

Coatesville Veterans Affairs Medical Center

PRE-DOCTORAL INTERNSHIP PROGRAM IN HEALTH SERVICES PSYCHOLOGY



2019-2020

***Department of Veterans Affairs Medical Center
1400 Blackhorse Hill Road, Psychology Services, 116B
Coatesville, PA 19320-2096
VISN 4***

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**INTERNSHIP TRAINING IN HEALTH SERVICE PSYCHOLOGY
COATESVILLE VA MEDICAL CENTER**



This brochure was prepared to provide you with information about internship training at the Coatesville VA Medical Center. We are proud of the quality and the breadth of our training program and constantly strive for improvement. Thus, while this brochure is the most current description of our program, changes may have occurred since its publication. We encourage you to contact us if you have specific questions about any aspect of our training program.

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COATESVILLE VETERANS AFFAIRS MEDICAL CENTER

General Information

Local Area Information

The Coatesville Veterans Affairs Medical Center (CVAMC) is located one mile south of the U.S. Route 30 Bypass, in the town of Coatesville in Chester County, PA. Coatesville is approximately 20 minutes west of West Chester, the county seat of Chester County and home to West Chester University. West Chester uniquely combines small-town charm with metropolitan flair. Downtown West Chester has been listed on the National Register of Historic Places and recognized as a Distinctive Destination by the National Trust for Historic Preservation. The main streets of West Chester have more than 120 shops, boutiques, and eateries which fill the storefronts of Gay, Market, and High Streets. Many previous interns have chosen West Chester for their home during internship year because of its proximity to the Coatesville VA Medical Center, the multitude of short-term housing options, and the desirability of the location. For more information on West Chester, please visit <http://www.downtownwestchester.com/visitorsguide.php>.

West Chester is encompassed by the Brandywine Valley (via routes 100, 52 and 162, in Chester and Delaware Counties), a scenic destination which attracts millions of visitors each year for the picturesque surroundings, wineries, antique shops, farmers markets, and the famous Longwood Gardens (premier horticultural display garden). For more information on the Brandywine Valley, please visit <http://www.brandywinevalley.com/>.

Approximately 40 miles east of Coatesville is Philadelphia, the 5th largest city in the United States. Philadelphia, referred to as "the city of brotherly love" is the birthplace of American democracy and the nation's first capital. The city is home to historical landmarks such as the Liberty Bell (the symbol of freedom), the Benjamin Franklin Museum, and Independence Hall (home to both the creation and signing of the Declaration of Independence and the Constitution). Philadelphia, and the surrounding suburbs, offers countless museums, arts and cultural activities, shopping, and restaurants (whether you are in the mood for fine dining by famous chefs such as Jose Garces or would prefer a famous Philly cheesesteak). Popular tourist attractions include Reading Terminal Market, the Rocky statue and steps, and LOVE park. Navigation to and from Philadelphia from the suburbs is easily accomplished via train (SEPTA regional rail). Both New York City and Washington DC are within driving distance from Philadelphia and easily accessible via Amtrak. For beach lovers, most New Jersey shore points are within a two hour drive. For more information on Philadelphia, please visit <http://www.visitphilly.com/>.

For a contrast to the big city, one can travel to Lancaster (part of Pennsylvania Dutch Country) which is 30 miles west of Coatesville. The Pennsylvania Amish of Lancaster County are

America's oldest Amish settlement, where thousands still live a traditional Amish lifestyle (while driving in Lancaster you will surely pass a horse and buggy). Visit markets and farm stores for a homemade shoofly pie or hand-made Amish crafts or enjoy the famous hiking and biking trails. More information on Lancaster can be found at <http://www.discoverlancaster.com/index.asp>.

The Psychology Service

Coatesville VAMC opened in November 1930 and is one of the network of 152 hospitals operated by the Department of Veterans Affairs to provide health care to the veteran population, on both an inpatient and outpatient basis. The Psychology Service currently consists of approximately 70 full-time employees, including 30 psychologists, as well as social workers, readjustment counseling therapists, and psychology technicians. Psychology Services integrates clinical and counseling functions to permit psychologists to work with patients through all phases of therapy and counseling. Many psychologists work as members of mental health interdisciplinary teams, as well as additional leadership responsibilities. In addition, the Psychology Service provides summer traineeship positions and sponsors practicum training for graduate students in psychology during the academic year as funds and resources permit. Besides the training conducted by the Psychology Service, the Medical Center offers training programs for Psychiatry and Podiatry residents, social workers, nurses, and a variety of other mental health-related professions.

The patient population at the Medical Center is predominantly male, although female veterans are also served. Both service-connected and non-service-connected veterans are eligible for services at the Medical Center and its community-based outpatient clinics. The patient population is diverse, encompassing veterans recently discharged from the service as well as those who served as early as World War II. Presenting problems and diagnoses vary greatly among the patients, and the duration of their care ranges from a single visit to a lifetime of care.

The following are training benefits particularly emphasized by the Psychology Service at this Medical Center:

1. An individual supervisory relationship between interns and designated psychologists, as well as the ongoing structured seminars to provide continuity of training;
2. A training staff of 24 doctoral-level supervisory psychologists of diverse theoretical orientations, research interests and professional experiences;
3. Core mental health programs and numerous specialized programs;
4. Opportunities to work with diverse populations;
5. A focus on providing training to interns rather than receiving services from them.

Additional information on our facility is available at: <http://www.coatesville.med.va.gov/>

The Internship

The doctoral internship at CVAMC has been continuously accredited by the Commission on Accreditation of the American Psychological Association since 1979. Our most recent re-accreditation site visit was in 2016, and we are Accredited though our next site visit in 2023. Questions about our accreditation status can be directed to the *Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street NE, Washington DC*

20002-4242; (202-336-5979 / E-mail: apaaccred@apa.org / Web: www.apa.org/ed/accreditation).

The Psychology Service of the Medical Center offers APA-Accredited Doctoral Internships in Health Services Psychology, with five funded positions and two training tracks:

- General Psychology (3 positions), providing the greatest flexibility in training; and
- Neuropsychology (2 positions), offering specialized training focused in Neuropsychology, balanced with a broader background.

The Psychology Internship Program is funded by the Office of Academic Affairs of the Department of Veterans Affairs Central Office as an annual training program. The stipend as of August, 2019 is \$28,257.00.

Eligibility, Application, and Selection Processes

Eligibility for VA Training

In order to be eligible for selection at any VA training program, the applicant must meet the following criteria:

- 1) U.S. Citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning training.
- 2) A male applicant born after 12/31/59 must have registered for the draft by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the U.S. Office of Personnel Management; exceptions are very rarely granted.
- 3) Interns are subject to fingerprinting and background checks. Match result and selection decision are contingent on passing these screens. More information about the nature and purpose of federal background checks may be found at <http://www.achives.gov/federal-register/codification/executive-order/10450.html> See section 8 for the most relevant details.
- 4) VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Internship applicants must also meet the following criteria to be considered for any VA psychology internship program:

- 1) Doctoral student in good standing at an APA-accredited graduate program in clinical or counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in clinical or counseling psychology are also eligible.
- 2) Approved for internship status by graduate program training director.

To comply with federal and VA rules and provide interns with liability protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file

before the intern can be appointed. Most APA-approved doctoral programs already have an agreement on file. More information is available at <http://www.va.gov/oaa/agreements-asp> (see section on psychology internships).

A full list of requirements for interns to begin training at the VA, including requirements for doctoral programs to verify health-related information for onboarding trainees can be found in Appendix I.

Application Requirements

Our internship currently offers tracks in General Psychology, and Neuropsychology. All interns are selected via the APPIC Match process. Our APPIC Program Code Numbers are:

General Internship (3 positions): **152911**

Neuropsychology Internship (2 positions): **152912**

To apply, please submit the following by November 1:

- A cover letter indicating the track for which you are applying
- A detailed curriculum vitae or résumé
- Three letters of recommendation
- Official transcripts of all graduate work
- A completed online APPIC Application for Psychology Internship (AAPI)
 - <http://www.appic.org>
- Scan into Applicant Portal: A sample of an integrated psychological test battery report (objective instruments required, projective instruments optional), with identifying information removed
- Scan into Applicant Portal: If you are applying for the Neuropsychology track, a sample neuropsychological test battery report, with identifying information removed. One sample report comprising both personality and neuropsychological measures will suffice, rather than two separate reports.

To be completed after acceptance:

- *Appointment Affidavit (Standard Form 61)* http://www.opm.gov/forms/pdf_fill/SF61.pdf
- *Questionnaire for Non-Sensitive Positions (Standard Form 85)*
http://www.opm.gov/forms/pdf_fill/SF85.pdf

The Standard Forms and Optional Forms listed above are available for review on the Office of Personnel Management website: www.opm.gov/forms

Applicants selected for an interview will be notified in December. Criteria used to select intern applicants include experience as reflected in the résumé/CV and graduate transcripts, work sample, letters of recommendation, and later, the interview.

The Psychology Internship Training Program abides by APA, APPIC, and National Matching Service (NMS) guidelines in the selection of interns. In compliance with all APPIC (Association of Psychology postdoctoral and Internship Centers) guidelines, interns are notified about acceptance on the third Friday in February. No person at this facility will solicit, accept, or use any ranking-related information from any intern. APPIC provides copies of their policies and procedures and the National Matching Service policies on their website: www.appic.org. The

website also provides information on filing grievances with the APPIC Standard and Review Committee should applicants perceive that policies have been violated.

Coatesville VA Medical Center is an Equal Opportunity Employer. This internship does not discriminate on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

Selection Process

The Director of Training and other members of the training committee review all completed applications submitted by the deadline and make preliminary selections using a form containing standard rating criteria. A recommendation is made regarding the applicant's degree of fit, and the Director of Training will use this information to determine which applicants will be offered interviews. On-site interviews are strongly recommended, but telephone interviews can be scheduled as well. Candidates are interviewed with a standardized, structured interview, and they also submit a brief, case-based writing sample during the interview day.

It is important for applicants to the neuropsychology track to know that individuals who have been invited to interview in the past have usually participated in multiple neuropsychological practicum training experiences.

Intern Employment Status and Training Resources

Interns are Term Employees of the Federal government, and in most respects work under the same personnel regulations as any other Federal employee. Applicants for the internship must be citizens of the United States of America. As a Federal employee, an intern must be willing to submit to a pre-employment background clearance and can be asked to provide a drug screen. Processing as an employee requires fingerprinting and taking an oath to the United States Government.

Leave and paid time off consists of 10 Federal holidays, 13 days of annual (vacation) leave, and 13 days of sick leave. Authorized absence may be requested for reasonable educational purposes and is granted at the discretion of the Director of Training in consultation with the rotation supervisor.

Interns, as supervised personnel, must sign all documents with the title "Psychology Intern." All professional reports and medical chart entries require co-signature by a member of the psychology training staff. The intern will not use the title of "Dr." in reference to his/her position.

Interns have full access to the same level of clerical and technical support as staff psychologists. They are provided computers with access to the hospital network, Microsoft Office, and access to the internet. Printers and secure fax machines are readily available in all treatment areas. Support staff is available to assist interns in scheduling appointments, administrative tasks, coordination of multimedia equipment, and negotiating the Medical Center's policies and procedures. Interns have access to technical support for their computers and telephone through the Information Technology Service.

Training resources include video, audio and reproduction equipment, along with an excellent library with a wealth of mental health related books, computer literature searches, periodicals and audio/video holdings, and an almost unlimited access to materials available through interlibrary loans. Training resources also comprise of Educational Center facilities for meeting, seminars, and training. Interns are strongly encouraged to complete their dissertations so they may be job-ready and begin documenting hours for licensure immediately following completion of the internship and graduation.

The VA network has a number of psychological measures available to be computer-administered. In addition, the department has an extensive bank of tests and materials. Professional journals and other resources are available electronically. Multimedia equipment, including video and audio devices, can be accessed through the Medical Media Service.

Interns have dedicated office space on the 2nd floor of Building 57, which houses the outpatient mental health services. One of those offices is a shared office, but it is spacious and equipped with two computer workstations and separate phone lines, while the other three intern offices are singles. Additional offices are available on the individual rotations for interns to use. Although offices are always in high demand, interns are consistently provided with sufficient clinical and administrative space. Conference rooms and group therapy rooms throughout the Medical Center are used for group sessions and training seminars.

Training Model, Aims, and Competencies

Model

The internship program adheres to the **Practitioner–Scholar Model**, emphasizing the mutuality of science and practice and the practical application of scholarly knowledge. The model promotes clinical practice guided by theory and research. Students are trained to be psychologists who think critically and engage in disciplined inquiry. The primary goal of training a practitioner-scholar is the delivery of human services that takes into account individual, cultural, and societal considerations, consistent with the principles of evidence-based psychological practices.¹

The staff psychologists typically involved in intern training represent various theoretical orientations, assuring exposure to diverse training experiences. Integral to the internship is the application of clinical research to patient care, while under close supervision. Skill-building seminars, role-modeling, observation, professional education, and consultative guidance are used as supplementary learning methods. Diversity issues are considered in all settings throughout the internship.

The program takes a developmental view of training, transitioning interns from their graduate student status to that of independently functioning entry-level psychologists. Upon completion of the internship interns will have demonstrated technical competencies derived from supervised experience in: application of human diversity and ethical concepts to practice; diagnostic

¹ Adapted from: Rodolfa, E., Kaslow, N., Stewart, A., Keilin, W., & Baker, J. (2005). Internship training: Do models really matter? *Professional Psychology: Research and Practice*, **36**, 25-31.

interviewing; individual and group psychotherapy; psychological assessment; and specialized techniques such as biofeedback, or neuropsychological or geropsychological assessment, depending on the interests of the intern. The interns will have extensive exposure to the operation of a large inpatient psychiatric setting and to the psychologists' many roles as administrators, clinicians, teachers, researchers, and consultants. Interns will also have direct experience with the multidisciplinary team approach to the treatment of mental health problems, common to many treatment facilities.

Under the Practitioner-Scholar Model of developing professional skills through supervised practice informed by clinically-relevant science, the internship's goals and objectives for interns during the training year below.

Aims and Expected Competencies

The primary aim of the CVAMC internship is to prepare diverse doctoral-level psychology trainees to function competently and ethically in professional roles in the field of psychology that combine clinical service and scholarly inquiry. Within the Practitioner-Scholar model, we aspire to prepare interns to transition successfully to postdoctoral training programs or to secure entry-level employment in psychology at the GS-11 or equivalent level, according to their prior experiences and future career goals.

In accordance with this primary aim, the CVAMC internship program strives to promote interns' development of the profession-wide competencies identified by the APA's Standards of Accreditation in Health Service Psychology, as well as site-specific competencies in the areas below. Specific criteria for demonstrating competencies are provided in the appendices of this handbook.

- Research/Integration of Science and Practice
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values and Attitudes
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills
- Patient-Centered Practices
- Program Development

The program emphasizes training in clinical skills, with the recognition that competent clinical work is informed by science. Supervision and didactics are grounded in the current evidence base and strong efforts are made to expose interns to current research and scholarship. The training program is a sequential, competency-based model leading to the development of Practitioner-Scholar psychologists. Competency evaluation begins during orientation with further evaluations at the beginning, midpoint, and end of each rotation.

The underlying philosophy, goals, and objectives profoundly affect the interaction between staff and interns. Interns are trained and encouraged to move toward autonomous functioning as professional psychologists in a Practitioner-Scholar model. The training program emphasizes the active involvement of the intern in choosing training assignments, participating in training seminars and workshops, and in providing input into the internship program. Interns are provided ongoing evaluation and feedback to assist them with self-monitoring their progress toward autonomy.

Requirements for Completion

Hours

Interns must complete 2080 professional hours within the 52-week training year in order to graduate from the internship. Interns can maintain a record of their hours using Time-2-Track. Accrued paid leave times and authorized absences for professional development activities are counted toward the 2080 hour requirement. Interns must successfully complete at least 520 hours (25%) of direct patient contact, at least 200 hours of supervision, and at least 100 hours of didactic training. Extensions of the training year may be allowed under appropriate circumstances such as family or medical leave.

Demonstration of Competency

As described below, interns are continuously evaluated throughout the training year, with formal evaluation completed at mid-rotation and completion of rotations by all supervisors. Evaluation focuses on the successful demonstration of profession-wide competencies and site-specific competencies. All competency areas will be rated at a level of competence level of 3 or higher. Items rated as level 1 or 2 will require implementation of a remediation plan. By end of training (3rd rotation evaluations), intern will have achieved a rating of 4 or higher on all profession-wide competencies and 3 or higher on all relevant site-specific competencies.

Structure of the Internship

The internship year is divided into four-month trimesters (rotations), at least one of which will provide core training experiences in the intern's area of concentration. Note, however, that no intern may spend more than 50% of their rotations in a single specialty area. All interns must complete the half-time rotation in psychological assessment and must also carry an average of two mental health clinic outpatients or groups throughout the year, regardless of their primary rotation(s). A number of the optional rotations are half time, allowing the intern to gain experience in a variety areas.

Interns matched to the Neuropsychology Track receive concentrated training in that area. They are required to complete the Neuropsychology I (half-time) and II (full-time) rotations. The remaining training experiences are drawn from the electives below.

Interns matched to the General Psychology Track have considerable flexibility in tailoring the training to their interests. Experiences are required in psychological assessment and outpatient psychotherapy. The remaining training experiences are drawn from the electives below.

The tables below include training experiences currently available. As in any complex organization, however, changes may occur due to resource allocation or agency needs.

Neuropsychology Track

<u>Required Rotations</u>	<u>Full-Time Electives</u>	<u>Half-Time Electives</u>
Neuropsychology I (half-time)	Geropsychology CLC	Acute Inpatient Psychiatry
Neuropsychology II (full-time)	Combat Posttraumatic Stress Disorder Unit	Biofeedback Clinic
Outpatient Psychology (year-long, two clients/groups)	Primary Care Mental Health Integration (PC-MHI)	Home-Based Primary Care (HBPC)
Psychological Assessment (one half-time rotation)	Substance Use Disorders (SUD) Clinic	Outpatient BHIP Clinic
		Primary Care Mental Health Integration (PC-MHI)
		Psychosocial Rehabilitation and Recovery Center (PRRC)
		Mental Health Leadership
		POWER Program
		SUD Domiciliary Program

Sample Rotation Schedules for Neuro. Track Interns:

Rotation 1	Rotation 2	Rotation 3
Neuropsychology I (Half-Time; Required)/ Psychological Assessment (Half time; Required)	Neuropsychology II (Full Time; Required)	PC-MHI Clinic (Full Time Elective)

Rotation 1	Rotation 2	Rotation 3
Neuropsychology I (Half-Time; Required)/ Biofeedback (Half Time Elective)	HBPC (Half Time Elective)/ Psychological Assessment (Half time; Required)	Neuropsychology II (Full Time; Required)

General Track

<u>Required Rotations</u>	<u>Full-Time Electives</u>	<u>Half-Time Electives</u>
Outpatient Psychology (year-long, two clients/groups)	Geropsychology CLC	Acute Inpatient Psychiatry
Psychological Assessment (one half-time rotation)	Combat Posttraumatic Stress Disorder Unit	Biofeedback Clinic
	Primary Care Mental Health Integration (PC-MHI)	Home-Based Primary Care (HBPC)
	Substance Use Disorders (SUD) Clinic	Outpatient BHIP Clinic
	Mental Health Leadership	Primary Care Mental Health Integration (PC-MHI)
		Psychosocial Rehabilitation and Recovery Center (PRRC)
		Mental Health Leadership
		POWER Program
		SUD Domiciliary Program

Sample Rotation Schedules for General Track Interns:

Rotation 1	Rotation 2	Rotation 3
PC-MHI Clinic (Full Time Elective)	Combat PTSD Program (Full Time Elective)	SUD Clinic (Half Time Elective)/ Psychological Assessment (Half Time Required)

Rotation 1	Rotation 2	Rotation 3
Geropsychology (Full Time Elective)	Acute Inpatient Psychiatry (Half Time Elective)/ Psychological Assessment (Half Time Required)	PRRC (Half Time Elective)/ Biofeedback (Half Time Elective)

Description of Training Experiences & Rotations

Required Training Experiences

Behavioral Health Interdisciplinary Program (BHIP)

Rotation Availability: Required full-year rotation for all interns

Supervisor(s): Drew Kerr, Ph.D.; Carmella Tress, Psy.D.; Liz Phelps, Psy.D. (EBP provider for CBT-I); Dagmawi Dagnaw, Psy.D.; Jeffrey Schweitzer, Ph.D.

Patient Population: General Mental Health; Varying age and diagnoses

Setting: Individual and Group Therapy provided in the outpatient mental health clinic (BHIP)

Primary Intervention Modalities and EBP's Utilized: CBT, Motivational Interviewing, Interpersonal, Psychoanalytic; EBPs include CPT, PE, CBT-I, CBT-D, PST

Assessment Measures Used: Screening measures can be utilized on an as-needed basis

Intern Responsibilities: Individual psychotherapy; treatment planning; some availability to co-lead group therapy (supportive, psychoeducational, and process) is available.

Rotation Description: During this year-long experience, all interns will be assigned a small caseload of outpatients (usually two clients) for longer-term psychotherapy in the Behavioral Health Interdisciplinary Program (BHIP). These clients may be followed for the duration of the internship. These outpatients are in addition to the casework on focal-area rotations. Intern responsibilities will include intake/behavioral assessment, individual psychotherapy, treatment plan creation, and supervision with individual supervisors. Interns may be able to also co-lead group psychotherapy as part of the rotation in addition to their small caseload of patients.

Cognitive Processing Therapy Experience

Rotation Availability: Required full-year rotation for 1-2 interns in place of BHIP above

Supervisor(s): Amanda Vaught, Psy.D. (EBP Provider for CPT and PE); Laura Hertz, Ph.D.; Thomas Bortner, Psy.D.

Patient Population: Veterans diagnosed with combat-related PTSD

Setting: PTSD Residential Unit (Domiciliary)

Primary Intervention Modalities and EBP's Utilized: Cognitive Processing Therapy

Assessment Measures Used: Clinician Administered PTSD Scale for DSM-5 (CAPS-5); PTSD Checklist for DSM-5 (PCL-5); Patient Health Questionnaire (PHQ-9)

Intern Responsibilities: This long-term experience will take the place of the mandatory, long-term BHIP patients. The intern will be trained in both evidence-based assessment and psychotherapy (specifically CPT) for PTSD. The intern will be required to maintain 1-2 CPT therapy cases throughout the year and complete at least 2 cases. The intern will also be expected to complete evidence-based assessment for PTSD for all of their assigned cases. He/She will receive supervision on assessment and therapy fidelity and execution. The intern will be provided with the opportunity to attend a CPT training and receive CPT consultation. Given that the intern completes all requirements of the roll-out, after they become licensed they will be listed as a CPT provider.

*** Interested interns must apply and be accepted to partake in this experience***

Psychological Assessment

Rotation Availability: Required half-time rotation for all interns

Supervisor(s): Justin Charles, Psy.D.; Benjamin Gliko, Psy.D., ABPP; Danielle Schade, Psy.D.; David Tsai, Ph.D., ABPP; Jason Kaplan, PsyD; Stephanie Adam, PsyD; Amanda Vaught, Ph.D.

Patient Population: Veterans in any inpatient, residential, or outpatient setting

Setting: Various

Primary Intervention Modalities and EBP's Utilized: Primary intervention modalities: Psychological assessment; clinical interviewing; medical record review

Assessment Measures Used: Objective personality measures (e.g., MMPI-2, PAI, MCMI-3, etc.), projective measures (e.g., Rorschach, TAT, HTP, etc.), cognitive measures (e.g., WAIS-IV, screening measures), and self-report measures (e.g., BDI, BAI, PCL-5).

Intern Responsibilities: The Psychological Assessment rotation is a required half-time rotation designed to enhance interns' skills in assessing personality functioning and developing mental health diagnoses through psychological evaluation. Interns must complete a minimum of three psychological batteries and integrated reports to demonstrate the required psychological assessment proficiencies for the internship year.

The internship expects interns to have basic competency in testing *prior* to their start date. During internship, interns must demonstrate competency in the several types of psychological assessments pertaining to given rotations. Though varying from one rotation to another, these include behavioral assessments, mental status examinations, intelligence testing, neuropsychological testing, personality testing using objective instruments, and geropsychological assessment. Interns must also become proficient in clinical interviewing, test

administration and scoring, interpretation of testing data, report writing, providing feedback to both patients and multi-disciplinary treatment team members, reading and integrating professional research findings into the assessment process, and responding appropriately to referral questions.

Rotation Description: At a minimum, interns complete 6 (six) integrated batteries distributed as follows:

- Three personality battery reports that demonstrate competency in integrating objective personality measures, including reports that meet the level 4 competence evaluation criterion (reports *may* also include projective measures). The standard for completing a test report is 30 calendar days after the test administration has been finished. Ordinarily, this portion of the assessment goal is met during the required half-time Psychology Assessment rotation.
- Three integrated battery reports specific to the rotation (Neuropsychology, Biofeedback, etc.) drawn from multiple testing measures or other sources.

Note that interns who do not meet the required level of proficiency within the six-battery minimum, including completion within the 30-day window, will be asked to complete additional reports in order to reach criterion. *Failing exceptional circumstances, all required reports must be completed and signed by the supervisor no later than two weeks prior to the end of the rotation.*

Professional Presentations

Supervisor(s): Justin Charles, Psy.D.; Benjamin Gliko, Psy.D., ABPP; Frank Mirarchi, Psy.D.; Elizabeth Phelps, Psy.D.; Danielle Schade, Psy.D.; Amanda Vaught, Ph.D.; Gabriele Sassone, Psy.D.; Frank Angelini, Ph.D.; Selena Board, Ph.D.; Dagmawi Dagnaw, Psy.D.; Jason Kaplan, Psy.D.; Gabriel Longhi, Psy.D.; Holly Ruckdeschel, Ph.D.; Jeffrey Schweitzer, Ph.D.

Intern Responsibilities: All interns are required to conduct two professional presentations over the course of the year. During the first or second rotation, interns will each provide one presentation for Nursing Grand Rounds. This one-hour presentation is for an audience of nursing staff and is typically on a general mental health topic. During the third rotation, each intern will prepare a formal psychology continuing education (CE) presentation of 45 minutes to 1 hour duration, prepared/presented independently. Each intern will thereby gain experience presenting information to a multidisciplinary audience and to a group of professional colleagues. The psychology continuing education (CE) presentations must undergo the formal process of applying through the CE Committee, which reviews proposals and accompanying materials to enable attendees of the presentation to obtain APA CE credits.

Clinical Rotations

Leadership and MH Administration

Rotation Availability: Half-time or Full-time

Supervisor(s): Danielle Schade, Psy.D. (EBP provider for IPT, BFT, and CPT); Justin Charles, Psy.D. (EBP provider for PST-HBPC and CBT-CP)

Patient Population: Although primarily focused on administrative tasks and skills, this rotation also requires clinical work on the Acute Inpatient Psychiatry Unit. The unit's patient population includes severe mental illness, substance use disorders, personality disorder, and other complex psychosocial issues.

Setting: This rotation offers an introduction to leadership and administration for psychologists in the VA setting. Interns gain exposure to business leadership concepts and engage in meaningful administrative functions. The rotation includes training in servant leadership, a model of ethical, evidence-based leadership. Interns learn about systemic measures of quality and quantity of care such as productivity monitoring, mental health access, clinic utilization, mental health coding, labor mapping, measurement based care, management, and other relevant topics. Interns will learn requirements of the Office of Mental Health Operations (OMHO) Uniform Mental Health Services Handbook, as well as other program-level handbooks and directives, and will have the opportunity to conduct program evaluation related to monitoring of outcomes utilizing national dashboards for management and quality improvement processes (e.g., Mental Health SAIL, Mental Health Information System, Mental Health Management System, etc.). Interns assist with and attend the Disruptive Behavior Committee. The intern may also attend relevant administrative meetings with the supervisor (e.g., Mental Health Executive Committee, Ambulatory Care Executive Committee). The intern is required to complete an administrative project selected in consultation with the supervisor. Because clinical skills/contact are also required, the intern will spend approximately 25% of their time on the Acute Inpatient Psychiatry Unit.

Primary Intervention Modalities and EBP's Utilized: On the inpatient unit, the intern would primarily be involved in facilitation of groups (e.g., chronic pain management, CBT-I, Seeking Safety, CBT, SST, ACT, IMR). Interns may also attend multidisciplinary treatment team meetings or meet veterans individually for Suicide Prevention Safety Plans.

Assessment Measures Used: The intern will examine data sets related to program evaluation and systems-level assessment as described above.

Intern Responsibilities: Individual therapy; psychoeducational group therapy; multidisciplinary treatment team participation; program development and evaluation; staff education/training.

Biofeedback Clinic

Rotation Availability: Half-time

Supervisor(s): Ron Pekala, Ph.D.

Patient Population: Inpatients and outpatients referred for anxiety, anger, sleep disturbance, headaches, pain syndromes, and the wide variety of psychophysiological disorders

Setting: Biofeedback Clinic and various wards on the hospital where relaxation and stress management groups may be held.

Primary Intervention Modalities and EBPs Utilized: CBT, biofeedback modalities (including heart rate variability, electromyographic, peripheral skin temperature, peripheral skin conductance), relaxation, stress management, coping skills training, hypnosis, and related supportive therapies.

Assessment Measures Used: Biofeedback modalities mentioned above; PCI-HAP (Phenomenology of Consciousness Inventory; Hypnotic Assessment Procedure)

Intern Responsibilities: Individual therapy; relaxation groups, stress management groups, and coping skills training groups; biofeedback assessments and trainings; hypnotic assessments and trainings; intake interviews.

Rotation Description: The Biofeedback Clinic is under the direction of a psychologist. In this half-time rotation the intern learns how to: a) conduct biofeedback intakes, assessments, and biofeedback training/therapy; b) run several relaxation/stress management groups demonstrating different stress management techniques to patients; c) do hypnotic assessments and self-hypnosis training with selected patients; and d) integrate the above into one's own style of doing therapy. The biofeedback training experience consists of learning how to operate electromyographic (EMG), skin temperature, skin conductance, and heart rate variability (HRV) biofeedback instrumentation. Observation and then experience in doing initial assessment interviews, psychophysiological assessments, and/or individual biofeedback training/therapy is taught, along with the theory underlying the use of biofeedback instrumentation and how to integrate biofeedback into one's own therapeutic style. A model for understanding hypnosis, hypnotic assessment, and integrating self-hypnosis training into psychotherapy is also taught. Training in the Biofeedback clinic is conducted by all clinic staff; supervision is provided by the staff psychologist.

Geropsychology (138 Community Living Center)

Rotation Availability: Full-time

Supervisor(s): Holly Ruckdeschel, Ph.D. (EBP provider for STAR-VA)

Patient Population: Older adults with medical and functional problems requiring nursing home level of care; Veterans with terminal illnesses residing on Hospice unit.

Setting: Community Living Center (CLC)

Primary Intervention Modalities and EBP's Utilized: Supportive, CBT, Behavioral Activation; STAR-VA

Assessment Measures Used: Mood and cognitive screenings such as the Saint Louis University Mental Status (SLUMS) Examination; Geriatric Depression Scale (GDS); PHQ-9, Montreal Cognitive Assessment (MoCA); Palliative Grief Depression Scale

Intern Responsibilities: Individual Therapy; brief cognitive assessment/screening; brief psychological assessment/screening; treatment planning; staff education/training; Interdisciplinary treatment team participation; behavior management consultation; caregiver support.

Rotation Description: The Geropsychology rotation is a full time rotation and offers the opportunity to become familiar with a geriatric and hospice population. Interns are assigned to the Community Living Center (CLC) which comprises both long term residents as well as hospice patients. Interns will gain an understanding of the psychological issues common to this group and learn assessment and treatment strategies that specifically address the needs of the geriatric population. A biopsychosocial approach to treatment is emphasized, wherein the interrelationships between physical and psychological problems are acknowledged and interdisciplinary team is utilized to provide a more holistic and individualized plan of care. Interns will perform assessments, provide individual psychotherapy, develop behavior management plans, and participate in interdisciplinary treatment team meetings for individuals with a wide range of medical and psychological problems. There is also the opportunity to provide services on the hospice unit.

Home-Based Primary Care (HBPC)

Rotation Availability: Half-time

Supervisor(s): Justin Charles, Psy.D. (EBP provider for PST-HBPC)

Patient Population: Geriatric veterans with chronic medical conditions

Setting: Individual therapy services are provided in the veteran's home through the HBPC Program. Follow up mental health support provided via telehealth in some cases.

Primary Intervention Modalities and EBP's Utilized: CBT, Problem Solving Therapy for HBPC (PST-HBPC), psychoeducation, behavioral and self-management interventions for treating chronic medical problems.

Assessment Measures Used: Screeners for depression (i.e. GDS, PHQ-9) and anxiety (i.e. GAI, GAD-7) are commonly used. Some opportunity for brief cognitive assessment (i.e., SLUMS, RBANS, and ILS) is also available.

Intern Responsibilities: Individual therapy; multidisciplinary treatment team participation; brief cognitive assessment/screening; brief psychological assessment/screening; program development and evaluation; treatment planning; family/system levels interventions; caregiver support; staff education/training; tele-mental-health.

Rotation Description: During this rotation a biopsychosocial approach to treatment is emphasized. Importance is placed on understanding the relationship between physical and emotional and/or psychological problems towards provision of holistic and individualized care. Intern responsibilities will also include weekly participation in the HBPC interdisciplinary team meeting, along with completion of a rotation project of their own design for the purpose of program development relevant to HBPC. Finally, collaboration between the intern and multiple other disciplines represented in the HBPC Team is frequent, and provides additional opportunities for the intern in the area of program development and implementation of holistic care.

Neuropsychology I

Rotation Availability: Half-time (neuropsychology interns only)

Supervisor(s): Benjamin Gliko, Psy.D., ABPP; David Tsai, Ph.D., ABPP; Jason Kaplan, Psy.D.

Patient Population : Approximately 75% outpatient and 25% inpatient. Conditions seen include traumatic brain injury, neurodegenerative diseases, neurological disorders, substance use disorders, attention-based disorders, neuropsychiatric disorders, and learning disabilities

Setting: Outpatient clinic

Primary Intervention Modalities and EBP's Utilized: Comprehensive/brief neuropsychological assessment, brief/comprehensive psychological assessment, provision of assessment feedback, psychoeducation.

Assessment Measures Used: Boston Naming Test, California Verbal Learning Test – II, Conners Continuous Performance Test – II, Controlled Oral Word Association Test, Nonverbal Medical Symptom Validity Test, Personality Assessment Inventory, Repeatable Battery for the Assessment of Neuropsychological Status, Rey Auditory Verbal Learning Test, Rey-Osterrieth Complex Figure Test, Test of Memory Malingering, Trail Making Test A & B, Wechsler Abbreviated Scale of Intelligence-II, Wechsler Adult Intelligence Scale – IV , Wechsler Memory Scale – IV, Wide Range Achievement Test- 4, Wisconsin Card Sorting Test, Word Memory Test

Intern Responsibilities: Clinical interviewing; brief neuropsychological assessment/screening; brief psychological assessment/screening; comprehensive neuropsychological assessment; comprehensive psychological assessment; provision of assessment feedback.

Rotation Description: The Neuropsychology I rotation is a half-time clinical experience designed to familiarize the neuropsychology intern with the administration, scoring, and interpretation of neuropsychological test batteries. The intern will have an opportunity to assess patients with a wide range of cognitive deficits. During the rotation, the intern is expected to develop proficiency in the following areas: the administering and scoring of a diverse set of neuropsychological tests; clinical interviewing within the context of a neuropsychological evaluation; neuropsychological test interpretation; neuropsychological report writing; the provision of feedback of neuropsychological results; and time management. Furthermore, interns are expected to participate in a weekly Neuropsychology Seminar that addresses contemporary issues in Neuropsychology. Interns will also be expected to participate in periodic trainings and activities within the Golden Brain Bank at Coatesville VAMC (as available).

Neuropsychology II

Rotation Availability: Full-time (neuropsychology interns only)

Supervisor(s): Benjamin Gliko, Psy.D., ABPP; David Tsai, Ph.D., ABPP; Jason Kaplan, Psy.D.

Patient Population: Approximately 75% outpatient and 25% inpatient. Conditions seen include traumatic brain injury, neurodegenerative diseases, neurological disorders (e.g., stroke, seizure disorders), substance abuse disorders, attention-based disorders, neuropsychiatric disorders (e.g., schizophrenia, PTSD), and learning disabilities

Setting: Outpatient clinic

Primary Intervention Modalities and EBP's Utilized: Comprehensive/brief neuropsychological assessment, brief/comprehensive psychological assessment, provision of assessment feedback, psychoeducation, individual neurocognitive rehabilitation therapy.

Assessment Measures Used: While not inclusive, commonly administered measures include: Boston Naming Test, California Verbal Learning Test – II, Conners Continuous Performance Test – II, Controlled Oral Word Association Test, Nonverbal Medical Symptom Validity Test, Personality Assessment Inventory, Repeatable Battery for the Assessment of Neuropsychological Status, Rey Auditory Verbal Learning Test, Rey-Osterrieth Complex Figure Test, Test of Memory Malingering, Trail Making Test A & B, Wechsler Abbreviated Scale of Intelligence-II, Wechsler Adult Intelligence Scale – IV, Wechsler Memory Scale – IV, Wide Range Achievement Test- 4, Wisconsin Card Sorting Test, Word Memory Test

Intern Responsibilities: Clinical interviewing; brief neuropsychological assessment/screening; brief psychological assessment/screening; comprehensive neuropsychological assessment; comprehensive psychological assessment; provision of assessment feedback; individual neurocognitive rehabilitation therapy.

Rotation Description: During this rotation, the intern will be expected to display a more proficient ability to complete the requirements of the Neuropsychology I rotation. Additionally, interns will be expected to carry 2-3 individual neurocognitive rehabilitation therapy (Cog Rehab) cases. Emphasis will be placed on the development of compensatory strategies, adapted for the specific individual, to help the person reach identified goals or improve functional abilities.

Combat PTSD Program (8B)

Rotation Availability: Full-time

Supervisor(s): Thomas Bortner, Psy.D. (EBP provider for CPT, PE, and EMDR); Debra Boyd, Ph.D. (EBP provider for CPT and PE); Danielle Farabaugh, Psy.D. (EBP provider for CPT)

Patient Population: Veteran's diagnosed with combat-related PTSD

Setting: Residential Unit (Domiciliary)

Primary Intervention Modalities and EBP's Utilized: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Trauma Focused Cognitive-Behavioral Therapy (TF-CBT), Eye Movement Desensitization Reprocessing (EMDR), Cognitive-Behavioral Therapy for Insomnia (CBT-I), and Seeking Safety for PTSD and Substance Use Disorders

Assessment Measures Used: Screeners for PTSD (PCL-5) and depression (PHQ-9) are commonly used. Some opportunities for structured interview (e.g., CAPS), and cognitive (e.g., WAIS-IV) and personality (e.g., PAI, MMPI-2, MCMI) assessment

Intern Responsibilities: Individual therapy; process group therapy; psychoeducational group therapy; multidisciplinary treatment team participation; brief cognitive assessment/screening; brief psychological assessment/screening; comprehensive integrated assessment; program development and evaluation; treatment planning; family/system levels interventions .

Rotation Description: This inpatient rotation offers training in intensive individual and group psychotherapy, as well as structured and psychoeducational groups for combat veterans in a residential setting. Interns provide individual psychotherapy, and participate in facilitation and co-facilitation of trauma-focused psychotherapy groups that include process-oriented, CPT, ACT for depression, and anger management. Trauma work includes issues such as guilt, loss, anger, and relationship concerns. Evidence-based PTSD treatment including CPT, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Prolonged Exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR), Cognitive-Behavioral Therapy for Insomnia (CBT-I), DBT/STAIR skills, and Seeking Safety for PTSD and Substance Use Disorders are included as part of veterans' treatment in the program. The program includes psychoeducational classes on many topics related to PTSD and war trauma. The veterans are men and women of all wars and eras, including Vietnam, Grenada, Lebanon, Panama, Persian Gulf, Somalia, Bosnia, Iraq, and Afghanistan. The therapeutic work environment is often intense, but rewarding.

Primary Care-Mental Health Integration (PC-MHI)

Rotation Availability: Full time or half-time

Supervisor(s): Frank Mirarchi, Psy.D. (EBP provider for CBT-CP); Elizabeth Phelps, Psy.D. (EBP provider for CBT-I; national trainer for CBT-I)

Patient Population: Veterans seeking primary care services

Setting: Individual and group therapy services are provided within a primary care setting

Primary Intervention Modalities and EBP's Utilized: CBT including CBT-CP, CBT-D, and CBT-I, MI, Problem Solving Therapy, psychoeducation, behavioral and self-management interventions for treating chronic medical problems.

Assessment Measures Used: Screeners for depression (i.e., GDS, PHQ-9), anxiety (i.e., GAD-7), PTSD (i.e., PCL-5) are commonly used. Other assessments are used for insomnia (i.e., ISI), chronic pain (i.e., MPI-INT, PCS), and substance use (i.e., AUDIT).

Intern Responsibilities: Individual therapy; group therapy; multidisciplinary treatment team participation; brief psychological assessment/screening; program development and evaluation; treatment planning; family/system levels interventions; staff education/training.

Rotation Description: During this rotation a biopsychosocial approach to treatment is emphasized. Importance is placed on understanding the relationship between physical and emotional and/or psychological problems towards provision of holistic and individualized care. Intern responsibilities will also include weekly participation in the interdisciplinary pain management team meeting. Finally, collaboration between the intern and multiple other disciplines represented in the PACT Team is frequent, and provides additional opportunities for the intern in the area of program development and implementation of holistic care.

Psychosocial Rehabilitation and Recovery Center (PRRC)

Rotation Availability: Half-time

Supervisor(s): TBD

Patient Population: Veterans recovering from severe mental illness (primarily psychotic disorders and major affective disorders with serious functional impairment)

Setting: The PRRC is an outpatient specialty mental health service. The Psychosocial Rehabilitation and Recovery Center (PRRC) is an outpatient specialty mental health program designed to support recovery and integration into meaningful self-determined community roles for veterans with severe mental illness and functional impairment. The mission of the PRRC is to

assist veterans with learning skills to self-manage his or her mental illness and define a personal vision for his/her future based on strengths, personal values, and desired social roles. The PRRC utilizes an individualized, person-centered approach to assist veterans in improving their health and wellness and integrate veterans into meaningful community roles.

Primary Intervention Modalities and EBP's Utilized: Various intervention are utilized during this rotation due to the continuously changing group schedule. EBP's utilized for group therapy include: Social Skills Training, Illness Management and Recovery & Behavioral Family Therapy, Supported and Family Education (SAFE), Integrated Dual Disorders Treatment (IDDT). Primary interventions utilized for individual sessions include psycho-education, cognitive-behavioral therapy, problem-solving therapy, and motivational interviewing. All interventions (both group and individual) are strengths-based and intended to support the individual's recovery and integration into meaningful community roles.

Assessment Measures Used: Brief Psychiatric Rating Scale (BPRS) for symptoms of psychosis, PHQ-9/Beck Depression Inventory for symptoms of depression, and Beck Anxiety Inventory for symptoms of anxiety.

Intern Responsibilities: Individual therapy (referred to as "Recovery Coaching"); psycho-educational group therapy; multi-disciplinary treatment team participation; brief psychological assessment/screening; treatment planning (referred to as "Recovery Planning"); program development and evaluation (i.e., planning and implementing a group and measuring outcomes); family interventions (both group and individual); staff education/training on recovery-oriented topics; community –based interventions (i.e., meeting with a veteran in his/her local community).

Rotation Description: In this rotation, trainees will partner with a multidisciplinary team (which includes peer support, social work, occupational therapy, recreational therapy, and nursing) to provide individual, group, family, and community based services from a recovery-oriented framework. Trainees will have a solid understanding of the recovery model and supporting research. Trainees on this rotation will refine or further develop skills in clinical interviewing, individual, group and family therapy, as well as treatment planning and care coordination. Trainees will learn how to effectively engage, assess, and intervene with veterans (sometimes in non-traditional clinical settings, such as the veteran's community) and provide outreach to veterans who are difficult to engage in services. As noted above, the trainee will have ample opportunity to gain experience in multiple EBP's and program development. The PRRC provides the intern with the unique opportunity to participate in, or implement, creative and non-traditional interventions with cross-discipline collaboration.

Substance Use Disorders Clinic (SUD)

Rotation Availability: Full-time or half-time

Supervisor: Frank Angelini, Ph.D. (EBP provider for MET and CBT for SUD); Gabriel Longhi, Psy.D.

Patient Population: Male and female veterans recovering from substance use disorders

Setting: Outpatient

Primary Intervention Modalities and EBP's Utilized: Psychoeducation, Motivational Enhancement Therapy, CBT for SUD

Assessment Measures Used: Brief Addiction Monitor, University of Rhode Island Change Assessment, Inventory of Drug Use Consequences

Intern Responsibilities: Individual therapy; process group therapy; psychoeducational group therapy; multidisciplinary treatment team participation; brief psychological assessment/screening; program development and evaluation; treatment planning; family/system levels interventions; caregiver support; research; staff education/training; behavior management consultation.

Rotation Description: The Outpatient SUD treatment program rotation provides an opportunity for the intern to learn about the assessment and treatment of substance use disorders. The program provides services that are accessible and relevant to each veterans' readiness to change and respectful of individual treatment goals. Treatment integrates Motivational Enhancement and CBT model, particularly emphasizing Community Reinforcement (CRA). Interns will have the opportunity to receive extensive supervision of motivational interviewing practice, including coding of recordings.

Behavioral Health Interdisciplinary Program/ Evidence-Based Practices

Rotation Availability: Half-time

Supervisor(s)

Carmella Tress, Psy.D. (EBP approved provider in CBT-D & ACT-D through VA; CBT, PE, and ERP through UPenn); Dagmawi Dagnew, Psy.D.; Jeffrey Schweitzer, Ph.D.

Patient Population

Veterans with a wide array of presenting problems and comorbidities

Setting

Individual therapy with the potential for group therapy services are provided in the Outpatient mental health Behavioral Health Interdisciplinary Program (BHIP) department.

Primary Intervention Modalities and EBP's Utilized

CBT and ACT for a wide range of presenting problems, as well as Exposure therapy applications of CBT including Prolonged Exposure therapy for PTSD and Exposure therapy for Anxiety Disorders and Obsessive Compulsive Disorders. Group Therapy participation is available in Loving Kindness Meditation.

Assessment Measures Used

Self-report symptom measures that are commonly used include the PHQ-9, PCL-5, BDI2, GAI, GAD-7, AAQ-2, Y-BOCS, and VLQ, and are related to the Veteran's specific presenting problem(s) and goals.

Intern Responsibilities

Individual therapy with adherence to a specific treatment model; multidisciplinary treatment team collaboration; case conceptualization; brief psychological assessment/screening; treatment planning; family/system levels interventions (when relevant); group therapy (when relevant).

The focus of the BHIP/EBP rotation is providing specific experience in EBPs that are related to the intern's training goals. During this rotation a holistic, recovery-oriented approach to treatment is emphasized. Interns implement case conceptualization-driven treatment that adheres to the specific approach that fits with the literature that is available and is in line with the Veteran's goals, needs and preferences. An emphasis is placed on the interns' learning of the core competencies of the treatment that they are providing, including the core components, theoretical background, and skills in delivering specific interventions. Intern responsibilities include gaining foundational knowledge in specific EBPs through reading and practice exercises, case conceptualization, role play, and recording of sessions to hone skills in particular interventions that comprise the relevant EBP. Additional responsibilities include the timely completion of documentation including treatment plans, progress notes and relevant case management; and collaboration with any/all relevant members of the treatment team including family or from the disciplines of nursing, psychiatry, Suicide Prevention, and peer support.

POWER Program

Rotation Availability

Half-time

Supervisor(s)

Suzilene Board, Psy.D.

Patient Population

Female veterans, 18 years old and above, with comorbid mental health and substance use disorders though all vets must have a current substance abuse issue to participate in the program; trauma is also often a presenting concern of the female vets who enter the program though is not a requirement.

Setting

Residential (Domiciliary); Dual Diagnosis MH & SUD

Primary Intervention Modalities and EBP's Utilized

Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy and CBT-SUD (substance use), Seeking Safety for PTSD and Substance Use (group format).

Assessment Measures Used

Screening tools utilized include: The Brief Addiction Monitor-Revised (BAM-R) for substance use, GAD-7 for anxiety, PCL-5 for PTSD and the PHQ-9 for depression are commonly used as part of the assessment process.

Intern Responsibilities

Individual therapy, group therapy (process), psychoeducational & supportive groups, participation in multidisciplinary team meetings, diagnostic/narrative psychological assessment, treatment planning, staff education/training, program development and behavior management consultation.

This residential rotation offers training in individual and group therapy (including process and psychoeducational groups) for female veterans with substance use and mental health concerns, including but not limited to various forms of trauma (military and civilian). Interns will provide individual psychotherapy and participate in facilitation/co-facilitation of psychotherapy and psychoeducational groups. Groups offered on the unit include Seeking Safety, DBT, and anger management as well other groups that may have gender-specific significance. Trauma work includes addressing issues such as guilt, loss, anger, and relationship concerns. Some of the evidence-based treatments offered on the unit include Cognitive Processing Therapy (CPT) for PTSD and Cognitive Behavioral Therapy for substance use (CBT-SUD). The program's mission is to prepare female veterans for a lifestyle which supports continued recovery of mind, body, and spirit. POWER stands for the Power of Women Embracing Recovery.

SUD DOMICILIARY Program

Rotation Availability

Half-Time only

Supervisor(s)

Stephanie Adam, Psy.D. (EBP certified in PST, MI)

Patient Population

Veterans with mental health and substance abuse diagnoses

Setting

Residential Unit (Domiciliary)

Primary Intervention Modalities and EBP's Utilized

Interdisciplinary measurement-based treatment planning including recovery oriented goals, objectives, and interventions are core components of the SUD DOM program. Group and individual therapy are provided. The groups are process oriented and psychoeducational. Various disciplines are involved in facilitating groups; such as, recreation therapy, chaplaincy, dietary, nursing, social work, peer support, and psychology. Facilitators utilize various EBPs including, but not limited to, motivational interviewing and enhancement therapy, problem solving group therapy, acceptance and commitment therapy, cognitive behavior therapy - SUD, and cognitive processing therapy. Individual therapy is often provided and the use of EBPs is emphasized. Crisis intervention utilizing PMBD skills (e.g., verbal de-escalation and environmental, interpersonal and physiological awareness) is practiced. Additionally, psychology staff completes behavioral and risk assessments throughout the course of each veteran's admission, and psychologists serve as facilitators for daily multidisciplinary treatment team meetings.

Assessment Measures Used

Screening instruments for depression (PHQ-9), anxiety (GAD-7), and PTSD (PCL-5) and suicide (Comprehensive Suicide Risk Evaluation) are commonly used. The MoCA is used to provide a brief cognitive screen during the behavioral assessment. The Brief Addiction Monitor (BAM) is used to measure substance use as well as to determine risk and protective factors.

Intern Responsibilities

Individual Therapy; Process Group Therapy; Psychoeducational Group Therapy; multidisciplinary treatment team participation; brief cognitive assessment/screening; comprehensive integrated assessment; program development and evaluation; treatment planning; family/system levels interventions; caregiver support; research; staff education/training; and behavior management consultation.

This inpatient rotation offers training in individual and group psychotherapy, crisis intervention, treatment planning, as well as structured and psychoeducational groups for veterans in a residential setting struggling with substance abuse disorders and co-occurring mental health issues. Interns provide individual psychotherapy, and participate in facilitation and co-facilitation of psychotherapy groups that include process-oriented, DBT, CBT, anger management.

Supervision and Didactics

Individual and Group Supervision

All interns will receive at least four hours of supervision per week by a licensed psychologist. At least 3 of those hours will be individual, face-to-face supervision. A minimum of 3 hours of individual supervision is provided each week on each full-time rotation (1.5 hours each week for each half-time rotation). Distance education technologies are not currently used for supervision. Supervision is conducted according to the Supervision Agreement, completed by the intern and rotation supervisor at the commencement of each rotation. Supervision occurs in a variety of modalities but must include direct observation of the intern – in-person observation, in room or one-way mirror, live synchronous audio-video streaming, or audio or video recording. In addition to individual rotation-based supervision, a minimum of 1 hour of individual supervision is provided biweekly for interns’ year-long outpatient cases, alternating with biweekly group supervision on these cases. Interns also receive individual supervision related to their professional presentations as needed. Additional supervision is provided on an as-needed basis. Back-up supervision is arranged with another supervisory psychologist with the primary supervisor is on leave. The training staff is flexible with regard to the theoretical orientation of the intern.

Didactic Seminars

In addition to the clinical rotations and individual supervision, further training is provided in core areas through a series of seminars conducted throughout the internship year by members of the training committee. The seminars integrate clinical data, research findings, supervisory input, and group discussion. To increase the number and types of seminars offered to the interns, the schedule has been modified to offer each seminar topic once a month (see table below for same schedule). A list of sample topics for didactic seminars is included in Appendix G. All participants in the didactic seminar complete an evaluation form for each didactic, which is a valuable part of continuous quality improvement.

Week 1	Peer Consultation (Supervision Skills) (1 hour weekly); Case Presentations/Journal Club (1 hour weekly)
Week 2	Psychotherapeutic Interventions (2 hours weekly)
Week 3	Ethics, Diversity, and Professional Issues (2 hours weekly)
Week 4	Psychological Assessment (2 hours weekly)

Psychological Assessment Seminar

Interns will gain knowledge regarding the assessment and evaluation of veterans using interviewing techniques as well as formal psychological tests. Tests that are emphasized include the Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV), Personality Assessment Inventory (PAI), and the Millon Clinical Multiaxial Inventory – 3rd Edition (MCMI-III). Seminar activities include: (1) discussions of relevant clinical topics (e.g., interviewing, specific assessment tools, report writing, data integration, diagnosis, provision of feedback); (2) mock clinical interviewing; (3) reading and discussing select professional articles; and (4) application of knowledge via clinical vignette exercises.

Psychotherapeutic Interventions Seminar

Interns will gain knowledge regarding various models of case conceptualization and associated clinical interventions, including numerous evidence based practices. EBP's reviewed include CPT, PE, IPT, CBT-I, BFT, IMRT, SST, TLDP, DBT, MI, ACT, and EMDR, among others. The seminar also addresses common challenges in therapy such as responding therapeutically to patient anger or patient sexual attraction. Seminar activities include: 1) discussions of clinical topics; 2) modeling and role-playing of intervention techniques; 3) reading and discussing professional articles; and 4) application of knowledge via clinical vignette exercises.

Ethics, Diversity, and Professional Issues Seminar

This seminar is a synthesis of ethics, diversity, and professional issues. It incorporates a review of the APA ethics code and includes discussion on common ethical dilemmas faced by psychologists, including opportunities for interns to identify and discuss professional issues and ethical problems they are currently facing or have already faced in the work setting. The seminar consists primarily of presentations by psychology staff on a variety of issues, with discussion by all present. Presentation topics are broad and include but are not limited to implicit attitudes, spirituality and therapy, psychopharmacology, DSM-5 cultural formulation and interview, program evaluation, and licensure and board certification.

Peer Consultation (Supervision Skills) Seminar

The internship program also includes the opportunity to gain experience in skills needed for doing clinical supervision, using a Peer Consultation model. Each intern experiences the roles of both the peer consultee and the peer consultant during the program. The interns' development as clinical consultants will be guided by staff psychologists, during peer consultation groups. Appropriate readings and group discussions on theoretical and process issues also aid in the interns' development as clinical consultants.

Case Presentation/Journal Club Seminar

This seminar series offers dedicated time for the interns to meet with the director and/or assistant director of training. This is a time for interns to discuss and critically evaluate articles in the scientific literature related to the psychological field. Each intern will also be expected to present one case from their current caseload within this seminar series to the directors of training and their fellow intern cohort.

Additional Activities

Interns' Evaluation of Training Program

Throughout the internship, interns evaluate aspects of the training program in various ways:

- It is hoped that interns will engage in ongoing informal dialogue with their training supervisors and with the Director of Training about their experiences, concerns, and suggestions.
- Each rotation represents an opportunity to evaluate both that portion of the internship and the supervisor on specific dimensions, and to write a critique of the rotation as training experience.
- In the final weeks of the internship, the interns are also given a group task of writing a free-text document incorporating their collective evaluation and recommendations for the internship program as a whole.
- In addition, the intern class may also participate in a Training Retreat with the training psychologists, reflecting on selected aspects of the program and its processes, and making suggestions for improvements.

Mentoring

Interns have the opportunity to work with a staff psychologist mentor. This is an optional, minimally-structured and non-evaluative professional relationship that offers the opportunity for sharing professional interests beyond the focus of a specific rotation or work unit. Mentoring may assist interns in focusing goals for future work, choosing career paths, or simply enrich the internship. Interns and mentors interested in this aspect of training will be provided a forum for discussion prior to assignment of mentors and mentees.

LGBT Support Group and LGBT Special Emphasis Committee

Interns may elect to participate in the hospital-wide LGBT Special Emphasis Committee, established to promote culture change within the VA workforce toward acceptance and inclusion of employees who identify as sexual minorities. Activities of the Committee include workforce education on LGBT issues, workforce surveys, interface with the Continuing Education Committee on clinical education/training, and planning and developing activities for culture change. In addition, there is an LGBT Support Group, a weekly hospital-wide group to provide a safe space for sexual minorities and gender-non-conforming veterans. Interns may serve as a co-facilitator for the group. On an exceptional basis, there may be opportunities to assist transgender veterans seeking mental health clearance for hormone therapy.

Other Activities

Interns share in the activities of staff psychologists, including psychology-sponsored in-service training programs for nurses and other professional personnel throughout the Medical Center. These programs provide an opportunity for interns to interact with the multidisciplinary personnel. Interns may serve as moderators or resources to aid staff in understanding patients' individual and group behavior or in developing skills so that staff can function better in their assigned responsibilities.

Interns may attend any seminar, lecture, and training activity at the Medical Center, as long as these activities do not interfere with the core internship training activities. CVAMC Psychology Service is an APA-accredited sponsor of Continuing Education and conducts a number of

training activities throughout the year, including the Annual Psychology Conference. In addition, psychology interns are permitted up to five days to attend approved educational conferences off-station.

Part of the training program's efforts to recruit and retain diverse interns and staff, and to increase and maintain meaningful training in diversity, includes a quarterly meeting of the "Diversity Sub-Committee." The diversity sub-committee consists of the Director of Training, Assistant Director of Training, Chief of Psychology, Assistant Chief of Psychology, and multiple members of the psychology training committee. Interns are highly encouraged to attend this quarterly meeting as it has proven to be mutually beneficial for the intern's learning and the program's continued development in the area of diversity.

The Psychology Service allows time for interns to conduct meaningful research projects. Interns are allowed to spend time working on research that is dissertation-related, assuming the time does not interfere with clinical duties. In addition, interns are allowed a full day to defend their dissertation if this is scheduled within the internship year.

Doctoral Psychology Staff Listing

<u>Name and Credentials</u>	<u>Clinical Assignments</u>	<u>Applied Interests/Research</u>
*Stephanie Adam, Psy.D. Immaculata University, 2010	Substance Use Treatment Unit; Homeless Domiciliary	Forensic psychology, report writing, testimony, psychological testing, SMI
*Frank Angelini, Ph.D. University of Pittsburgh, 1998	Substance Use Disorder Clinic	Substance abuse, motivational interviewing, constructivism
*Suzilene Board, Ph.D. Widener University, 2001	POWER Program	Substance Use Disorders, Dual Diagnoses, Women's Issues, Trauma, CBT, culturally competent treatment/therapy
*Thomas Bortner, PsyD **LaSalle University, 2007	PTSD Unit	PTSD, cognitive-behavioral therapy
*Katäri Brown, Ph.D. **Michigan State University School of Psychology, 2000	POWER Program; Military Sexual Trauma; Mary Walker House	Women's issues, trauma, substance abuse
*Debra Boyd, Ph.D. **Lehigh University, 2011	PTSD Unit	PTSD, health psychology
Steven Chambers, Psy.D. Biola University, Rosemead School of Psychology, 1987	Homeless Domiciliary; Substance Abuse Treatment Unit	Marital/family therapy, group therapy, substance abuse, ethics
*Justin Charles, Psy.D. **Wheaton College, 2012	Assistant Chief of Psychology; Home Based Primary Care	Geropsychology, interdisciplinary teams, bereavement, CBT-CP
*Dagmawi Dagnew, Psy.D. Widener University, 2014	Behavioral Health Interdisciplinary Program	Health Psychology, CBT, MI, PTSD, addiction, cultural issues
*Donald Dow, Ph.D. **Temple University, 2001	ACOS Mental Health; Neuropsychology Clinic	Neuropsychology, cognitive rehabilitation
*Danielle Farabaugh, Psy.D. **LaSalle University, 2007	PTSD Unit	PTSD, cognitive-behavioral therapy
*Benjamin Gliko, Psy.D., ABPP-CN **Nova Southeastern University, 2004	Neuropsychology Clinic	Adult neuropsychology, dementia, mild traumatic brain injury
Bernadette Hayburn, Psy.D.	Community Based	Weight management, severe

LaSalle University, 2005	Outpatient Clinic	mental illness, psychological assessment
*Laura Hertz, Ph.D. **Temple University, 2007	PTSD Clinical Team; Outpatient Substance Abuse	PTSD, substance abuse, holocaust survivors vicarious traumatization
*Jason Kaplan, Psy.D. **Azusa Pacific University, 2014	Neuropsychology; Neurocognitive Rehabilitation Therapy	Adult and geriatric neuropsychology, cognitive rehabilitation, aging and caregiver support
Ira Kedson, Psy.D. Widener University, 1994	Compensation and Pension Examinations; Substance Use Disorders Clinic	Substance abuse treatment, psychological assessment
*Andrew Kerr, Psy.D. Baylor University, 1995	Behavioral Health Interdisciplinary Program	Psychological theory, developmental psychology, psychotherapy, traumatic stress
*Gabriel Longi, Psy.D. Widener University, 1999	Substance Use Disorder Clinic	Trauma work for PTSD and substance abuse, ACT, mindfulness-based interventions, cross-cultural psychotherapy, diversity in treatment
*Angela McCarroll, Psy.D. Regent University, 2002	Domiciliary Chief	Psychological assessment, homelessness
*Frank Mirarchi, Psy.D. Phila. College of Osteopathic Medicine, 2014	Primary Care Mental Health Integration	Health psychology, CBT, motivational interviewing, improving treatment adherence
*Laura Mowery, Psy.D. Ferkau Graduate School of Psychology, Yeshiva University, 2009	Behavioral Health Interdisciplinary Program	CBT, MST, PTSD, Telehealth
*Ronald Pekala, Ph.D. Michigan State University, 1981	Biofeedback Clinic	Biofeedback, hypnosis, phenomenology
*Elizabeth Phelps, Psy.D. Philadelphia College of Osteopathic Medicine, 2016	Primary Care Mental Health Integration Assistant Director of Training	Clinical Health Psychology, CBT, Insomnia, Health Psychology Psychological Evaluations, Anxiety, Depression
Joseph Reichmann, Psy.D. Marywood University, 2015	Psychosocial Rehabilitation and Recovery Center	Recovery-oriented cognitive therapy

*Holly Ruckdeschel, Ph.D. **University of Pennsylvania, 1993	Community Living Center; Hospice and Palliative Care	Geropsychology, interdisciplinary teams, end of life issues, culture change in LTC
Joan Ryan, Psy.D.	Substance Abuse Treatment Unit	Recovery from substance abuse, personality disorders
*Gabrielle Sassone, Psy.D. Philadelphia College of Osteopathic Medicine, 2016	Behavioral Health Interdisciplinary Program	Posttraumatic stress disorder, Severe Mental Illness, Treatment with Prolonged Exposure Therapy/Cognitive Processing Therapy
*Danielle Schade, Psy.D., CPRP **Georgia School of Professional Psychology/Argosy Univ., 2004	Chief of Psychology; SMI Community Living Center	Psychosocial rehabilitation, serious mental illness, psychological assessment, ethics, education/training
Shannon Schiavoni, Psy.D. ** Nova Southeastern University	PTSD Unit	Trauma, Cognitive Processing Therapy
*Jeffrey Schweitzer, Ph.D. Miami University, 2014	Behavioral Health Interdisciplinary Program	Trauma, Loss, Experiential-dynamic psychotherapies, ACT, DBT, PE, IBCT.
Kristine Sudol-Regan, Psy.D. **LaSalle University, 2006	PTSD Clinical Team	PTSD, military sexual trauma, women veterans
*Carmella Tress, Psy.D. Philadelphia College of Osteopathic Medicine, 2014	Behavioral Health Interdisciplinary Program	CBT, ACT, PE, DBT, SMI, OCD, trauma, recovery-oriented care
*David Tsai, Ph.D., ABPP-CN Biola University, Rosemead School of Psychology, 1997	Neuropsychology Clinic	Neuropsychology, psychological assessment, ethnic minorities
LeAnn Valentine, Ph.D. **Georgia State University	Community Based Outpatient Clinic	CPT, PE, CBT-I, C&P Examiner
*Amanda Vaught, Psy.D. PGSP Stanford Psy.D. Consortium, 2012	Behavioral Health Interdisciplinary Program Director of Training	PTSD, EBP psychotherapy, eating disorders
Catherine Wallace, Ph.D. University of Utah	Behavioral Health Interdisciplinary Program	Couples and family services, anxiety disorders, PTSD, CBT & Exposure therapies, program development

* Denotes staff currently involved in formal intern training.

** Denotes staff who were formerly interns at Coatesville VAMC.

Recent Interns Listing

<u>Intern</u>	<u>Doctoral Program</u>
2019-2020	
Cara Genbauffe	Rutgers University
Stephen Maitz	Chestnut Hill College
Alexander Puhalla	Temple University
Marnina Stimmel	Yeshiva University/Ferkhauf
Rebecca Yeh	La Salle University
2018-2019	
Justine Bates-Krakoff	Fairleigh Dickinson University
Joseph De Marco	Loyola University Maryland
Sara Honickman	Yeshiva University/Ferkhauf
Jessica Reinhard	Immaculata University
Rolf Ritchie	Bowling Green State University
2017-2018	
Gennaro DiCarlo	Chestnut Hill College
Kirsten Hunter	Fielding Graduate University
Elissa Jarvis	Regent University
Christine Lee	Yeshiva University/Ferkhauf
Shannon Schiavoni	Nova Southeastern University
2016-2017	
Alyson Negreira	Suffolk University
Amy Olzmann	Xavier University
Melanie Robbins	Indiana University
Brenton Roman	Loyola University Maryland
Averie Zdon	Antioch University
2015-2016	
Lindsay Anmuth	James Madison University
Briana Auman	Yeshiva University
Danielle Bosenbark	Drexel University
Alison Hoyt	Immaculata University
Yinchi Li	Chestnut Hill College
2014-2015	
Kayleigh Flanagan	Massachusetts School of Professional Psychology
Kevin Giangrasso	Philadelphia College of Osteopathic Medicine
Tara McGuire	California School of Professional Psychology
Lydia Wardin	Adler School of Professional Psychology
Zacharias Yanis	Georgia School of Professional Psychology

Appendix A: Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: 8/30/19

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The Coatesville Veterans Affairs Medical Center internship ascribes to the Practitioner-Scholar Model. We offer two training tracks: generalist and neuropsychology. Our patient population is exclusively adults, and predominantly male veterans. Interns work with multidisciplinary teams with a variety of age groups, presenting problems, and diagnoses, and in a wide variety of inpatient, outpatient, and residential settings. Intern duties involve a broad scope of practice including assessment, individual and group therapy, program development/evaluation, and provision of staff education and systems-level interventions.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	<input checked="" type="checkbox"/> N	Y	Amount: 0
Total Direct Contact Assessment Hours	<input checked="" type="checkbox"/> N	Y	Amount: 0

Describe any other required minimum criteria used to screen applicants:

Applicants are expected to have clinical/practicum experience in working with an adult population.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$28,257	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): As Federal employees, interns receive 10 federal holidays as paid time off. Interns are also granted 5 days of Approved Absence (not deducted from annual or sick leave) for attendance at professional conferences, postdoctoral or job interview, and/or dissertation defense. Interns are not required to carry separate liability/malpractice insurance.		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2016-2019	
Total # of interns who were in the 3 cohorts	15	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	5	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	5	0
Psychiatric hospital	1	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	1	1
Not currently employed	0	2
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position.

Appendix B: Program Policies

PSYCHOLOGY INTERNSHIP PROGRAM POLICIES

1. PURPOSE: To define the policies and procedures for the doctoral Psychology Internship Program at the Coatesville Veterans Affairs Medical Center.

2. POLICY: The Coatesville VA Medical Center doctoral internship program in Health Services Psychology is designed for students from graduate programs in Clinical and Counseling Psychology that are accredited by the American Psychological Association (APA). The Director of Training and the Psychology Training Committee provide oversight for all psychology internship training, under the direction of the Chief Psychologist.

3. RESPONSIBILITY: The Director of Training and the Psychology Training Committee provide management for the program under the broad supervisory control of the Chief Psychologist. The Internship program is accredited by the American Psychological Association (APA) and is affiliated with the Association of Psychology Postdoctoral and Internship Centers (APPIC).

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

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

4. ADMINISTRATIVE ORGANIZATION:

A. Membership - The Training Committee is comprised of the following:

1. Director of Training
2. Assistant Director of Training
3. Training Supervisors
4. The Chief Psychologist will appoint the Director of Training for an indeterminate term to provide overall coordination of Internship training activities. Members of the Training Committee and Training Supervisors will be selected by the Director of Training, with the approval of the Chief Psychologist, or will be appointed by the Chief Psychologist.

B. Training Committee Meetings:

1. The Psychology Training Committee will meet monthly. A portion of each meeting will be set aside for discussion of interns' progress in meeting training goals. Additional Committee meetings or subcommittee meetings will be scheduled on an as-needed basis.
2. The Psychology Training Committee will identify and explore areas for potential improvement in training, and on an exceptional basis, as a step in determining actions regarding impaired interns, in accordance with due process requirements below.

3. Minutes will be maintained for Training Committee meetings, as well as sign-in sheets for attendees.
- C. Responsibilities:
1. The Chief Psychologist is responsible for appointing the Director of Training, approving members of the Psychology Training Committee, approving the designation of Training Supervisor Psychologists, providing broad management oversight of the Internship Program, and assuring that all rules and regulations concerning its management are consistent with those of the Medical Center, the VISN, and the Department of Veterans Affairs.
 2. The Director of Training is responsible for the overall administration of the Internship Program, as well as its day-to-day operations. The Director of Training is further responsible for the development, implementation, and oversight of all policies regarding training and education, with the approval of the Chief Psychologist. Specific responsibilities include the following: coordination of the intern selection process, APA accreditation activities, intern, rotation, and program evaluations, didactic seminars, and ongoing development activities for the internship program; serving as the program's representative to affiliated agencies: APA, APPIC, VAMC, CVAMC Resident and Trainee Review Committee, and DVA-OAA; liaison between Interns and the Psychology Training Committee as well as between the internship and the interns' graduate programs; and developing internship policies and procedures for approval by the Psychology Training Committee and the Chief Psychologist.
 3. The Assistant Director of Training provides support in collaboration with the Director of Training. The Assistant Director of Training is responsible for any programmatic responsibilities assigned by the Director of Training, and can fulfill all related duties in absence of the Director of Training. Through intern application and interview data, as well as training track assignment, the Director of Training and Assistant Director of Training will develop and approve a training plan that considers each intern's knowledge, experience, and stated preferences.
 4. The Training Committee meets at least monthly and is presided over by the Director of Training and is comprised of the Training Supervisors and other psychologists contributing to the program. It is responsible for contributing to intern selection, evaluation, and, in consultation with the Director of Training and Chief Psychologist, all matters involving graduation and/or termination from the program. Other responsibilities include conducting a continuing evaluation of the training program through recommendations, suggestions, and decisions for program improvement.

5. INTERNSHIP REQUIREMENTS:

- A. *Intern Recruitment and Eligibility:* Intern applicants must be enrolled as students in good standing in an APA-accredited clinical or counseling psychology doctoral program of study; have completed at least their third year of pre-internship graduate training; have achieved doctoral candidate status; and have an appropriate number and type of practicum training hours. All applicants must be U.S. citizens. Applicants must also be aware of the following Federal Government requirements: 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 complete a Certification of Citizenship in the United States, as well. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning internship, but once on staff, they are subject to random selection as are other staff members. Interns are also subject to fingerprinting and background checks.

- B. *Intern Selection Procedures:* The internship program participates in the APPIC match, and therefore applications must be made through the online AAPI. Applicants must specify whether they are applying to the Neuropsychology Track, the General Track, or to both. Cover letters must indicate the applicant's specific interests in the program. Application materials are reviewed by the Director of Training and by members of the Training Committee. Applications are rated on a variety of areas relevant to fit with the internship program and the VA. Applicants should have experience and interests consistent with the goals of the internship program. Onsite interviews are preferred, but telephone interviews are available as needed. The program notifies applicants of selection or non-selection for interview according to deadlines specified with APPIC. Interviews are scheduled in the month of January, and each is conducted with individual applicants according to a structured interview format by one or two training committee members. Interviewees may be asked to complete a brief writing sample as part of the interview process. Interviews provide a set of ratings on various characteristics, and the Psychology Training Committee members conducting applicant reviews convenes with the Director of Training to solidify the final rankings. The training committee is committed to ensuring a range of diversity among our training classes. Therefore, provided that applicants are identified as a good fit for the program, consideration is given to those with veteran status and members of historically underrepresented groups. Applicants are ranked in terms of their suitability for the program in accordance with APPIC policies and guidelines, and rankings are submitted to the National Matching Service. Letters to successful applicants and their academic program directors will confirm all selections.
- C. *Internship Structure:* The Internship program consists of three, four-month rotations. All interns are required to carry an average of two mental health clinic outpatients or groups throughout the year, regardless of their primary rotation(s). All interns must complete one half-time psychological assessment rotation, producing at least three integrated reports. All interns must also conduct at least two on-site professional presentations. Interns matched to the Neuropsychology track are required to complete a year-long, half-time rotation in neuropsychological testing and cognitive rehabilitation. Interns matched to the General Psychology track are required to complete one residential or inpatient rotation. The remaining rotations for both tracks are chosen from opportunities in various mental health, geriatric, domiciliary, and primary care settings.
- D. *Supervision of Interns:* All interns will receive at least four hours of scheduled supervision each week by a licensed psychologist. At least two of those hours will be individual, face-to-face supervision. Supervision will be conducted according to the Supervision Agreement, completed by the intern and rotation supervisor at the commencement of each rotation. Supervision must include direct observation of the intern – in-person observation, in room or one-way mirror, live synchronous audio-video streaming, audio-video recording, or audio recording.

- E. *Intern Seminars and Continuing Education:* All interns are required to attend regularly scheduled weekly seminars on assessment, interventions, and ethics, diversity, and professional issues. At the discretion of the supervisor, seminar leader, or Director of Training, they may also attend continuing education seminars and workshops designed to enhance and expand their clinical knowledge and expertise through the training year.
- F. *Intern Representation:* The intern class will select a representative to meet with the Training Committee in the regularly scheduled meetings to discuss progress and any noted problem areas. Interns meet as a cohort with the Director and Assistant Director as part of their monthly seminar series. Interns can utilize this time to provide feedback, suggestions, and questions. All interns may also meet individually with the Director of Training to discuss problems, if any, and to provide ongoing feedback on their internship experiences.

6. EVALUATION:

- A. *Evaluation of Interns:* A mid-rotation and end-of-rotation evaluation will be completed for each assigned rotation or half-rotation using the Competency Evaluation Form. Evaluation is based at least in part on direct observation of the intern. Evaluations for micro-rotations may be integrated into full or half-rotation evaluations. The intern's signature acknowledges receipt of the evaluation and does not necessarily represent agreement with its contents. Interns are evaluated with respect to each of the site-specific and required profession-wide competencies: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary skills. The minimum threshold for satisfactory completion of a rotation is for all competency areas to be rated at a level of competence level of 3 or higher on the Competency Evaluation. Items rated as level 1 or 2 will require implementation of a remediation plan. By end of training (3rd rotation evaluations), intern will have achieved a rating of 4 or higher on all profession-wide competencies and 3 or higher on all relevant site-specific competencies. In the event an intern receives a rating of 2 (Requires Intensive supervision/Beginning of Competence) or 1 (Remedial), the training supervisor and the intern, with the input of the Director of Training, will prepare a joint written remedial plan, with specific dates indicated for completion. Once completed, the intern's performance in the rotation will be re-evaluated. Failure to achieve the minimum passing threshold by the specified date may result in a decision of the Training Committee to terminate training, following the *Psychology Intern's Right to Due Process Prior to Termination* policy described below. To successfully complete the internship, an intern must not only reach the minimum levels of achievement, but also must complete a full year of training (i.e., 2080 hours).
- B. *Evaluation of Rotations and Supervisors:* Interns are invited to share feedback about their supervision and rotations throughout the year in dialogue with their rotation supervisors and with the Director of Training and Assistant Director of Training. At the end of each rotation, intern complete a formal written evaluation of each rotation supervisor using the *Rotation Evaluation* form and submit it to the Director of Training. The Director of Training will review all *Rotation Evaluation* forms when submitted, and address any immediate concerns so that remedial actions can be taken promptly when necessary. Copies of the forms are shared with each training supervisor immediately after the

intern's departure from the program. Repeated or serious deficiencies noted in this evaluation will be reviewed by the Chief Psychologist and, in consultation with the Director of Training, a plan of corrective action will be developed, including the option of removing/replacing the training supervisor. The Chief Psychologist is responsible for ensuring that the training supervisor implements the corrective action and for monitoring compliance with the plan and resolution of the identified problem(s).

- C. *Internship Consultation Report:* At the end of the training year, the interns will prepare, as a class, a full-scale evaluation of the internship, taking into consideration the training goals, training methods, training opportunities, and training content, as well as whether formal requirements for APA-accredited programs were consistently met. In addition to its consultative value for the Training Committee, the report also serves as a training task in program evaluation. After the interns have cleared station, this report will be reviewed by the Director of Training as well as the Chief Psychologist, prior to review by all training supervisors. The information in this report may be used as a basis for making program adjustments and improvements, as determined by the Training Committee, the Director of Training, and the Chief Psychologist.
- D. *Maintenance of Records:* All materials related to interns are kept in a locked file cabinet inside a locked Education Department office. Files includes documentation of intern performance on mid-rotation and end-of-rotation competency evaluation forms, supervision logs, the interns' rotation evaluation forms, correspondence with intern training programs, remediation plans, grievance materials, copies of certificates of completion of internship, and all materials after completion related to professional licensure.

7. FINANCIAL AND ADMINISTRATIVE SUPPORT:

- A. *Financial Benefits:* Interns' stipends are fully funded through the Central Office of the Department of Veterans' Affairs. Staff members are salaried through central and local funds. Interns' stipends are determined by the VA Central Office. Currently, CVAMC interns receive an annual stipend of \$25,666, paid biweekly by direct deposit. Interns are considered Federal Employees with eligibility for health benefits and life insurance benefits. However, as temporary employees, interns may not participate in VA retirement programs. Employees may receive a financial subsidy to offset the cost of using public transportation to/from work.
- B. *Leave:* As employees, interns have ten paid federal holidays, and they earn both annual and sick leave in accordance with federal rules and regulations, which are described in more detail below as well as in the CVAMC leave policy HR-09. While interns do not receive financial support from the VAMC for training activities, they are able to participate in free multi-day trainings at other VAMC's, and with supervisory permission, may attend any related continuing education activities at this or nearby VA sites. Interns are given Authorized Absence (paid leave that does not count against their annual or sick leave) to attend appropriate off-station trainings, post-doctoral interviews, and dissertation defenses.
- C. *Liability Coverage:* The Federal Tort Claims Act prescribes a uniform procedure for handling of claims against the United States, for money only, on account of damage to or loss of property, or on account of personal injury or death, caused by the negligent or wrongful act or omission of a Government employee while acting within the scope of his or her office or employment. Thus, as a federal employee, interns are included as part of

the Federal Tort Claims Act and are not required to carry any additional liability/malpractice insurance for training work at CVAMC.

- D. *Psychological Support*: Interns are able to utilize the medical center's Employee Assistance Program (EAP) should the need ever arise to seek psychological support during the training year. EAP is a confidential service that can provide up to 8 sessions of counseling.
- E. *Clerical and Technical Support*: Clerical and other technical support staff are paid through Central Office and local funds. The internship program receives clerical support from the Education Department for administrative program needs. Interns are assigned to a psychology department timekeeper. Each clinical area has dedicated program support staff to assist with intern needs.

8. MANAGEMENT OF PROBLEMATIC BEHAVIOR, REMEDIATION, AND DUE PROCESS:

- A. Professional policies for managing difficulties, if they arise, are in keeping with the VHA Handbook 1004.08, which provides federal regulation regarding due process and fair treatment of interns.
- B. *Definition of Problematic Performance*: Problem behaviors are said to be present when supervisors perceive that an intern's behavior, attitude, or characteristics are disrupting the quality of his or her clinical services, his or her relationship with peers, supervisors, or other staff, or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when behaviors are serious enough to constitute "problematic performance," but typically would involve an interference in professional functioning that renders the intern: unable and/or unwilling to integrate professional standards into his/her repertoire of professional behavior, unable to acquire professional skills that reach an acceptable level of competency, or unable to control personal stress in ways that lead to disrupted professional functioning. Behaviors are identified as problematic when they include one or more of the following characteristics:
 - 1. The intern does not acknowledge, understand, or address the problem when it is identified.
 - 2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
 - 3. The intern's behavior does not change as a function of feedback, remediation, and/or time.
 - 4. The quality of services delivered by the intern is significantly negatively affected.
 - 5. A disproportionate amount of time and attention by training personnel is required.
- C. *Procedures for Responding to Problematic Intern Performance or Behavior*:
 - 1. Informal staff or intern complaints or grievances: Supervisory staff and/or trainees are encouraged to initially seek informal redress of minor grievances or complaints directly with the other party. If this initial attempt at resolution proves unsuccessful, the concerned parties may approach the Director of Training who may act as a mediator. If the Director of Training is the subject of the complaint or grievance, the Assistant Director of Training will be approached instead for mediation. Informal efforts to resolve problems may also involve the Chief of Psychology. Failure to resolve issues in this manner may eventuate in formal

performance/behavior complaint, and/or intern grievance as the case may be, following the procedures delineated below.

D. *Remediation, Due Process, and Intern Termination*

1. Remediation: When specific training competencies are not reaching minimum levels of performance or when a problem behavior occurs, the supervisor consults with the Director of Training to develop a specific remediation plan. The plan includes specific learning tasks and timelines for completion. The plan is reviewed with the intern, who has opportunities for input. The plan is provided in writing to the intern. Performance on the remediation plan is assessed frequently. The intern is provided with written feedback regarding whether the remediation plan has been adequately resolved. The Director of Training from the intern's graduate program will be notified of remediation plans and their outcomes.
2. Criteria for Termination: Concerns of sufficient magnitude to warrant consideration of termination of a psychology intern include, but are not limited to: a) incompetence to perform typical psychological services in this setting and an inability to attain competence during the course of the internship; b) significant violation of the American Psychological Association *Ethical Principles of Psychologists and Code of Conduct* (2002) or of laws governing the practice of psychology established by the Commonwealth of Pennsylvania; or c) other behaviors which are judged as unsuitable and which hamper the intern's professional performance. For reasons of patient safety, the intern may be removed temporarily from direct clinical care during due process procedures.
3. Due Process: A recommendation to the Chief Psychologist to terminate an intern's training requires a majority vote by the Psychology Training Committee at a regular or special meeting of that committee. The intern will be provided an opportunity to present arguments against termination at that meeting. Direct participation by the Director of Clinical Training or designee from the intern's graduate program will be sought. If she or he is unable to attend personally, arrangements will be made for some means of online communication.
4. Appeal: Should the Psychology Training Committee recommend termination, the intern may invoke his or her right of appeal by so notifying the Chief Psychologist in writing within ten (10) working days after the decision to terminate is communicated to the Intern. The Chief Psychologist shall convene an Appeal Panel composed of at least three members who may be drawn from the CVAMC Psychology Service staff and which shall include at least one member of the Psychology staff of another APA-Accredited Psychology Internship Program. The specific composition is at the discretion of the Chief Psychologist, with the exception that no one involved in the original action may be on the Appeal Panel. A representative of the District Counsel Office shall be available to consult with the Appeal Panel concerning Due Process issues. The Director of Training shall present the position of the Psychology Training Committee. The intern, together with any counsel or representative he or she may choose, shall present the appeal. The recommendation of the Appeal Panel will be forwarded to the Chief Psychologist for final disposition.
5. Disposition: If the decision to terminate is made, the Chief Psychologist will direct the Human Resources Management Service to terminate the intern's

appointment. If the decision is for continuation, the Director of Training, the intern's primary supervisors, and the intern are responsible for negotiating an acceptable training plan for the balance of the internship year.

E. *Grievance Resolution Procedures for Psychology Interns:*

1. Purpose: The Psychology Training Committee strives to maintain an environment in which interns learn and grow professionally with a minimum of conflict and stress. Occasionally, however, situations may arise that call for informal or formal resolution using an established procedure. This policy provides resolution procedures that promote a positive training atmosphere and follow the APA *Ethical Principles of Psychologists and Code of Conduct*, while respecting the VA's organizational structure and processes. It is intended to provide an effective and consistently-applied method for an intern to present a grievance and to have that grievance internally resolved at the lowest level possible. Simultaneously, the process allows for the opportunity to appeal up the chain of command if needed to ensure due process and to help interns feel comfortable that concerns can be addressed without fear of reprisal. The guidelines, though not exhaustive, assist interns in *resolving grievances or conflicts between interns and supervisory psychologists*. Situations falling outside these guidelines should be discussed with the Director of Training.
2. Process: As in other organizations, we attempt to resolve grievances or conflicts at the employee-supervisor level. Thus, in most cases, the intern begins by discussing the issue with the rotation supervisor on the affected rotation. Conflicts of a relatively minor nature involving the rotation supervisor and the intern, such as workload, client selection, or performance evaluation, are often resolved quickly and collaboratively without involving the Director of Training. If this process fails, however, or if the grievance involves an issue of a more significant nature, such as a supervisory psychologist's misconduct toward the intern, the intern should consult with the Director of Training directly and without delay. If the Director of Training is the subject of the grievance, the Assistant Director of Training will be consulted instead. A grievance must be presented in writing and should include (if applicable): the grievance and the date when the incident occurred, suggestions on ways to resolve the problem, and information regarding any previous meetings to attempt to resolve the grievance. Formal grievances are presented to the training committee for resolution. Interns may present the grievance directly to the training committee and may invite a staff member of their choice to provide advocacy and support. The body to hear the formal grievance will be assembled as soon as possible and in all cases within three weeks from the presentation of the formal grievance. Where the conduct of the Director of Training is at issue, the intern consults with the Assistant Director of Training or directly with the Chief Psychologist. Prior consultation with, and assistance from, the intern's rotation supervisor and/or graduate program Director of Clinical Training may facilitate this consultation. If the grievance is against the Director of Training, another individual normally assigned to the this body who is not involved in the deliberation will preside. Resolution may or may not involve the Director of Training from the intern's graduate program. Grievances and their resolution are documented and forwarded to the intern's training program.

3. Some matters should be taken up with the Director of Training immediately. These include:
 - a. Grievances involving the internship program itself, such as rotational assignments or the evaluation procedure.
 - b. A Medical Center staff member's misconduct toward an intern, such as harassment or unethical conduct involving the intern. For issues concerning the training program, prior consultation with the Psychology Intern's graduate program Director of Clinical Training and/or the Training Supervisor may also be in order.
 4. Some matters may require the intern to make a formal written statement in order to achieve resolution. Some may, involve specialized processes through the Equal Employment Opportunity Office, VA Police, Chief of Staff/Patient Safety Office, or state licensing board. Please note that other procedures exist to manage other types of problems within the Medical Center, such as alleged patient abuse.
- F. *Nondiscrimination Policies:* The internship abides by all Federal non-discrimination policies and practices.
1. *Statement of Non-Discrimination:* Federal laws prohibit discrimination on the basis of race, ethnicity, religion, gender, national origin, age, physical or mental disability, sexual orientation, genetic information, and/or reprisal for filing a complaint of discrimination, participating in the EEO process, or having opposed prohibited discrimination. Harassment based on these categories is also prohibited. The internship program is fully committed to actively promoting an environment of non-discrimination. The program seeks to maintain operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession. Applications from all qualified prospective interns are accepted. If trainees or faculty experience or observe instances of discrimination in the course of internship training, they should address the problem as soon as possible to diminish potential for harm. The matter should be brought to the attention of the Director of Training, rotation supervisor, Chief of Psychology, or other psychology staff. Formal procedures are available if resolution is not reached at this level of intervention, including EEO program. These are indicated in the program's policies, which are also reviewed with interns during orientation.
 2. *Statement on Diversity:* The Department of Veterans Affairs and its affiliated agencies are charged by the US Congress to serve the veteran population. The composition of the Armed Forces and therefore the veterans enlisted for healthcare in the VA represent a wide range of the US population and are therefore a quite diverse group. Diversity is strongly valued in the Coatesville VAMC internship program, as it aligns with the Medical Center's effort to recruit supervisory staff and trainees from diverse backgrounds who show a high level of commitment to VA's stated values (<http://www.diversity.va.gov/policy/dra.asp>) and provide care that respects the diversity, dignity, and individuality of all veterans. The program is committed to recruitment of applicants from diverse geographic regions and in training interns from an array of cultural background. Our program provides broad-based training with substantial clinical emphasis on intern's development of sensitivity to cultural diversity and individual differences,

which is explicitly present in our training goals. Interns are exposed to a wide array of clinical experiences, didactics, and supervision opportunities that teach the importance of human diversity and individual differences in real time. The training program also emphasizes promoting and maintaining an open and inclusive training environment through encouraging genuine curiosity and willingness to learn about each other's experiences and supporting an environment of mutual respect. If at any time an intern identifies the need for additional support or training around any issues of diversity, the program will make efforts to quickly and appropriately address such need.

9. TIME, LEAVE, AND ATTENDANCE:

- A. *Internship and rotation calendar:* The 2020-2021 internship year begins on July 1st and ends on June 30th. The first rotation occurs from July through mid-November. The second rotation occurs from mid-November through early March, and the third rotation is from early March through the end of June. Specific rotation start/end dates will vary from year to year, and these dates are publicized during orientation. **Please note, historically this program began on September 1st and ended on August 31. This program is currently transitioning to eventually reach a July 1 to June 30 training year, which will first be implemented in the 2020-2021 training year.
- B. *Work Hours:* Interns' tour of duty is Monday through Friday, 8:00 AM to 4:30 PM or 7:30 AM to 4:00 PM. Each intern's individual training varies, but interns must spend a minimum of 25% of their time in direct clinical activities. The remaining time is accounted for by supervision, didactics, team meetings, report writing/clinical documentation, or other elective and training duties. Interns are not expected to work late or to take work home.
- C. *Leave:* Consistent with Federal leave policies (CVAMC leave policy HR-09), interns accrue annual leave (AL) and sick leave (SL) at the standard new government employee rate of 4 hours every pay period, which occurs every two weeks. Employees with prior government service or military duty may qualify for 6 hours of AL every pay period. Therefore by the end of the internship year, interns will have earned 13 days of AL and 13 days of SL. Leave may only be used after it has accrued. AL may be used for personal time off or for job/postdoctoral interviews. SL may be used for illness, medical appointments, or for care of an ill immediate family member. It is the intern's responsibility to plan for and use leave appropriately and to avoid sick leave abuse. If it appears that SL is being abused, an intern may be required to produce written medical documentation as proof of the need to use sick leave. (Note: in accordance with federal regulations, any employee requesting or using more than 3 consecutive days of SL is required to provide documentation of medical need and treatment by a physician prior to returning to work.) If additional leave is needed, or leave is needed that has not been accrued, interns may be granted leave without pay at the discretion of the Chief of Psychology. In addition to AL and SL, interns are also granted Authorized Absence (AA) to attend off-station conferences and seminar related to psychology, to attend postdoctoral or job interviews, or to defend their dissertation, given that the intern is making satisfactory progress in meeting internship requirements. Leave requests must be verbally approved by the intern's rotation supervisor(s) prior to submitting their computerized leave request for administrative approval. Further instruction on this

process will be provided during orientation. Intern reporting an absence related to illness or due to unforeseen circumstances must call the psychology service call-out line (610-383-0238) within 2 hours of their tour of duty. Interns are encouraged, but not required, to contact their rotation supervisor(s) as well so that appropriate coverage or cancellations can be planned.

Other relevant institution/agency policies with which the program is required to comply:

- A. Education of Health Associated Professions, VHA Handbook 1400.08
- B. Equal Employment Opportunity Policy; VHA Directive 1124; Coatesville VAMC Policies: EEO-01, EEO-02, EEO-03, EEO-04, EEO-05, and EEO-06.
- C. Reasonable Accommodations in the Federal Government Policy

If you have questions regarding any of these procedures, or need assistance in identifying the individual(s) with whom you should consult, please see a Supervisory Psychologist or the Director of Training.

Revised 8/30/19

Competency Evaluation

Intern: Click here to enter text.	Supervisor(s): Click here to enter text.
Rotation: Click here to enter text.	Date: Click here to enter text.

Supervision Modalities

<u>Direct Observation</u>		<u>Other</u>	
<input type="checkbox"/>	Live, In-Room Observation	<input type="checkbox"/>	Review of Audio Recordings
<input type="checkbox"/>	Co-Therapy/ Co-Facilitation	<input type="checkbox"/>	Review of Written Work/Raw Data
<input type="checkbox"/>	Review of Video	<input type="checkbox"/>	Feedback from Staff
<input type="checkbox"/>	One-Way Mirror	<input type="checkbox"/>	Feedback from Patients
<input type="checkbox"/>	Live audio-video streaming	<input type="checkbox"/>	Other: Click here to enter text.
<input type="checkbox"/>	Other: Click here to enter text.		

*Each intern evaluation must include direct observation of the intern – in-person observation, in room or one-way mirror, live synchronous audio-video streaming, or audio-video recording. Audio recording alone is not sufficient to meet the requirements of direct observation.

Levels of Competency

Level 1	Remedial; Does not demonstrate skill. Demonstrates significant deficiencies in the skill due to lack of knowledge, experience, or training, or due to personal characteristics such as defensiveness or naiveté. Requires frequent, intensive direct observation and additional supplementary supervision to meet core competencies.
Level 2	Requires intensive supervision; beginning level of competence. Requires less frequent direct observation, and supplemental supervision is needed only occasionally for more challenging tasks or new areas of development. This is a relatively new skills set for the intern with emerging competence. Requires remedial work if this rating is assigned at end of a rotation.
Level 3	Requires occasional supervision; progressing towards competence. Does not require supplemental supervision to complete a task. Supervisor can rely on trainee reports with occasional direct observation for compliance. Intern has clinical experience with skill set and demonstrates a level of proficiency where they can perform the skill adequately with some supervision.
Level 4	Requires consultation-based supervision; competence achieved. Intern is primarily independent with the skill and can perform it without directive supervision. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
Level 5	Ready for autonomous practice; advanced competence. Extremely rare for interns and limited to a few areas of particular and exceptional strength. Exceeds expectations for internship and is fully independent or excelling in performing the skill.
N/A	Skill area is not applicable to rotation.

Competencies

Research/Integration of Science and Practice

1.	Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local, regional, or national level.	Choose an item.
2.	Integrates current research and literature into clinical practice in relevant ways.	Choose an item.
3.	Demonstrates critical thinking skills when presenting/discussing research.	Choose an item.
4.	Verbal Presentation Skills: Intern's presentation includes clear speech, appropriate eye contact, ability to respond to questions, ability to engage the audience, absence of distracting mannerisms, and use of language appropriate to the audience.	Choose an item.
5.	Visual Presentation: Intern's presentation includes thorough and well-organized visual aids, materials tailored to the audience, and references using APA format.	Choose an item.
6.	Organization: Intern's presentation marked by appropriate/balanced use of time, logical sequencing of information, and appropriate balance of emphasis.	Choose an item.
7.	Issues of diversity/ethics are appropriately addressed as related to presentation topic.	Choose an item.

Ethical and Legal Standards

1.	Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	Choose an item.
2.	Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.	Choose an item.
3.	Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines.	Choose an item.
4.	Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.	Choose an item.
5.	Conducts self in an ethical manner in all professional activities.	Choose an item.

Individual and Cultural Diversity

1.	Demonstrates an understanding of how intern's own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	Choose an item.
2.	Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	Choose an item.
3.	Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of one's career. Also included is the ability to work effectively with individual whose group membership, demographic characteristics, or worldviews create conflict with their own.	Choose an item.
4.	Demonstrates the ability to independently apply knowledge and approach in working	Choose an item.

	effectively with the range of diverse individual and groups encountered during internship.	
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Professional Values and Attitudes

1.	Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	Choose an item.
2.	Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and effectiveness.	Choose an item.
3.	Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	Choose an item.
4.	Responds professionally in increasingly complex situations with a greater degree of independence while progressing across levels of training.	Choose an item.

Communication and Interpersonal Skills

1.	Develops and maintains effective relationships with a wide range of individual, including colleagues, communities, organizations, supervisors, peers, and veterans and their families.	Choose an item.
2.	Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.	Choose an item.
3.	Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	Choose an item.

Assessment

1.	Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.	Choose an item.
2.	Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	Choose an item.
3.	Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	Choose an item.
4.	Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	Choose an item.
5.	Formulates an accurate diagnosis according to current DSM criteria.	Choose an item.
6.	Generates assessment reports that are organized and integrative.	Choose an item.
7.	Demonstrates accurate and standardized administration and scoring of tests/instruments with proper use of norms and population base rates.	Choose an item.
8.	Conducts a thorough and sensitive clinical interview.	Choose an item.

Intervention

1.	Establishes and maintains effective relationships with the recipients of psychological services.	Choose an item.
2.	Develops evidence-based intervention plans specific to the service delivery goals.	Choose an item.
3.	Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	Choose an item.
4.	Demonstrates the ability to apply the relevant research literature to clinical decision-making.	Choose an item.
5.	Modifies and adapts evidence-based approaches effectively when clinically indicated or when a clear evidence base is lacking.	Choose an item.
6.	Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.	Choose an item.
7.	Conceptualizes presenting problems within a theoretical approach appropriate to the individual.	Choose an item.
8.	Demonstrates awareness of process/relationship issues occurring within the therapeutic relationship (e.g., transference, countertransference) and ability to meaningfully respond in light of this awareness.	Choose an item.
9.	Demonstrates ability to maintain group order and focus on goals of group.	Choose an item.
10.	Demonstrates awareness of group dynamics and is able to effectively manage the group process.	Choose an item.
11.	Demonstrates ability to function effectively in co-facilitator roles.	Choose an item.

Supervision

1.	Applies knowledge of supervision models and practices in direct or simulated practice with peers or with other health professionals.	Choose an item.
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Consultation and Interprofessional/Interdisciplinary Skills

1.	Demonstrates knowledge of and respect for the roles and perspectives of other professionals.	Choose an item.
2.	Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	Choose an item.

Patient-Centered Practices

1.	Fosters self-management, shared decision-making, and self-advocacy/direction in patients.	Choose an item.
2.	Solicits the preferences, needs, and goals of the patient during professional work and integrates that information into care plans and interventions, advocating for patients as needed.	Choose an item.
3.	Recognizes the role of caregivers/family in improving outcomes for Veterans and involves them in care as desired by the Veteran.	Choose an item.

Program Development and Evaluation

1.	Demonstrates basic understanding of major documents establishing relevant program standards (e.g., VA handbooks/guidelines, Uniform MH Services, CARF, JC, etc).	Choose an item.
2.	Applies this knowledge in assessing a program's areas of strength, compliance, and weakness.	Choose an item.
3.	Constructs meaningful suggestions for program development and can propose implementation strategies.	Choose an item.

DESCRIPTION OF ROTATION & ACTIVITIES PERFORMED:

[Click here to enter text.](#)

Summary of Intern's Strengths:

[Click here to enter text.](#)

Areas of Additional Development or Remediation:

[Click here to enter text.](#)

Remedial Work Instructions - In the rare case when it is recognized that an intern needs remedial work, a competency evaluation form should be filled out immediately, prior to any deadline date for evaluation, and shared with the intern and the Director of Training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

MINIMAL LEVELS OF ACHIEVEMENT

All competency areas will be rated at a level of competence level of 3 or higher. Items rated as level 1 or 2 will require implementation of a remediation plan. By end of training (3rd rotation evaluations), intern will have achieved a rating of 4 or higher on all profession-wide competencies and 3 or higher on all relevant site-specific competencies. Site-specific competencies above are shaded, while profession-wide competencies are unshaded.

☐ The trainee HAS successfully completed the above goal.

☐ The trainee HAS NOT successfully completed the above goal. A remediation plan is attached.

Supervisor Signature: _____ Date: [Click here to enter a date.](#)

Supervisor Signature: _____ Date: [Click here to enter a date.](#)

Supervisor Signature: _____ Date: [Click here to enter a date.](#)

TRAINEE COMMENTS (if any, and attach additional pages as needed):

[Click here to enter text.](#)

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate agreement.

Trainee Signature: _____ Date: _____

Appendix D: Intern Rotation Evaluation

INTERN ROTATION EVALUATION

Intern: Click here to enter text.

Supervisor: Click here to enter text.

Rotation: Click here to enter text. ☐ Full-Time ☐ Half-Time

Evaluation Period: Click here to enter a date. to Click here to enter a date.

Rating Key

1 = Poor

2 = Needs Improvement

3 = Satisfactory

4 = Above Average

5 = Superior

NA = Not Applicable

Domain A: Supervisor Competence

1.	Supervisor is competent in the psychological services provided to clients/patients by supervisees under their supervision. When supervising in areas in which they are less familiar they take reasonable steps to ensure the competence of their work and to protect others from harm.	#
2.	Supervisor seeks to attain and maintain competence in the practice of supervision through formal education and training.	#
3.	Supervisor endeavors to coordinate with other professionals responsible for the supervisee's education and training to ensure communication and coordination of goals and expectations.	#
4.	Supervisor strives for diversity competence across populations and settings.	#
5.	If supervisor is using technology in supervision (including distance supervision), or when supervising care that incorporates technology, they strive to be competent regarding its use.	#
6.	Supervisor demonstrates teaching abilities and helps develop intern competencies via techniques such as instruction, modeling, directed readings, or other appropriate strategies.	#

Domain B: Diversity

1.	Supervisor demonstrates self-awareness regarding their diversity competence, which includes attitudes, knowledge, and skills.	#
2.	Supervisor establishes a respectful supervisory relationship and facilitates the diversity competence of supervisee.	#
3.	Supervisor recognizes the value of and pursues ongoing training in diversity competence as part of their professional development and life-long learning.	#
4.	Supervisor is knowledgeable about the effects of bias, prejudice, and stereotyping. When possible, supervisor models client/patient advocacy and models promoting change in organizations and communities in the best interest of their clients/patients.	#
5.	Supervisor is familiar with the scholarly literature concerning diversity competence in supervision and training. Supervisor is familiar with promising practices for navigating conflicts among personal and professional values in the interest of protecting the public.	#

Domain C: Supervisory Relationship

1.	Supervisor seeks to create and maintain a collaborative relationship that promotes the supervisees' competence.	#
2.	Supervisor specifies the responsibilities and expectations of both parties in the supervisory relationship. Supervisor identifies expected program competencies and performance standards, and assists the supervisee to formulate individual learning goals.	#
3.	Supervisor regularly reviews the progress of the supervisee and the effectiveness of the supervisory relationship and addresses issues that arise.	#

Domain D: Professionalism

1.	Supervisor models professionalism in their own comportment and interactions with others, and teaches knowledge, skills, and attitudes associated with professionalism.	#
2.	Supervisor provides ongoing formative and summative evaluation of supervisees' progress toward meeting expectations for professionalism appropriate for each level of education and training.	#

Domain E: Assessment/Evaluation/Feedback

1.	Assessment, evaluation, and feedback occur within a collaborative supervisory relationship. Supervisor promotes openness and transparency in feedback and assessment, by anchoring such in the competency development of the supervisee.	#
2.	Live observation or review of recorded sessions are used regularly and effectively as modes of supervision.	#
3.	Supervisor provides feedback that is direct, clear, and timely, behaviorally anchored, responsive to supervisees' reactions, and mindful of the impact on the supervisory relationship.	#
4.	Supervisor values and supports supervisee skill in self-assessment of competence and incorporates supervisee self-assessment into the evaluation process.	#
5.	Supervisor seeks feedback from supervisee about the quality of the supervision they offer, and incorporates that feedback to improve their supervisory competence.	#

Domain F: Professional Competence Problems

1.	Supervisor understands and adheres to the supervisory contract and addresses any problems directly.	#
2.	Supervisor identifies potential performance problems promptly, communicates these to the supervisee, and takes steps to address these in a timely manner allowing for opportunities to effect change.	#
3.	Supervisor develops and implements plans to remediate performance problems.	#
4.	Supervisor is mindful of their role as gatekeeper and take appropriate and ethical action in response to supervisee performance problems.	#

Domain G: Ethics, Legal, and Regulatory Considerations

1.	Supervisor models ethical practice and decision making and conducts themselves in accord with the APA ethical guidelines, guidelines of any other	#
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	applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations.	
2.	Supervisor upholds their primary ethical and legal obligation to protect the welfare of the client/patient.	#
3.	Supervisor serves as gatekeeper to the profession. Gatekeeping entails assessing supervisees' suitability to enter and remain in the field.	#
4.	Supervisor provides clear information about the expectations for and parameters of supervision to supervisees preferably in the form of a written supervisory contract.	#
5.	Supervisor maintains accurate and timely documentation of supervisee performance related to expectations for competency and professional development.	#

Rotation Experience Ratings

1.	Rotation provided opportunities for new learning (e.g., knowledge base, new clinical skills, etc).	#
2.	Rotation contributed to intern's professional growth by enhancing sense of professional identity and/or increasing awareness of intern's strengths/weaknesses and interests.	#
3.	Effective multidisciplinary team experience was provided (e.g., interns had an active role in team and were treated with respect in a team environment).	#
4.	Exposure to diverse populations.	#

Overall Rating

1.	Overall rating of the supervisor.	#
2.	Overall rating of the rotation.	#

Provide a narrative evaluation of your both your rotation and supervisory experience. A copy of this evaluation (rating and narrative) will be sent to your supervisor, as well as to your academic program.

[Click here to enter text.](#)

Appendix E: Mid-Rotation Competency Assessment Form

Mid-Rotation Competency Assessment Form

Intern: [Click here to enter text.](#)

Supervisor: [Click here to enter text.](#)

Name of Rotation: [Click here to enter text.](#)

Date of Evaluation: [Click here to enter text.](#)

Assessment Methods for Competencies:

- ☐ Direct Observation ☐ Videotape ☐ Review of Raw Test Data ☐ Audiotape
- ☐ Discussion of Clinical Interaction ☐ Case Presentation ☐ Clinical Staff Feedback

STRENGTHS:

[Click here to enter text.](#)

AREAS FOR GROWTH:

[Click here to enter text.](#)

OVERALL EVALUATION AT MID-ROTATION:

[Click here to enter text.](#)

SUPERVISOR'S SIGNATURE

INTERN'S SIGNATURE

Appendix F: Supervision Agreement

Coatesville VAMC Psychology Internship Supervision Agreement

Intern: [Click here to enter text.](#)

Supervisor: [Click here to enter text.](#)

Rotation: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

This document is intended to: 1) establish parameters of supervision; 2) assist in supervisee professional development; and 3) provide clarity in the supervisor responsibilities including client protection.

Context and Methods of Supervision

- At least 3 hours of individual supervision will be provided per week on a full-time rotation; or at least 1.5 hours of individual supervision will be provided per week on a half-time rotation.
- Supervision will consist of multiple modalities including: 1) review of tapes; 2) clinical documentation; 3) discussion of live observation; 4) instruction/didactics; 5) modeling; 6) mutual problem-solving; 7) role-play; and/or 8) other: [Click here to enter text.](#)
- Supervision will be provided according to the following supervision model: [Click here to enter text.](#)
- The initial proximity to a supervisor (room/area/available) required will be determined and discussed at the beginning of supervision. Any changes in this level will be discussed in supervision.

Competencies and Evaluation

- It is expected that both supervision and intern evaluation will occur in a competency-based framework (knowledge, skills, and values/attitudes).
- Formative evaluations are completed using the Mid-Rotation Competency Assessment Form. Summative evaluation will occur at the end of each rotation using the Psychology Trainee Competency Assessment Form. In order to successfully complete the rotation, the supervisee must attain ratings as specified on the evaluation form. Forms are available in the Internship Handbook.
- The supervisor will discuss the supervisee's development and strengths with the training faculty at this facility, and written progress reports are submitted to the trainee's school and training director describing his/her development, strengths, and areas of concern using the Psychology Trainee Competency Assessment Form.
- If the supervisee does not meet criteria for successful completion, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee. These processes are delineated further in the Internship Handbook. If the supervisee continues not to meet criteria for successful completion of the rotation, procedures delineated by the training program will be followed.

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

Duties and Responsibilities of the Supervisor

Professional Conduct

- Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct and VA policies and procedures.
- Ensures a high level of professionalism in all interactions and models professional behaviors.

Patient Welfare

- Oversees and monitors all aspects of client care including: case conceptualization, treatment planning, interventions, risk management, and documentation. Provides suggestions regarding client interventions/evaluation procedures and directives for clients at risk. Signs all supervisee case notes in a timely manner and establishes clear expectations about the format and content of supervisee documentation.
- Reviews recording of clients outside of the supervision session when applicable.

Supervisory Roles and Relationship

- Performs a gatekeeping role for the profession while allowing and promoting supervisee autonomy in areas in which competence has been demonstrated.
- Identifies theoretical orientation(s) used in supervision and therapy, and takes responsibility for integrating theory in the supervision process. This includes assessing the supervisee's theoretical understanding/training/orientation(s).
- Delineates rotation-specific duties of supervisee as early as is feasible in the rotation, which are also sensitive to the supervisee's training goals, interests, and competence.
- Develops supervisory relationship and establishes emotional tone of supervision. Facilitates a positive learning relationship, encompassing respect, encouraging autonomy, and enhancing the training experience.
- Assists in the development of goals and tasks to be achieved in supervision specific to assessed competencies.
- Presents challenges and engages in problem-solving with the supervisee.
- Identifies and builds upon the supervisee's strengths specific to assessed competencies.
- Identifies and addresses strains or ruptures in the supervisory relationship.
- Distinguishes administrative supervision from clinical supervision, and ensures that the supervisee receives adequate supervision in both areas.
- Distinguishes and maintains the line between supervision and therapy.

- Identifies delegated supervisors who will provide supervision/guidance if and when the supervisor is not available for consultation.
- Although in supervision only the information that relates to the client is confidential, the supervisor will treat supervisee disclosures with discretion.
- If the supervisor must cancel or miss a supervision session, the session will be rescheduled.
- Discusses and ensures understanding of all aspects of the supervisory process outlined in this document, and the underlying legal and ethical standards from the onset of supervision.

Duties and Responsibilities of the Supervisee

Professional Conduct

- Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct and VA policies and procedures.

Patient Welfare

- Recognizes that both the trainee and the supervisor are responsible for the clients' welfare. The trainee therefore agrees to immediately notify the supervisor of any problems that arise within the context of the therapeutic relationship. This includes, but is not limited to, perceived suicidal or homicidal risk, and suspected child or elder abuse. Consults with the supervisor or delegated supervisor in all cases of emergency.
- Provides each clients with information regarding: 1) the limits of confidentiality; 2) the trainee's training status; 3) the name(s) of their supervisor(s); and 4) the fact that their supervisor(s) will be reviewing cases as well as any recording of sessions. Sessions will only be recorded with voluntary informed consent of the Veteran on VA Form 10-3203. At the outset of treatment/assessment, trainees will inform clients about the expected duration of the intervention/evaluation. This will in part be based upon the length of the trainee's rotation. Trainees will also discuss the process by which the clients' care would be transferred to the supervisor or to another therapist if additional contact was required.
- Implements supervisor directives in subsequent sessions or before, as indicated.

Supervisory Roles and Relationship

- Discloses errors, concerns, and clinical issues as they arise.
- Raises issues or disagreements that arise in the supervision process with the aim of moving towards resolution and can do so without fear of retribution. If this is not possible for some reason, either party may consult with the Director of Training or follow the grievance procedures described in the handbook.
- Responds non-defensively to supervisory feedback.
- Reviews client recording before supervision when applicable.

- Comes prepared to discuss client cases with necessary materials (e.g., files, completed notes) and conceptualization, questions, and literature on relevant matters including multicultural issues.
- Is prepared to present integrated case conceptualization that is culturally competent.
- Brings personal / diversity factors that impact the supervisee's clinical work or professional development to supervision and is open to discussing such factors.
- Identifies goals, tasks, and needs to be addressed in supervision specific to assessed competencies.
- Identifies strengths and areas of future development.
- Provides feedback to supervisors on their supervision process.

The agreement will be formally reviewed as needed and may be revised at the request of supervisee or supervisor. Revisions will be made only with consent of the supervisee and approval of the supervisor.

Supervisor's Signature: _____

Supervisee's Signature: _____

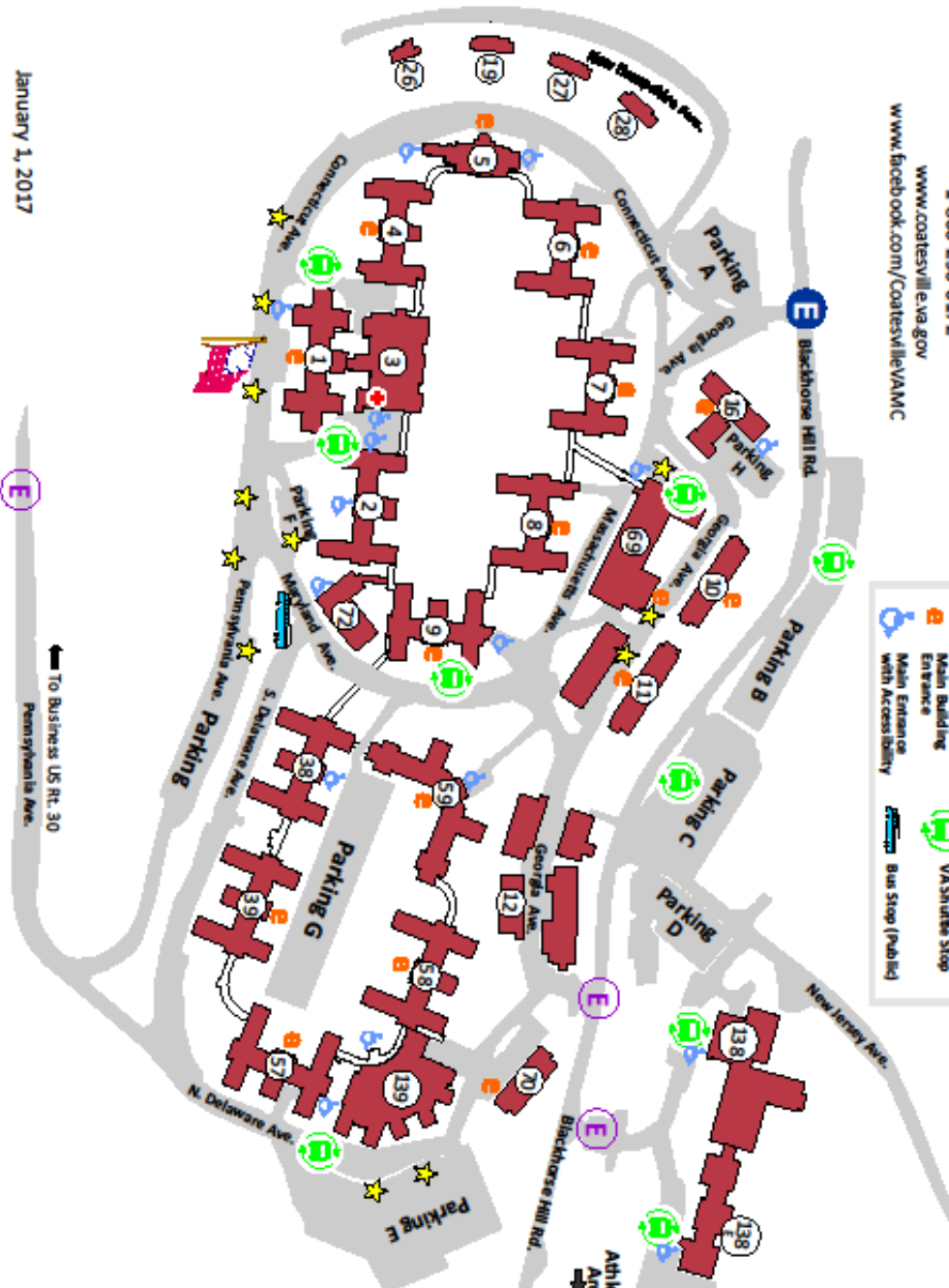
Appendix G: Sample Seminar Topic Listings

Assessment Interviewing	Constructivist Therapy
Functional Behavioral Assessments	Interpersonal Therapy for Depression
EPPP/Licensure	Religious Diversity
Mental Status Exam	SIRS-2
Recovery Oriented Case Conceptualization	Home-based Evaluations
Integrative Behavioral Couples Therapy	Confirmatory Bias
Cognitive Behavioral Therapy – Chronic Pain	Cognitive Behavioral Therapy – Insomnia
Burn Out	Cognitive Behavioral Therapy
Ethics of Death and Dying	Eye Movement Desensitization and
Asian American Mental Health Issues	Reprocessing
PAI	Geropsychology/STAR-VA
WAIS-IV	Time-Limited/Brief Dynamic Therapy
Primary Care Evaluations and Assessments	Managing Resistance with Colleagues
Dialectical Behavioral Therapy	Women in Psychology
Prolonged Exposure	Psychopharmacology
Acceptance and Commitment Therapy	Military Sexual Trauma

Appendix H: CVAMC Campus Map



1400 Blackhorse Hill Road
Coatesville, PA 19320-2096
610-384-7711
1-800-290-6172
www.coatesville.va.gov
www.facebook.com/CoatesvilleVAMC



	Main Driving Entrance		Urgent Care
	Driving Entrance		Outpatient Only
	Main Building Entrance		VA Shuttle Stop
	Main Entrance with Accessibility		Bus Stop (public)

Guest Services

ATM
Building 9 and 139

Food and Retail by
Veterans Canteen Service

Patrol Store
Monday – Friday, 7:15 am to 4pm
Saturday, 7am to 2pm
Building 9, Basement

Patrol Café
Monday – Friday 7am to 3:30pm
Building 9, Basement

Patrol Coffee Shop
Monday – Friday, 6:30 am to 4pm
Building 9, Basement

Vending
24/7
Buildings 1, 2, 3, 4, 6, 7, 8, 9, 10, 38, 57, 59, 138, 139

Shuttle Service
Monday – Friday
7am to 4:30pm

Patients, employees, volunteers and visitors

Request pick up at shuttle stop by pressing the call box or a specific building location by phoning 610-384-7711 extension 3506 or 0, and stating location.

See map for shuttle stop locations

See directory (opposite page) for clinic, residential programs and other locations

Shuttle driver will drop off riders by request

January 1, 2017

Appendix I: Intern Admission Requirements

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;

(5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

(6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;

(7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and

(8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.