic performance, or egregious incident.

b. The plan will specify supervisor action and intern action expected for the duration of the plan. The plan may include but is not limited to the following recommendations:

- i. Increased supervision, either with the same or other supervisors.
- ii. Change in the format, emphasis, and/or focus of supervision.
- iii. Recommendation that evaluation/treatment be undertaken with a clear statement about the issues, that such evaluation/treatment should address.
- iv. Recommendation for a leave of absence (with time to be made up at no cost to the government).
- v. A time frame for the probation during which the problem(s) is expected to be ameliorated.
- vi. Specify ongoing procedures to assess progress with remediation.
- vii. If intern's competency level is evaluated to be below a Level 3 "Intermediate Competence" at formal mid-year evaluation or if a serious/egregious incident takes place probation/remediation procedures will activate with the subcommittee as outlined above.

The Training Subcommittee noted above in b (ii) will meet and determine recommendations for performance/remediation and a performance/remediation meeting will occur with the intern, training directors, and intern supervisors to review the performance/remediation plan. In circumstance noted above, the intern would be notified in writing the day it is determined that a meeting will be scheduled to develop a remediation plan .

c. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are detailed below under heading Intern Appeal Process.



#### 4. FAILURE TO CORRECT PROBLEMS

When the performance/remediation plan does not result in the appropriate competency level within a reasonable period of time, or when the intern seems unable or unwilling to alter his or her behavior, or when an egregious incident has been observed, further formal action will take place. If intern has not improved sufficiently to meet competency under the conditions stipulated by the Performance/Remediation Plan the original Training Subcommittee will reconvene, conduct a formal review and then inform the intern in writing that the conditions for resolving probation/remediation have not been met. The Training Subcommittee may then elect to recommend the following:

- a) The performance/remediation plan may continue the probation for a specified period of time.
- b) The performance/remediation plan may suspend the intern for a limited/specified period of time from engaging in certain professional activities until there is evidence the competency in question has been rectified. Suspensions beyond the specified period of time may result in termination or failure to graduate.
- c) The Training Committee may inform the intern and the Psychology Section Chief that the intern will not successfully complete the Internship if minimum competency level is not achieved. If by the end of the training year, the Intern has not successfully completed the training requirements, including meeting minimum competency level (3) the Training Committee may recommend that the intern not graduate from the program. In that case the intern will be informed that they have not successfully completed internship. The Intern's graduate training program will be informed that the Intern has not successfully completed internship.
- d) The Subcommittee may recommend dismissal as arrived at by a vote. Should the Training Subcommittee arrive at recommendation of dismissal by majority (Training Director does not vote) The matter will be reviewed with the Training Committee at large. The Training Director may then inform the Chief of BMS and the Designated Education Officer that immediate termination is recommended.

Dismissal from the Internship denotes the permanent withdrawal of all medical center responsibilities and privileges. The decision is made when an intern has not demonstrated reasonable efforts to improve performance/remediate despite the opportunity or after an especially serious/egregious breach of conduct, If at any time an trainee disagrees with the aforementioned sanctions, the intern can initiate the Appeals Procedures, delineated below.

## 5. INTERN APPEAL PROCEEDURES

Interns who disagree with the aforementioned performance/remediation process, outcome, sanctions, or the handling of a grievance are entitled to file an appeal. To initiate an appeal the intern must inform the Training Director in writing of the disagreement and provide a Statement of Facts (signed and dated by the intern) relevant to the matter with rationale by close of business on the 2nd business day after receipt (day of receipt not counted) of the Training Subcommittee or Training Committee's recommendation for termination or other decision.

The Statement of Facts must include specifically what is being appealed (i.e., Subcommittee's decision, Policy not followed, etc. Failure to provide such information by the end of the 2nd business day will constitute an irrevocable withdrawal of the challenge. Following receipt of the intern's appeal, the following actions will be taken:

- a. Upon receipt of the written notice of grievance or intent to seek appeal, the Training Director will ensure that the parties involved in the grievance/appeal are aware that the appeal process has been initiated. An effort to informally resolve the grievance or arrive at a mutual understanding will be made, consisting of a meeting with the intern and the named party or parties.
- b. If the appeal/grievance is not resolved informally, the Training Director and/or Associate Training Director will convene a Review Panel consisting of three training faculty members who were not part of the Training Subcommittee who recommended the original performance/remediation.. The intern retains the right to hear all allegations and the opportunity to dispute them or explain their behavior.
- d. The Review Panel's will make a decision by majority vote. Within 10 days of completion of the review hearing, the Review Panel will prepare a report documenting the reason for the decision and recommendations. The report will be provided to the intern, training director(s) and training committee at a minimum.
- e. The Review Panel decision is final and binding. The intern and sponsoring university will be informed of actions taken and outcome in writing. If the recommendation for termination stands, the Psychology Section Chief, BMS Chief, Designated Education Officer, APPIC and relevant Human Resources personnel will be informed of the decision.

## 7. INFORMAL GRIEVANCE PROCEDURES AGAINST VA STAFF, ANOTHER INTERN, OR THE TRAINING PROGRAM (unrelated to an appeal)

- a. Dissatisfaction with a VA Staff Member, Supervisor, internship program, rotation and/or another intern: All parties are expected to resolve problems at an informal level of action first. If an intern is dissatisfied with a particular supervisor or rotation, they are expected to professionally address the issue with the supervisor initially, unless they believe that to do so would not be in their best interest. If this is the case the intern is expected to seek advice from the Training Director. If the Training Director is unavailable, the intern can seek consultation with the Associate Training Director. In the event that the grievance is with the Training Director, the intern may seek advice from the Psychology Section Chief.
- b. If the intern seeks guidance, the Psychology Section Chief, the Training Director or the Associate Training Director will subsequently consult with both the intern and the supervisor before offering any proposal of solution to the problems identified. If it is believed that a change of rotation or a change of supervisor within a rotation is warranted, approval from a Training Subcommittee is warranted comprised of the Training Director and/or Associate Training Director, and at least three other training committee members (at least one not in a supervisory relationship with the intern) before this action is proposed as a solution to the problems identified. If the intern is not satisfied with the proposed solution, he/she may present a grievance in writing under the formal procedure.

#### 8. FORMAL GRIEVANCE PROCEDURES AGAINST VA STAFF, ANOTHER INTERN, OR THE TRAINING PROGRAM (Unrelated to an appeal)

- a. Any intern who is dissatisfied with an aspect of the training program can file a formal grievance by way of a written complaint to the Training Director or to the Psychology Section Chief, if the complaint pertains to the Training Director. The written grievance and all subsequent correspondence are sent to the intern's graduate program and members of a Training Subcommittee consisting of Training Director and/or Associate Training Director and three other members of the training committee (at least one not in a supervisory relationship with the intern).
- b. The Training Subcommittee will meet with the intern and an intern representative if the intern chooses.
- c. The Training Director will respond to the complaint addressed in the formal written grievance within 10 business days and may consult with the Training Subcommittee and the Psychology Section Chief as deemed necessary.
- d. If the intern's dissatisfaction is with a supervisor who also serves on the Training Committee, the supervisor may be excluded from the decision-making process depending on the nature of the

circumstances. If the intern's dissatisfaction is with the Training Director, the Associate Training Director and Psychology Section Chief will review and respond to the complaint.

e. If the intern remains dissatisfied with the resolution, they have the right to appeal through the procedures outlined in the Appeal Procedures. They may also inform his/her graduate program, the American Psychological Association and the Association of Psychology Postdoctoral and Internship Centers.

#### 9. STORAGE OF INTERN COMPLAINTS AND GRIEVANCE DOCUMENTS

All documentation of formal complaints and grievances will be stored electronically on the secured U Drive of the Training Director. Grievance files are maintained for a period of no less than 10 years.

**ATTACHMENT H**

**REPORTING AND EMERGENCY PROCEDURES**

1. **PURPOSE:** To outline the management and process related to the Mental Health Emergency Response Procedures for Psychology Interns at EOVAHSC.
2. **POLICY:** Consistent with the Management of Acute Psychiatric Emergencies at the EOVAHSC, clients presenting with acute safety concerns will be under observation at the Emergency Department (ED) at the Jack C. Montgomery VAMC. The ED shall have Mental Health (MH) coverage by an independent licensed MH provider during all hours of operation.
3. **PROCEDURES:** All information provided during therapy and assessments is legally confidential except as required by law. Exceptions to confidentiality include threat of serious harm to self or others, child abuse, elder abuse, suicide/threat of suicide, or grave disability. When a client reveals this information within a session, the intern must immediately inform his/her supervisor.

Emergency Procedures:

- a. Danger to Self or Others.
  - 1) When an intern has identified that a veteran is a danger to self or others he or she must adhere to the following protocol.
    - a) Stay with the client until appropriate action is taken. The veteran may be allowed to leave only after he/she has been appropriately assessed by the intern's clinical supervisor or on-site emergency coverage MH provider. If the client refuses to stay with the intern, said intern must immediately notify supervisor and call the VA police (x2562 Tulsa/x4272 Muskogee) or 911.
    - b) Contact the clinical supervisor or on-site emergency coverage MH provider and request that he/she enter the session. If the intern is unable to contact his or her supervisor/on-site emergency coverage MH provider, the intern should initially contact any licensed mental health provider available. As soon as possible notify your supervisor or any licensed psychologist to consult and serve as a co-signer on your note.

- c) Interns must document the veteran's mental status, actions taken, risk factors, and contacts made. All documentation must be entered and co-signed as soon as possible on the same day as the incident.
- 2) If the veteran requires hospitalization or presents as a danger to self or others, the intern will follow on-site mental health policies and procedures under the direct guidance of a licensed mental health professional. A licensed psychologist must be involved for consultation and documentation in client record.
- 3) Reporting Elder and Child Abuse: When an intern has identified a child or elderly person is in danger of being abused, the intern must immediately contact his/her supervisor. If the intern is unable to contact his or her supervisor, the intern should initially contact any licensed mental health provider available. As soon as possible notify your supervisor or any licensed psychologist to consult and serve as a co-signer on your note. All documentation must be entered and co-signed as soon as possible on the same day as the incident.

## ATTACHMENT I

### TELEHEALTH SERVICES AND TELEHEALTH SUPERVISION

Interns at EOVAHCS have the option of participating in a Telemental Health minor rotation to gain experience working with veterans in rural communities. On this rotation, interns deliver services via video conferencing to remote community based outpatient clinics in Eastern Oklahoma under the supervision of a Telemental health psychologist located in another location. Thus, supervision on this minor rotation is provided remotely via secure videoconferencing. EOVAHSC believes that receiving supervision in the same modality as services are provided allows the interns to receive the best training in the modality. EOVAHSC allows for the provision of telehealth services by interns and the supervision of interns via videoconferencing only under the following circumstances:

- 1) The intern has completed all necessary telemental health training in accordance with VA policy. The trainee has also conducted a trial call with their supervisor to ensure they have fully functional equipment prior to initial telehealth services.
- 2) The intern has been assigned the appropriate graduated level of responsibility, which requires the presence of a licensed psychologist available in the area rather than in the room.
- 3) The supervision does not account for more than 1 hour of the required 5 hours of supervision per week.
- 4) A designated licensed psychologist serves as the onsite supervisor in the event that it becomes necessary to have a supervisor in the room to ensure delivery of care or to manage a crisis.
  - a. The designated licensed psychologist will be determined prior to the start of the rotation and will be located on site with the intern.
  - b. The designated licensed psychologist will have completed all required telehealth trainings per VA policy.
- 5) Telehealth appointments are conducted on a secure network on VA approved videoconferencing equipment. All equipment and technology is HIPAA compliant. Client and intern confidentiality are maintained similarly to on-site, in-person services and supervision.
- 6) A Telepresenter is present at the originating site to address equipment failures or crises as they arise.

**ATTACHMENT J**

**FINAL CLEARANCE**

**FINAL CLEARANCE:** All employees, including interns, are required to "clear the station" prior to completion. This procedure involves a visit to various services around the medical center - the purpose is to return all government property (keys, library books, ID's, manuals, etc.) before leaving. Final paychecks will not be released until this is completed. Interns should contact the Mental Health administrative staff at least 2 weeks prior to the expected completion date to allow time to make the necessary arrangements. Interns will be provided with specific instructions at that time.



## **APPENDIX 2: INTERNSHIP FORMS**

**Attachment A:** Authorization to Exchange Information with Graduate Program

**Attachment B:** Supervision Agreement

**Attachment C:** Individualized Training Plan

**Attachment D:** Evaluation of Presentation

**Attachment E:** Doctoral Intern Evaluation

**Attachment F:** Supervisor Evaluation

**Attachment G:** Program Evaluation

**Attachment H:** Intern Exit Interviews

**Attachment I:** Psychology Internship Handbook Statement of Understanding

## ATTACHMENT A

### Authorization to Exchange Information with Graduate Program

The Committee on Accreditation and the Office of Program Consultation and Accreditation of the American Psychological Association (APA) encourage close working relationships between internship programs and graduate programs in professional psychology. Doctoral programs and internship centers share a responsibility to communicate about trainees. More specifically, communication is required regarding preparation for training experiences and progress and status in programs.

This form is intended to facilitate communication between the internship and doctoral program of the intern named below. Please provide the information in the spaces below. By signing this form you are providing permission for your doctoral program and this internship to communicate about your functioning in both programs.

Intern Name: \_\_\_\_\_

Intern's Doctoral Program: \_\_\_\_\_

Director of Doctoral Program: \_\_\_\_\_

Address of Doctoral Program: \_\_\_\_\_

Academic Program's Director's  
Telephone Number: \_\_\_\_\_

Academic Program's Director's e-mail: \_\_\_\_\_

**I grant permission to the Eastern Oklahoma VA Healthcare System Psychology Internship Program and the doctoral program listed above to exchange information pertinent to my internship, training, and professional development.**

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

Please return this completed form to the EOVAHSC Training Director.

**ATTACHMENT B**

**Supervision Agreement**

This document is intended to: 1) establish parameters of supervision; 2) assist in supervisee professional development; and 3) provide clarity in supervisor responsibilities including client protection. The intern recognizes that both the intern and the supervisor are responsible for clients' welfare. The intern therefore agrees to immediately notify the supervisor of any problems that arise within the context of the therapeutic relationship. This includes, **but is not limited to**, perceived suicidal or homicidal risk, and suspected child or elder abuse.

In addition, each intern will provide their clients with information regarding: 1) the limits of confidentiality; 2) the intern's training status; 3) the name(s) of their supervisor(s); and 4) the fact that their supervisor(s) will be reviewing cases as well as any audio or video recordings of sessions. Sessions will only be recorded with voluntary informed consent of the Veteran on VA Form 10-3203. At the outset of treatment/assessment, interns will inform clients about the expected duration of the intervention/evaluation. This will in part be based upon the length of the intern's rotation. Interns will also discuss the process by which the clients' care would be transferred to the supervisor or another therapist if additional contact was required.

This agreement between \_\_\_\_\_ (supervisor) and \_\_\_\_\_ (supervisee) at the Eastern Oklahoma VA Health Care System, signed on \_\_\_\_\_ (date) serves to verify supervision and establish its parameters.

**I. Competencies Expectations**

- A. It is expected that supervision will occur in a competency-based framework.
- B. Supervisees will self-assess clinical competencies (knowledge, skills, and values/attitudes and discuss these with his/her supervisor during their first meeting.
- C. Supervisors will compare supervisee self-assessments with their own assessments based on: 1) observation of clinical work; 2) report of clinical work; 3) recordings of client-trainee interactions; 4) supervision; and/or 5) consultation with other supervisors.
- D. The initial level of supervision required will be determined and discussed at the beginning of supervision. Any changes in this level will be discussed in supervision.

**II. Context of Supervision**

- A. At least \_\_\_\_\_ hours of individual supervision will be provided per week. Please enter day/time of regularly scheduled supervision: \_\_\_\_\_.

B. Notes will be completed for all sessions and available for review in supervision. These notes will be completed in a timely manner (within 24 hours).

C. Supervision will consist of multiple modalities including: 1) review of recordings; 2) progress notes; 3) discussion of live observation; 4) instruction; 5) modeling; 6) mutual problem-solving; 7) role-play; and/or 8) other \_\_\_\_\_ (circle all that apply).

### **III. Evaluation**

A. The Rotation Expectations will be reviewed during the first session of supervision.

B. Feedback will be provided in each supervision session and be related to competency-based goals.

C. Summative evaluation utilizing the rotation expectations and the standardized evaluation forms will occur at mid- and end- rotation: \_\_\_\_\_ (specify dates).

D. Supervisor notes may be shared with the supervisee at the supervisor's discretion, and at the request of the supervisee.

E. In order to successfully complete the rotation, the supervisee must attain a rating of 3 or higher on all elements evaluated by the end of the rotation.

F. If the supervisee does not meet criteria for successful completion, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee.

G. If the supervisee continues not to meet criteria for successful completion of the rotation, procedures delineated by the training program will be followed.

### **IV. Duties and Responsibilities of Supervisor**

A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct.

B. Oversees and monitors all aspects of client case conceptualization and treatment planning.

C. Reviews video/audio recordings outside of the supervision session, when applicable.

D. Develops supervisory relationship and establishes emotional tone.

E. Assists in the development of goals and tasks to be achieved in supervision specific to assessed competencies.

F. Presents challenges to and problem-solves with the supervisee.

G. Provides suggestions regarding client interventions/evaluation procedures and directives for clients at risk.

H. Identifies theoretical orientation(s) used in supervision and therapy, and takes responsibility for integrating theory in the supervision process. This includes assessing the supervisee's theoretical understanding/training/orientation(s).

- I. Identifies and builds upon the supervisee's strengths specific to assessed competencies.
- J. Introduces and models use of personal factors including belief structures, worldviews, values, and culture.
- K. Ensures a high level of professionalism in all interactions.
- L. Identifies and addresses strains or ruptures in the supervisory relationship.
- M. Establishes informed consent for all aspects of supervision.
- N. Signs off on all supervisee case notes in a timely manner.
- O. Distinguishes administrative supervision from clinical supervision, and ensures that the supervisee receives adequate supervision in both areas.
- P. Defines additional aspects of professional development to be addressed within the context of supervision.
- Q. Distinguishes and maintains the line between supervision and therapy.
- R. Identifies delegated supervisors who will provide supervision/guidance if and when the supervisor is not available for consultation.
- S. Discusses and ensures understanding of all aspects of the supervisory process outlined in this document, and the underlying legal and ethical standards from the onset of supervision.

#### **V. Duties and Responsibilities of the Supervisee**

- A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct.
- B. Reviews client video/audio recordings before supervision, when applicable.
- C. Comes prepared to discuss client cases with necessary materials (e.g., files, completed case notes), conceptualization, questions, and literature on relevant evidence-based practices.
- D. Is prepared to present integrated case conceptualization that is culturally competent.
- E. Brings personal factors that impact the supervisee's clinical work or professional development to supervision and is open to discussing such factors.
- F. Identifies goals and tasks to be achieved in supervision specific to assessed competencies.
- G. Identifies specific needs relative to supervisor input.
- H. Identifies strengths and areas of future development.
- I. Understands the liability (direct and vicarious) of the supervisor with respect to supervisee practice and behavior.
- J. Identifies to clients his/her status as supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor(s).
- K. Discloses errors, concerns, and clinical issues as they arise.
- L. Raises issues or disagreements that arise in the supervision process with the aim of moving towards resolution.
- M. Provides feedback to supervisors on the supervision process.
- N. Responds non-defensively to supervisory feedback.

- O. Consults with the supervisor or delegated supervisor in all cases of emergency.
- P. Implements supervisor directives in subsequent sessions or before, as indicated.

#### **VI. Procedural Aspects**

- A. Although in supervision, only the information that relates to the client is confidential, the supervisor will treat supervisee disclosures with discretion.
- B. There are limits of confidentiality for supervisee disclosures regarding clients or themselves. These include, but are not limited to, ethical and legal violations and indication of harm to self or others.
- C. The supervisor will discuss the supervisee's development and strengths with the training faculty at this facility.
- D. Written progress reports will be submitted to the trainee's school and training director describing his/her development, strengths, and areas of concern.
- E. If the supervisor or the supervisee must cancel or miss a supervision session, the session will be rescheduled.
- F. The supervisee may contact the supervisor at \_\_\_\_\_ (contact #) or delegated supervisor at \_\_\_\_\_ (contact #). A supervisor must be contacted in all emergency situations.

**Supervisor's Scope of Competence:** As part of this agreement the supervisor will discuss his/her scope of competence as it pertains to this supervision. This may include review of the supervisor's CV.

The agreement may be revised at the request of supervisee or supervisor. The agreement will be formally reviewed at \_\_\_\_\_ (intervals) and more frequently as indicated. Revisions will be made only with consent of supervisee and approval of supervisor. We, \_\_\_\_\_ (supervisee) and \_\_\_\_\_ (supervisor), agree to follow the directives laid out in this supervision agreement and to conduct ourselves in keeping with our Ethical Principles and Code of Conduct, laws, and regulations.

Supervisor's Signature:

\_\_\_\_\_

Supervisee's Signature:

\_\_\_\_\_

Dates of Agreement: \_\_\_\_\_

**ATTACHMENT C**

**Individualized Training Plan**

Name \_\_\_\_\_ Date \_\_\_\_\_

Internship Rotations:

\_\_\_\_\_

Dissertation Status:

\_\_\_\_\_

***Areas I feel comfortable with:***

Individual and Group Psychotherapy

Assessment (Neuropsychological and Diagnostic):

Diversity:

Other (please specify):

Strengths noted from Competency Assessments:

***Areas I would like to improve/grow:***

Individual and Group Psychotherapy

Assessment (Neuropsychological and Diagnostic):

Diversity:

Other (please specify):

Weaknesses Noted from Competency Assessments:

**To be Completed at Conclusion of Internship**

***Areas I have grown:***

Individual and Group Psychotherapy:

Assessment (Neuropsychological and Diagnostic):

Diversity

Other (please specify):

***Areas for future growth:***

Individual and Group Psychotherapy:

Assessment (Neuropsychological and Diagnostic):

Diversity:

Other (please specify):



***How could this internship program have helped address any of your areas of future growth?***

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**ATTACHMENT D**

**Evaluation of Presentation**

Please fill out only one form per presenter/topic.

Date of Presentation \_\_\_\_\_ Presenter \_\_\_\_\_

Topic \_\_\_\_\_

Your feedback is important and we will use it to refine our didactics series.

Overall impression of the presentation (please check):

Excellent \_\_\_\_ Very Good \_\_\_\_ Good \_\_\_\_ Undecided \_\_\_\_ Needs Work \_\_\_\_ Needs A lot of Work \_\_\_\_

Recommend for next Year: Yes \_\_\_\_ No \_\_\_\_

		Strongly Agree	Agree	Undecided	Strongly Disagree	Disagree
1.	The Presenter was well prepared for the topic					
2.	The topic of the presentation was interesting and informative.					
3.	The topic was relevant to me and my clinical work.					
4.	The method of the presentation was appropriate to the setting.					
5.	When appropriate, diversity issues were addressed.					

What did you like best about the presentation?

What would you recommend be changed?

## ATTACHMENT E

### Eastern Oklahoma VA Healthcare System

#### Doctoral Intern Evaluation

Date:

Trainee Name:

Supervisor Name:

Rotation Name:

Evaluation Period: ☐ Mid-rotation ☐ End Rotation

Direct Observation for this Evaluation Period Occurred on:

Please rate the intern on each competency using the following anchors:

Rating	Label	Description
5	Full Performance Level	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 intern has fully mastered this skill area and can handle complex situations independently. Training is consultative in character.
4	Advanced Competence	The intern is considered competent for entry-level practice in this area. The intern consistently integrates well-developed knowledge, skills and abilities into all aspects of professional practice. Functions proactively and independently in most contexts. Supervision is accessed independently when needed for complex/novel situations.
3	Intermediate Competence	The intern is considered prepared for entry-level independent level practice and licensure. The intern needs minimal structure for routine activities, but may need supervision for more complex situations. Generalizes knowledge, skills, and abilities across clinical activities and settings. This is the level expected for most skills mid-way through the internship training year and the level required for successful completion of the internship training program.
2	Beginning Competence	The intern requires intensive supervision for unfamiliar clinical activities and/or novel circumstances. This is the level of competency expected for a beginning intern working with a new clinical population, and might be an appropriate rating for beginning acquisition of a novel skill set within a new rotation.
1	Remedial	The intern shows significant deficiencies in this skill area, with little to no autonomous judgment. The intern is dependent upon direct observation and detailed preparatory instruction, and shows skill in this area below that expected of a beginning intern. Intensive supervision required to attain most basic level of

		competence OR trainee has not attained expected level of competence despite standard mentoring/supervision. Scores in this range always trigger a review by Training Director and Training Committee.
<b>N/A</b>	<b>not applicable or not assessed</b>	

**Exit Criteria:** Interns must receive a **3** or better on rated items by the end of internship, with no items rated **2** or below.

## PROFESSION-WIDE COMPETENCIES

### COMPETENCY 1: RESEARCH

Interns will demonstrate critical thinking, and be able to integrate scientific knowledge with clinical practice. Interns will be able to apply the current scientific literature to evaluate their practices, interventions, and/or programs.

Elements:

1. Seeks out current literature related to clinical work or current research project

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

2. Demonstrates knowledge about literature related to clinical work or research projects

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

3. Is able to effectively disseminate relevant literature in case conferences, research presentations, or professional talks

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

4. Applies knowledge and understanding of scientific foundations to practice

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### COMPETENCY 2: ETHICAL AND LEGAL STANDARDS

Interns will demonstrate knowledge of ethical and legal principles including the APA Ethical Principles and Code of Conduct. They will show an awareness of these principles and apply them in their daily practice.

Elements:

1. Demonstrates knowledge of and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct.

Comments:

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1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

2. Demonstrates knowledge of and acts in accordance with relevant laws, regulations rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

3. Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

4. Conducts self in an ethical manner in all professional activities

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

5. Recognizes ethical dilemmas and applies ethical decision-making processes in order to resolve the dilemmas

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

6. Demonstrates an awareness of all regulations which impact upon their professional work, including clients' rights, release of information procedures, informed consent to treatment, limits to confidentiality in the VA medical center, management of suicidal / homicidal behavior, and child/elder abuse reporting policies

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### **COMPETENCY 3: INDIVIDUAL AND CULTURAL DIVERSITY**

Interns will demonstrate knowledge of self and others as cultural beings in the context of dimensions of diversity in assessment, treatment, and consultation. Interns should show an awareness of, sensitivity to, and skill in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics.

Elements:

1. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect interactions with people different from oneself

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

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2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including: research, training, supervision/consultation, and service

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

3. Demonstrates an ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, service, and other professional activities).

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

4. Independently applies knowledge in working effectively

with a range of diverse individuals and groups

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

5. Considers cultural/ethnic context and diversity factors in evaluating and assessing clients

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### **COMPETENCY 4: PROFESSIONAL VALUES AND ATTITUDES**

Interns will demonstrate sound professional judgment and responsibility with progressive independence to resolve challenging situations throughout the training year. They will conduct themselves in a professional manner across settings and contexts. Interns will demonstrate the ability to manage work load and administrative tasks, as well as complete timely documentation. Interns will develop a professional identity over the course of the internship training year, and learn how to function as a psychologist within an interprofessional team.

Elements:

1. Displays professional behavior when using leave and authorized absence by following appropriate procedures and using leave responsibly

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

2. Engages in self-reflection regarding one's personal and professional functioning

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

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3. Engages in activities to maintain and improve performance, well-being, and professional effectiveness

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

4. Manages all assigned workload within given time frames

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

5. Demonstrates openness and responsiveness to feedback and supervision

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

6. Is well prepared for supervision meetings

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

7. Uses supervision time effectively

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

8. Responds professionally in increasingly complex situations with an increasing degree of independence as the intern progresses across levels of training

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

9. Demonstrates professional demeanor and appearance

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

10. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Comments:

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### **COMPETENCY 5: COMMUNICATION AND INTERPERSONAL SKILLS**

Interns will communicate effectively verbally, nonverbally, and in writing. These communications will be informative, articulate, succinct, and well-integrated with consideration given to the recipient of the information

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(e.g., client / family, other members of the interprofessional team, supervisor, etc.). Interns will demonstrate presentation skills by effectively communicating psychological principles, procedures, and/or data to colleagues, additional trainees, and other professions.

### Elements:

1. Communicates with clients and families in a manner that is clear and understandable to them

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

2. Communicates psychological information to other professionals in a manner that is organized and understandable to them

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

3. Displays effective nonverbal communication and is aware of how they are communicating nonverbally

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

4. Effectively produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

5. Demonstrates effective interpersonal skills and the ability to manage difficult communications well

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

6. Demonstrates awareness of and appreciation for diverse viewpoints

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

7. Develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐



Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

**COMPETENCY 6: ASSESSMENT**

Interns will be able to assess clients with a broad range of problems using a variety of psychological assessment instruments. Interns will gain proficiency in selecting assessment tools, conducting intake interviews, and integrating multiple sources of information (i.e., biopsychosocial history and test data) with consideration of diversity. Interns will develop case conceptualization skills and offer concrete, useful recommendations tailored to answer the referral questions.

Elements:

1. Communicates well with referral sources or relevant providers, particularly when providing feedback/guidance on their assessment and evaluation referral questions

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

2. Performs informed consent and explains limits to confidentiality

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

3. Conducts interviews, assessments, and evaluations within reasonable timeframes

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

4. Demonstrates diagnostic interviewing skills, including the capacity to make a differential diagnosis

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

5. Selects and administers assessment tools properly drawing from empirical literature and that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

6. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification and treatment recommendations, while guarding against biases and distinguishing between aspects of

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assessment that are subjective from those that are objective.

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

7. Performs risk assessments consistent with standards of practice

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

8. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner to a range of audiences (e.g., clients and other professionals).

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

9. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

10. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context to the assessment and/or diagnostic process.

Comments:

11. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).

Comments:

12. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in assessment

Comments:

13. Demonstrates awareness of and adherence to ethics in assessment

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

**COMPETENCY 7: INTERVENTION**

Interns will demonstrate the ability to provide individual and group psychotherapeutic interventions in response to a range of presenting problems and treatment concerns, with particular attention to identifying treatment goals and providing evidence-based psychotherapies. Interns will be able to develop case conceptualizations relevant to the client with the ability to adapt an evidence-based intervention if appropriate. Interns will be able to identify and manage crisis needs and/or unexpected or difficult situations. They also will be able to effectively coordinate their interventions with other members of the interprofessional team involved with the client's care.

Elements:

1. Discusses issues of confidentiality and informed consent with the client

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

2. Develops and maintains a good working relationship/therapeutic alliance with the client

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

3. Establishes and documents goals of treatment intervention

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

4. Develops a useful case conceptualization

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

5. Develops evidence-based intervention plans

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

6. Responds appropriately to client needs, including crisis situations and/or unexpected or difficult situations

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

7. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

8. Applies the relevant research literature to clinical decision making

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

9. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking and

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adapts protocols as clinically indicated to meet client's needs

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

10. Demonstrates skill in the delivery of at least two evidence-based psychotherapies.

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

11. Evaluates intervention effectiveness, and adapts goals and methods consistent with ongoing evaluation Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

12. Demonstrates a working understanding of process issues in group therapy

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

13. Maintains professional boundaries

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

14. Effectively accomplishes termination of therapy

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

15. Manages workload well and completes documentation in a timely manner

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

16. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in intervention

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

17. Demonstrates awareness of and adherence to ethics in intervention

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### **COMPETENCY 8: SUPERVISION**

Interns will understand the ethical and legal issues of the supervisor role. Interns will provide effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting.

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### Elements:

1. Demonstrates knowledge of supervision models and practices

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

2. Provides effective constructive feedback and guidance (e.g. direct, behaviorally specific, corrective guidance presented in terms of plans) in direct or simulated practice exercises

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

3. Effectively deals with boundary issues and the power differential in supervisory relationships

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

4. Builds good rapport with supervisee/peers and establishes a safe learning environment

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

5. Effectively manages resistance and other challenges with supervisee

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

6. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in the provision of supervision

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

7. Demonstrates awareness of and adherence to ethics in the provision of supervision

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

8. Applies supervision knowledge in direct or simulated practice with other psychology trainees or other health professionals

Comments: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### **COMPETENCY 9: CONSULTATION AND INTERPROFESSIONAL SKILLS**

Interns will understand their role as a consultant and shift roles to meet presenting needs. Interns will gather appropriate data in order to answer the consultation referral question.

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### Elements:

1. Demonstrates knowledge and respect for the roles and perspectives of other professions applies knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups or systems related to health and behavior.

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

2. Independently consults with psychologists and professionals from other disciplines in the care of their clients

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

3. Contributes to treatment team planning and to team implementation of interventions

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

4. Uses the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of clients and populations served

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

5. Demonstrates awareness of and adherence to ethics in consultation

Comments:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ NA ☐

Provide an example of how the intern is doing well and an example of areas for improvement in this domain:

### Statement of Certification

#### Supervisor's Certification:

Date:

Supervisor's name here certifies that the supervisor has reviewed this evaluation with the Trainee.

#### Supervisor's Overall Comments (Mandatory):

#### Intern's Certification:

Date:

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Trainee's Name here certifies that the Trainee has reviewed this evaluation with the supervisor.

**Intern's Comments (Mandatory):**

**ATTACHMENT F**

**Supervisor Evaluation Form**

Date \_\_\_\_\_

Rotation \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisee \_\_\_\_\_

Modes of supervision (all that apply): \_\_\_Videotape \_\_\_Audio \_\_\_Direct Observation  
\_\_\_Other

Very Effective	Effective	Somewhat Effective	Not Effective	Very Ineffective
5	4	3	2	1

1. Clarified supervision process, roles, and targets at onset	5	4	3	2	1
2. Maintained weekly supervision meeting time	5	4	3	2	1
3. Available between supervision meetings for consultation	5	4	3	2	1
4. Structured supervisory sessions	5	4	3	2	1
5. Encouraged active involvement	5	4	3	2	1
6. Provided useful feedback	5	4	3	2	1
7. Addressed therapy session content	5	4	3	2	1
8. Maintained focus	5	4	3	2	1
9. Conveyed competence and professionalism	5	4	3	2	1
10. Encouraged trainee questions	5	4	3	2	1
11. Encouraged and motivated trainee	5	4	3	2	1
12. Challenged trainee	5	4	3	2	1
13. Allowed self-evaluation by trainee	5	4	3	2	1
14. Addressed supervision process as needed	5	4	3	2	1
15. Focused on behaviors	5	4	3	2	1



16. Provided useful suggestions	5	4	3	2	1
17. Maintained flexibility	5	4	3	2	1
18. Helped define and achieve goals	5	4	3	2	1
19. Conveyed respect and acceptance	5	4	3	2	1
20. Addressed ethical issues in therapy	5	4	3	2	1
21. Behaved ethically as supervisor	5	4	3	2	1
22. Was culturally aware of self in supervision	5	4	3	2	1
23. Was knowledgeable and provided training in scientific bases for clinical services	5	4	3	2	1
24. Invited feedback on supervision	5	4	3	2	1
25. Open to trainee disagreement	5	4	3	2	1
26. Gave feedback in constructive manner	5	4	3	2	1
27. Followed up on content from previous supervision meeting	5	4	3	2	1
28. Maintained good familiarity with each case, conceptualization, and treatment plan	5	4	3	2	1
29. Facilitated trainee professional development	5	4	3	2	1
30. Maintained coherent supervision approach	5	4	3	2	1
31. Maintained transparency in supervision approach	5	4	3	2	1
32. Able to provide supervision at developmentally appropriate level	5	4	3	2	1

Supervisor behaviors which were particularly helpful:

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Supervisor behaviors which were not particularly helpful:

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\_\_\_\_\_  
Signature of Supervisee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**ATTACHMENT G**

**Eastern Oklahoma VA Health Care System  
Psychology Internship Program  
Program Evaluation**

Intern: \_\_\_\_\_ Date of Feedback: \_\_\_\_\_

Internship Year: \_\_\_\_\_ Mid-Internship \_\_\_\_\_ End of Internship: \_\_\_\_\_

**Directions.** Please rate each of the dimensions using the scale below:

**4** – *Training needs exceeded*

**3** – *Training needs met adequately*

**2** – *Training needs were somewhat met*

**1** – *Training needs were not met*

**INTERNSHIP TRAINING EXPERIENCE**

Competency 1: My understanding of relevant scholarly work i and how to integrate it into practice increased	<input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>1</b>
Competency 2: My understanding of relevant ethical issues increased	<input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>1</b>
Competency 3: My sensitivity to cultural/diversity issues increased	<input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>1</b>

Competency 4: My ability to manage workload increased and ability to function as a professional psychologist increased	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Competency 5: My verbal, non-verbal, and written communication skills increased	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Competency 6: My skill level in assessment increased	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Competency 7: My skill level in intervention increased	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Competency 8: My skills in providing supervision increased	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Competency 9: My consultative skills increased	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
My training goals for this internship experience were met	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
<b>Overall satisfaction with Internship Training Experience</b>	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

#### INTERNSHIP PROGRAM STRUCTURE

Overall organization of training program	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Workload and workload expectations	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Training plan is meeting goals, expectations, training needs	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Expectations are clear	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Reactions, concerns, or problems are addressed adequately	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Adequate feedback regarding performance and progress	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Adequate opportunity for skill development	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Sufficient opportunity for input into training needs	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Program addresses and incorporates training regarding ethical issues	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

Program addresses and incorporates training regarding diversity issues	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Environment conducive to learning	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Environment fosters interrelationships among trainees	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Resources (e.g. space, computers, supplies, personnel) are adequate	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Treated in a professional manner	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Effective working relationships with support staff	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Adequate support and encouragement provided	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
<b>Overall satisfaction with Internship Program Structure</b>	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

Date Reviewed: \_\_\_\_\_

Intern Signature: \_\_\_\_\_

Director/Associate Director of Training Signature: \_\_\_\_\_

## **ATTACHMENT H**

### **INTERN EXIT INTERVIEWS**

#### **Guidelines**

The purpose of the exit interviews is to gather information for improving the internship program. Thus, the goal is to encourage interns to give as much information as possible. Both positive and negative feedback is encouraged.

The purpose of this exit interview is to give interns the freedom to provide feedback to supervisors after the end of the internship year and after evaluations are completed. This could include speaking to individually a Psychology Training Committee member, to a volunteer staff member, or to the Director or Associate Director of Training. Interns should be told that their feedback will be used thoughtfully and judiciously with individual supervisors but their complete confidentiality cannot be guaranteed. Moreover, at times, it is the aggregate feedback from interns over several years that can establish patterns in order to prompt programmatic or supervisory change.

Interviews should not be too highly structured. These are suggested questions, but the interviewer can feel free to use or not use any of the questions as they are intended to facilitate discussion with the intern.

#### **Interview content – Sample questions**

1. What kind of feedback can you give us about your experience on internship this year?
2. What has been most beneficial to you? Least beneficial?
3. Have you been adequately challenged?
4. Are you satisfied with how your rotation assignments were made?
5. Are you satisfied with program resources, space, etc.?
6. What do you wish you'd known or known earlier about the VA?

7. Are there things you would have done differently? Why?
8. Strengths of the training program
9. What were the hardest things about internship?
10. Can you give us some feedback about your supervision experiences?
11. Are there unresolved problems with a supervisor?
12. What was most helpful in building your future? (e.g., people to consult, material to get ready, internet resources, post-doc availability)
13. Have you grown professionally/personally?
14. Have your career goals changed?
15. What aspects of orientation are most/least helpful? Would you change anything about the orientation process?
16. How do you feel diversity training was implemented throughout the curriculum?
17. Training Director: Is there feedback you'd like to give about the Training Director? Any suggestions for improvement?
18. Didactic Seminars or Workshops: What worked and didn't work? What's missing (e.g., issues or content areas not covered)?
19. Rotation Info: Anything else to share that isn't captured in the evaluations?

20. How would you advise incoming interns?

21. Any other comments?

**ATTACHMENT I**

Psychology Internship Handbook Statement of Understanding

My signature below signifies that I have carefully read the Psychology Internship Handbook which has been provided to me and I have had opportunity to receive clarifying answers to my questions from my Training Director and/or Supervisor(s). I now understand the expectations and standard operating procedures as outlined in this Handbook. I agree to abide by all policies and procedures outlined in this document. I have reviewed and am aware I can access at any time the APA Ethical Principles of Psychologists and Code of Conduct and Oklahoma Statutes located on the EOVAHCS Psychology Internship SharePoint site. I am aware that the Code of Conduct is also available at <http://www.apa.org/ethics/code/index.aspx>.

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Intern Printed Name

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Intern Signature

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Date

Please return this completed form to the EOVAHSC Training Director.



*Thank you*