



## Veterans Health Care System of the Ozarks (VHSO) Psychology Internship Training Program Orientation and Policy Manual

Welcome to the Veterans Health Care System of the Ozarks' Psychology Internship Program! We are excited to work with you and we hope this will be a very enjoyable and rewarding year. This manual contains information that will help you transition into our program and will serve as a reference regarding the program's policies and procedures. Please read it carefully and keep it handy for reference throughout the year. The most up to date version of this manual will always be on the program's SharePoint site. As always, feel free to contact the Training Director, Assistant Training Director, Program Support Assistant, or any member of the Psychology Training staff if you have any questions.

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## General Introduction

The Department of Veterans Affairs is divided into the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration. Our training program is part of VHA. VHA's mission is to provide clinical service, research, and training for the benefit of Veterans of the US military. Professional training has been an integral part of VA from its earliest days, and the Veterans Health Care System of the Ozarks (VHSO) is pleased to be a part of this very important VA tradition. We believe that the presence of a strong, vital psychology training program not only benefits aspiring health care providers, but it also improves accessibility of high-quality mental health care to Veterans and facilitates the professional growth and development of our own staff.

Since we serve military Veterans, it is important to have an understanding of the cultural issues and experiential framework common among Veterans and the military. You will learn this as a part of your training and experiences at VA. There are many resources available to assist you in this learning process, including several VA websites, as well as books and other written material here in the Mental Health Clinic.

VHSO serves a large geographic area and includes Community-Based Outpatient Clinics (CBOCs) in Fort Smith, Ozark, and Harrison, Arkansas as well as in Springfield, Joplin, and Branson, Missouri and Jay, Oklahoma. Psychology training is centered in Fayetteville. The VA is the largest health care system in the nation and is the largest provider of training for physicians, psychologists, and many other health care professions. Mental health services are currently a primary focus of attention in the VA, in large part due to concern about Post Traumatic Stress Disorder, Traumatic Brain Injury, and other issues among Veterans who served in the conflicts in the Middle East and Central Asia. In addition, the VA has launched an ambitious agenda to define and implement state-of-the-art mental health care for all enrolled Veterans across all diagnoses and issues and across the life-span.

# Entering VA Employment

## On-Boarding

Though you are a trainee, you are also considered a VA employee and have a number of benefits and obligations as such. There are a number of formal, required steps (e.g., background investigation, fingerprinting, tuberculosis (TB) tests) required to bring you on as a VA employee. This process is referred to here as “on-boarding.” Once you have completed the preliminary paperwork, representatives from Human Resources (HR) will work with you to complete the additional steps. The Training Director and Program Specialist will both facilitate your contacts with HR. At this time, your primary contacts in HR will be Jennifer Isbell-Gross and Jami Coll.

All Health Professions Trainees at the VA must be listed on a Trainee Qualifications and Credentials Verification Letter (TQCVL) from their sponsoring graduate program prior to onboarding. The TQCVL certifies that requirements for citizenship, student status, and Selective Service registration have been met as well as certifying academic readiness and physical fitness for duty. Please note that our HR department may also request separate documentation related to these requirements. Further information on the TQCVL can be found here: <https://dva.gov.sharepoint.com/sites/vhaoaamiu/SitePages/TQCVL-2023--Updated-List,-Template,-and-Guide.aspx>. The federal government generally requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will have to complete a certification of citizenship in the United States prior to beginning their employment. VA cannot employ anyone who is not currently a U.S. citizen. VA conducts drug screening exams on randomly selected personnel as well as new employees. Trainees may be required to be tested prior to beginning work, and once on staff, they are subject to random selection as are other staff members. Please note that positive drug screens may affect your eligibility for employment at VA. VA facilities are federal, and therefore treat cannabis as an illegal, controlled substance regardless of state and local laws.

Interns will need to complete a web based course called Mandatory Training for Trainees (MTT) prior to beginning employment. This course, which includes 15 modules covering VA culture and mission, various agency procedures and policies, ethics, and documentation takes the place of the multiday on-site training that most employees complete. In order to take MTT, interns will need to create an account on the VA's computerized training system, Talent Management System (TMS). HR will send you instruction on how to establish this account. When first setting up your TMS account, please be sure to list the internship Training Director as your Point of Contact. When you have completed MTT, forward your certificate of completion to both HR and the Training Director. You should also print and keep a copy for your own records.

## Initial VA Orientation

Your internship will begin in HR at 8 a.m. on the first day of the training year. Your first few days here will be primarily occupied with completing the onboarding process and with orientation to the various policies and procedures that will apply to you. Receiving your PIV (employee identification card) may take several days, and this will affect your access to computer systems and VA spaces at the beginning of your internship. Having all onboarding paperwork completed in advance may help speed this process, though it is also subject to factors beyond your or the Training Director's control. Completion of required paperwork will also be greatly facilitated by

bringing copies of your auto insurance information, VIN, current banking information, and local address with you on the first day of internship. Programming in the first week will include an orientation to the Mental Health Service and the Internship Program. You will also receive additional hands on training in the nationwide VA medical records system, Computerized Patient Record System (CPRS), which is the software you will use for all patient interactions, including session notes and recording of billing information. The VA is a large, complex bureaucracy with established ways of doing things. It is important to learn how to work within these systems as efficiently as possible so that most of your energy can be concentrated on your training and patient care. Our hope and expectation is that you will come through this orientation process with a general sense of how things work, who to go to when you need help, and how to accomplish routine tasks at VHSO. It will take some time to understand and become proficient in these processes. Our commitment to our interns is to be readily available to you as you learn the “ins and outs” of being a trainee here, answer your questions as they arise, and help you at each step in the process of acculturating into this VA.

## **Training Program: Orientation and Policies**

### **Training Setting**

Psychology internship training occurs at the Fayetteville VA Medical Center. The Veterans Health Care System of the Ozarks comprises outpatient clinics and inpatient services organized to provide a continuum of coordinated and comprehensive health care for eligible Veterans in our catchment area. These facilities are staffed and equipped to provide a comprehensive range of outpatient health care services, though some services are limited in the smaller CBOCs. Inpatient services are provided at the Fayetteville campus, which includes 48 medical beds and another 15 beds on our inpatient psychiatric unit. The system also has a number of specialized behavioral health programs, including Home Based Primary Care (HBPC), Residential Rehabilitation Treatment Program (RRTP), Psychiatric Rehabilitation and Recovery Center (PRRC), and our Mental Health Intensive Case Management (MHICM) program located in a private office complex a short distance from the Fayetteville campus. A Compensated Work Therapy (CWT) program is also available for Veterans in Fayetteville.

Across all VHSO sites (including our CBOCs), we serve over 50,000 Veterans per year, and of those, about 14,000 are treated in our Mental Health programs. VHSO has a uniquely diverse range of settings, from our urban medical center and clinics near the main campus of the University of Arkansas in Fayetteville to small rural clinics in communities far removed from major population centers, such as Ozark, Arkansas and Jay, Oklahoma.

### **Transitioning to Internship**

Before coming here, most interns have had experiences juggling multiple academic, clinical, and research demands and have been responsible for setting their own schedules. Thus, it is often a notable transition to start full time agency work, where time demands tend to be more regimented. There is a specific tour of duty, which is Monday through Friday, 8:00-4:30 unless a specific alteration is granted in advance. Interns are expected to be on site and reachable during these hours. If you are going to be absent from the medical center during regular work hours, you must telephone the lead psychologist at her VA cell number. As a courtesy, please also notify the Training Director. While clinical crises or timely completion of clinical documentation may sometimes require interns to work past 4:30, we will neither require nor encourage you to routinely work past regular duty hours. Internship duties should usually fit into

the regular work week. That said, additional educational opportunities may be available outside of regular clinical hours, such as lectures or seminars that are open to psychology interns even though they are not formally part of the internship program. We encourage interns to take advantage of these additional opportunities that arise from our placement in a medical center with academic programming, but will generally expect interns to make them an addition to their basic clinical hours and responsibilities.

Interns sometimes find themselves with unscheduled time due to cancellations, no-shows, or fluctuations in clinic load. We encourage interns to use this downtime for clinical reading, dissertation research, or other scholarly and professional activities. VA computers and equipment may be used for this purpose, but certain security and usage guidelines must be followed (e.g., no external Universal Serial Bus (USB) drives are allowed). You are encouraged to discuss your specific needs early on so that we can arrange ways for you to complete your scholarly work within our organizational constraints. We also encourage interns to use this downtime for interprofessional conversation and case consultation, which can be scheduled or spontaneous in nature. Many new psychologists report that building professional relationships, especially with disciplines other than psychology, was among the most important skills they developed during internship. The internship is designed to carefully balance the training needs of the interns and the clinical needs of the Veterans we serve. It is important to remember that appropriate clinical care of patients must always be the highest priority.

The internship year is designed to facilitate the transition from graduate student to autonomous professional psychologist. As a part of this, it is important to attend to professional behavior and to be prompt for meetings with staff and patients. Attention should be paid to ensure that attire is adequately professional and does not distract from clinical effectiveness. When considering attire, it is important to be aware of local norms as well as characteristics of the patient population. As a rule of thumb, anything that might distract patients or could interfere with establishing a professional relationship would not be appropriate for the clinical work setting. There is a specific dress code for the medical center which can be found on the VHSO intranet under Memoranda & Policy or in the Policies and Procedures section of the internship SharePoint.

## **Training Aims and Competencies**

The Psychology Internship program at VHSO seeks to provide training that will allow for successful entry into postdoctoral fellowships or entry level positions in professional health service psychology, with a particular emphasis on VA or other complex health care systems. It is also our intention to meet training requirements for state licensure, as well as Association of Psychology Postdoctoral and Internship Centers (APPIC) membership requirements and American Psychological Association (APA) Standards of Accreditation. The Psychology Internship at VHSO seeks to meet these aims by providing training and/or supervised experience in the several recognized professional competencies of health service psychologists. These competencies include:

- a. Research
- b. Ethical and legal standards
- c. Individual and cultural diversity
- d. Professional values, attitudes, and behaviors
- e. Communication and interpersonal skills
- f. Assessment

- g. Intervention
- h. Supervision
- i. Consultation and interprofessional/interdisciplinary skills

Many of these competencies are intergral to clinical work, and will thus be areas of training that are included in all clinical rotations and experiences. Some, such as individual and cultural diversity and supervision, will receive additional attention through seminars. In line with our setting in a VA Medical Center, all of our interns will gain extensive experience working with veterans. We expect that all of our interns will demonstrate competency in use of empirically based psychotherapies with an adult population. We also work to ensure that all of our interns have meaningful clinical experiences in integrated psychological assessments, group therapy, and working in interprofessional treatment teams. Naturally, a higher level of competence is expected in each intern’s area of major rotation.

There are several minimum requirements that must be met in order to successfully complete the internship. These include requirements for hours or percentage of full time effort spent in certain fundamental training activities, minimum experience in several specific clinical services, and minimum achievement in each profession wide area of competency. Minimum hours or percentage of effort are as follows:

- a. At least 500 hours (25% of full time effort) of direct patient contact
- b. At least 200 hours (10% of full time effort) of supervision
- c. At least 100 hours (5% of full time effort) of didactic training experience

500 hours (25% of total internship hours) of direct service to patients meets the contact hours requirement, which works out to around 10 hours a week on average. As the year progresses and interns become more proficient, skilled, and efficient, we hope to see them providing 15-20 hours of direct clinical services each week, depending on the rotation. We recognize that interns can have assessment-heavy periods (e.g., during Neuropsychology rotation) in which they may have fewer direct patient contact hours. It is expected that the intern will have more therapy-intensive training activities during the rest of internship so that the overall number of contact hours is sufficient to meet this requirement.

In order to ensure that all interns receive training and experience in a reasonable breadth of different direct clinical services, we also require the following minimum number of specific clinical services during the year.

Activity	Minimal Requirements
Intakes	at least 5
Comprehensive Psychological Assessments (including interview, multi-scale inventory, at least one additional measure, and feedback)	at least 3
Group therapy	at least two different groups
Clinical work	with at least two geriatric patients
Clinical work	with at least two patients from groups representing racial, cultural, religious, or sexual diversity
Ongoing participation in at least two different interdisciplinary teams	
Direct experience in VA-emphasized evidence-based treatments including assessment of effectiveness of treatment	

Finally, interns' functioning in all profession wide competencies must be rated as at least **intermediate to advanced** in order to successfully complete the internship. This requirement is explained in more detail in Intern Evaluation and Minimal Requirements later in this Policy Manual.

## Planning the Training Year

At the start of the internship year, interns will participate in a process of orientation and planning in order to develop an individual training plan. This will include meeting individually with the Training Director to discuss their interests and aims for training, as well as their perceived strengths and weaknesses as developing psychologists. New interns should also expect to have in-depth conversations with their major supervisors about training activities and aims early in the internship year. During the orientation period, we may also have group meetings with all supervisors and interns as well as formal sessions addressing skills assessment and training in basics of Evidence-Based Psychotherapies (EBPs) and procedures used at VHSO. The purpose of all of this is to help the Training Director and Committee to plan the training year and develop individualized training plans for each intern as well as prepare interns by orienting them to our training environment. Our intention is to develop a broad-based training experience that includes exposure to treatment, assessment, and interdisciplinary teams. Faculty members are available for consultation to help navigate the various training options. Rotations are selected from the options below, based on individual training needs and the program requirements for competency acquisition and broad clinical exposure. Interns are **typically** able to participate in the training activities that they desire, but the exact structure and timing of various activities must fit with the overall organizational needs of the program and availability of resources. The Training Director, other faculty members, and the interns work together to ensure the training plan includes all required activities and experiences, as well as providing the best possible fit with the interns' individual aims for training.

The training year is organized into three trimesters of four months each. Interns will typically be assigned to a major and a minor rotation during most trimesters. There may be opportunities for additional experiences that are outside of the normal rotation activities. Participation in such activities is based on individual interests and must be approved by the Training Director and the affected supervisor(s).

Interns' interests and priorities often change over the course of the training year and changes in the training plan are permissible, provided they continue to allow for the intern to complete their required training experiences and the program has the capacity to handle the switch.

## Weekly Schedule

Monday, Tuesday, Wednesday, and Friday are clinical days on which interns will report for rotation assignments. Supervision with rotation supervisors will be scheduled individually. Thursday is our day for didactics and most other group meetings related to internship training. From 8:00 a.m. to 10:00 a.m., there will be group supervision for interns, led initially by the Training Director, with other supervisors rotating as the year progresses. Didactic programming follows from 10:00 a.m. to Noon. Interns are then provided time from 12:00 - 1:00 p.m. to have lunch together for professional socialization and to discuss their experiences. If offered, Diversity seminar is generally held after lunch at the University of Arkansas campus, with the Training Director facilitating travel there for the group. Didactic presentations are given by

members of the psychology faculty, VHSO providers representing other disciplines and departments, and outside speakers. The period from 3:00 to 4:30 has a rotating schedule depending on the week. The first and third Thursdays of each month are planned for Internship Training Committee meetings. The second Thursday is for Intern Presentations. We expect that each intern will make a formal presentation based on their dissertation or equivalent, or on some other research they are involved in. Interns will also be expected to give at least one clinical case presentation in an Intern Presentation. Intern Presentations are open to the Mental Health department, and we encourage other staff to attend. Journal Club, in which the interns take turns picking articles to read and leading discussion with a faculty discussant, is currently scheduled the 3:00 slot on the 4<sup>th</sup> Thursday of each month. Interns' schedules also include some recurring events that all mental health staff attend, such as Mental Health Staff Meeting and sometimes Team Building events. Interns should also plan to attend team meetings relevant to their rotations.

### Example of a Typical Training Week

Time Schedule	Mon	Tues	Wed	Thurs	Fri
8:00 – 9:00	Individual rotation assignment			8:00 to 10:00, Group Supervision  Didactics  Intern cohort lunch  Diversity Seminar (including travel time), if available  Training Committee (1 <sup>st</sup> Th) Intern Presentations (2 <sup>nd</sup> Th) Training Committee (3 <sup>rd</sup> Th) Journal Club (4 <sup>th</sup> Th)	Individual rotation assignment
9:00 – 10:00					
10:00 – 12:00					
12:00 – 1:00					
1:00 – 3:00					
3:00 – 4:30					

## Clinical Rotations

### Trauma Recovery Program (TRP)

Services in the Trauma Recovery Program (TRP) are provided to Veterans with PTSD from any point in life, not only military service. The TRP has worked closely with the VA National Center for PTSD since early 2020 to increase our ability to reach more Veterans who need PTSD treatment, including serving as a pilot site for a massed outpatient treatment program in which Veterans receive evidence-based treatment sessions multiple days per week instead of once per week. Established in 2021, the outcome data from the massed program show increased completion rates (75-80%) and symptom reduction equal to or better than weekly therapy. Veterans treated in the TRP often have co-occurring diagnoses or symptoms including alcohol/substance use disorders, mood disorders, or psychotic features. Core experiences for

intern training include participation in team meetings, assessment via the CAPS-5, differential diagnosis, treatment planning, individual psychotherapy, and group psychotherapy. A core component of this rotation is training in EBPs, as providers in this clinic primarily offer Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy, and Cognitive Behavioral Therapy for Insomnia. Opportunities to learn Narrative Exposure Therapy and Skills Training in Affect and Interpersonal Regulation are also available. In addition to an emphasis on diagnostic evaluation and individual therapy, options for facilitating or co-facilitating group psychotherapies are available. Interns also have the opportunity to conduct comprehensive psychological assessments with patients to help guide treatment decisions within the TRP. **Supervisors: Hilary Casner, PhD**

### **Neuropsychology**

Neuropsychology is largely a diagnostic and consultative service serving Veterans with complex organic and psychiatric presentations. Most assessments are provided on an outpatient basis, with limited opportunities for inpatient assessment also available. Typical referral questions include assessment of traumatic brain injury, differential diagnosis of dementias, and assessing relative contributions of behavioral and organic etiologies in impaired patients. Neuropsychology also has an important role in the interdisciplinary Memory Disorders Clinic, which interns may participate in as part of the rotation. There may be opportunities to conduct presurgical evaluations with organ transplant, spinal cord stimulator placement, and bariatric surgery candidates as well. Working closely with the supervising neuropsychologists, interns will carry out neuropsychological assessments from start to finish. This begins with evaluating and refining referral questions from providers in Mental Health, Primary Care, Neurology, Speech and Language Pathology, and Inpatient Medicine, as well as programs such as the Caregiver Support Program. The assessment process continues with gathering and evaluating historical and diagnostic information from medical charts and interviews then tailoring test batteries to address the specific patient's level of functioning and relevant differential diagnoses. Interns will achieve mastery in administration and scoring of tests and also in interpretation of test data. Writing neuropsychological reports that are informative and useful to both referring providers and patients will be a major emphasis of training. Interns will also provide feedback to the patients they assess and often to their families, an important and clinically sensitive task that often determines the final utility of the neuropsychological assessment. **Supervisors: Sarah Downing, PsyD, and James Fuendeling, PhD**

### **Primary Care-Mental Health Integration**

This rotation is focused on providing a wide range of mental and behavioral health services to Veterans who are referred directly from their Patient Aligned Care Teams (PACT) or primary care teams. Interns will gain experience in triage, suicide risk assessment and safety planning, functional assessments, brief interventions, and consultation with primary care and PCMHI staff. Patients are often referred to PCMHI via warm hand-off during their annual or follow-up primary care appointments, and patients are seen both in clinic and via telehealth modalities. Typical episodes of care in PCMHI consist of 30-minute appointments for 1-6 sessions with flexibility based on patient presentation and needs. Interns will have the opportunity to learn and

implement brief EBPs including Brief CBT-Insomnia and Prolonged Exposure-Primary Care (PE-PC). There are also opportunities for interns to participate in quality improvement projects and initiate new group offerings with Veterans in PCMHI. PCMHI is available as either a focus/major rotation or as a minor rotation. **Supervisor: Rachel Jones, PhD**

### **Behavioral Health Interdisciplinary Program (BHIP) in General Mental Health (GMH)**

BHIP teams are composed of psychologists, psychiatrists, social workers, nurses, and other support staff all working collaboratively to assess, treat, and manage the care of Veterans. Interns will have the opportunity to work within this team. They will meet with their BHIP team for a daily huddle and a weekly team meeting focusing on discussion of patient care, coordinating treatment needs, making appropriate referrals, and consultation. Veterans often present with a variety of mental health concerns, most commonly with depression, anxiety, trauma, substance abuse, and personality traits/disorders. Individual and group therapy services are offered, often focused on EBPs such as Acceptance and Commitment Therapy, Cognitive Behavioral Therapy (for Depression, Insomnia), Dialectical Behavioral Therapy, Cognitive Processing Therapy, and Prolonged Exposure Therapy. Interventions in BHIP are often flexible and developed collaboratively with the veteran based on their expressed desires and readiness for treatment. This creates opportunities for interns to develop general therapy skills beyond EBPs or manualized interventions. Psychodiagnostic testing opportunities are also available in BHIP, with an emphasis on differential diagnosis and personality testing. **Supervisor: Yelena Gonzalez, PsyD**

### **Home Based Primary Care**

The Home-Based Primary Care rotation provides the opportunity for the intern to gain experience as an integral part of an interdisciplinary primary care team. HBPC utilizes an interdisciplinary approach in the provision of services to homebound Veterans with chronic and disabling medical illnesses. The intern has the opportunity to work with various specialties including nursing, occupational therapy, social work, dietetics, and pharmacy. The average age of our Veteran population is approximately 80 years old, therefore the rotation provides expansive opportunities for those interested in working with older adults. The rotation also offers the unique experience of providing a wide range of mental health services to our patient group in their home environments or through telehealth modalities. Interns provide individual and family therapy for depression, anxiety, end-of-life issues, and other forms of emotional distress as well as behavioral interventions and environmental modifications focused on the management of psychological problems in patients with varying levels of cognitive impairment. Interns will gain experience providing support to caregivers caring for patients diagnosed with dementia utilizing the REACH model (Resources for Enhancing All Caregivers Health). Interns will perform brief mental status screenings and behavioral health assessments to identify level of functioning, inform treatment planning, and facilitate patient care. Consultation with other program staff about the role of psychological issues in the day-to-day management of patient care is also part of the psychology intern's role. Additional opportunities for working with the Disruptive Behavior Committee, including formal risk assessments and treatment planning to

manage disruptive behaviors, are also available. **Supervisor: James “Chip” Long, PhD, ABPP**

### **Substance Abuse Disorders**

The Substance Use Disorder Clinic (SUDC) comprises two programs within the Leroy Pond domiciliary, a free-standing building a short walk from the Mental Health Building. The Intensive Outpatient Program (IOP) provides treatment five days a week. Veterans participating in this program are usually housed at a VA contracted residential facility. The Substance Abuse Mental Health Residential Rehabilitation Treatment Program (MHR RTP) is a 20-bed, rolling-admission residential program designed for individuals with moderate to severe substance use disorder diagnoses who typically present with co-morbid psychiatric disorders. Standard length of stay is thirty days, but extensions are given to some Veterans who are well engaged in programming and need additional time at this intensive level of treatment. Programming is seven days a week with residents receiving approximately 40 hours of group therapy per week in addition to individual psychotherapy and case management. Interns’ training experiences on this rotation will primarily be in the RRTP and include comprehensive substance use and psychiatric diagnostic evaluations; individual psychotherapy with Veterans (including completing a comprehensive biopsychosocial assessment, generating a collaborative treatment plan, and forming a continuing care plan after discharge); case management; and group therapy. Group therapy opportunities may vary but typically include DBT, CBT-SUD, Motivational Interviewing and Motivational Enhancement Therapy, Anger Management, Relapse Prevention, Process Groups, Seeking Safety, and various other groups that teach recreation, Whole Health, coping skills, and relapse prevention skills. Interns also have the option to participate in consultation to inpatient medical wards and to participate as a treatment team member in interdisciplinary treatment team meetings. Opportunities to collaborate with clinicians in the IOP and to provide continued care to veterans following discharge from the RRTP may be available as well. Interns may also collaborate on program evaluation and accreditation readiness tasks.

**Supervisor: Niki Knight, PhD**

### **Other Supervised Training Experiences**

Any roles that are appropriate to psychologists in professional practice are appropriate training activities during the internship. Specifically, these include assessment, interviewing, psychotherapy, consultation, administration, research, program development, and training. While not all of these experiences may necessarily be gained during the internship, the majority can be gained over the course of the internship through rotation assignments and psychotherapy and assessment casework. Depending on interns’ interests, other training experiences may be arranged and formally added to interns’ training plans in addition to their major and minor clinical rotations.

## **Supervision**

### **Intent and Scope of this Policy**

This supervision policy describes and regulates several aspects of clinical supervision in the VHSO Psychology Internship. Clinical supervision is a primary teaching tool for imparting new

clinical skills to interns, and teaching is thus a major function of supervision in the internship. In this capacity, supervision is intended to facilitate the intern's graded and sequential growth in clinical abilities and identity as a psychologist. Supervision also serves functions of ensuring the quality of direct clinical services provided by interns and thus safeguarding the safety of patients. Supervisors will monitor interns' clinical work through a number of methods which may include case discussions, review of clinical documentation, audio or video recording, live or virtual observation in real time, and/or co-therapy. Clinical supervision of interns is also guided by institutional and profession wide policies and codes. These include but are not necessarily limited to: the APA Ethical Principles of Psychologists and Code of Conduct; the APA Standards of Accreditation for Health Service Psychology; APPIC membership guidelines; VA Handbook 1400.04, Supervision of Associated Health Trainees; VHSO Medical Center Memorandum 11-117, and Executive Orders. This policy is intended to conform to requirements of all the policies and regulations named above. Psychology interns and supervising psychologists are expected to comply with all of these policies in provision of clinical services and in supervision of those services. VA and APA update their policies from time to time, and the internship's supervision policy may be updated to maintain compliance as this happens. Interns should also be familiar with any additional SOPs developed as part of this process of updates.

All of the interns' direct clinical work must be supervised, and the intern should always be clear as to which psychologist is supervising particular aspects of their work. The supervising psychologist will be a member of the VHSO staff, and usually a member of the Internship Training Committee, who is independently licensed to practice psychology in accordance with VHA regulations. A supervising psychologist can only supervise an intern in activities that the supervising psychologist is themselves capable and credentialed to provide at VHSO.

If the assigned supervisor is temporarily unavailable or unable to provide supervision at the appropriate assigned level of responsibility, for instance due to illness, the intern may only provide clinical services if an appropriate temporary supervising psychologist can be identified and agrees to provide supervision. Attempts to identify such temporary supervision should be made (typically by the supervising psychologist) so that interns are not prevented from providing scheduled services.

Additional supervisors who are not psychologists may provide further supervision in addition to the minimum supervision required by licensed psychologists. Examples may include front line real time supervision by social workers on the TRP who often co-lead groups with psychology interns.

This policy for supervision applies specifically to provision of direct clinical services. It is not intended to create a requirement for clinical supervision in activities such as scholarship, research, professional presentations, or general administrative responsibilities.

### **Graduated Levels of Responsibility**

As required by VHA policy, and as described in VA Handbook 1400.04, psychology interns will be assigned Graduated Levels of Responsibility (also called levels of supervision) for specific types of clinical activities in accordance with their current skills and level of professional development. These levels are as follows:

Room—The supervising practitioner is physically present in the same room while the trainee is engaged in direct health care activities. For telehealth services, this means observing the session in real time.

**Area**—The supervising practitioner is in the same clinic or treatment area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with Veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation and treatment. For telehealth services, this means the supervisor is available for the intern to contact immediately and has the ability to join the session.

**Available**—Services are furnished by the trainee under the supervising practitioner’s guidance. The supervising practitioner’s presence is not required during services, but the supervising practitioner must be in the facility, available immediately by phone or Teams, and able to be physically present as needed. For telehealth services, this means the supervisor is available for the intern to contact and has the ability to join the session.

Assigned levels of responsibility for particular activities will be recorded on a Graduated Levels of Responsibility form that will be maintained in the intern’s records. This will be an updateable form, with each supervising psychologist able and responsible to change assigned level of supervision for particular clinical activities that are provided under that psychologist’s supervision. Having completed multiple years of practica prior to internship, interns are generally assumed to be ready to operate at the Area level of supervision. But, all interns will provide at least a portion of their clinical services under direct (i.e., “Room”) supervision. It is expected that interns will be assigned to closer supervision early in a rotation and then assigned progressively more independent levels of responsibility as their skills progress. Assigned levels of responsibility recorded on the form are to be seen as maximum levels of independence. Individual supervisors may, at their discretion, require specific activities to be provided or specific clients to be treated with a closer level of supervision according to the supervisor’s judgment. This may, for instance, happen when interns are working with new clinical skills or unfamiliar clinical presentations, or when a patient’s past behavior raises concerns about unusual challenges.

Rotations and other clinical activities that happen at remote locations (if offered) where in-room or direct supervision is impossible cannot be assigned during the first trimester. These rotations will be assigned only after an intern has been assigned “available” supervision for routine clinical activities such as diagnostic interviewing and therapy.

When interns are providing telehealth services from VHSO and their supervisor is teleworking, there must be qualified supervising psychologist on site at VHSO whom the intern can contact in case of an emergency.

### **Scheduling and Quantity of Supervision**

The primary modality for providing supervision will be face-to-face meetings between the supervising psychologist and the intern(s). Each intern will have a minimum of four hours of face-to-face supervision scheduled each week. Interns will be scheduled for one hour of individual face-to-face supervision with psychologists who are supervisors for each of the intern’s assigned rotations, totaling a minimum of two hours each week. In cases when the intern is seeing clients only on their primary rotation (as may be the case during the first trimester, for instance), the intern would meet for two hours each week with the primary supervisor. Interns will also have two hours of scheduled group supervision during which the entire internship class will meet with a supervising psychologist. The supervisor for group supervision will be a member of the psychology faculty but may or may not be a primary supervisor for any one of the interns individually.

It is understood that supervision may sometimes happen at times other than normally scheduled. It is acceptable for supervision schedules to be flexible in accordance with holidays, emergent clinical situations, or changes to the interns' or supervisors' clinical schedule such as conferences or leave. Additional supervision may and likely will occur outside of the regularly scheduled times. Interns may also be supervised outside of the required supervision scheduled as above in order to provide additional supervision on an as needed basis or to provide supervision in clinical activities that are not part of a current assigned rotation. For instance, an intern may switch from a minor rotation in GMH to a minor rotation in Trauma Recovery at the end of a trimester, but have a few therapy cases in the GMH clinic that carry into the next trimester. In that case, the clinical supervisor from GMH would provide supervision as needed for those specific therapy cases while the supervisor for the Trauma Recovery rotation would take over regularly scheduled weekly supervision for the new trimester.

### **Responsibilities of Supervisors and Supervisees**

While interns are providing services under supervision, the patients who receive services remain the patients of the supervising licensed psychologist for ethical and legal purposes, and the supervisor is responsible for their care. Interns must notify patients of their status as an unlicensed intern functioning under supervision. Interns are also responsible for providing the name of the supervising psychologist to patients and informing them of their right to decline services provided by an intern. Interns are responsible for fully informing the supervising psychologist about all aspects of the clinical work. This is particularly important for situations that raise ethical concerns or involve risk to any party's safety. Supervisors must be informed as soon as possible of clinical crises; situations requiring mandated reporting; or threats to the intern, staff, or other identifiable individuals.

If an intern is having difficulty with any supervisory relationship, it is their responsibility to address this immediately by speaking with the supervisor, speaking with the Training Director, or, if those avenues do not provide satisfactory resolution, following the [Grievance](#) and [Due Process](#) policies in this manual.

Supervision is a professional activity of psychologists. The supervising psychologist's activity and behavior as a supervisor is governed by this policy and also by the APA Code of Ethical Conduct and VA Handbook 1400.04. Under these policies, the supervisor is responsible to maintain appropriate availability to the supervisee and to act in a manner that encourages the professional development of the supervisee. The supervisor also retains professional responsibility to the patient who ultimately receives the clinical services provided by the intern.

### **Intern Evaluation and Minimal Requirements**

The overarching purpose of evaluating interns' performance in the program is to track and support their development as psychologists and ultimate successful completion of the internship program. This evaluation model and policy is designed to be compatible with the Standards of Accreditation, and from time to time may be modified as necessary to maintain such compliance.

Each intern will meet with the training director or the director' designated alternate near the beginning of the training year to discuss their individual aims and training needs. We may also conduct brief evaluations of interns' assessment and therapy skills near the beginning of the year. These conversations and assessments will be used to help shape the intern's individual Internship Training Plan. The Training Plan is a form that serves to both guide and record

individual training activities and that will be updated periodically during the internship year. Near the beginning of each rotation, the supervisor or supervisors for the rotation will complete a Rotation Activities and Goals form with each intern that outlines specific activities, expectations, and aims for the rotation. Interns are provided with the overarching aims for the internship in the brochure. These internship level aims are consistent with the profession wide competencies described in the Standards of Accreditation.

Throughout the training year, interns will receive evaluation and feedback informally as part of individual supervision. This is a continuous process and serves to aid the intern in developing the competencies set forth by the internship program. In addition, each intern's progress and performance is discussed in the regular Internship Training Committee meeting. This provides an opportunity for all supervisors and other internship faculty to share impressions and observations. These discussions help to identify areas of training or competency that may require special attention and allow the faculty to help each other think through ways to improve or tailor training for a particular intern. Individual clinical supervisors will provide interns with at least some feedback from these discussions in individual clinical supervision. This feedback will typically be oral and informal. We have found that this sort of continuous, informal feedback within supervisory relationships is usually our best teaching and corrective tool.

Interns will also receive formal, written feedback about their progress toward the internship's target competencies at or about the end of each four-month trimester, the last of which coincides with the end of the internship year. This feedback will be provided primarily through the Summative Evaluation of Intern Performance form, which is linked to the program's minimum expected levels of achievement for profession-wide competencies. The form itself is available on the internship's SharePoint site to allow interns to see how their progress towards competencies will actually be evaluated. The Internship Training Committee will complete the summative evaluations as a group, ensuring that all of the interns' clinical supervisors as well as faculty who may have worked with them on presentations or other projects will have input. Interns are also invited to provide written input in the form of a self-evaluation prior to the Internship Training Committee's completion of the Summative Evaluation Form. In order to successfully complete the internship, interns must have average ratings of at least "intermediate to advanced" (4 on a 5 point scale) for each competency area on their end of year summative evaluation. Written summative evaluations will be presented to interns by their primary clinical supervisors, allowing each intern the opportunity to discuss the evaluation. Other supervisors may be involved in these feedback meetings as well. Supervisors and interns will sign the evaluation forms to signify that they have discussed the feedback. Interns' doctoral programs will also receive written feedback about the interns' performance at or about the midpoint and end of the training year. At a minimum, doctoral programs will be sent the most recent written evaluation of their doctoral students.

From time to time, problems with particular interns' performance in the internship may be identified in the Internship Training Committee's regular review of interns' progress. If these problems cause concern about the intern's ability to achieve satisfactory performance in the internship, the problems will be addressed in writing as well the usual informal feedback channels. On these occasions, the intern will meet and discuss the written feedback with the relevant supervisor and/or the Training Director, and the meeting will be documented. The intern will be given guidance on how to improve their performance to expected levels. If the problems persist without improvement, a formal remediation plan will be initiated pursuant to the internship's Remediation, Due Process, and Termination Policy that can be found in this Policy Manual and on the internship's SharePoint site. Some problems, such as major breaches of ethics, may lead immediately to a formal remediation process. When any problem arises that

warrants written communication to the intern, the internship program will also communicate with the involved intern's doctoral program regarding the problem.

The forms for the Internship Training Plan, Rotation Activities and Goals, and Summative Evaluation of Intern Performance will be available on the internship SharePoint site. Completed forms will also be stored on the SharePoint site, and as necessary, in signed physical format in accordance with the Maintenance of Records Policy. This will be done in such a way as to insure both appropriate accessibility of records and protection of interns' privacy.

## **Intern Feedback**

Feedback from interns is one of our most valuable tools for continuous improvement of the internship program. Interns are encouraged to provide feedback about the internship on a continuous informal basis and also through several formal channels. The Training Director is routinely available for personal meetings to facilitate this process. Interns are encouraged to provide feedback to supervisors at the end of each rotation assignment. Interns are also invited to submit self-evaluations at each point in the year when summative evaluations are conducted by the faculty. Interns are also asked to complete evaluation forms for didactic sessions. Once each trimester, usually near the middle of the term, we invite the interns to an Internship Training Committee. Finally, we conduct a year end survey that includes sections in which interns are asked about training climate, to rate each of their supervisors and rotations, and have an opportunity to provide open ended feedback about any aspect of the internship. To ensure that interns feel able to express themselves openly, these survey responses are reviewed by the Training Director and faculty only after certificates of internship and letters of completion have been distributed. Graduates of the program are also sent regular follow up surveys so that we can track their professional development and also to elicit their opinions about the internship with the benefit of hindsight.

## **Communication with Doctoral Programs**

The VHSO Psychology Internship will maintain communication with our interns' home doctoral programs as required by APPIC rules and by the American Psychological Association (APA) Standards of Accreditation, and also as required by our own policies and as may be beneficial to the training and development of our interns. At a minimum, we will contact interns' doctoral programs following the Match to confirm that interns have matched with our internship. Initial emails regarding the Match will be accompanied by formal letters. Doctoral programs will also be contacted at or near the middle of the training year and again at or near the end of the training year to communicate to them results of the interns' most recent summative evaluations and current standing in the internship program. Doctoral programs will be specifically informed when their student has satisfactorily completed the internship. An intern's doctoral program will also be contacted if the intern is the subject of disciplinary or remedial action, as outlined in our evaluation and due process policies. As a courtesy to doctoral programs, and to support our interns, we generally complete paperwork needed by doctoral programs, state boards' forms (e.g., for confirmation of supervised experience), and other reporting paperwork whether it is sent to us by the doctoral program or provided by the intern. However, we generally do not complete doctoral programs' detailed evaluation forms, instead supplying evaluations on our own forms that have been designed to comply with the SoA. We can only adequately rate interns on their performance relative to our own training experiences and target competencies, and feel that our ratings on forms designed for other training experiences would be largely hypothetical. When initiating formal communication with doctoral programs, we assume that the

Director of Clinical Training is the appropriate point of first contact, but will address communication to other staff where appropriate or as requested. The usual and preferred medium of communication is email, especially for routine communications as above. We will send paper documents by physical mail when requested.

## **Due Process, Remediation, and Termination**

### **Intent and Scope of This Policy**

There may be times when interns show problem behaviors that interfere with their functioning as interns or raise concerns about their future ability to function as professional psychologists. This policy will apply specifically to remediation of behavior that occurs in the intern's role as a psychology intern or behavior that reflects directly upon the intern's competence and ethics as a psychologist in training. This policy is set forth to establish fair and transparent means for the internship program to respond to and manage such problem behaviors. The intended outcomes of this policy include creation of a process to remediate problem behaviors whenever possible and thereby allow the intern to successfully complete the internship. This process is also intended to protect the rights of the intern and provide opportunities for the intern to receive support and assistance in their remediation process. At the same time, the faculty recognizes that we have a role in safeguarding the safety of current and future consumers of psychological services by ensuring that only interns who achieve satisfactory levels of competence and ethical behavior complete the internship. Thus, termination from the internship program is a possible outcome of the remediation process.

### **Initiation of a Remediation Process**

Problems in interns' performance in the internship will usually be identified in the Internship Training Committee's regular review of interns' progress. Most problems are suitable to be addressed informally through the supervision process. Problems that are resolved informally do not require separate documentation, though they may be mentioned in written comments on the Summative Evaluation. If problems are identified that cause concern about the intern's ability to successfully complete the internship, to function adequately as a professional psychologist, or that fail to be resolved informally through the supervision process, then the Internship Training Committee may initiate a formal remediation process. A formal remediation process may also be initiated if, at completion of a Summative Evaluation Form, any competency area has an average rating below 2. In some cases, such as major breaches of ethics or behavior that is grossly disruptive or puts clients at risk, a supervisor may alert the Training Director of the problem behavior, and the supervisor and Training Director may take steps such as meeting with the intern or suspending some clinical activities without waiting for the next meeting of the Internship Training Committee. Similarly, some severe or disruptive problem behaviors may lead to rapid initiation of a formal remediation process before a regularly scheduled Internship Training Committee meeting. In any case, initiation of a formal remediation process is accomplished by a majority vote of the Internship Training Committee, or, if the remediation process is initiated on an emergent basis, must be affirmed by a majority vote of the Internship Training Committee no later than the Internship Training Committee's next regularly scheduled meeting.

For purposes of this policy, a problem is defined broadly as an interference in professional functioning that is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an

acceptable level of competency; or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions that interfere with professional functioning. Within these problem areas, the following characteristics may be considered in determining whether a problem requires initiation of a formal remediation process.

- 1) the intern does not acknowledge, understand, or address the problem when it is identified;
- 2) the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
- 3) the quality of services delivered by the intern is sufficiently 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, and/or time;
- 7) the problematic behavior has potential for ethical or legal ramifications if not addressed;
- 8) the intern's behavior negatively impacts the public view of the agency;
- 9) the problematic behavior negatively impacts the intern cohort;
- 10) the problematic behavior potentially causes harm to a patient;
- 11) the problematic behavior violates appropriate interpersonal communication with agency staff.

## Steps in the Formal Remediation Process

The formal remediation process begins with assignment of a Remediation Committee, comprising members of the Internship Training Committee, and typically including the intern's clinical supervisors and the Training Director. The process also includes development of a written remediation plan. This plan includes written specification of the problem behaviors requiring remediation and remedial actions designed to address and remedy the problem behaviors. Typically, these remedial actions will include extra readings, didactic activities, and/or additions to supervision. Any changes or limitations in clinical activities in response to the identified problem(s) will also be noted in the remediation plan. The remediation plan will also specify review periods. Typically, these reviews will be conducted monthly and occur in a meeting between the Remediation Committee and the intern. Once a formal remediation plan is initiated, the intern will be notified within five working days. The notification to the intern will also include information about the intern's right to appeal the decision. The process for an intern to appeal is described below in a separate subsection. The intern may also make a written response to the Internship Training Committee's decision without actually appealing the decision. Such written responses will be considered in designing the remediation plan and will be included in the intern's training record along with other documents pertaining to the remediation. In accordance with the policy on Communication with Doctoral Programs, the intern's doctoral program will be contacted within five working days of the initiation of a formal remediation plan. The doctoral program's Director of Clinical Training will be invited to participate in the meetings of the Remediation Committee with the intern, or to designate another faculty or staff member from the doctoral training program to participate. A meeting of the intern with the Remediation Committee will be scheduled within ten working days of the initiation of the formal remediation process. The remediation plan should be drafted prior to that meeting, though it may be modified based on discussion in the meeting and input from the intern or representative of the doctoral program. The remediation plan will be maintained in the intern's training record in accordance with the Maintenance of Records policy and will also be provided to the intern and to the Director of Clinical Training (DCT) for the intern's doctoral program or the DCT's designee.

Formal review of the intern's progress on remediation will be conducted in the meetings of the Remediation Committee with the intern. These meetings will include review of both specified remedial activities and progress on problems. The intern and the intern's doctoral program will receive written summaries of these meetings. When the Remediation Committee judges that the intern's performance in a problem area has improved to a satisfactory level, the remediation plan may be modified to indicate that problem is resolved. Remedial actions connected to resolved problems may then be terminated. When performance in all specified problem areas has improved to a satisfactory level, the Remediation Committee will recommend to the Internship Training Committee that remediation be considered successfully completed. The remediation plan may also be considered to be successfully completed if, at a regular review period, the intern is rated as performing satisfactorily in all competencies rated on the Summative Evaluation. A formal decision that the intern has successfully completed remediation is made by majority vote of the Internship Training Committee.

If the Remediation Committee judges that the intern's performance in a problem area has not improved to a satisfactory level or has worsened, then remediation of that problem area will be extended to the next review period. The Remediation Committee may also modify the remedial actions in the plan or assign additional remedial actions if it is felt that the existing remedial actions are proving inadequate to address the problem. If the problem continues to the next review period without improvement, the Remediation Committee may place the intern on

probation. Probation will constitute a period of heightened supervision and oversight, including regular monitoring of the intern's progress by the Training Director (or, in some cases, by another designated member of the remediation committee). The intern and the intern's doctoral program will both receive written notification of the switch to probationary status within five working days of the decision. If the intern has made progress on performance in problem areas at the next review period, probation may be terminated. Termination of the probation will be noted in writing in the remediation plan. At that time, the Remediation Committee may resume work on the remedial plan as before the probationary period or recommend to the Internship Training Committee that remediation be considered successfully completed.

If, after a period of probation, the intern's performance in problem areas fails to improve or worsens, the Remediation Committee may recommend to the Internship Training Committee that the intern be dismissed from the internship. A decision on dismissal must include consultation with the VHSO Director of Education and with VA Office of Academic Affairs, and these consultations will be documented in addenda to the remediation plan. The intern's doctoral program should also be consulted when dismissal is considered. Dismissal from the internship requires a majority vote of the Internship Training Committee. In the case of a tie vote, the Deputy Associate Chief of Staff for Mental Health will have the deciding vote. If an intern is dismissed from the internship program, the Training Director will formally notify APPIC and the intern's doctoral program of the action.

### **Intern's Right of Appeal**

At any step in the formal remediation process, the intern has the right to appeal the decisions of the Internship Training Committee or the Remediation Committee (e.g., initiation of remediation, extension of remediation period, or placement on probation). An appeal must be initiated by written notification to the Training Director within five working days of the intern receiving notification of the action being appealed. The intern shall then have the opportunity to present their case to a meeting of a majority of the Internship Training Committee. The intern may have another member of the VHSO staff (including people outside the Internship Training Committee) or a representative from their doctoral program participate in this meeting to provide advocacy and support. The meeting will take place within two weeks of the intern initiating their appeal, provided it is possible to assemble a majority of the Internship Training Committee within that time, and in no case later than the next regularly scheduled meeting of the Internship Training Committee. The members of the Internship Training Committee hearing the appeal may review any relevant written materials and interview parties involved or other parties with relevant information. If this information gathering conflicts with privacy laws or ethical standards of psychologists, law and ethical standards shall prevail over the other requirements of this policy. The decision of the members of the Internship Training Committee hearing the appeal may not be immediate, as they may require time to gather further information, but must be delivered within ten working days of the meeting. The members of the Internship Training Committee hearing the appeal may, by majority vote, dismiss the appeal or they may uphold the appeal and amend the action being appealed. If the intern's appeal is dismissed, and in order to insure interns' recourse to someone other than the people who made the decision being appealed, the intern has the right to request that their appeal be heard by the Deputy Associate Chief of Staff for Mental Health. The Deputy Associate Chief of Staff for Mental Health will then have discretion to review the appeal and to dismiss the appeal, uphold the appeal, and/or refer the matter back to the deciding body (Internship Training Committee or Remediation Committee) to negotiate an acceptable solution.

# **Intern Grievance Policy**

## **Intent and Scope of this Policy**

The Psychology Internship strives to be responsive to our interns and their concerns. As part of that effort, this grievance process is implemented to insure an effective and consistently applied method for an intern to present grievances about a supervisor or other faculty member, trainee, staff member or the internship training program and to have those grievances internally resolved at the lowest possible level. Interns who pursue grievances in good faith will not experience any adverse professional consequences. This process allows appeal up the chain of management (e.g., Supervisor, Training Director, Deputy Associate Chief of Staff for Mental Health) if needed to ensure due process and to help interns feel comfortable that concerns can be fully addressed without fear of reprisal. The Training Director is responsible to the Deputy Associate and Associate Chiefs of Staff for Mental Health for carrying out the provisions of this policy.

## **Process**

All training staff and interns are responsible for attempting to resolve grievances at the lowest possible level to the satisfaction of all parties involved. Interns should attempt to resolve minor grievances directly with the individual(s) involved, utilizing existing program structures (e.g., the supervision process). In the event that interns do not feel comfortable addressing issues within the supervisory process, they may appeal directly to the Training Director for assistance in resolution. Minor grievances processed in this manner are considered informal. An intern may choose to file a formal grievance at any point. The grievance must be presented in writing to the Training Director. The submission of the formal grievance should include (as applicable):

1. The situation being grieved, including people involved and the date of the incident
2. Suggestions on ways to resolve the problem
3. Information regarding any previous meetings or attempts to resolve the grievance

If the grievance is against the Training Director, the intern may file the grievance with the Deputy Associate Chief of Staff for Mental Health. Any member of the training faculty or the Program Specialist for Mental Health can assist the intern in filing this grievance with the Deputy Associate Chief of Staff for Mental Health. The individual(s) who is the subject of the grievance will be asked to respond in writing to the grievance.

Formal grievances will be presented to the Internship Training Committee (ITC) for resolution in a meeting. Interns may present their grievance directly to the ITC. The intern may invite a staff member to provide advocacy and emotional support. The ITC will meet to hear the formal grievance as soon as practical after the grievance is filed, but in no case later than the next regularly scheduled meeting of the ITC. If the grievance is against the Training Director or another member of the ITC, that individual shall not be involved in the deliberation and may only attend to provide testimony, as indicated. Resolution may involve the Director of Clinical Training from the intern's doctoral program. A written record of the grievance and its resolution will be maintained in accordance with the Maintenance of Records policy as part of the required recording and reporting of grievances for the accreditation process.

If adequate resolution cannot be achieved through this process, or if interns wish to handle the grievance outside of the existing training program structure, they may appeal directly to the Deputy Associate Chief of Staff for Mental Health. The Deputy Associate Chief of Staff for Mental Health will review the grievance as soon as possible but, in all cases within fifteen

working days from the presentation of the formal grievance. The Program Specialist or any member of the training faculty can assist the intern in communicating with the Deputy Associate Chief of Staff for Mental Health. The Deputy Associate Chief of Staff for Mental Health may meet with the intern and the subject of the grievance, review records and written documents, and seek other information as he or she sees fit in seeking a resolution to the grievance. The Deputy Associate Chief of Staff for Mental Health may also refer the grievance to the VHSO Alternative Dispute Resolution manager to be handled through the VHSO Dispute Resolution Process. As employees of the VHSO, interns also have the right to contact the EEO Officer or the Alternative Dispute Resolution manager themselves to access the facility's Dispute Resolution Process.

## **Policy on Psychology Intern Self-Disclosure**

Consistent with the [APA Ethical Principles of Psychologists and Code of Conduct](#), psychology interns in the Veterans Health Care System of the Ozarks are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The only exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases where self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience. For example, trainees might be invited to complete a genogram exercise as part of a Cultural Diversity seminar.

## **Statement of Nondiscrimination**

The Psychology Internship program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, sex, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If you feel that any form of discrimination is occurring, you are encouraged to discuss this with the Training Director and/or follow the grievance process outlined below. In addition or alternatively, you may elect to utilize the VHSO EEO process (see VA policy below). You may request confidential assistance in accessing the EEO program from the Training Director, any member of the Training Committee, or the Program Specialist.

## **Maintenance of Records**

### **Management of Active Paper Records**

Paper-based, active internship records are managed in office locations where they are used. Over time the electronic formats of records will become more prevalent. However, a portion of records will continue to exist in paper format. This procedure will provide records custodians (clinical supervisors) with the procedures for the management of active paper records. Paper-based documents include all items relating to the interns' work, assignments, progress,

evaluations, training records, certificates of internship, and any other documents required to be held on file. This policy applies to all professional staff who participate in the Psychology Internship Training Program or who are appointed to perform specific duties by the Psychology Internship Training Director.

## **Responsibilities**

1. Records custodians (clinical supervisors) have the responsibility to:
  - a) maintain the documents in a secure and locked within-the-office location where they are used.
  - b) ensure that forms are correctly identified and dated.
  - c) appropriately close out forms or portions of continuation documents (e.g., Summative evaluation of Intern Performance) when the period of oversight ends.
  - d) transfers documents to the next records custodian (clinical supervisor) or training director as appropriate.
  
2. The Training Director or the TD's designee will have the responsibility to:
  - a) ensure all records custodians (clinical supervisors) understand and comply with their responsibilities under this standard operating procedure.
  - b) assume ownership of intern records once the internship year is completed
  - c) insure records are appropriately marked and enclosed in a folder indicating the name of the intern and internship year.
  - d) manage the retrieval system (e.g., sign-in and sign-out sheet) for stored records.
  - e) conduct an annual purge of active or historical records to destroy those no longer needed or required in accordance with governing policies.

The basic options of file arrangement are alphabetic, numeric, alphanumeric, and chronological. When arranging files within a storage container (file cabinet or file box) the major file arrangement is chronological by internship year and then alphabetical by intern name (Last, First).

## **Management of Electronic Documents**

Electronic records are increasing as a percentage of this agency's total records volume. Since they exist in a digital format and a computer with agency access is needed to identify, retrieve and read/write to them, managing electronic documents and electronic mail messages (referred to in this procedure as "electronic mail" or "email") calls for requirements different from those that manage paper-based records. Electronic documents received and created in the conduct of assigned duties are considered official records and, as such, may be accessed in response to continued servicing by other members of the training committee, the Psychology Internship Training Director, Agency Administration and oversight personnel. Electronic documents include all items relating to the interns' work, assignments, progress, evaluations, training records and any other documents required to be held on file. This policy applies to all professional staff who participate in the Psychology Internship Training Program or who are appointed to perform specific duties by the Psychology Internship Training Director. Clinical notes entered into CPRS and psychological testing data files are specifically excluded from this policy, as they are controlled by agency and institutional policies. Records managed and maintained by VHSD Human Resources are also excluded from this policy for the same reason.

## **Responsibilities**

1. Records custodians (clinical supervisors) have the responsibility to:
  - a) ensure evaluative electronic documents remain password protected.
  - b) ensure that forms are correctly identified and dated.
  - c) appropriately close out forms or portions of continuation documents (e.g., Summative Evaluation of Intern Performance) when the period of oversight ends.
  - d) ensure documents are closed on the SharePoint drive after work is completed.
  
2. The Training Director (TD) or the TD's designee will have the responsibility to:
  - a) ensure all records custodians (clinical supervisors) understand and comply with their responsibilities under this standard operating procedure.
  - b) assume ownership of intern records once the internship year is completed
  - c) ensure records are appropriately marked and enclosed in a folder indicating the name of the intern and internship year.
  - d) conduct an annual purge of active or historical records to destroy those no longer needed or required in accordance with governing policies.

The basic options of file arrangement are alphabetic, numeric, alphanumeric, and chronological. When arranging files within a file management system, the major file arrangement is chronological by internship year and then alphabetical by intern name (Last, First).

## Licensing

The program's aims include preparing graduates for successful practice, and licensure as a Psychologist is a requirement for independent practice. As such, interns are encouraged to begin preparation for the licensure process during internship. The timing and entrance qualifications for the Examination for Practice in Professional Psychology (EPPP) exam varies by state, so it is advisable for interns to review requirements and deadlines that apply to their individual situation and professional plans. A good source of information for licensing rules is <https://www.asppb.net/>. The Training Director will complete any needed paperwork for other jurisdictions. At the end of the training year, the Training Director will complete a letter of completion and prepare a certificate of internship for each intern successfully completing the internship. Additional forms or letters verifying experience or completion of internship may be completed on behalf of interns at their request, including after they have completed internship and moved on to other positions.

## Training and Administrative Resources

### Network, Computer & Software Access

Interns are issued computers that connect to the VA information networks for clinical and educational activities. They are responsible for maintaining control of these computers until they are returned to IT. All clinical documentation in the VA is completed in our proprietary software, the Computerized Patient Record System (CPRS). Interns will receive instruction in this system both through MTT and at their live orientation.

Most emails are sent via Microsoft (MS) Outlook, and all interns will have Outlook accounts which they will be expected to use regularly. With proper encryption, the Outlook mail system may be used to handle confidential patient information only in the body of emails. Patient identifying information should not be put in an email subject line. Assistance with encrypting messages will be provided during Orientation and is also available throughout the year from

Charlana Eiler or Mercedes Moseley, our Automated Data Processing Application Coordinators (ADPAC) for Mental Health. All VHSO computers have the Microsoft Office programs. Leave requests and time keeping are managed through a web-based system called WebTA or Veterans Affairs Time and Attendance System (VATAS). Like all VA employees, psychology interns are responsible for learning this system and using it to keep their time cards up to date. The exception is requests for administrative leave related to training and academic activities or fellowship interviews. These are handled by email to the Training Director who forwards the request up through administrative channels.

Most computers except the computer in the Testing Lab (Rm. 232) have internet access and any use in support of clinical or academic activities is acceptable. The general rule is that limited personal use is acceptable as long as it does not represent an excessive use of government resources or interfere with operation of the system to support the agency's work. Streaming non work related media, for instance, is generally considered to be an excessive use of government resources. Computer and internet usage may be monitored, and some websites are blocked. You may use your own laptop computer or other device while at VHSO, but it must not be connected to the VA network nor to any other computer or workstation that is connected to the VA network. Interns must also comply with rules of behavior (covered in MTT) and with the Hatch Act as they apply to use of VA information resources.

Most materials pertaining specifically to the internship are available on the Psychology Internship SharePoint site, which is a section of the Mental Health SharePoint. Interns will be given access to the SharePoint site after onboarding and are encouraged to become familiar with its organization and contents. This is where interns' training records, evaluation forms, the internship policy manual, and numerous other materials are most easily found. The training program also has a shared folder on the network that contains patient handouts, professional articles, and other resources. Access to the shared folder will be provided at the beginning of internship. Interns are encouraged to review the shared folder and seek out documents that may be of use. Interns are welcome to download material from this shared folder for future use. Interns can also request access to the [VA National Desktop Library](#), an online medical library that provides full-text access to many clinical textbooks, journals, and databases, including the APA Style Manual. The use of statistical software, including Statistical Package for the Social Sciences (SPSS) and Statistical Analysis System (SAS), is available through the VA Informatics & Computing Infrastructure (VINCI). Requests for access to VINCI are sent to the Training Director for processing.

The VA takes information security very seriously. It is important to follow prescribed guidelines in handling patient information. If interns need to transport audio or video recordings of sessions for supervision meetings, this is considered acceptable as long as certain guidelines are followed (e.g., no written patient identification information on the recorder, transportation limited to that which is necessary). Veterans must provide written consent for recording **prior** to any recording being made. The [Consent for Use of Picture and/or Voice](#) form is located in the shared training materials folder on the SharePoint site, which will be accessible at the start of internship. It is important to note that use of audio and video recordings for supervision and certification within VA is a rapidly evolving area. For any given purpose, interns should consult with their clinical supervisors and use whatever applicable technology is currently approved by VA.

## **Talent Management System (TMS)**

The VA's Talent Management System (TMS), a VA Employee Education Services product that can be accessed from the VHSO intranet homepage, is designed to provide continuing education for VA employees. Once you start, a TMS account will be created for you so that you can complete the Mandatory Training for Trainees (MTT). It is important to note that once the internship begins, interns are not to be assigned the usual trainings in TMS that are required of other employees. This is a policy directive from the VA Office of Academic Affiliations (OAA), the funding agency for VA Psychology Internships. If at any time during the internship you are assigned trainings in TMS, notify the Training Director. If you find trainings in TMS that you believe will advance your professional development, you may self-enroll for those specific trainings. Some trainings may not be available for self-enrollment (e.g., training for the CAPS-5 for assessing PTSD); contact your supervisor for assistance in these cases.

## VA Employment Policies

### Pay & Benefits

The current expected intern salary for the 2025 - 2026 training year is \$33,469, which is set by VA Office of Academic Affiliations. The VA requires that payment be made by electronic deposit, so you will be asked for bank account information during Human Resources (HR) in-processing on the first day. You will receive payment every other Friday, starting about 3 weeks after beginning internship. VA interns are eligible for health and life insurance, just as are regular employees. As temporary employees, interns may not participate in VA retirement programs. The Office of Personnel Management (OPM) has oversight for VA benefits and you may review those benefits at <http://www.opm.gov/healthcare-insurance/healthcare/>. HR will provide you with more detailed information about VA benefit programs during on boarding.

### Leave

Interns are entitled to approximately 13 days of annual leave (vacation) and 13 days of sick leave per year. This is accrued at a rate of 4 hours of both types of leave for each two week pay period. In years when the training year begins in the middle of a pay period, interns may not begin accruing leave until the beginning of their second week. Interns can only use annual leave that has actually been accrued at the time the leave is taken, though it can be requested in advance. VHSO and VA policies regarding lead time on clinic blocks and cancellations still apply. The VHSO Mental Health Service does require forty-five days advance notice for non-emergent leave requests (e.g., use of annual leave). Leave requests submitted less than forty-five days in advance may not be granted. Leave requests are only considered to have been submitted when they are entered into the Veterans Affairs Time and Attendance System, for which you will receive training during Orientation.

At the end of the internship, you may be paid for unused annual leave, though OAA encourages health profession trainees to use their annual leave during their training year. Annual leave must not exceed 13 days in order to fulfill the program's training requirements.

Sick leave may be used for any illness or medical appointment. Some of it may also be used for care of a family member. It cannot be used for vacations or personal time. If you have a specific situation that might affect your sick leave usage, you may want to discuss this with the Training Director at the beginning of the year. Because of unusual employee status of Health Profession Trainees, interns are not eligible for FMLA. However, you can take Leave Without Pay as necessary for medical conditions. These issues are complicated for psychology interns because

of the time limited nature of your appointment; sanctioning and accrediting bodies' requirements about duration of the internship; and VA budgetary procedures that require special work arounds to extend interns with pay. Essentially, if an intern uses LWOP, their internship training year will have to be extended by an equivalent number of days to ensure that full year of training is completed. If the need for such leave arises, arrangements will have to be made on a case by case basis in coordination with the OAA.

We are generally able to allow up to five days of paid administrative leave (Administrative Leave, LN). This time can be used for post doc or job interviews, for returning to your academic institution for meetings related to your dissertation or research, or educational activities of interest that are not a part of the internship program. Please note that all such professional leave must be approved in advance by the Training Director, Associate Chief of Staff (ACOS) for Mental Health, and the Medical Center Director or their designees. This is done by email rather than through VATAS. There may be some off-site presentations that you will be encouraged to attend as part of the internship. These activities are not counted against your five days of professional leave.

Generally, leave requests will be approved as long as the intern has the leave available and adequate arrangements have been made for clinical coverage. There may be exceptions around times when many staff want to take leave simultaneously, as the Mental Health Service does need to maintain adequate coverage even during holidays, though we try to minimize the impact of this on trainees. Discuss all leave requests in advance with the Training Director and your clinical supervisors.

## **Federal Holidays**

There are 11 paid federal holidays.

- Labor Day - First Monday in September
- Columbus Day - Second Monday in October
- Veterans Day - November 11
- Thanksgiving - Fourth Thursday in November
- Christmas Day - December 25
- New Year's Day - January 1
- Martin Luther King Day - Third Monday in January
- Presidents' Day - Third Monday in February
- Memorial Day - Last Monday in May
- Juneteenth National Independence Day – June 19
- Independence Day - July 4

## **VA EEO Policy, Diversity, and No FEAR Policy Statement**

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

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

## **EEO and Prohibited Discrimination**

VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex, sexual orientation, pregnancy, age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

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

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

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

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

Workplace conflict is often the result of miscommunication and creative tension in the organization. If properly managed, it can yield positive improvements to business processes and the organizational climate. It is important to our mission on behalf of Veterans that we maintain an organizational culture in VA that does not suppress creative conflict or suppress constructive debate and dissent. To maintain a respectful, productive, and effective work environment, it is VA's policy to address and resolve workplace disputes and EEO complaints at the earliest possible stage. VA offers Alternative Dispute Resolution (ADR) services such as mediation, facilitation, and conflict management coaching to assist parties in constructively resolving disputes. ADR involves a neutral third party working with the employee, supervisor, or group to engage in constructive communication, identify issues and concerns, and develop collaborative solutions. Employees and supervisors are encouraged to consult their ADR program manager or VA's Workplace ADR program for guidance and assistance in resolving workplace disputes of any kind.

## **Prohibited Personnel Practices**

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

<https://osc.gov/Services/Pages/PPP.aspx> .

## **Reasonable Accommodations**

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

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

In accordance with Title VII of the Civil Rights Act of 1964, VA also provides religious accommodations to employees unless doing so imposes an undue hardship on the organization. Accommodations may include adjustments to work schedules to accommodate religious observances, allowances regarding religious attire, allowances to be excused from compulsory activities that conflict with the employees sincerely held religious beliefs or practices, and other modifications. Individuals who believe they need a religious accommodation should request the accommodation from their immediate supervisors. Religious expression and exercise are permitted in the VA workplace provided that such expression does not suggest government endorsement or preference for one faith over another, interfere with efficient working of government VA operations, or intrude upon the legitimate rights of other employees.

## **Workplace Harassment**

Workplace harassment is a form of unlawful employment discrimination and will not be tolerated. Workplace harassment is defined as any unwelcome, hostile, or offensive conduct taken on the bases listed above, which interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Harassment by or against VA employees, applicants, contract employees, clients, customers, and anyone doing business with VA is prohibited. Title VII prohibits offensive conduct, such as ethnic slurs, that creates a hostile work

environment based on national origin. Employers are required to take appropriate steps to prevent and correct unlawful harassment. Likewise, employees are responsible for reporting harassment at an early stage to prevent its escalation.

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

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

Supervisors and employees bear responsibility in maintaining a work environment free from discrimination and harassment. Employees must not engage in harassing conduct, and all employees should immediately report such conduct to their supervisor, another management official, collective bargaining unit, Employee Relations (ER), Labor Relations (LR) Specialists, or ORM, as appropriate. If an employee brings an issue of harassment to a supervisor's attention, the supervisor must promptly investigate the matter and take appropriate and effective corrective action. Allegations of discrimination and harassment will be taken seriously and appropriate corrective action – up to and including termination – will be taken, if allegations are substantiated. Supervisors are strongly encouraged to seek guidance from their local EEO manager, ORM, ER and LR staff, or the Office of General Counsel when addressing issues of discrimination or harassment.

### **Workplace Violence and Bullying**

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

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

## **Language Usage**

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

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

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

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

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

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

## **Uniformed Services Employment and Re-employment Rights Act of 1994**

An employee has the right to be reemployed in his or her civilian job, if he or she leaves a civilian job to perform service in the Armed Forces, Reserves, National Guard, or other "uniformed services" as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), 38 U.S.C. §§ 4301 – 4335). USERRA ensures that persons who serve or have served in the uniformed services: (1) are not disadvantaged in their civilian careers because of their service; (2) are promptly reemployed in their civilian jobs upon their return from duty; and (3) are not discriminated against in employment based on past, present, or future military service. Individuals interested in more information should visit: <https://osc.gov/Services/Pages/USERRA.aspx> .

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

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

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

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

## Program Contact Information

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

Hilary Casner, Ph.D.  
Training Director 479-443-4301 Ext. 65702  
[Hilary.Casner@va.gov](mailto:Hilary.Casner@va.gov)

Designated contact if the Training Director cannot be reached:  
James M. Fuendeling, Ph.D.  
Emeritus Training Director 479-443-4301 Ext. 67515  
[James.Fuendeling@va.gov](mailto:James.Fuendeling@va.gov)

As always, questions about our accreditation status should be directed to the APA Commission on Accreditation.

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

**Appendix A - Program Assistance**  
 (All phone extensions are from VHSO's main number: 479-443-4301)

Assistance with the following	Contact
1. Patient Scheduling	Mental Health Clerks/Reception: Ext: 65048  Individual clerks/clinics have their own extensions as well.
2. Computer access	Charlana Eiler, PSA for Mental Health and ADPAC, Rm 236, Ext: 63019  Mercedes Moseley, PSA and ADPAC Rm 212, Ext: 65748
3. Troubleshooting pc issues (printers, PKI)	
4. Computer: system/password issues	
5. Phone: voice mail/password issues	
6. Other Computer Issues	
7. CPRS Issues	CPRS Help Desk  Complete a LEAF request Ext: 65151 or Email group: VHAFVCPRSHELP@va.gov
8. Room scheduling	Wendy Hernandez, Administrative Officer for Mental Health Rm 237, Ext: 67530
9. Logistical assistance at MHC	Wendy Hernandez, Mental Health Clinic (MHC) Administrative Officer Ext: 65788 MHC Rm. 237
10. Keys (both metal and card access)	
11. Administrative Issues and Liaison with HR	Wendy Hernandez (above) Ext: 65788 or Brian Moore, Licensed Clinical Social Worker (LCSW), Deputy ACOS, Ext: 67517
12. Timekeeping and other admin issues for the internship	Rachel Moon, LPN – primary contact Tabatha Wallace – timekeeper when Rachel is out Contact via Teams
13. Human Resources	Jennifer Isbell-Gross, Lead HR Specialist Ext: 65187, Bldg 4  Jami Coll, HR Specialist Ext: 65423, Bldg 4

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