



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

## **POSTDOCTORAL FELLOWSHIP TRAINING PROGRAM**

Director of Psychology Training Programs

Candace N. Tomes, PsyD

## **Welcome and Overview**

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

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

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

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

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

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

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

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

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

## **Training Programs in Brief**

### **Practicum Program**

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

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

Please see our Practicum Training Brochure for additional details.

### **Internship Program**

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

General Track (5 positions)

Neuropsychology Track (2 positions)

### **Postdoctoral Fellowship Program**

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

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

## Philosophy of Training

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

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

## The Psychology Training Committee

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

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

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

|                   |                      |                                    |
|-------------------|----------------------|------------------------------------|
| Aparna Arjunan    | Scott Levson         | Leonard Tate                       |
| Christine Brown   | Elizabeth Paddrik    | Candace Tomes (DPT)                |
| Nicole Cammack    | Julie Rones          | Valene Whittaker                   |
| Lindsay Gerolimos | Christiana Shao      |                                    |
| Joshua Johnson    | Lauren Skalina       | <i>Intern representative</i>       |
| Michael Knep      | Leah Squires (Chief) | <i>Postdoctoral representative</i> |

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

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

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

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

## **Mentorship within our Training Programs**

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

The Washington DC VA Medical Center Psychology Training Program is committed to the professional development of psychology trainees at all levels. As part of this commitment, the program strongly encourages interns and fellows to collaborate with a mentor during their training year. The mentee-mentor relationship is non-evaluative. This is an opportunity for interns and fellows to build a relationship with a psychologist who will provide support, guidance, and modeling based on the trainee's career and personal trajectory.

Initial mentorship matches are assigned by the Director of Psychology Training. The expectation is that mentors and mentees meet at least monthly for the first six months of the training year. After that point, a trainee may opt to work with a different mentor

that they have identified, or to adjust the mentorship in another manner to better meet their professional development goals.

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

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

## **Ethical Guidelines**

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

## **Diversity and Inclusion Statement**

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

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

As a federal employer, the Washington DC VAMC strictly follows all EEOC policies on fair recruitment and other personnel practices. Job announcements are nationally advertised on USAJOBS, a federal workforce website, which opens VA employment

opportunities to a wide variety of applicants from different geographical areas, socioeconomic groups, cultural backgrounds, and ethnicities.

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

## **Environment of Fairness**

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



# Postdoctoral Fellowship Training Program

Based on a practitioner-scholar model, where clinical work and research complement each other, our program's mission is to prepare fellows to deliver ethical, patient centered, evidence based psychological services that incorporate individual and cultural diversity at all aspects of care provision. We do this by focusing on development of advanced competency in the following five areas:

1. **Integration of Science and Practice**
2. **Individual and cultural diversity**
3. **Ethical and legal** standards that pertain to the practice of psychology.
4. **Supervision** of psychology trainees
5. **Consultation** and working on **integrated teams**

Our program helps trainees become expert clinicians and provides them much needed exposure to clinical/programmatic research skills. Postdoctoral Fellows learn assessment and treatment skills and learn to provide clinical supervision to Psychology Interns and Practicum Students.

The Postdoctoral Fellowship Program's objectives at the DC VAMC are consistent with the mandate for evidenced-based mental health care throughout the VA system. The Program meets the Secretary's Transformation Initiatives (which include improved Veteran mental health care), and the services are consistent with the VA Mental Health Uniform Services Package.

## Fellowship Overview

The Postdoctoral Fellowship Program is focused on direct service delivery. This includes provision of clinical services, attendance at team meeting and clinically focused didactics. However, the Training Program views the development of program evaluation and development skills as key to preparing Fellows to further clinical practice. Therefore, each Fellow is granted 20% of their time for dedicated clinical improvement/programmatic research projects. Fellows receive focused training in program evaluation and development and are mentored by their clinical program leads as well as members of the Program Evaluation Program Development and Organizational Management (PEPDOM) subcommittee of the Training Committee on these projects. While there is flexibility with regards to how postdoctoral fellows meet this required training activity, all projects must be aligned with the VA mission and VHA strategic plan.



The three emphasis training tracks involve different allotments of time for assessment and intervention, both group and individual. Regardless of emphasis, some experiences are shared by all Fellows. Each Fellow receives a minimum of four (4) hours of structured learning and supervision per week, including two (2) hours per week of clinical supervision, two (2) hours per week of didactic training as part of the Postdoctoral Fellowship Training Series and one (1) hour in interdisciplinary treatment team meetings. In addition to these minimum standards, a Fellow has a variety of Medical Center-wide seminars and other structured learning opportunities.

Fellows will have multiple supervisors over the course of the year and are required to schedule hour-long individual supervision meetings for their individual cases, group work, and assessment cases. Supervision for individual psychotherapy cases may include the Faculty listening to audio tapes of the Fellow's work.

All fellows have mentorship meetings with the Director, Psychology Training Programs periodically throughout the year. Fellows are also able to participate in the larger Psychology Service Mentorship Program to be paired with a staff psychologist mentor. Fellows may also volunteer to provide mentorship to psychology practicum students as part of our mentorship program.

Below are descriptions of the training program elements shared across emphasis areas.

## **Seminars**

Training meetings have been established for postdoctoral fellows as a group, in addition to any conferences or meetings originating with the fellow's specific assignment. Fellows reserve Mondays from 1-3 for scheduled recurring seminars. Seminars cover topics in the three emphasis areas (Health, Trauma, SMI) as well as topics related to professional development. On weeks when there is not a scheduled presentation, Fellows are encouraged to use the time for self-directed study via online webinars, planned readings, or other means.

## **Training in Supervision**

All Fellows are given opportunities to provide supervision to psychology practicum students and participate in the supervision of interns as appropriate. Supervision opportunities are based on each fellow's expertise and can be for group therapy, individual therapy, and/or psychological assessment. Decisions about supervisee assignment is at the discretion of the emphasis area supervisors

To support their development as supervisors and to address issues of professional development, Fellows participate in **Group Topics in Supervision and Professional Development – a meeting (3x/month)** led by members of the Training Committee. This is an hour-long consultation group for Postdoctoral Fellows who are providing clinical supervision to trainees at an earlier point in their professional development. The

facilitators of the group serve as non-evaluative supportive mentors. Readings and discussion will include a focus on relevant literature for supervisors including the experience of becoming a supervisor, ethical issues and multicultural humility, and developmental stages of supervision. Group members will have an opportunity to explore supervisory material and to share successes and challenges. Throughout the year this meeting also offers space to discuss Professional Development issues such as job searches, finding your voice as a professional, and moving from trainee to licensed clinicians.

## **Program Evaluation Program Development (PEPDOM)**

The goal of the Program Evaluation/Program Development/Organizational Management (PEPDOM) training experience is to equip Fellows with skills and experiences to help them become leaders and managers in clinical and/or research endeavors in the future. Program evaluation and development practices increase the effectiveness and efficiency of health programs by promoting objective measurement of performance and identifying opportunities for improvement and growth. In line with the Veterans Health Administration (VHA) and Veterans Integrated Service Network 5 (VISN 5) Strategic Plans, as well as competencies identified by the American Psychological Association, the DC VAMC Training Committee recognizes program evaluation and development practices as an important area for psychology career development and has thus incorporated these experiences into its training curriculum. For postdoctoral fellows, up to 20% of the training year is devoted to program evaluation/development and/or research activities that are consistent with the VHA mission and aligned with the priorities of the clinics within their emphasis area.

Fellows have the option to choose the time commitment and type of project they complete. A PEPDOM project can be either four or eight hours weekly. If the four hours per week option is chosen, the remaining four hours would be spent in clinical care. Projects can be related to administrative needs, leadership, or clinical care. Fellows are not required to complete projects in their emphasis areas. However, the project must be related to the VA mission or Veteran care. If the project is outside of their emphasis area, the fellow will be expected to find a psychologist who can supervise the project.

Postdoctoral fellows are supported in these endeavors by psychology staff, the Director of Clinical Training, and the PEPDOM subcommittee of the Psychology Training Committee. Training takes the form of formal didactic instruction, self-directed study, and individualized training. The goal is that, by the end of the fellowship year, postdoctoral fellows will have made a significant contribution to one or more clinical processes and have at least one deliverable product that can be presented to a local team, medical center leadership, or at a national meeting.

### **Examples of past PEPDOM Projects:**

1. Identification of Predictors and the Measurement of Community Integration for Veteran Enrolled in the PRRC
2. Implementing Recovery Coaching in the PRRC Track II Program

3. Development of a Brief Didactic Training Delivered to an Interdisciplinary Staff on the Inpatient Unit
4. Increasing Recovery Oriented Care on the Acute Psychiatric Unit
5. Implementation of Suicide Prevention in Recovery Programming: A Description of Veteran Characteristics and Risk
6. Promoting Culturally Sensitive Assessment for Racial and Ethnic Minority Veterans in the Trauma Services Program
7. Improving Trauma Services Program Access and Flow
8. TSP Clinician Wellness Project
9. Lessons Learned from an Evaluation of Veteran and Provider Telehealth Experiences
10. Development, Implementation and Evaluation of a Telehealth COVID-19 Stress Management Group for Veterans with HIV
11. Development of a Brief Evidence-based skills group for Black Male Veterans with HIV

### **Examples of Deliverables:**

1. Poster Presentation at a local and/or national conference
2. Manuscript submitted for publication in a peer review journal
3. Grand Rounds Presentation
4. Staff Trainings
5. Development of an intervention manual

## **Training Program Performance Improvement Process**

Continuous quality improvement has been a central concept in VA healthcare over the past 20 years. This is one reason that the VA healthcare system is often viewed as surpassing the private sector in many healthcare quality surveys. Our Postdoctoral Program follows these system-wide quality assurance principles.

We regularly evaluate our success as a Fellowship Program. The Training Committee meets at least monthly and as needed to discuss the training program in terms of the Fellow's current achievements and areas for program improvement. The Training Director also meets with the Chief Psychologist several times per week to discuss the role of the training programs in the larger context of the Psychology Service. If there are times it becomes necessary for staff and Fellow to meet more frequently (e.g., changes in DC VAMC guidelines, specific program changes, etc.), it will be done to best ensure compliance with training goals and hospital requirements.

The program uses multiple other sources of data and information that are reviewed to identify areas of improvement including:

**Supervisors' evaluations of Fellow's performance** are completed at the end of each training period as competence in assessment, intervention, consultation/supervision, ethics and sensitivity to diversity, scholarly inquiry, and professional development are rated. These forms allow for tracking of the Fellow's progress in these areas over the year. They also allow for narrative description of the Fellow's progress in terms of period goals. Supervisors discuss the completed forms with the Fellow and they are signed by both individuals.

**Fellow's evaluations of supervisors** are completed at the end of each training period. The Fellow completes an evaluation of their supervisor, rating them in key areas of supervision. These forms are brought to the Training Director for discussion at the completion of each training period, and general information is shared with supervisors.

**Fellow's evaluation of our overall program** is completed at the end of each training period. At the onset of Fellowship, the Director of Training stresses to the Fellow that they are available to meet with them individually at any time to discuss the training program and receive feedback. As part of this process, the Fellow is asked to individually rate the different components of the program using a standard evaluation form. The Training Director reviews this evaluation with the fellow.

**Fellow's meetings with the Training Director** to discuss these evaluations (see above) and follow-up on issues of concern to the Fellow.

**Exit Interviews** are another evaluation procedure our Program employs. These exit evaluations administered at the end of the training year, in writing and in person, are extremely valuable in reviewing the Program as a whole. The Fellow is told that these exit interviews are non-evaluative and that the information and impressions shared will be utilized to promote improvements within our program.

**Fellow's self-evaluation** of their competencies in areas stressed by our program. Fellows complete questionnaires to assess their subjective views of their development as professional psychologists. These are completed both at the end of the first and second training periods. We use this data to help determine areas of strength and weakness in our trainees and to make necessary accommodations.

**Private meetings with staff** involved in training. Meetings between the Training Director and members of the training staff are arranged annually to discuss each supervisor's view of the program, including goals and objectives.

**Survey of graduated Fellows.** During regular intervals, we will survey previous Fellows to find out how effective we have been in preparing them for their current professions as psychologists. In an effort to maintain a Fellowship Program that meets both current and future needs for the trainee we keep open communication with former Fellows. This is done to determine whether the DC VAMC's Program helped prepare each trainee, both soon after completion, and as they grow into their role as an independent licensed psychologist.

Overall, the program aggressively pursues a self-evaluation process and regularly incorporates feedback into programmatic adaptations. Through the formal and informal mechanisms, the program uses data and information collected from many sources to not only assess the extent to which it is meeting its stated goals and objectives but also to look for areas where it can excel at even higher levels.

## Fellow Achievement Benchmarks

The program requires that a fellow must meet the minimum level of achievement of advanced practice in all competency areas at the end of the training year. For the three ***profession wide competency areas***, it is expected that fellows achieve ***ratings of 7 (advanced practice level) on all elements in each area at year's end***. For the ***program specific competencies (supervision, working on integrated teams)***, where we anticipate greater variability in initial skill level; and thus possibly different trajectories of skill attainment; it is expected ***that at least 75% of the elements in each area will be rated at a 7, and that no element will be rated as lower than a 6 (approaching advanced practice)***.

To provide postdoctoral fellows in our program with ample opportunity to demonstrate minimum level of achievement for all competencies, we engage in continuous evaluation of progress during supervision meetings, as well as one formal midyear evaluation.

***At mid-year (6 months) it is expected that at least 70% of items in the three profession wide competencies are rated at 6 (approaching advanced practice)***. Additionally, no competency area will be rated at a 2 or lower. ***Ratings below 4 (internship mid-year) reflect areas where the fellow had little/no prior exposure in advance of fellowship***. The fellow and supervisor should focus on these areas of training to ensure attainment of end of year benchmarks. If a fellow does not receive a minimal threshold for ratings on their mid-year evaluations, training plans are reviewed and adapted to best support competency attainment by the end of the year. Fellow competency is then reviewed again after two months of plan implementation, to ensure that Fellow is on track for successful competency attainment.

## Eligibility, Salary, and Benefits

In accordance with VA policy, the Washington DC VAMC is seeking applicants from accredited doctoral programs in clinical or counseling psychology who have successfully completed an accredited internship. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified applicants regardless of gender, gender identity, age, religion, race, ethnicity, culture, nationality, socioeconomic status, sexual orientation, disability, or other minority status. Eligibility requirements for VA training programs are determined nationally. Information about VA eligibility can be found at <https://www.va.gov/oaa/hpt-eligibility.asp>. Please review the eligibility requirements prior to applying.

Stipends are determined by the VA Office of Academic Affiliations and are based on a national average salary with adjustments for the DC area cost of living. The current stipend is \$60,840.

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

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

Fellows are considered temporary VA employees and thus are eligible for benefits including health insurance, vision, and dental. Health benefits are also available to dependents and married spouses of interns. For fellows who commute to work using public transportation, they are eligible for the VA Transit Benefit. The amount of the subsidy equals the amount paid for public transportation, not to exceed a set amount per month (currently \$125/month).

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

## Outside Employment

Fellows are permitted **limited** work outside the VA, whether professional or common employment, and receive payment for such employment with certain provisions. The employment must be totally outside fellowship hours. Time must in no way conflict with VA commitments. Outside employment should be reviewed with DPT and Psychology Service Chief.

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

# **Postdoctoral Fellowship Emphasis Tracks**

## **Health Emphasis (Liver Disease and HIV)**

The VA Liver Disease and HIV Fellowship provides the opportunity to receive quality training in Health Psychology with a focus on special medical populations as well as dedicated training in substance use assessment and treatment. Fellows receive training in providing psychological services to Veterans living with HIV, hepatitis C and advanced liver disease and gain experience working as a member of integrated care teams in a range of clinical settings. Due to the high co-occurrence of substance use in these medical populations, fellows also devote 10% of their time to substance use clinical care.

## **Clinics of the Health Emphasis Track**

### **Infectious Diseases Clinic**

The DC VAMC Infectious Diseases (ID) Clinic treats over 1000 Veterans with HIV who live in the Washington, DC metro area, including Northern Virginia, parts of Maryland and parts of West Virginia. The infectious disease clinic is a 35+ member team of physicians, nurse practitioners, psychologist, social workers, researchers, and support staff. Conditions commonly addressed in the clinic include: mild to moderate anxiety and depression, PTSD, adjustment to diagnosis, disclosure, substance abuse, and medication adherence. There is a weekly drop in support group and skills-based groups are offered depending upon patient interest (e.g. stress management, cognitive skills training, and chronic pain self-management). Multiple active research studies afford the fellow opportunities to contribute to the advancement of HIV care and prevention.

**Supervisor: Dr. Joshua Johnson**

### **HCV/Liver Clinic**

The health psychology program has a long-standing relationship with the HCV/Liver clinic. The HCV/Liver clinic refers patients to health psychology both for individual therapy and for liver transplant medical clearance evaluations.

**Supervisor: Dr. Joshua Johnson**

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

The Substance Abuse Recovery Program at the DC VAMC is a multidisciplinary, intensive, outpatient, drug and alcohol treatment program. The program begins with a thorough assessment of patient concerns and needs, after which an individualized treatment plan is devised. The goals of the program are to live a substance-free life, identify and change maladaptive behaviors, explore feelings as well as



personal/interpersonal problems, and increase self-esteem. Individual and family therapy are also provided. The fellow's engagement in the SARP program varies depending on prior substance use treatment experience and may include: individual or group therapy, supervision of practicum students, provision of HIV/HCV education to SARP participants.

**Supervisor: Dr. Leonard Tate**

## **Health Emphasis Specific Activities**

In addition to onsite training activities, The Health Emphasis fellow at the DC VAMC is one of multiple fellows participating in VHA's National Liver Disease/HIV Psychology Residency program. This program has multiple sites across the country. The Health Emphasis Fellow participates in online seminars and meetings offered by the HIV Hepatitis and Related Conditions Program (HHRC) on topics relevant to HIV, Liver Disease and integrated mental health care, and has the option to attend other national calls related to HIV and Liver Disease. The fellow also has monthly calls with the National Coordinator of the Post-doctoral training program to discuss training progress, clinical topics and develop a sense of community and cross-site collaboration.

Specific to our Liver Disease/HIV trainees, we expect training experiences will foster a deep understanding of the relationship between psychiatric disorders and these special medical conditions, and how the effective recognition and treatment of mental disorders can improve the care of HIV-infected Veterans and those with HCV and advanced liver disease. The psychiatric disorders include those caused by HIV/HCV as well as pre-existing disorders that complicate the treatment of HIV/HCV. Specific skills to be developed with this population will include: pre-testing counseling, motivational interviewing, understanding how to overcome the traumatic effects of diagnosis, dealing with the barriers in intimate and familial relationships, adapting to living with HIV/HCV, and developing strategies for treatment adherence.

The fellow provides on-call consultation to the ID clinic two mornings (8 hours) each week and is available on an as needed basis to liver clinic. The fellow also conducts pre-transplant mental health assessments for Veterans being considered for Liver or other solid organ transplant. In light of the growing rates of non-Alcoholic Fatty Liver Disease (NAFLD), the fellow may also become involved in efforts around the medical center that target weight management, such as the MOVE! program and Bariatric surgery team. Due to the high prevalence of substance use disorders among veterans with HIV and Liver Disease, the fellow devotes approximately one-half day to focused substance use training in the SARP clinic. Afternoons are devoted to individual and group therapy, supervision meetings, trainings, research and other tasks.

The fellow is required to schedule up a minimum of 2 hours supervision meetings per week with his/her supervisors to review individual cases, group work, and assessment cases. The fellow also has 2-4 hours per week dedicated to educational opportunities at this VAMC or provided through our affiliated institutions. Specific didactic and professional development activities will include: supervision of psychology practicum student and intern, attendance at mental health service staff meetings and ID clinic/Liver Clinic/SARP team meetings, presentation of clinical cases to DC VAMC psychology staff

for collaborative discussion, and completion of appropriate online courses. In addition, the fellow can attend the hospital wide monthly health promotion disease prevention meeting where the Health Behavior Coordinator serves as co-chair.

## **Serious Mental Illness (SMI) Emphasis**

Postdoctoral fellows applying for this specialized training experience should express a specific interest in psychiatric rehabilitation and recovery-oriented therapeutic care. Fellows, at the beginning of their training year, work closely with their primary clinical supervisor to develop an individualized training plan that meets their training needs and interests.

## **Clinical Setting: The Psychosocial Rehabilitation and Recovery Center (PRRC)**

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

The PRRC is a dynamic outpatient skill building program that provides services to Veterans who are diagnosed with a serious mental illness (e.g., Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder, PTSD) with significant functional impairment. The PRRC Veteran population is diverse in race/ethnicity, age, gender, sexual orientation, socioeconomic status, and cognitive/physical functioning. Programming is curriculum-based and is specifically designed to teach the skills that are necessary for defining and realizing Veterans' self-chosen roles and goals in all domains of health and life. PRRC services are individualized, person-centered, and strength-based, and promote hope, responsibility, and respect. Recovery-focused approaches are respectful of the Veteran as an individual rather than focusing solely on a problem, diagnosis, or set of symptoms. Decisions for services are made collaboratively with the Veteran and are based on how best to support the individual in gaining the information and skills necessary for making and succeeding at his or her life goals.

The PRRC is multidisciplinary, staffed by psychologists, nurse case managers, peer support specialists, a social worker, a recreation therapist, a vocational therapist, and a program specialist.

### **Supervising Psychologists:**

Corinne Galgay, Ph.D.

Naomi Stalh, Ph.D.

Lillian Salky, Psy.D.

Mary McGuire, Psy.D.

# **Serious Mental Illness Emphasis Specific Activities**

## **Clinical Opportunities**

In the PRRC, postdoctoral fellows have the opportunity to receive supervision from PRRC staff psychologists who have received intensive VA training, consultation, and certification in a variety of evidence-based psychotherapies. Specifically, fellows will have the opportunity to receive supervision and training in evidence-based psychotherapies for Veterans presenting with symptoms associated with trauma (Cognitive Processing Therapy), depression (Acceptance and Commitment Therapy, Cognitive Behavior Therapy, Interpersonal Therapy), Borderline Personality Disorder (Dialectical Behavior Therapy), relationship and family distress (Integrated Behavioral Couples Therapy), serious mental illness (Social Skills Training, Behavioral Family Therapy, Illness Management and Recovery), and motivation/behavioral health concerns (Problem Solving Training, Motivational Interviewing). Moreover, fellows will have the opportunity to implement interventions from CBT for Psychosis, CBT for Chronic Pain, CBT for Insomnia, and Seeking Safety. PRRC Staff Psychologists are trained as Master Trainers in Social Skills Training and Problem-Solving Therapy and, as such, postdoctoral fellows can choose to engage in specialized training and consultation to receive VA training certification in either or both of these evidence-based psychotherapies.

Postdoctoral fellows can co-facilitate a variety of groups in PRRC: If interested, fellows can also co-facilitate groups on the acute inpatient psychiatry unit. Opportunities are also available to engage in goal-oriented recovery coaching to assist Veterans transition from the PRRC to community activities.

The regular use of assessment measures – such as the Beck Depression Inventory – II (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9), and PTSD Checklist for DSM-5 (PCL-5) – are administered by fellows to evaluate a Veteran's treatment progress in individual psychotherapy. Fellows also have the opportunity to administer additional recovery-oriented psychological measures. In addition, fellows can conduct comprehensive suicide assessments using the Collaborative Assessment and Management of Suicidality (CAMS) approach. Although comprehensive psychological assessments are not integral to this fellowship emphasis track, there are limited experiences where these evaluations may be indicated.

## **Trauma Emphasis**

The Trauma Emphasis Fellowship trains fellows to accurately diagnose PTSD and related conditions, to create a comprehensive treatment plan, to provide effective individual and group treatment, and to be aware of and implement current PTSD research. The Trauma Services Program at the DC VAMC offers a variety of different treatments to Veterans, including Prolonged Exposure, Cognitive Processing Therapy (group and individual formats), Skills Training in Affect and Interpersonal Regulation (STAIR), Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT) skills, and Peer Support Services. Offering these evidenced-based treatments represents a unique learning

experience to Postdoctoral Fellows to deliver the most robust evidenced-based treatments for PTSD. In addition, the PEPDOM experience gives fellows the opportunity to complete a project geared toward improving our PTSD services and veterans' experience as well as to contribute to the body of scientific knowledge on trauma-informed and trauma-focused treatment.

## **Clinical Setting—The Trauma Services Program**

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

### **Supervising Psychologists:**

|                             |                         |
|-----------------------------|-------------------------|
| Aparna Arjunan, Ph.D.       | Matthew Dickson, Ph.D.  |
| Ranon Cortell, Ph.D.        | Amanda Evans, Ph.D.     |
| Melissa Decker, Ph.D.       | Christiana Shao, Psy.D. |
| Steph Guedj, Psy.D.         | Catherine Hearne, Ph.D. |
| Erika White, Ph.D.          |                         |
| Peter Luehring-Jones, Ph.D. |                         |

## **Trauma Emphasis Specific Activities**

### **Trauma Services Program Training Philosophy**

We teach Fellows a broad theoretical perspective on trauma and PTSD, including the history of the PTSD diagnosis, PTSD epidemiology, the psychobiology of PTSD, the relationship between PTSD and health, and social-political-cultural issues in PTSD for Veterans and non-Veterans. We encourage trainees to extend the theoretical perspectives they learned in graduate school and on internship, while applying evidence-based methods that are most appropriate for each patient. We encourage trainees to review and evaluate the evidence base for PTSD assessment and treatment; PTSD treatment guidelines produced by VA, DOD, and professional societies; VA policy documents related to Mental Health and Trauma Services; as well as the experiential knowledge provided by our senior staff clinicians who have evaluated and treated hundreds of patients. All supervisors are trained in the delivery of evidence-based psychotherapy for PTSD (e.g. CPT and PE), while incorporating diverse theoretical orientations, areas of expertise, and varied experiences into their work.

## **Trauma Services Program Clinical and Supervision Training**

We teach specific skills including a) appropriate interventions for establishing a therapeutic alliance with traumatized patients, b) understanding the patient's reasons for seeking an evaluation, c) exploring traumatic events and the patient's reactions in order to assess the severity of post traumatic reactions, d) gathering valid data about the frequency and intensity of DSM-5 PTSD symptoms, the extent to which these symptoms relate to the traumatic event and interfere with functioning, and e) evaluating for substance use, depression and other comorbid conditions. The Fellow will be encouraged to process and understand his or her own emotional reactions to their patients, which may affect the treatment plan, therapeutic rapport, and treatment success. Fellows will also learn how to balance the need to provide support with the need to collect information during the evaluation. Our program teaches Fellows to go beyond determining the presence of PTSD and focuses on training Fellows to understand the nuances of post traumatic reactions on the whole person. We believe that understanding the impact of pre-military experiences, current psychosocial stressors, and ongoing medical issues is essential in providing appropriate and effective care.

Fellows will learn to provide treatment that is patient-focused, integrated, and holistic. We consider treatment planning to be part of the assessment process in that the best diagnostic skills and report writing ability do not help the patient unless the clinician is able to both create a workable plan and present it to patients in such a way that they are motivated to engage in the recommended treatment(s). Therefore, we will help Fellows learn to craft a comprehensive treatment plan and to present this to patients using a shared decision-making model that is understandable and consistent with the patient's own goals. Our Fellows will receive rigorous training in treatments for PTSD, with a focus on Prolonged Exposure and Cognitive Processing Therapy. Both are recognized by the VA as evidence-based treatments for PTSD, receiving the highest recommendation of the VA/DoD Clinical Practice Guideline for the treatment of PTSD. This training will enable a Fellow to identify patients who are a good match for cognitive behavioral intervention while simultaneously training them to recognize when other interventions (e.g. ACT, EMDR, STAIR) may be helpful. Fellows may be offered the opportunity to attend a VA rollout CPT workshop with accompanying consultation with the goal of fellows becoming VA Certified CPT Providers, pending licensure. Fellows also can provide other group interventions for the treatment of PTSD, as well as groups they would like to learn that are not currently part of our services guided by the fellow's training plan completed at the beginning of the year.

Fellows will learn to provide supervised clinical case consultation to a Psychology Extern. Each Fellow will receive a minimum of five (5) hours of structured learning and supervision per week, including clinical supervision, supervision of their supervision of externs, didactic training as part of the Postdoctoral Fellowship Training Series (3 hours) and multidisciplinary Trauma Services clinical consultation meeting (1 hour). The Fellows can also collaborate with other programs (e.g., Dialectical Behavioral Therapy Team, Mental Health Clinic, Women's Clinic).

# Staff Biographies<sup>1</sup>

## Director, Psychology Training Programs

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

## Chief, Psychology Service

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

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

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

## Health Psychology

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

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

**Veronica Pinho, Ph.D.** is a staff psychologist in Transplant Service at the Washington DC VAMC. She conducts pre- and post-transplant mental health evaluations and provides psychotherapy to veterans along the transplant continuum. Dr. Pinho is also a part of a liver clinic multidisciplinary team conducting evaluations and psychotherapeutic interventions for veterans with alcohol-related liver disease. She obtained her Ph.D. in clinical psychology at George Washington University with emphases in community and health psychology. She completed her Health Psychology internship and HIV/Liver Disease postdoctoral fellowship at Miami VA Medical Center before joining the Washington DC VA transplant team in 2022. Prior research and publications include HIV care quality improvement projects, HIV prevention interventions for adults in psychiatric care, and sexual health interventions adolescents in substance use treatment.

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

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



chronic pain and insomnia.

## Psychosocial Rehabilitation and Recovery Program (PRRC)

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

**Maggie McGuire, PsyD (she/her)**, received her doctoral degree in Clinical Psychology from Loyola University Maryland in 2022. Her psychology practicum experiences included placements at the Psychosocial Rehabilitation and Recovery Center and Acute Inpatient Unit at the DC VAMC, Acute Inpatient Units at the Psychiatric Institute of Washington, and Child Guidance Clinic at the DC Superior Court. She completed an APA-accredited predoctoral internship at New York University/Bellevue Hospital Center. Dr. McGuire's postdoctoral fellowship was at the Washington DC VAMC with an emphasis in Serious Mental Illness. She is specifically interested in providing therapeutic services to Veterans with SMI and am passionate about providing recovery-oriented care. I have specialized experience in numerous evidence-based approaches and completed the VA's Cognitive Processing Therapy for PTSD certification training. In her free time, she likes to go for walks with her husband through Rock Creek Park, read the latest thriller novels, and search for the best bakeries/coffee shops in DC.

**Lilli Salky, PsyD (she/her)**, received my doctoral degree in Clinical Psychology from Loyola University in 2020. During her graduate training, she had placements in the Psychosocial Rehabilitation and Recovery Center and Acute Inpatient Unit Program at the DC VAMC and Psychiatric Institute of Washington (PIW) psychiatric inpatient unit. Dr. Salky completed an APA-accredited predoctoral internship and post-doctoral fellowship at the Washington DC VAMC. Following her post-doctoral fellowship, she spent two years in the Trauma Services Program at the DC VAMC as a staff psychologist providing trauma focused treatment to Veterans with PTSD and is certified in Cognitive Processing Therapy. Dr. Salky has a specialized interest in providing group psychotherapy to Veterans with SMI, in both inpatient and outpatient settings and working with Veterans with suicidality. She lives in Falls Church, VA with my husband and goldendoodle, and you can find them hiking in our favorite weekend getaway spot, Shenandoah National Park.

**Naomi Stahl, PhD (she/her)**, received her doctoral degree in Clinical Psychology from American University in 2021. Her externships included placements in the Psychosocial Rehabilitation and Recovery Center, Acute Inpatient Unit, Substance Abuse Rehabilitation Program, and Trauma Services Program at the DC VAMC and VA Maryland Health Care System MIRECC. Dr. Stahl completed an APA-accredited predoctoral internship at VA Palo Alto Health Care System. Her postdoctoral fellowship was at the Washington DC VAMC (Serious Mental Illness emphasis). She has a specialized interest in providing care to Veterans with SMI and have received training in evidence-based approaches for this population (e.g., Social Skills Training for Schizophrenia, CBT for Psychosis, Illness Management and Recovery). Dr. Stahl completed the VA's Cognitive

Processing Therapy for PTSD and is a certified provider. She was previously a member of the Dialectical Behavior Treatment Team at the DC VAMC. Dr. Stahl lives in NW DC and enjoys cooking, watching bad (but good) reality TV, and trying different workout classes.

## Substance Abuse Rehabilitation Program (SARP)

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

## Trauma Services Program

**Sarah Afromowitz, Psy.D.** (she/her/hers) Dr. Afromowitz joined the Trauma Services Program at the Washington DC VAMC in 2023 as a staff psychologist. She completed her doctorate in clinical psychology from Pacific University in Hillsboro, OR. Dr. Afromowitz completed her internship at the Eastern Oklahoma VA Health Care System in Tulsa, OK, followed by her postdoctoral fellowship with a women veterans focus at the Atlanta VA. She has received training in several EBPs, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Dialectical Behavior Therapy (DBT), STAIR, Cognitive Behavioral Therapy for Insomnia (CBT-I), and Cognitive Behavioral Therapy for Substance Use Disorder (CBT-SUD). Dr. Afromowitz's interests are rooted in considerations specific to women veterans, interpersonal traumas, Adverse Childhood Experiences (ACEs), post-traumatic growth, collaborative/therapeutic assessment, suicide prevention and postvention, compassion fatigue, and spiritual/religious diversity. Outside of work, Dr. Afromowitz pretends to have a green thumb, enjoys all things cat related, and explores creative pursuits in wheel-thrown pottery.

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

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

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

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

**Melissa Decker, Ph.D.** (she/her/hers) I received my doctoral degree in Clinical Health Psychology from East Carolina University in 2019. Prior to that, I completed a Bachelor's degree in Psychology at Boston University, a Master's degree in Forensic Psychology from John Jay College of Criminal Justice CUNY and worked in the nonprofit sector in the fields of integrated case management, sexual assault and domestic violence, and forensic assessment. I completed an APA-accredited psychology internship at the Washington DC VA Medical Center, where I trained to become a certified Cognitive Processing Therapy (CPT) provider. I then completed an APA-accredited postdoctoral fellowship at the DC VAMC, within the Trauma Services Program (TSP). As a postdoctoral fellow, I examined trauma clinician burnout, compassion fatigue and secondary traumatic stress. Following postdoctoral training, I worked as a staff psychologist in the Women's Health Clinic, and I returned to Trauma Services in June, 2022. My clinical interests include trauma-focused therapies and building resilience among LGBTQ+ veterans. I like to draw on my interests in resilience and feminist perspective in my approach to therapy as well as supervision. In my free time, I enjoy spending time with my partners, friends and pets, enjoying coffee and good food together, skateboarding, checking out live music, and exploring hiking trails and waterways, looking for cool rocks and fossils.

**Matthew Dickson, PsyD.** (he/him/his) Dr. Dickson is a staff psychologist in the DC VA Medical Center's Trauma Services Program (TSP) who's duty assignment is the Montgomery County Community Based Outreach Center. Dr. Dickson received his doctoral training at Rutgers University and completed his undergraduate studies at the University of Maryland. He completed his Pre doctoral internship at the New Jersey Veterans administration. After completing his training, Dr. Dickson worked in private practice for 3 years followed by 4 years at an inpatient psychiatric hospital. Dr. Dickson takes a developmental approach to supervision. In his free time Dr. Dickson enjoys spending time with his family, exercising, and reading.

**Amanda Evans, Ph.D.**, joined the Washington DC VAMC in September of 2017 after completing a postdoctoral residency at Grady Memorial Hospital in Atlanta, GA and her doctoral training at Emory University. She became interested in working with veterans through her dissertation research, which focused on emotional numbing in veterans with PTSD symptoms and tested a

compassion meditation intervention in this population. Dr. Evans is a CBCT (Cognitively-Based Compassion Training) instructor, which she has taught to groups of male combat veterans, female prisoners, university students, and adolescents in the Atlanta foster care system.

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

**Stephanie D. Guedj, Psy.D.** (she/her/hers) I received my doctoral degree in clinical psychology from Nova Southeastern University in Ft. Lauderdale, FL in 2016. Prior to that, I completed a Bachelor's degree in Psychology at University of Miami in Coral Gables, FL. As a doctoral student, I received extensive training in Cognitive Behavioral Therapy, with practicum experience in a variety of clinical settings, including two outpatient community-based clinics (one of which specializing in the treatment of anxiety disorders and the other in child and adolescent trauma), as well as two specialty clinics within the Miami VAMC (i.e., Polytrauma and Rehabilitation). I completed an APA-accredited psychology internship at the North Florida/South Georgia Veterans Health System (NF/SG VHS) in Gainesville, FL. I then completed an APA-accredited postdoctoral fellowship at the Washington DC VAMC in HIV and Liver Disease and assumed the position of staff psychologist in Health Psychology in September of 2016 until October 2019. I subsequently worked in Primary Care Mental Health Integration (PCMHI) at a Community-Based Outpatient Clinic (CBOC) in Jacksonville, FL, a clinic that is affiliated with NF/SG VHS, from October 2019 thru October 2021. I joined the Trauma Services Program (TSP) Team with Prince George's (PG) County VA Clinic, Washington DC VAMC, in October 2021 as a Staff Psychologist. My clinical interests generally include coping with chronic health conditions, trauma-focused work, and building resilience among LGBTQ+ Veterans. I also have an interest in program evaluation and development. Throughout my time as a staff within the VA, I have served on the LGBTQ+ workgroups to help develop programming and community outreach events for LGBTQ+ Veterans. I like to draw on my interests in acceptance- and values-based work in my approach to therapy as well as supervision. Outside of work, I enjoy spending time outdoors (hiking, foraging, fossil hunting), as well as spending time with my family, cats, fish, and dog.

**Catherine Hearne, Ph.D.** (she/her/hers) Dr. Hearne joined the Washington DC Trauma Services Program in 2023, having previously worked on VA PTSD clinical teams in New Mexico, Tennessee, and Iowa. She received her Ph.D. in clinical psychology from Fuller Theological Seminary in 2008 after completing VA and Indian Health Services rotations at the Southwest Consortium internship program in Albuquerque, NM. Dr. Hearne's theoretical orientation is functionalist, focusing on contextualization, and she is a strong proponent of evidence-based psychotherapies, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT; for which she is a VA trainer), Written Exposure Therapy (WET), Cognitive Behavioral Conjoint Therapy for PTSD (CBCT), Dialectical Behavior Therapy (DBT), and Imagery Rehearsal Therapy (IRT), among others. Professionally, she enjoys supervision, deliberating over the most recent PTSD research, and informatics. Personally, she enjoys music, reading, knitting, travelling, hiking, and tickling her children.

**Peter Luehring-Jones, Ph.D.** (he/him/his). Dr. Luehring-Jones received his doctorate in clinical psychology from Boston University, which included an introduction to trauma-focused therapies as a practicum student at the Center for Returning Veterans (an OEF/OIF/OND clinic) at the Boston VA. He completed his doctoral internship at VA Puget Sound in Seattle, WA (with rotations in the Seattle VA's general mental health clinic, IOP for veterans with SMI, PTSD outpatient clinic, and comprehensive DBT program) and then moved across the country to Washington, DC for his postdoctoral fellowship in trauma services at the DC VA. He was very excited to join TSP's staff at the end of his fellowship year. Dr. Luehring-Jones has experience and training with several EBPs for trauma, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Written Exposure Therapy (WET), Acceptance and Commitment Therapy (ACT) for PTSD, and combined Dialectical Behavior Therapy and Prolonged Exposure (DBT-PE). He regularly leads DBT and Present-Centered Therapy (PCT) groups for veterans enrolled in TSP. Dr. Luehring-Jones' doctoral research investigated the cognitive mechanisms of alcohol-involved sexual-decision among men who have sex with men, and he brings an interest in promoting sexual health and wellness into his work with veterans. He also enjoys working with LGBTQ+ veterans and served on the DC VA's Gender-Affirming Care Committee during his fellowship year. Outside of work, he likes exploring DC, spending time with friends, seeing movies, and trying to keep up with the news.

**Christiana Shao, Psy.D., CGP** Dr. Shao is a Navy veteran, and passionate about the role that unique and intersecting cultural identities play in the development, maintenance, and treatment of psychological disorders. She is committed to a multicultural approach to therapy that is culturally sensitive, holistic and individualized. Dr. Shao provides individual therapy, group therapy and assessment to veterans enrolled in the program. Dr. Shao completed her graduate education at the Chicago School of Professional Psychology and completed her pre-doctoral internship at the Washington DC VA Medical Center. Prior to completing her doctoral degree, Dr. Shao completed bachelor's degrees in psychology and sociology from the University of Maryland University College. She went on to complete a Master's in Educational Psychology with a focus on assessment, testing and program evaluation at George Mason University and a second Master's in Clinical Mental Health Counseling at Regent University. Majority of Dr. Shao's clinical training took place in Military and VA Medical settings. She has also served as an extern and clinician in private practice settings. Dr. Shao has specialized training in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Narrative Exposure Therapy (NET), Exposure Response and Prevention (EX/RP), Dialectical Behavioral Therapy-Prolonged Exposure (DBT-PE), Prolonged Grief Disorder Therapy (PGDT), Cognitive Therapy for PTSD (CT-PTSD), Written Exposure (WET), Cognitive Therapy for Suicide Prevention (CT-SP), Brief Cognitive Therapy for Suicide Prevention (BCBT), and CBT for Racial Trauma among other EBPs. Clinically she has a specific interest in working with veterans with trauma related disorders. Her interest also includes race-based stress and trauma, suicide prevention, personality disorder, process-oriented group therapy, military culture, and multicultural assessment. In her free time, she enjoys spending time with family, crocheting, and reading.

**Erika White, Ph.D.** (she/her/hers). Dr. White completed her graduate education at Saint Louis University. She completed a pre-doctoral internship at the Washington, D.C. VAMC and a postdoctoral fellowship in trauma at the Pittsburgh VAMC. Her dissertation research focused on the effects of racial microaggressions and colorblindness on the working alliance of cross-racial counseling dyads. Dr. White is trained in Cognitive Processing Therapy and Prolonged Exposure. In August 2011, Dr. White was hired as a staff psychologist in the Trauma Recovery Program (TRP) at the Baltimore VAMC. Dr. White joined the Training Committee for the VAMHCS/UM Psychology Internship Consortium as Cultural Competency Coordinator in 2012. In 2013, Dr. White assumed the role of Program Coordinator in the PTSD Clinical Team (PCT). In this role,

she served as coordinator for the PTSD Assessment Clinic and managed referrals for the PCT. Also in 2013, Dr. White was ecstatic to be selected as the Outstanding Supervisor of the Year by the intern class. Dr. White served as the Chairperson for the Mental Health Diversity Committee from 2012 to 2020. In 2016, Dr. White was trained as a consultant and trainer for the CPT rollout program. Additionally, Dr. White served as a consultant for the CBT for Depression training program. In 2018, Dr. White became an Academic Detailer for the VA Maryland Healthcare System to promote the use of Evidence-Based Psychotherapies for Depression and CBT-I. In October 2020, Dr. White joined the Trauma Services Program at the Washington, D.C. VA Medical Center.

# Appendix A:

# RIGHTS & RESPONSIBILITIES, DUE PROCESS, & GRIEVANCE PROCEDURES

## *Overview & Purpose*

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

## *Definitions*

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

**Supervision** – Supervision is an educational experience provided by a qualified supervising practitioner with a trainee. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the trainee while monitoring the quality of services delivered (see VHA Handbook 1400.04).

Please see the Intern and Postdoctoral Supervision Agreements for detailed description of supervision at the Washington DC VAMC

## *Roles and Responsibilities*

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

1. Medical Facility Director. The Medical Facility Director is responsible for establishing local policy to fulfill requirements of this Handbook and of accrediting and certifying bodies,



appointing the Designated Education Officer (or another appropriate individual such as the facility Chief of Staff), ensuring that a local monitoring process exists for trainee supervision, and reviewing data on trainee supervision, and oversight responsibility for implementation of any education policies.

2. Chief of Staff. The facility Chief of Staff (COS) is responsible for the quality of care provided by supervising practitioners and trainees.
3. Designated Education Officer. The Designated Education Officer (DEO) (often with the position title of Associate Chief of Staff for Education, or ACOS/E) has direct oversight responsibility for all clinical training at each VA health care facility with training programs. The DEO assists the Chief of Staff in assessing the quality of training programs and the quality of care provided by supervising practitioners and trainees. The DEO ensures that a facility supervision policy is in place.
4. Chief, Psychology Service. The Service Chief or Discipline Lead is responsible for the clinical training program and the relationship of the VA training program to affiliated academic programs. Service Chiefs or Discipline Leads may delegate authority to section chiefs, team leaders, training coordinators, Training Program Directors, or other subordinates.
5. Director, Psychology Training Programs (DPT). The DPT has responsibility for administering the VA-sponsored pre-doctoral internship and postdoctoral fellowship programs and for ensuring that the programs comply with standards of accrediting and certifying bodies. For the psychology practicum program where students complete training at the VA as part of an affiliated doctoral training program, the DPT is responsible for the management of training program activities at the VA site. The DPT:
  - a. Structures the training program consistent with requirements of the accrediting and certifying bodies.
    - i. Ensures that all trainees participate in an orientation to VA policies, procedures, and roles within the VA health care system. The Office of Academic Affiliations (OAA) has the authority to establish appropriate mandatory training modules for paid and WOC associated health trainees. The DPT ensures that trainees complete the OAA-required training modules. Trainees are not required to complete employee orientation training.
    - ii. Assigns graduated levels of responsibilities for individual trainees and ensures that trainees function within their assigned levels of responsibility.
    - iii. Ensures that supervising practitioners provide quality supervision to trainees.
    - iv. Ensures that trainees have opportunity to give feedback regarding supervising practitioners, the training program, and the VA health care facility.
  - b. Guides actions regarding trainee related problems.
  - c. Monitors the provision and documentation of supervision at the VA health care facility.
6. Supervising Practitioner. The supervising practitioner is the individual responsible for directly supervising the activities of the trainee. The supervising practitioner is generally of the same discipline or specialty in which the trainee is being educated. Supervising practitioners provide Veteran care and trainee supervision only for clinical activities they are qualified and approved to perform. In some training settings, health care professionals from another discipline, with documented qualifications, may function as supervising practitioners for selected training experiences. The role of supervising practitioner differs from the defined role of a “supervisor” of VA employees defined by Human Resource policy. In the remainder of this document, the term “supervisor” will be used synonymously with “supervising practitioner” relative to clinical training and does not imply supervision of

VA employees. Supervising practitioners are responsible for all trainee activities occurring under supervision as delineated in Handbook 1400.04.

### *Trainee Responsibilities*

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

### **Trainee Rights**

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

810 Vermont Avenue, NW, Washington, DC 20420  
1-202-501-2800 or Toll Free 1-888- 737-3361  
<http://www4.va.gov/orm/>

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

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

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

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

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

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

### **Independent legal counsel**

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

### *Trainee Competency Expectations*

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

### **Trainee Competency Expectations for Interns**

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

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

1<sup>st</sup> rotation benchmark: 80% of Competency areas 1-9 will be rated at a level of competence of 3

(basic-intermediate level of competency) or higher. No competency areas will be rated as 1 (does not demonstrate basic competency and needs remediation).

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

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

## **Trainee Competency Expectations for Postdoctoral Fellows**

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

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

## *EVALUATION POLICY*

### **Evaluations of Trainee Performance**

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

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

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

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

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

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

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

### *Procedures of Due Process*

#### **Purpose**

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

#### **Definitions**

**Problematic performance** – Problematic performance is defined as an interference in professional functioning that renders the trainee: unable and/or unwilling to acquire and integrate professional standards into their repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to effectively respond to personal stress which leads to dysfunctional emotional reactions and behaviors that disrupt professional functioning. More specifically behaviors typically become identified as problematic when they include one or more of the following characteristics (as defined by the VA Office of Academic Affiliations):

1. The trainee does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the trainee is significantly negatively affected.

4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Some examples of problematic performance include:

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

*Please note this list is not exhaustive.*

#### *GENERAL GUIDELINES TO DUE PROCESS*

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

1. **Staff expectations** available to trainees in writing via
  - a. the Psychology Training Programs website ([https://www.washingtondc.va.gov/departments/psychology\\_training\\_programs.asp](https://www.washingtondc.va.gov/departments/psychology_training_programs.asp)),
  - b. the Trainee Handbook (in Psychology Resource Hub on the Share drive), and the also in Psychology Resource Hub), as well as through discussions in a week-long trainee orientation, regular professional development meetings, initial and ongoing supervision by clinical supervisors, and regular meetings with the DPT.
2. **Evaluation procedures** clarified for trainees (see above section on Evaluation).
3. **Due process procedures for problematic performance & grievance procedures** delineated in this document shared in hard copy form with trainees and the content presented in an in-person meeting at the beginning of the training year. An electronic copy will also be consistently available in the Psychology Resource Hub. These procedures will:
  - a. Be presented in stepwise form, both in terms of how trainees are informed and what actions Psychology Service takes when there is an ongoing difficulty, and
  - b. Clarify when graduate programs are informed about any ongoing, confirmed difficulties with trainees and solicited for input about how to address such difficulties.
4. **Remediation plans** instituted for identified problems, which include time frames for remediation and specify consequences for failure to rectify the problems.
5. **Sufficient time** given to trainees to respond to any action taken by the program.
6. Input from multiple professional sources utilized to make decisions or issue recommendations regarding the trainee's performance.
7. **Documentation** of training program actions and their rationale issued to all relevant parties.

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

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

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

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

1. The negative evaluation(s), or other written documentation, verbal statements of problematic performance will be reviewed, and a determination made as to what action needs to be taken to address the problems identified.
2. The trainee will be notified in writing that such a review is occurring and that the Training Committee is ready to receive any information or statement that the trainee wishes to provide with reference to the identified problems.
3. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:
  - a. The Training Committee may elect to take no further action.
  - b. The Training Committee may issue an Acknowledgement Notice (formal counseling) which states the following in writing:
    - i. The Training Committee is aware of and concerned about the negative evaluation/other problematic performance.
    - ii. The evaluation has been brought to the trainee's attention, and the committee or other supervisors will work with the trainee to rectify the problem within a specified time frame.
    - iii. The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.
    - iv. The trainee's graduate program Director of Clinical Training (DCT) has been consulted on the matter.
  - c. Alternatively, depending upon the gravity of the matter at hand, the Training Committee may issue a Probation Notice which specifies that the committee, through the supervisors and DPT, will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The Probation Notice is a written statement to the trainee that includes the following items:
    - i. A description of the problematic performance behavior.
    - ii. Specific recommendations for rectifying the problems.
    - iii. A time frame for the probation during which the problem is expected to be ameliorated.



- iv. Procedures to assess concurrently whether the problem has been appropriately rectified.
  - v. The trainee's graduate program Director of Clinical Training (DCT) has been consulted on the matter.
- d. Where the Training Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:
  - i. Increased supervision, either with the same or other supervisors.
  - ii. Change in the format, emphasis, and/or focus of supervision.
  - iii. A recommendation and/or requirement that personal therapy is undertaken with a clear statement about the issues which such therapy should address.
  - iv. Recommendations of a leave of absence with time to be made up at no cost to the government.
- e. Following the delivery of an Acknowledgement Notice or Probation Notice, the DPT meets with the trainee to review the required remedial steps. The trainee may elect to accept the conditions or may grieve the Training Committee's actions as outlined below. The DPT will inform the trainee's sponsoring university and indicate the nature of the inadequacy and the steps taken by the Training Committee.
- f. Once the Training Committee has issued an Acknowledgement Notice, the problem's status will be reviewed within three months' time, or the next formal evaluation, whichever comes first. In the case of a Probation Notice, the problem's status will be reviewed within the time frame set by the notice.

## **Failure to Correct Problems**

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

1. It may continue the probation for a specified period of time.
2. It may suspend the trainee for a limited time from engaging in certain professional activities until there is evidence that the problematic performance in question has been rectified. Suspensions beyond the specified period of time may result in termination or failure to graduate.
3. Depending upon the gravity of the issue, it may inform the trainee and the chief psychologist that the trainee will not successfully complete the training if their problematic performance does not change. If by the end of the training year the trainee has not successfully completed the training requirements, the Training Committee may recommend that the trainee not be graduated. The trainee will then be informed that he/she has not successfully completed the traineeship. The trainee's home department will be informed that the trainee has not successfully completed the program. The Training Committee may specify to the graduate program those settings in which the former trainee can and cannot function adequately.

4. It may inform the trainee that the Training Committee is recommending to the chief psychologist that the trainee be terminated immediately from the training program, and the chief psychologist moves to terminate the trainee from the program.
5. When the Training Committee's deliberations lead to the conclusion that a trainee is not suited for a career in professional clinical practice, the committee may recommend a career shift for the trainee and withhold endorsement for professional practice should the trainee later seek licensing in any jurisdiction.

## **Termination**

Termination is a policy of last resort and would only be invoked under extraordinary circumstances, such as not meeting a number of performance standards or not meeting a critical performance standard such as ethical behavior. Termination would only be considered when all reasonable measures have been taken to remediate the situation, the trainee's due process rights have been observed, and the trainee has had the opportunity to use all of their rights to grieve the pending action.

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

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

### *Trainee Grievance Procedures*

## **Protecting the Rights of Trainees**

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

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

## **Informal Reporting and Mediation**

### **Stage 1: Discussion**

Trainees should first discuss the matter directly with the other involved party. Trainees should request a meeting to speak with the individual, inform them of their concerns. Meeting requests should be accommodated in a timely manner (within 5 days of request). Staff are expected to demonstrate openness to hearing the concern and attempt to resolve the concern directly with the trainee and seek consultation from the Training Committee and /or DPT as needed.

#### Stage 2: Informal Mediation:

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

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

#### Formal Trainee Grievance Procedures

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

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

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

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

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

*At all times during the process, the trainee and DPT, along with other involved staff, may consult with relevant accrediting and authorizing bodies, including: APPIC, APA CoA; VA Office of Academic Affiliations in order to receive guidance while working towards satisfactory resolution.*

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

**Reported by Staff**

Any staff member of the VA Medical Center, Washington, D.C., may file a written grievance

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

1. The DPT will review the grievance with other members of the Training Committee and determine what action is required to further investigate the grievance.
2. Infractions of a very minor nature may be dealt with among the DPT, the supervisor, and the trainee. A written record of the complaint and the action taken become a temporary part of the trainee's file until the matter is set to rest by the DPT. In no instance will any record of such a minor infraction be maintained in our records beyond the end of the training year. A record would be maintained if there were a series of multiple minor infractions.
3. If the DPT and other Training Committee members determine that the alleged behavior cited in the complaint, if proven, would not constitute a serious violation, the DPT shall inform the staff member, who may be allowed to renew the complaint if additional information is provided.
4. When a decision has been made by the DPT and other Training Committee members that there is probable cause for deliberation by a review panel, the DPT shall notify the staff member and request permission to inform the trainee. The staff member shall have five days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within five days, or permission to inform the trainee is denied, the DPT and the other Training Committee members shall decide whether to proceed with the matter.
5. If the trainee is informed of the complaint, a review panel is convened consisting of the DPT, two staff members selected by the DPT, and two staff members selected by the trainee. The review panel receives any relevant information from both the trainee and complainant that bears on its deliberations.
6. The review panel, chaired by the DPT, will hold a review hearing in which the complaint is heard and evidence presented. Within 10 days of completing the review hearing, the review panel shall communicate its recommendation to the trainee and to the Chief of Psychology Service.
7. Once the review panel has communicated its recommendation to the trainee and to the Chief of Psychology Service, the trainee has five working days within which to submit a written request for further review to the Chief of Psychology Service. The request should include relevant information, explanations, and viewpoints that may challenge, refute, or otherwise call for modification of the review panel's decisions and recommendations. The request should also specify policies, rules, or regulations that may have been violated, misinterpreted, or misapplied.
8. The Chief of Psychology Service will then conduct a review of all documents submitted and render a written decision. He/she will render a decision within 15 working days of receipt of the review panel's report, and within 10 working days of receipt of a trainee's request for further review if such request was submitted. The Chief of Psychology Service may accept the review panel's action, reject the review panel's action and provide an alternative, or refer the matter back to the review panel for further deliberation. The panel will report back to the Chief of Psychology Service within 10 working days of the request for further deliberation. The Chief of Psychology Service will then make a final decision regarding actions to be taken.

9. Once a final and binding decision has been made, the trainee, sponsoring university, and other appropriate individuals will be informed in writing of the action taken.

## **Reported by Trainees**

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

### *Storage of Training Documents*

#### **General Document Storage**

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

Trainee evaluations, and feedback forms offered to the program are also stored by the DPT, in paper and electronic form. Paper files are stored in a locked cabinet in the DPT's office.

Electronic files are maintained on a secure server that is controlled by the DPT. These files are maintained for no shorter than the duration of current accreditation cycle to ensure that all files are available for the self-study and site visit. After re-accreditation is achieved, files may be disposed of in accordance with the VA Records Control Schedule.

## **Storage of Trainee Grievance Documents**

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

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

#### **Notice of Nondiscrimination**

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

*The Department of Veterans Affairs (VA) is committed to ensuring Equal Employment Opportunity (EEO), promoting workforce diversity, workplace inclusion, proactively preventing unlawful harassment, including the prevention of Sexual Harassment and constructively resolving workplace disputes to sustain a high performing organization in service to our Nation's Veterans. VA will vigorously enforce all applicable Federal EEO laws, regulations, executive orders and management directives to ensure equal opportunity in the workplace for all VA employees and applicants. EEO and Prohibited Discrimination VA does not tolerate unlawful discrimination, workplace harassment or retaliation based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation and pregnancy), age (40 or older),*

*disability, genetic information, marital status, parental status, political affiliation or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits and separation.*

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

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

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

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

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

### **Sexual Harassment**

Each person is entitled, by law, to function in the work environment free from unwelcome sexual behavior. The medical center has a policy memorandum on sexual harassment that can be retrieved from the medical center's website at:

<https://vaww.visn5.portal.va.gov/sites/WAS/policies/Office%20of%20Diversity%20and%20Inclusion/00-35%20Prevention%20of%20Sexual%20Harassment.PDF>.

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

a formal complaint in order to receive their help.