

# **Bay Pines VA Healthcare System Health Service Psychology Internship Program Training Brochure (2025-26)**



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**APPLICATION DEADLINE: November 2, 2024**

Welcome prospective interns!

Thank you for taking the time to learn about our psychology internship training program by reading through our brochure. We hope that you consider our site for training, as Bay Pines VA offers not only incredible quality of life (psychology on the beach!) but a rich, rewarding, and supportive training culture that values work-life balance, fairness and equality and a respect for individual differences and diversity in its staff and trainees. Please feel free to reach out to us at any time with questions about our program and larger community!

Highlights of our training program and community

- **Location!** The Bay Pines VA Healthcare System is waterfront, located next to the Gulf of Mexico and Boca Ciega Bay and offers 360 days of sunshine and warm (54-90 degrees) weather year-round. During lunch you can walk out to our pier and watch for dolphin and manatees.
- **Flexibility!** We are not a one size fits all training program. Didactic schedules are developed each year based on a gap analysis to meet the needs and interests of the incoming cohort. Research and training goals are individualized, to meet each intern's personal training and career goals.
- **Rotation options!** We have a large and vibrant training staff and offer 13 possible training rotations for interns to select from at present time, with more under development!
- **Administrative leadership rotations:** Do you envision yourself as a future leader in VHA or academic medical center settings? At Bay Pines VA, we provide options for developing leadership and management skills as well as your "business of psychology" acumen!
- **Balance!** Our staff models true work-life balance and promotes wellness and self-care in every aspect of the training program. Interns can expect to work a 40-hour week and have plenty of time to enjoy the ocean, parks, and community events. Within the facility itself, interns have access to an outdoor and an indoor gym, yoga, and tai chi classes, as well as a running path surrounding the campus.
- **Respect and support!** Our psychologists are well-respected across the medical center. We are also highly integrated into most aspects of patient care which provides ample opportunities for collaboration with other disciplines. We also have psychologists in key leadership positions which provides exposure for trainees to learn about the administrative role's psychologists can hold. Health service psychology interns are held in high regard for their role within various treatment teams.
- **Postdoctoral placement and retention!** Most of our interns go on to match to prestigious VHA and academic medical postdoctoral residency programs (49 out of our last 53 interns!). We also have excellent career retention of previous trainees – which speaks to our service culture and staff. Currently, 18 of our 43 training committee staff members were previous trainees here at Bay Pines!
- **Culture and Diversity!** Bay Pines VA Healthcare System offers monthly on-campus multicultural events and fairs available for staff and trainees to attend during work

hours. Our training programs take their commitment to promoting multicultural competence very seriously. The multicultural diversity subcommittee meets monthly with a mission to support the development of multicultural competencies, appreciation of diversity in all its forms, and the promotion of social justice. The members help cultivate an environment of safety, which supports open and respectful dialogue, exchange of ideas, and self-reflection. Psychology staff and trainees at all levels are encouraged to join and participate. In addition, the larger Tampa Bay area offers a diverse and rich cultural makeup. Community festivals, parades, sporting events, fund raisers, advocacy events, faith-based events, music, film, and art shows are offered throughout the year. Many occur outdoors on our beautiful beaches or in our multitude of public parks.

### **ACCREDITATION STATUS**

The health service psychology internship training program at the Bay Pines VA Healthcare System is accredited by the American Psychological Association (APA) and offers internship training to clinical and counseling psychology students from APA accredited universities and schools of professional psychology.

Bay Pines has trained health service psychology interns since 1971 and has been accredited as an internship in professional psychology by the Commission on Accreditation of the American Psychological Association (APA) since 1981.

### **For general information, individuals may contact:**

American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
(800) 374-2721

### **For information related to the programs accredited status, please contact the CoA at:**

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002  
Phone: (202) 336-5979  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [APA Accreditation](http://APA Accreditation)

### **PSYCHOLOGY TRAINING SETTING**

The structure of the Bay Pines VA Healthcare System health service psychology internship training program follows a competency based, integrated practice format as defined by American Psychological Association (APA) Commission on Accreditation standards and implementing regulations. During the 2025-2026 training year, the Bay Pines VA Healthcare System's health service psychology internship training program anticipates it will provide training for 7 full-time psychology interns. We are pleased to welcome you to our medical center and look forward to your application for admission. No internship positions are pre-allocated to any specific university program.

## **ABOUT THE BAY PINES VA HEALTHCARE SYSTEM**

The Bay Pines VA Healthcare System (HCS) is a level 1a tertiary care facility headquartered in Bay Pines, FL. Originally opened in 1933, the main medical center is located on 337 acres situated on the Gulf of Mexico approximately eight miles northwest of downtown Saint Petersburg, FL. Co-located on the medical center campus are a VA Regional Office and a National Cemetery. This area is part of Tampa Bay, the second most populated metropolitan area in the state. The healthcare system operates nine facilities to include the main medical center in Bay Pines and community-based outpatient clinics (CBOCs) located in the Florida cities of Bradenton, Cape Coral, Naples, Palm Harbor, Port Charlotte, Sarasota, St. Petersburg, and Sebring. The medical center and its outpatient clinics serve Veterans residing in 10 counties in central southwest Florida. Every year, the Bay Pines VA Healthcare System provides a full range of high quality medical, psychiatric, and extended care services in outpatient, inpatient, residential, nursing home, and home care settings. The facility maintains several accreditations and certifications including designation as a Leader in LGBTQ Healthcare Equality by the Human Rights Campaign Foundation.

Annually we serve more than 115,000 veterans, with more than 900,000 outpatient visits and more than 12,000 hospital admissions. The system is one of the busiest VA healthcare systems in the country based on patients treated or served. Medical care is provided to Veterans of all eras to include World War II, Korean War, Post-Korean War, Vietnam, Post-Vietnam, Persian Gulf (including Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND)) as well as other non-combat periods. The majority of veterans cared for in FY21 served in the Vietnam and Gulf War conflicts. Consistent with nationwide trends, the facility consistently serves a growing population of OEF/OIF/OND veterans. Additionally, female veteran enrollment at the facility is expected to increase by 12.9% every five years.

The Bay Pines VA HCS is affiliated with 145 academic institutions representing 45 specialties covering a broad range of disciplines that provide training leading to certification through internships and both postdoctoral fellowship and residency training. During FY23-24, Bay Pines VA HCS hosted a total of 745 Allied Health Trainees and Medical Fellows. Bay Pines has 11 accredited training programs: speech pathology fellowship, neuropsychology residency, post-doctoral psychology fellowship, pharmacy residency, optometry residency, podiatry residency, dietetic masters internship, dental residency, post-baccalaureate registered nurse residency, physical therapy orthopedic residency, and occupational therapy lymphedema fellowship. We are a major training site for physician residents and fellows, medical students, associated health students and interns, and nursing students.

## **PSYCHOLOGY SERVICE AT BAY PINES**

The C.W. Bill Young Medical Center - Bay Pines VAHCS psychology staff includes 87 doctoral level clinical and counseling psychologists, 7 predoctoral interns, 6 postdoctoral fellows/residents, and a part-time psychometrist. The mission of our facility is to provide high quality psychological services to medical and psychiatric patients within the context of cooperative, multi-disciplinary teams. In addition, the staff is highly committed to the training of new professionals and is actively involved in the internship training program

personally, as well as interdisciplinary. Research opportunities are found throughout the healthcare system.

Organizationally, psychology is one section of the Mental Health & Behavioral Sciences Service (MH&BSS). The two primary disciplines in the service are psychology and psychiatry. The Chief of MH&BSS is a psychologist who manages two sections of mental health, community reintegration and recovery service and mental health hospital and clinical services. Staff psychologists are assigned to a variety of areas throughout the Bay Pines VA Healthcare System, to include the CW Bill Young VA Medical Center, the Lee County Healthcare Center, and our community-based outpatient clinics (CBOCs). This diversity in assignment is augmented by diversity among our staff as well with a variety of theoretical orientations, past clinical and administrative experiences, multiple research/clinical specialties, and cultural backgrounds.

Staff psychologists participate in several profession-specific and system-wide committees that address issues relating to quality of patient care, efficient delivery of services and development of new programs.

#### **PSYCHOLOGY TRAINING COMMITTEE**

The general psychology training committee (TC) is responsible for overseeing all psychology training within the hospital system. The committee consists of, at minimum, the following individuals:

- Chief, Mental Health and Behavioral Sciences Service
- Director of Psychology Training (DOPT), Chair
- Training Director (TD), for the health service psychology internship program
- Training Director (TD), for the neuropsychology postdoctoral residency program
- Training Director (TD), for the general postdoctoral fellowship program
- Clinical supervisors
- Adjunctive teaching and research supervisory staff
- Postdoctoral residents and fellows
- Intern representative

Any Bay Pines VA staff psychologist with an active, valid, and unencumbered psychology license is eligible to join the training committee and participate in the training programs. The psychology training committee is responsible for establishing policies pertaining to training; participating in the recruitment and selection of new trainees; evaluating and approving trainee training plans and goals; provision of didactic seminars; addressing training issues as they affect the university-VA training relationships; considering any trainee grievances; and participation in the psychology training programs ongoing self-assessment and quality improvement efforts. All training committee members are required to attend monthly seminars targeting ongoing learning/development in considerations of ethics and legal issues in training and multicultural diversity. All training supervisors are required to participate monthly supervision of supervision seminar, and in an annual supervisor bootcamp to review all national, state, facility, programmatic and accreditation requirements, conduct self-assessments and develop targeted individual development plans for the following year.

### **VHA ELIGIBILITY REQUIREMENTS FOR PSYCHOLOGY INTERNSHIP**

Applicants for internship must have advanced standing in a clinical or counseling psychology doctoral program accredited by the American Psychological Association (APA), or Canadian Psychological Association (CPA), or Psychology Clinical Science Accreditation System (PCSAS). All applicants must receive the written endorsement of their graduate program Director of Training as having completed all departmental requirements for internship eligibility. This is expected to include all coursework and qualifying examinations with at least initial progress toward the dissertation/research project. Applicants should have a reasonable certainty of completing all requirements for the doctorate including dissertation defense, within one year following internship. The Bay Pines VA Healthcare System is an equal opportunity employer and encourages applications from members of minority and non-traditional groups. 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. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All Health Professions Trainees must complete a Certification of Citizenship in the United States prior to beginning VA training. We cannot consider applications from anyone who is not currently a U.S. citizen.
2. U.S. Social Security Number. All VA appointees, including Health Professions Trainees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA Health Professions Trainees. 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 US Office of Personnel Management; exceptions are very rarely granted.
4. Health professions trainees are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
5. VA training occurs in a health care setting. Some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza and COVID-19. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at VA or other hospitals. Securing a statement from university student health center, your regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current seasonal flu and COVID vaccination prior to and during the training year is required. Federally granted exemptions based on health or religious reasons may be granted but will likely require daily/weekly testing, specific PPE and limited access to hospital areas that could result in additional costs or modifications to training plans for the trainee. Please discuss this with the TD after you have matched and well before your

start date to facilitate your onboarding.

6. Drug Screening. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns may be required to be tested prior to beginning work, and once on staff, they are subject to random selection as are all other clinical staff. Institutional policies on allowed prescription medications are based on federal government requirements for employment at a VA facility, not on local or state level rules and guidelines. While medical marijuana is legal at the “state” level in Florida, it is not sanctioned by the federal government for use by federal employees. Please contact the HR department for any questions on this. Please open link for Drug Free Workplace Policy: [VA Drug-Free Workplace Program Guide for VHA Health Professions Trainees](#)

7. As of May 2023 VHA mandates health professions trainees (HPT)s receives and provide proof of the COVID-19 vaccine or have an exemption filed (medical or religious) with the Designated Education Officer as a condition of VA appointment.

[VA Form 10230 COVID-19 Vaccination Form](#)

[CDC Vaccine Information for Adults](#)

Health professions trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The internship Training Director and/or Director of Psychology Training (DOPT) will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

[VA Office of Academic Affiliations HPT ELIGIBILITY](#)

## **EDUCATIONAL ELIGIBILITY CRITERIA FOR HEALTH SERVICE PSYCHOLOGY INTERNSHIP**

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

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined Psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology may also be eligible.
2. Approved for internship status by affiliate graduate program Director of Training.

## **APPLICATION PROCESS**

Third- or fourth-year graduate students in APA, CPA or PCSAS approved clinical or counseling doctoral psychology training programs who are interested in applying for an internship position in our program should follow the online Association of Psychology Postdoctoral and Internship Centers (APPIC) application instructions.



## Bay Pines VA Health Service Psychology Internship Training Program

The APPIC application for psychology internships (AAPI) online application portal should be used by all interested students to apply to the C.W. Bill Young VA Medical Center, Bay Pines VA Healthcare System psychology health service internship program. All applications must be submitted online. News and information about the APPIC Online Application process, along with instructions about how to access the service, can be found at [APPIC](#).

When you enter the general AAPI site, click on "Directory Online", and then search for internship programs. Bay Pines VA Healthcare System is listed under Florida. Most of the information about our internship can be found on our APPIC page. However, if you find that you have more specific questions, you may contact the Bay Pines VA Director of Psychology Training, or the Training Director of the health service psychology internship program for clarification. Contact information is provided below. Your graduate program Director of Training should be a useful resource in helping you navigating the AAPI applicant portal. When you enter the general site, scroll down and click on "the applicant portal of the 2025-2026 AAPI online is now available."

Your online AAPI application package should also include: a verification of internship eligibility and readiness completed by your graduate program Director of Training, all official graduate transcript(s), three letters of reference from faculty members or practicum supervisors who know you and your work well, a cover letter, and a curriculum vitae.

You may ask to be considered (ranked) in only **one** program/major area of emphasis (track).

General psychology or  Neuropsychology

The cover letter should clearly state your preference for **general psychology or neuropsychology** emphasis training.

AAPI application packets must be completed by midnight on **November 2, 2024**, for consideration for Internship appointment beginning the following July. Individual interviews will be conducted by invitation only, following initial evaluation of application materials. Applicants invited to interview and attend the open house will be notified no later than **December 9, 2024**.

The Bay Pines internship open house/interview day(s) will be held on Thursday **January 09, 2025**, and Thursday **January 16, 2025**. We plan to hold these events virtually via TEAMS online meeting venue. The open house/interview day(s) will be conducted from 10:00 a.m. - 5:00 p.m. EST. The morning will include a program overview with the training directors, followed by rotation presentations and Q&A with our training staff. The lunch hour will be hosted by our current internship cohort, allowing you an opportunity to relax and ask questions about the program and larger Tampa Bay community. The afternoon will involve an individual interview with (2) training committee staff, a self-care break with one of our whole health staff (seated yoga and/or mindfulness exercise!) and a slide show illustrating our community, hospital campus, faculty, intern offices and clinical program areas.



## Bay Pines VA Health Service Psychology Internship Training Program

In line with our program's commitment to diversity, equity, and inclusion, please reach out to Director of Psychology Training, and/or the Training Director if you are in need of any accommodations due to an ADA defined disability to participate in the virtual open house and/or panel interview. We would be pleased to assist you.

The internship follows the APPIC match procedures to protect an applicant's rights to freely choose among internship sites. No person at this training facility will solicit, accept, or use any ranking related information from any Intern applicant prior to submitting our rank order for matching.

For further information, please contact us by email:

*Director of Psychology Training*  
[vhabaypsychologytraining@va.gov](mailto:vhabaypsychologytraining@va.gov)  
Zoe Proctor-Weber, PsyD, PhD, ABPP-CN

*Training Director of the health service psychology internship program*  
[Katya.Naman@va.gov](mailto:Katya.Naman@va.gov)  
Katya Naman, PsyD, MBA

*Chief, Mental Health and Behavioral Sciences Service*  
[Rodrigo.Velezmoro2@va.gov](mailto:Rodrigo.Velezmoro2@va.gov)  
Rod Velezmoro, PhD

*Physical Address:*  
Bay Pines VA Healthcare System  
C.W. Bill Young VA Medical Center  
Mental Health and Behavioral Science Service (116)  
10000 Bay Pines Blvd  
Bay Pines, FL 33744

### **SELECTION PROCESS**

- Applications are reviewed by a designated administrator and/or the Training Director (TD) and/or Director of Psychology Training (DOPT) for completeness and VA eligibility.
- Completed applications are initially reviewed and rated by members of the training committee who make recommendations to invite applicants for interviews.
- The Training Director (TD) and/or Director of Psychology Training (DOPT) reviews the resulting recommendations.
- The Training Director (TD) and/or Director of Psychology Training (DOPT) finalizes the list of applicants invited for interviews.
- Emails are sent to all applicants notifying them of interview selection decisions.
- Interviews are scheduled with Training Director (TD) and/or Director of Psychology Training (DOPT) or TC staff member designee.
- Each perspective internship candidate is interviewed individually by two members of the training committee, by phone or video-teleconference. The candidates will also meet with members of the training staff and current Internship cohort during one of the two open houses. Interns provide feedback to the training committee.

Additionally, applications submitted by candidates are reviewed and rated by one current intern.

- TC member and intern ratings of application packets and interviews are compiled, and an overall rating score is generated.
- The training committee meets to review ratings and rank applicants into specified tracks.
- The Training Director (TD) and/or Director of Psychology Training (DOPT) submits the final lists to the APPIC - National Matching System for matching. After the final match list is posted, successfully matched candidates are contacted by the Training Director (TD) and/or Director of Psychology Training (DOPT).

Competitive applicants typically have two years of prior clinical training experience (practica) resulting in ~500 direct patient care clinical hours COMBINED of health service assessment and intervention (individual and/ or group therapy) at the time application is made. We also take into consideration *anticipated* hours to be accrued prior to starting internship.

#### **REQUIREMENTS PRIOR TO ONBOARDING**

Once selected in the APPIC national match, future trainees will be vetted by their graduate school university, and VA human resources and occupational health to ensure their “ability to fully participate in clinical training and provide supervised clinical care to Veterans.”

The VHA has as statutory mission to train clinicians for VHA and the nation. Clinical learning is an active process, and this requires that trainees are well. Trainee wellness is assessed prior to the initiation of training and then both informally and formally, as needed, during the training appointment. As trainees provide supervised clinical care like regular clinical staff, trainees need to be well throughout their training appointments.

**Pre-Training Certification Process** - Training qualifications and credentials verification letter (TQCVL): Unlike conventional professional staff who have their credentials verified by VETPRO or other means and may go through an extensive pre-employment physical examination, trainees have their readiness to train/serve verified by their graduate school Director of Training (DOT). Typically, these trainees are well known by the DOT who can verify their mental and physical soundness. Under state and federal rules, trainees have had to receive recommended vaccinations and other health screenings. Thus, the DOT is often able to assess general fitness, through direct knowledge of the trainee and/or through graduate school admission procedures. As the graduate school programs are lengthy, DOTs have come to know their trainees’ ability to handle the stress of training, interactions with peers and others, and their general mental health status. Thus, they can often knowledgeably endorse trainee mental health.

All trainees must have a training qualification and credentials verification letter on file (note that a DOT may certify a listed group of trainees as being ready for training) prior to initiating internship training. The TQCVL serves three purposes: First, the DOT indicates that the trainee has completed academic requirements and is ready for this new level of responsibility/training. Second, to the fullest extent possible, the DOT is sharing that the

trainee is physically fit for duty. Third, the DOT indicates that the trainee is psychologically healthy and able to undertake this new level of responsibility/training.

### **Physical Examination and Finger Printing/Background Check**

Prior to initiation of internship, all incoming trainees must go through a physical examination with occupational health. Often, with the properly executed TQCVL, this will involve only having the TQCVL reviewed by the occupational health clinician, followed by a discussion of any additionally needed screenings/vaccinations required to work in a healthcare setting. Physical examination appointments are conducted prior to initiating Internship and are coordinated through human resources. They can occur at a local VHA facility near your university/residence, or at the Bay Pines VAHCS.

All incoming trainees must complete finger printing and a background check prior to initiating Internship. This is arranged once the trainee has completed their VA education service / office of academic affiliations paperwork and required online trainings. Once approved, the facility can initiate the ePAS (electronic permission access) and PIV (personal identity verification) cards that will ultimately, allow trainees computer and medical record access.

## **BAY PINES PSYCHOLOGY TRAINING PROGRAMS COMMITMENT TO DIVERSITY**

### **DIVERSITY STATEMENT**

The Bay Pines VAHCS serves Veterans who represent a wide variety of dimensions of diversity, including but not limited to gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The Bay Pines VA's psychology training programs are deeply committed to the appreciation of diversity and the development of multicultural competence. During the training year, interns continue to build on their graduate training in expanding their awareness, knowledge, and skill set to enhance multicultural competence through a variety of experiences. These include diversity-focused presentations, readings, learning activities; engagement in directed study, research and/or QS/PI projects; discussions with supervisors, peers, and other clinical staff; and direct provision of services to Veterans with diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and multicultural competence within the mental health profession and society.

### **MULTICULTURAL DIVERSITY SUB COMMITTEE**

The multicultural diversity subcommittee for the psychology training programs, functions as an extension of the psychology training committee to assist psychology trainees in developing multicultural competencies, appreciating diversity in all its forms, and promoting social justice. Within its roles with the psychology internship and postdoctoral training programs, the multicultural diversity subcommittee for psychology training seeks to cultivate an environment that supports open and respectful dialogue, exchange of ideas, and self-reflection. It is composed of Bay Pines VA psychologists and psychology trainees who are invested in helping to promote multicultural competence for working with a highly diverse patient population and to explore how, as mental health professionals, our individual differences, worldview, biases, theoretical framework, and life experiences affect our clinical work. In conjunction with the training committee, the multicultural

diversity subcommittee facilitates the multicultural training seminar series and its associated experiential / immersion activities.

In keeping with the APA Code of Ethics (2010), the Bay Pines VA psychology internship training program does not require trainees to disclose personal information in program-related activities. At the same time, the program recognizes that self-reflection is an important part of the process and is a crucial aspect of developing multicultural competence. The program also acknowledges that developing insight into our own identities and personal histories is a delicate process – one that is best accomplished within a nurturing, non-judgmental context. The multicultural diversity subcommittee along with the core training committee works to provide such an environment, with hopes that all will feel comfortable engaging in the self-reflection necessary to develop a meaningful appreciation for diversity in all its forms. In an effort to create a supportive and constructive learning environment, personal disclosures made by participants as part of their diversity training will be treated sensitively and respectfully and by including all levels for facilitation, we hope to create working relationships in which everyone will feel safe exploring personal feelings, thoughts, beliefs, and life experiences that affect their multicultural competencies.

For further information about the multicultural diversity subcommittee and training seminar, please contact the co-chairs by email:

[Zoe.Proctor-Weber@va.gov](mailto:Zoe.Proctor-Weber@va.gov) and [Mark.Coury@va.gov](mailto:Mark.Coury@va.gov)

Multicultural Diversity Subcommittee Co-Chairs

*Physical Address:*

Bay Pines VA Healthcare System

C.W. Bill Young VA Medical Center

Mental Health and Behavioral Science Service (116)

10000 Bay Pines Blvd

Bay Pines, FL 33744

## **INTERNSHIP PROGRAM SPECIFICATIONS**

### **TRAINING MODEL**

The health service psychology internship at the Bay Pines VA Healthcare System is committed to the mutual integration of science and practice by promoting a scientific attitude and approach to clinical activities. This approach to training is often referred to as the “scholar-practitioner” model (Peterson, et al, 1997; Hoshmand & Polkinghorne, 1992). The “local clinical scientist doing disciplined inquiry” is a descriptive term used to operationalize the mutual integration of science and practice.

### **TRAINING AIM**

The fundamental aim of our program is to develop competent health service psychologists who are ready to assume the responsibilities of an entry-level staff psychologist at the VA-equivalent GS-11 level or advanced practice postdoctoral residency position. This Internship experience provides training to obtain competence in patient-centered practices as well as the nine (9) profession-wide competencies of health service

psychology practice as outlined in the standards of accreditation from APA's commission on accreditation.

### **PROGRAM PROFESSION-WIDE COMPETENCIES**

We offer both a general psychology and a neuropsychology emphasis track. Regardless of track, at a minimum, interns are expected to achieve the following program profession-wide competencies:

#### **Competency 1: Research**

The Bay Pines VA Healthcare System health service psychology internship will strive to train interns in scientific thinking and research skills. Trainees will demonstrate a substantially independent ability to critically evaluate and disseminate research findings, or other scholarly product. Program evaluation and development projects that involve the analysis of data are considered research for these purposes.

Elements associated with this competency:

- Critical thinking ability in research/scholarly endeavors
- Time management and discipline in the use of scholarly/research time
- Ability to communicate findings of research/scholarly endeavors through dissertation defense, poster presentations, professional papers, local/facility, state, or national presentations
- Awareness of, and adherence to ethics code in research/scholarly inquiry and activity
- Ability to integrate awareness and knowledge of individual and cultural diversity in research/scholarly work and activities

#### **Competency 2: Ethical and legal standards**

The Bay Pines VA Healthcare System health service psychology internship will strive to train interns in ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including, knowledge of and in accordance with the APA code of ethics and relevant laws, regulations, rules, policies, standards, and guidelines.

Elements associated with this competency:

- General ability to think critically about ethics and legal issues
- Knowledgeable of and acts in accordance with the APA ethical principles of psychologists and code of conduct
- Knowledgeable 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 (in addition to the APA Code)
- Ability to recognize ethical dilemmas as they arise, and applies ethical decision-making processes to resolve them

#### **Competency 3: Individual and cultural diversity**

The Bay Pines VA Healthcare System health service psychology internship will strive to train interns in their ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and

personal background and characteristics. Cultural and individual differences and diversity is defined as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

Elements associated with this competency:

- Sensitivity and responsiveness to issues of individual and cultural diversity
- Possesses an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
- Ability to integrate awareness and knowledge (including current theoretical and empirical knowledge) of individual and cultural diversity across a range of professional roles

#### **Competency 4: Professional values, attitudes, and behaviors**

The Bay Pines VA Healthcare System health service psychology internship will strive to support interns in the development and maturation of their professional identities and sense of selves as “psychologists” and awareness of and receptivity in areas needing further development.

Elements associated with this competency:

- Receptivity to supervision and life-long learning
- Preparedness for supervisory meetings and uses supervision effectively
- Ability to appropriately manage boundaries in all professional contexts
- Awareness of own competence and limitations
- Recognition of how personal characteristics impact clinical work
- Concern for the welfare of others and their general well-being is evident in all professional contexts
- Possesses an appropriate level of confidence and has a sense of self as a "psychologist"
- Is accountable, dependable, responsible, and shows initiative

#### **Competency 5. Communication and interpersonal skills**

The Bay Pines VA Healthcare System health service psychology internship will strive to train interns in the development of effective communication skills and the ability to form and maintain successful professional relationships.

Elements associated with this competency:

- Interacts effectively with psychology staff and program leadership
- Ability to provide oral, nonverbal, and written communication that is clear and reflects a thorough grasp of professional language and concepts
- Ability to form and maintain productive and respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines
- Understanding of diverse views in complicated interactions
- Ability to exhibit effective interpersonal skills. Able to successfully manages difficult interpersonal challenges and conflictual relationships.
- Ability to integrate awareness and knowledge of individual and cultural diversity in consultation and interpersonal contexts

#### **Competency 6: Assessment**

The Bay Pines VA Healthcare System health service psychology internship will strive to train interns in the development of competence in evidence based psychological assessment with a variety of diagnoses, problems and needs. Interns will demonstrate the ability to assess, evaluate and conceptualize a broad range of Veterans, including those with complex presentations and complicated co-morbidities.

Elements associated with this competency:

- Diagnostic interviewing skills
- Differential diagnostic skills and knowledge of DSM-5
- Ability to select and apply assessment methods supported by the empirical literature
- Administration/scoring of psychological tests
- Interpretation of psychological tests
- Ability to assess risk for harm to self and others
- Clear and concise report writing
- Integration of behavioral observations, historical data, medical records, and other non-test-based information
- Assessment case conceptualization
- Ability to formulate appropriate recommendations
- Ability to manage expected workload pertaining to assessment
- Ability to communicate results (e.g., patients, family members, other professionals)
- Awareness of, and adherence to ethics in assessments
- Awareness and use of current literature and research in assessments
- Ability to integrate awareness and knowledge of individual and cultural diversity in assessment

### **Competency 7: Intervention**

The Bay Pines VA Healthcare System health service psychology internship will strive to train interns in the development of competence in evidence-based interventions consistent with a variety of diagnoses, problems and needs across a range of therapeutic orientations, techniques, and approaches.

Elements associated with this competency:

- Ability to discuss issues of confidentiality and informed consent
- Establishes and maintains an effective therapeutic alliance
- Ability to formulate a useful case conceptualization
- Effective and flexible application of therapeutic strategies informed by a range of variables including but not limited to the scientific literature, assessment findings, and diversity characteristics. This includes development of evidence-based intervention plans.
- Ability to manage expected workload pertaining to intervention
- Awareness and use of current literature and research in intervention
- Ability to monitor or evaluate progress of intervention using appropriate measures or methods
- Ability to integrate awareness and knowledge of individual and cultural diversity in intervention

### **Competency 8. Supervision**



The Bay Pines VA Healthcare System health service psychology internship will strive to train interns in the development of competence in evidence-based knowledge of supervision models and practices and in their ability to apply this knowledge in direct or simulated practice.

Elements associated with this competency:

- Knowledge and use of theory and the scientific literature in supervision
- Ability to deal with resistance and other challenges in supervisees
- Ability to provide constructive feedback/guidance to supervisees
- Ability to deal with boundary issues and the power differential in supervisory relationship
- Ability to integrate awareness and knowledge of individual and cultural diversity in providing supervision
- Awareness of, and adherence to ethics, rules, guidelines, and laws in providing supervision

### **Competency 9. Consultation and interprofessional/interdisciplinary skills**

The Bay Pines VA Healthcare System health service psychology internship will strive to train interns in the development of intentional collaboration with professionals in health service psychology, medical and allied health disciplines, interprofessional groups or systems related to health and behavior.

Elements associated with this competency:

- Ability to conduct consultations with skill and knowledge
- Ability to work with individuals of other professions to maintain a climate of mutual respect and shared values regarding interprofessional practice. This includes appreciation and integration of contributions and perspectives of other professions.
- Ability to use the knowledge of one's own role and those of other professions to appropriately assess and address (i.e., coordinate) the healthcare needs of the patients and populations served
- Ability to communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease
- Ability to apply relationship-building values and the principles of team dynamics to perform effectively in different team and/or consultative roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable
- Ability to integrate awareness and knowledge of individual and cultural diversity in consultation and interprofessional contexts
- Awareness of, and adherence to ethics in consultation and interprofessional contexts

### **PROGRAM STRUCTURE**

The didactic, research and clinical experiences of this program are designed to facilitate development of the professional attitudes, competencies, and personal resources essential to the provision of high-quality patient care of contemporary psychological services. As mentors, the Bay Pines VA training staff seek to demonstrate and encourage Intern participation in the professional roles of clinician, consultant, team member, supervisor,

evaluator, researcher, and crisis intervener. The professional growth and development of Interns is enhanced by consistent supervision, varied clinical responsibilities with diverse patient populations, continued didactic training and opportunity for research, teaching and/or administrative/management involvement.

### **TRAINING PLANS AND ROTATION SELECTION**

The internship year is divided into four major rotations of three months each. Approximately eight hours per week are spent in a variety of didactic training, seminar, and research activities.

At the beginning of the training program, Interns will participate in ~3 weeks of orientation and self-exploratory and simulated activities and exercises that will promote identification of gaps in previous training and will allow them to formulate their individualized training goals/plans. The Training Director/DOPT, representing the Training Committee, reviews each intern's training goals and sequenced rotation selection, considering the intern's prior exposure/experience, goals, and preferences. Additional educational trainings intended to promote efficiency and safety while on clinical rotation may be offered during this period as well, such as basic lifesaving (BLS), advanced CPRS electronic medical record training, and prevention and management of disruptive behavior training.

During orientation, interns will receive, review, and sign an acknowledgment of receipt of the internship training handbook. This handbook contains detailed information regarding the program policies and regulations, and the requirements for successful completion of the internship, including evaluation forms, remediation steps and due process and grievance procedures. Interns are provided with a wide variety of medical center information on local policies and procedures, privacy laws, and safety/security requirements.

Interns will learn about and select four rotations from the various rotations offered to meet their individual interests and training needs. Neuropsychology emphasis trainees are encouraged to select a double rotation within the neuropsychology clinic. To address limitations in an intern's experience/training, the training committee may require one or more specific rotations. Repetition of any rotation or experiential didactic may be required as part of a remediation plan by the training committee if minimal levels of achievement (MLA) are not achieved satisfactorily. The sequence and selection of rotations presumes the consent of the selected supervisors, and the training committee, as well as satisfactory progress toward training goals and achievement of MLAs.

### **PROGRAM'S POLICY ON TELEHEALTH AND TELESUPERVISION**

As the Bay Pines VA Healthcare System spans several facilities and extends across an 8-county, 150-mile catchment area. The desire of our Veterans for virtual connectivity and alternative modalities for the delivery of healthcare and education has grown over the past few years. The expansion of telehealth services to Veterans has long been a mission of the VA. It is our stance that provision of supervised training in this modality is necessary to prepare trainees for entry level positions within the VA healthcare system and to meet our program's aims and goals.

Additionally, we feel that the provision of telehealth services is culturally inclusive and allows trainees to gain clinically applied experience using advanced technology as they serve Veterans from diverse, underserved, and marginalized groups. It has also allowed us to expand the number of rotations and training opportunities we offer and provides our trainees access to a more diverse pool of supervisors and mentors, as our system has psychologists who telework, or are located in CBOCs across the large system.

The Training Directors work with trainees during the orientation period to develop training goals for the year and determine the sequence of their clinical rotations. Authorization to select a virtual rotation or engage in telehealth and telesupervision is based on multiple factors, including graduated level of responsibility and competency level of the trainee.

Bay Pines VA Healthcare System psychology training program's policy stipulates that trainees can complete NO MORE than 50% of their training with virtual supervision. That means, for internship, interns are limited to selection of up to two (2) virtual rotations. The rest must be rotations offered on the main campus, with in person (face-to-face) supervision.

## **PROGRAM'S POLICY ON TELEWORK AND REMOTE TRAINING**

Bay Pines VA Healthcare System's psychology training programs can authorize limited telework for trainees who maintain MLA across all competency domains and are in good standing within the program (i.e., not on a PIP or remediation plan). Typically, trainees can telework during their telehealth days if their supervisor is also teleworking. Trainees also typically telework on Fridays, as for most, this day is reserved for peer consultation, seminars, didactics, committee meetings and research. The TD/DOPT reserve the right to restrict telework opportunities at any time, based on performance concerns or hospital/facility needs.

We do NOT allow or authorize remote training. All selected/matched trainees MUST commit to residing within in the Tampa Bay geographical area and be able to present on the main campus in under 2 hours.

## **CLINICAL ROTATIONS**

### **1. Primary care-mental health integration**

The PC-MHI rotation offers training on providing short, brief behavioral health services to Veterans in a fast-paced rural primary care setting. Interns will learn how to operate as an interdisciplinary care team member of the Patient Aligned Care Team (PACT), headed by the primary care provider. The medical team includes primary care physicians, nurses, nurse practitioners, advanced practice registered nurses, psychiatrists, pharmacists, dietitians, nurses, social workers, psychologists, and other support staff. The PC-MHI program implements patient-centered and measurement-based care for ethnically and culturally diverse Veterans with varying physical and mental health concerns. Interns will become well versed in providing services regarding the application of brief, solution-

oriented interventions for commonly identified problems in primary care settings and provide consultation/referral to higher care levels of MH services, and programs within the VA system. The PC-MHI rotation emphasizes learning how to utilize applicable theoretical underpinnings, and interventions in 1-6, 30-minute sessions (e.g., CBT for chronic pain and insomnia, brief-CBT, problem solving, solution focused brief therapy, behavioral activation, motivational interviewing, prolonged exposure for primary care). Mental health concerns most encountered in Veteran primary care settings are attention and concentration problems, mood dysregulation, sleep disturbances, anxiety, depression, anger, varying forms of trauma, substance use, interpersonal problems, life-transition struggles, and aging-related issues. Furthermore, PC-MHI rotation ensures the learning of effective co-management within the PACT team of chronic physical health conditions such as headaches, fibromyalgia, IBS, diabetes, and hypertension. The rotation emphasizes health psychology interventions for weight management, chronic pain and smoking cessation. Particular attention is on ways to increase population health promotion, adherence to medical treatment recommendations, and disease management.

**Interns assigned to PC-MHI will:**

- Attend huddles/PACT meetings to learn more about the role of interdisciplinary processes in relation to patient care and the PACT team.
- Provide behavioral health consultation services according to the co-located collaborative care model.
- Provide same-day access to mental health assessment and treatment services.
- Consult with primary care providers and other specialists in managing behavioral health concerns in a medical setting and utilizing behavior change strategies to improve medical outcomes.
- Implement applicable interventions and/or skills-based approaches targeting behavior change to promote physical and mental health.
- Provide mental health interventions utilizing a brief care model.
- Co-facilitate therapy groups.
- Complete cognitive screenings.

**Interns assigned to PC-MHI might also choose the following, as consistent with training goals:**

- Participate in health care system design and quality improvement projects within PC-MHI.

**Primary competencies:**

- Behavioral functional assessment
- Brief interventions and therapies
- Interprofessional collaboration in primary care
- Development of solution focused oriented services and population health

**Secondary competencies:**

- Integrative decision making and ethics, mental status exams with Veterans.
- Emergent risk management
- Veteran cultural competence
- Ethics in primary care

## **2. Center for sexual trauma services**

CSTS is a nationally recognized program that focuses exclusively on the treatment of sexual trauma. The program opened in 2000 on an Innovative Programs grant and was the first residential program in the country to focus solely on women with MST. The CSTS program is the recipient of the HERA Award and was designated as a center for excellence as a part of the women's program. The full-time rotation offers a setting where the intern can develop, refine, and expand clinical skills. The clinical population is complex, with most patients presenting with co-morbid disorders and multiple traumatic events that include military sexual trauma, childhood sexual trauma, and other adult sexual and physical abuse. The complexity of patients and the intensity of the program ensure that Interns acquire the in-depth experience necessary for the acquisition of expertise in working with PTSD. Acquisition of skills in providing Evidence Based Psychotherapies (EBPs) and Empirically Supported Treatments (ESTs) is emphasized on this rotation. Interns will learn to function effectively on an interdisciplinary treatment team in the treatment of PTSD and co-occurring disorders. Residential and outpatient levels of care are offered. The program also specifically focuses on treating sexual trauma with evidence-based modalities consistent with DOD practice guidelines (i.e., PE, CPT, WET, etc.). Interns will receive in depth, supervised clinical training in CPT and PE. Opportunities for training in psychological testing and group psychotherapy are available.

## **3. General mental health / BHIP**

### **VIRTUAL VERSION**

This virtual rotation provides the opportunity to be a full member of a BHIP Team and provide individual and group psychotherapy services, conduct comprehensive evaluations, and participate in BHIP huddles, BHIP Community of Practice (Co) and interdisciplinary team consultation following the BHIP implementation model. The behavioral health interdisciplinary programs (BHIP) are part of the general mental health outpatient services and consider the "mental health home" of the Veterans. In BHIP, you will have the opportunity to work alongside the team, which includes psychologists, clinical mental health social workers, MH BHIP nurses, psychiatrists, peer support specialists, among others. As a general mental health rotation, you will have the opportunity to offer episodes of care to Veterans that present with a variety of diagnoses/concerns including, but not limited to, depression, PTSD, anxiety, chronic pain, personality disorders, gender dysphoria, psychosis, and substance use. There is opportunity to receive supervision in a wide range of EBP modalities depending on your training interests and goals. These may include CBT-D, DBT (including individual, group and consultation), PE, CPT, EMDR, PST-Moving Forward, and PST-SP. Other modalities may include, STAIR, WET, RISE (treatment for IPV) and others. Trainees can also facilitate/co-facilitate groups including developing a group based on their clinical interests. Trainees will also conduct comprehensive evaluations with new patients interested in psychotherapy at the VA and ARCH evaluations for patients seeking to start hormone therapy. In addition, trainees will receive training in BHIP model and implementation (which may include administrative duties) and engage in DEI and social justice focused supervision. This rotation **requires a 6 months commitment**.

## **4. Substance abuse treatment program – outpatient & inpatient**

The substance abuse treatment program (SATP) consists of three different levels of care: 1) 28-day residential/inpatient, 2) intensive outpatient program (IOP), and 3) core outpatient, with the training rotation including 2) and 3). The SATP consists of staff members from a variety of disciplines (e.g., social work, psychiatry, psychology, licensed mental health counselors, nursing, pharmacy, recreation therapy). The staff members work independently as primary therapists and as a team to provide a variety of assessment and treatment services to Veterans with substance use disorders. All levels of care include individual, couples, groups, assertiveness training, anger management, relaxation training, problem solving, substance abuse education, relapse prevention, abstinence, harm reduction, medical aspects of substance abuse, and discussions of substance abuse related films and videos. The intern will be expected to act as a professional member of the interprofessional team, attend and participate in weekly meetings and, under the supervision of the psychologist, learn to perform the duties of a staff psychologist. Interns will have the opportunity to conduct individual, group, and couples therapy, case conceptualization, treatment planning, assessment (psychological), program evaluation and research on this rotation.

### **5. Clinical neuropsychology**

Clinical neuropsychology is a specialty field within clinical psychology, dedicated to understanding the relationships between the brain and behavior, particularly as these relationships can be applied to the diagnosis of brain disorders, assessment of cognitive and behavioral functioning, and the design/delivery of effective treatment. The role of the Intern on this primarily outpatient rotation is to provide both comprehensive and targeted neurocognitive assessment and consultation/intervention services on an outpatient and inpatient basis. The patient population includes mostly young, middle aged, and older adults with known or suspected neurologic disorders (e.g., dementia, movement disorders such as ALS, Parkinson's or diffuse Lewy Body disease, traumatic brain injury, cerebrovascular accident, immune mediated inflammatory diseases such as demyelinating polyneuropathies/multiple sclerosis, infections in the CNS, neoplastic/paraneoplastic syndromes, CSF flow-related or hydrocephalic conditions, or metabolic disturbance, neurodevelopmental disorders (e.g., learning disabilities and attention deficit disorder), and psychiatric comorbidities (e.g., psychotic, bipolar, depression, anxiety and trauma-stress related symptoms). The training emphasis on this rotation is on a core-flexible approach to neuropsychological assessment, with process-oriented considerations, as well as the provision of therapeutic feedback and intervention. In this approach, test instruments are selected to provide cognitive ability data relevant to the specific referral question, as well as hypotheses formulated for the individual case based on a combination of the clinical interview and comprehensive medical record review.

Neuropsychology rotation learning activities:

1. Morning team staffing meetings: During the morning meetings, practicum students, interns, fellows, and staff will have time to discuss cases presentations, current topics, relevant readings, and sharpen our knowledge through neuro trivia. This is a collegial meeting also used to set the schedule for the day and discuss any relevant housekeeping matters. The initial meetings are dedicated to developing an ease and comfortability talking about cases in a professional/consultative manner. We incorporate a research update toward the second rotation that is every Monday.

2. Group supervision: Each week the intern's and supervisors meet for an hour to discuss a specific topic (e.g., cerebellum anatomy and function, paraneoplastic syndromes, military related toxins, and cognition). Topics are decided by the group and select readings are circulate for discussion the week before.
3. ABPP-CN seminar: This weekly, rotation specific didactic is delivered in an interactive, lecture and journal club format designed to promote fund of knowledge and skill set required for successful board certification in clinical neuropsychology.
4. Neurology clerkship: This is a full time (2-week), didactic and practical experience involving third year medical students from surrounding universities. Interns will work closely with the attending neurologists and medical students to gain valuable hands-on neurology experience. Interns will develop skills in conducting neurologic exams, reviewing EEG, EMG, and neuroimaging (MRI, CT), and discussing/staffing cases in neurology seminar.
5. Multi-site residency neuropsychology didactic: This is a fellow facilitated, 2-hour seminar focusing on board preparation. Interns are welcome to sit in as their schedule allows and observed case presentations, fellow-led discussion, faculty lectures, and mock fact-findings.
6. Neurology seminar: This interdisciplinary seminar involved lectures in neuropathology and neuroanatomy, case presentations and "live" case consultation with individuals, who are experiencing neurologic disease or insult.

### **NEUROPSYCHOLOGY MAJOR AREA OF EMPHASIS (TRACK)**

The neuropsychology major area of emphasis is reserved for interns who have an expressed interest in gaining additional training in neuropsychology and anticipate continuing their training past internship in a 2-year neuropsychology specialty residency. For trainees matched to this track, a 6-month rotation is available at the beginning of the year. Each NP focused trainee would also be required to participate in ABPP-CN fact-finding cases, neurology clerkship, neuropsychology research, and teaching one (1) formal lecture. Primary activities will include conducting comprehensive neuropsychological evaluations and provision of therapeutic feedback, consultation, participation in board preparation activities and teaching exercises. Optional activities include provision of individual or group based cognitive rehabilitation treatment for outpatient neurology referrals, working in the memory disorder screening clinic with the resident and/or psychometrist and attending the multi-site residency neuropsychology seminar.

### **6. PTSD-integrated recovery program (IRP):**

The PTSD-IRP program offers a comprehensive range of levels of care with individualized treatment including residential, IOP and outpatient care options. Clinicians in this program work with Veterans who are suffering from combat related PTSD as well as those dually diagnosed with PTSD and substance use disorder(s). The program adjunctively offers housing for Veterans who are homeless, or whose housing does not support their recovery. Interns on this rotation will gain substantial training and experience assisting Veterans recovering from complex difficulties related to PTSD and co-morbid substance use disorder(s). Interns on this rotation are expected to participate in provision of services primarily in the residential program, but also assisting in the outpatient program. While on the rotation, trainees are important members of the interprofessional treatment team and are expected to discuss case conceptualizations and provide feedback regarding



patients during daily team meetings. Attendance and participation in these regular staff meetings are mandatory. Generally, interns will carry 2 individual patients in the residential program, for twice a week therapy session, as well as case-management and treatment planning. Interns will also co-facilitate or lead groups in the residential program. Interns will also complete regular PTSD assessments and consultations for Veterans seeking outpatient services. Interns will be provided with training and/or exposure to evidence-based treatment models including prolonged exposure (PE), cognitive processing therapy (CPT), acceptance and commitment therapy, and virtual reality exposure therapy.

### **7. Health promotion and disease prevention (HPDP)**

Health promotion and disease prevention (HPDP) provides education and outpatient services to meet the integrative health needs of Veterans. Interns will have the opportunity to, 1) provide therapeutic interventions consistent with a 'whole person' approach to health and wellness, including brief individual and group health behavior interventions (e.g. insomnia, management of chronic medical conditions such as diabetes and tinnitus, mindfulness/meditation, positive psychology), 2) conduct pre-bariatric surgery and organ transplant evaluations, 3) learn about the Whole Health initiative, and 4) co-facilitate TEACH for success and motivational interviewing (MI) trainings for VA staff.

### **8. Therapeutic residential recovery center (TRRC)**

On this rotation, interns will develop individual and group therapeutic skills working with Veterans who have experienced multiple traumas including homelessness, unemployment, often substance addiction, and other life traumas. Interns will be part of a dynamic interdisciplinary team. They will co-facilitate weekly groups such as dialectical behavior therapy: distress tolerance, emotion regulation, and interpersonal effectiveness, group psychotherapy and other psycho-educational groups. Weekly consults provide training in case conceptualization and experience in presenting assessment findings to the TRRC interprofessional team for review. The intern will also provide individual psychotherapy to a variety of Veterans and complete at least one full test battery to be used for diagnosis and treatment planning purposes. In addition, the intern will be asked to develop and present a 4-hour (1 hour/week x 4 weeks) psycho-education program for residential program participants that relate to the issues of homelessness, addiction, employment, and legal problems. Interns will attend and present cases during the daily interprofessional treatment team meetings and attend weekly treatment planning meetings. The intern will be expected to function as an integral team member and actively participate in program evaluation and development processes. Finally, the intern will expand knowledge and experience of evidence-based treatments, especially acceptance and commitment therapy and mindfulness, and incorporate these into ongoing supervised clinical work. Interns will have the opportunity to conduct individual and group therapy and participate in team consultation, group development, and individual case management on this rotation.

### **9. Whole health rotation (WH)**

The rotation in whole health provides outpatient services to meet the integrative health needs of Veterans. Interns will have the opportunity to provide assessment and

therapeutic interventions consistent with a holistic approach to health and wellness. Interns will obtain experience working within an interprofessional team model. The rotation presents an opportunity to develop and expand content focused on areas of the whole health circle (working the body, food and drink, sleep, relationships, surroundings, personal development, mindfulness/meditation, stress reduction, etc.) in collaboration with several other disciplines including recreation therapy, nutrition and food services, social work, primary care physicians, and chaplain services. A major focus is collaborating with other disciplines to provide education and assist with providing evidence-based strategies for motivational enhancement/motivational interviewing and behavior modification for Veterans making efforts to implement health behavior change. Interns will have the opportunity to co-facilitate groups and provide individual interventions focused on health-related behavior change, including tobacco cessation. This rotation also offers experience conducting transplant and bariatric surgery evaluations.

#### **10. Inpatient geropsychology - community living center**

The inpatient geropsychology rotation is housed within the community living center (CLC) on the Bay Pines VA main campus. Veterans are seen on an inpatient basis for rehabilitation and residential nursing care. Some Veterans are followed from the CLC to Hospice care. Veterans range in age from approximately 60 to 90+ years. Interns will have the opportunity to tailor this rotation to their clinical interests. Interns have opportunities to provide brief interventions (e.g., CBT-based skills and virtual reality for pain management) as well as longer-term supportive and reminiscence therapy. There are also opportunities for brief bedside neuropsychological assessments where trainees can work to become efficient in interviewing, selecting targeted batteries, writing brief reports, and providing feedback to patients, caregivers, and a treatment team. Interns will also participate in interdisciplinary treatment team meetings consisting of APRNs, dieticians, physical therapy, occupational therapy, recreation therapy, pharmacists, chaplains, social work, and psychiatry.

#### **11. PM&R rehab psych - comprehensive integrated inpatient rehabilitation program (CIIRP), polytrauma TBI, and cognitive rehabilitation treatment (CRT)**

The rehabilitation rotation is designed to provide a mixture of rehabilitation intervention and neuropsychological assessment services for the inpatient physical medicine and rehabilitation (PM&R) CIIRP unit and the outpatient physical medicine and rehabilitation polytrauma TBI service. Interns may also follow Veterans referred from neuropsychology clinic for tailored, cognitive rehabilitation treatment.

##### **PM&R INPATIENT CIIRP**

The CIIRP team utilizes an interprofessional team-based approach to provision of patient centered inpatient services. The interprofessional team consists of a physiatrist, speech language pathologist, occupational therapist, physical therapist, pharmacist, social worker, nutritionist, nurse, a neuropsychology postdoctoral resident and psychology intern. The nature of inpatient rehabilitation requires flexible, innovative treatment approaches that involve shared decision making. The interprofessional team meets weekly with patients and families to promote patient centered goal setting, health behaviors, self-management, and the highest possible level of independence. The inpatient rehabilitation environment is fast-paced and exciting. Most of the intervention and select assessment services will be co-supervised by the neuropsychology resident serving that team in a vertical model with

a TC staff neuropsychologist. Interns can anticipate participation in the following activities based on individual training plan:

- Tuesday morning rounds with the psychiatrist and neuropsychology resident.
- Participation in Wednesday morning PM&R CIIRP interprofessional team (IPT) meeting.
- Intervention. Provision of bedside individual cognitive rehabilitation treatment to learn and apply compensatory strategies, supportive therapy, mindfulness for grief and loss, MI for increased compliance in rehab treatments, mirror imagery and graded motor treatment for phantom limb pain, behavioral interventions utilizing biofeedback (finger temperature monitoring, heart math) for anxiety to include progressive muscle relaxation, diaphragmatic breathing, and guided imagery.
- Opportunities for assessment of individuals presenting with vascular disease (amputations), CVA or TBI related neurologic/neurocognitive syndromes (hemineglect syndrome, aphasia, hemianopsia, agnosia, apraxia...).
- Opportunities to create behavioral health groups focused on psychoeducation or behavioral modification surrounding diabetes management, smoking cessation, healthy habits etc.

#### PM&R OUTPATIENT POLYTRAUMA TBI

The unique nature of polytrauma injuries creates the need for an interprofessional polytrauma program to handle the medical, psychological, rehabilitation, and prosthetic needs of individuals who have incurred a primary TBI. The Bay Pines VA Healthcare System polytrauma TBI rehabilitation service utilizes an interprofessional team-based approach to provision of patient centered outpatient services. The interprofessional team consists of a psychiatrist, speech language pathologist, occupational therapist, physical therapist, social worker, audiologist, nurse practitioner and a neuropsychologist. The interprofessional team meets weekly to promote patient centered goal setting, health behaviors and self-management. Neuropsychology is routinely consulted to evaluate the cognitive and behavioral health/psychological status of Veterans followed by this team. The intern would work with the clinic psychometrist and neuropsychology resident in conducting comprehensive evaluations for the PM&R team. Interns can anticipate participation in the following activities based on individual training plan:

- Conduct outpatient comprehensive neuropsychological evaluations with MMPI-2-RF
- Conduct intervention feedback sessions in person, with family and/or with use of telehealth video on demand
- Manage and participate in the mTBI assessment clinic w/psychometrist
- Attend and participate in weekly physical medicine and rehabilitation (PM&R) polytrauma IPT meetings

#### OUTPATIENT/INPATIENT CRT:

Cognitive rehabilitation treatment refers to a wide range of evidence-based interventions designed to improve functioning by compensating for cognitive deficits in individuals with CNS disease (e.g., mild dementia) or injury (e.g., TBI or stroke). It entails an individualized program of specific skills training and practice plus metacognitive and behavioral health strategies. Metacognitive strategies include helping the patient increase self-awareness regarding problem-solving skills by learning how to monitor the effectiveness of these skills and self-correct when necessary. Behavioral health can address concomitant issues further interfering with cognitive abilities (sleep hygiene, relaxation methods, motivational interviewing...) This intervention can be provided in-person individually, individually at bedside, in a group-based format, or individually utilizing telehealth video

technology (VVC). The neuropsychology outpatient clinic CRT consists of 8 structured learning modules focusing on deficits in memory, attention, and executive functioning. The inpatient CIIRP CRT consists of a selected number of learning modules targets to the patient's needs and deficits.

## **12. Couples and family program**

The Couples and Family Program offers training to provide therapy to couples and families. The program specific details are:

- Therapy heavy rotation
- Therapy consists of 60-minute sessions, where the intern begins shadowing and develop independence in co-facilitation with their supervisor
- Interns will be able to see individual members of the couple and/or family in the context of couple/family therapy to address intrapersonal dynamics that may be impacting the system
- Attend virtual Advanced Family Topic Seminars on the fourth Monday of every month from 12-1pm
- Interns will be trained in evidence-based modalities such as Integrated Behavioral Couples Therapy (IBCT), Gottman Method, Strategic Family Therapy, Systems Theory, Bowenian Family therapy, Structural Family Therapy, and Emotion Focused Couples Therapy (EFT-C).
- Brief assessments/measurement-based care may be utilized throughout the therapeutic process
- Could be taken as a part-time, or minor rotation

## **13. Whole health – behavioral medicine (WH-Bmed)**

Interns will have the opportunity to provide assessment and therapeutic interventions consistent with a holistic approach to health and wellness. A focus of this rotation is conducting pre-transplant and pre-bariatric surgery evaluations. This includes conducting a health-focused clinical interview, administering cognitive screening, psychological assessment, and in some cases, objective personality assessment, and writing integrative reports. As this rotation is supervised by a neuropsychologist, a more robust cognitive evaluation will be conducted when clinically indicated. Opportunity to consult with the interdisciplinary bariatric surgery team is sometimes available. Interns will also have the opportunity to provide individual treatment aimed at optimizing health and wellness utilizing the clinical hypnosis modality and co-facilitate various whole health groups. Development and implementation of a novel group focused on areas of the whole health circle (working the body, food and drink, sleep, relationships, surroundings, personal development, mindfulness/meditation, stress reduction, etc.) is also an option on this rotation.

## **ADMINISTRATIVE LEADERSHIP MINOR ROTATION (4 hours per week)**

The psychology internship program is excited to offer the option to add a minor rotation in administrative leadership to your training plan. This minor rotation will promote the interests and development of interns who envision leadership roles within the general mental health service line in their future career. Exposure to management and other service/facility roles as a VHA psychologist (i.e., section chief, director, ACOS, program manager/admin supervisor, committee chair, Training Director/DOPT) will occur. During

the four hours per week, interns will have the option to shadow psychologists involved in such roles, familiarize themselves with mental health program requirements such as the Uniform Mental Health Services Handbook, and learn about data management as well as policy and programmatic processes. Interns can audit VISN, facility and service level committees, or even take on the role of selections chair for the internship training program. Interns will have the opportunity to observe suicide and violence prevention medical record flagging meetings and participate in psychology training recruitment, selection, and orientation/onboarding activities. This is offered for 2nd, 3rd and 4th rotations only, to trainees meeting all competency benchmarks and in good standing within the program .

### **SUPERVISION AND TRAINING METHODS TO ACCOMPLISH PROGRAM AIMS AND COMPETENCIES**

Within this learning/teaching environment, interns are expected to provide clinical services to patients and spend the majority (75%) of their time in the clinical area to which they are assigned (i.e., clinical rotation). The rationale for this expectation is that training is best accomplished when Interns are “immersed” in a patient care area. The environment provides opportunities for socialization into the profession and facilitates a stronger identification with roles of a variety of health care professionals. Informal or “curbside” consults are frequent and informative. Opportunities for observation and indirect learning are plentiful. Interns are strongly encouraged to become functional members of the treatment team and to develop a refined appreciation for the skills and contributions made by various disciplines on the team.

As a minimum requirement, each intern will participate in no less than five and a half (5.5) hours of supervision per week by a licensed, psychology training staff member. Interns receive a minimum of at least 3 hours of scheduled, individual clinical supervision with their primary rotation supervisor(s) and 2 hours of scheduled group supervision with the Training Director/DOPT. They receive an additional .5 hour per week with their research supervisor. Style and modes of supervision vary. Video recording, audio recording, direct observation, role-plays, and co-therapy/assessment are among the tools used to aid in supervision. Interns receive supervision and evaluation on their clinical work, documentation and reports, their case presentations, participation in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct.

### **REQUIRED WEEKLY INDIVIDUAL AND GROUP SUPERVISION WITH LICENSED PSYCHOLOGY STAFF**

**1. Individual supervision with a licensed, psychology staff member: 3 hours per week.** Interns are required to participate in regularly scheduled, face-to-face supervision with their primary clinical rotation supervisor(s) for no less than 3 hours per week. Supervisors are supported by facility leadership to engage in supervision by having protected time to conduct supervision, as well as provided private office space. To ensure that each intern is receiving the required amount of individual supervision, hours are confirmed by the Training Director/Director of Psychology Training who routinely reviews the intern’s clinical hours log to ensure adherence to weekly time allocation requirements. Though interns will receive a minimum of 3 hours of scheduled, face-to-face

supervision with their clinical supervisor(s), they often receive well above this minimum as they engage in numerous unscheduled supervision meetings and unscheduled consultations. Clinical rotation supervisors employ an “open-door” standard that allows interns to access them at any time to address case-specific or professional development needs.

**2. Group supervision with Training Director/Director of Psychology Training: 2 hours per week.** Interns are required to attend weekly, face-to-face, scheduled group supervision sessions with the Training Director/Director of Psychology Training. Interns are evaluated on their participation in discussion, role plays, experiential learning activities and peer supervision, which is shared with other clinical supervisors in regularly scheduled training committee trainee updates and with interns both verbally, during the face-to-face meetings, and formally in writing as part of the mid and end point of each quarterly rotation evaluation forms.

**3. Individual supervision with research supervisor: minimum of .5 hour per week.** As part of the program completion requirements, interns are required to complete an identified research project during the internship training year. At the beginning of the program, interns are matched with a licensed, psychologist staff member to serve as their research supervisor. Interns are provided with two hours per week of protected research time to dedicate to their project and are required to meet with their research supervisor no less than .5 hours each week. The supervisor provides evaluative feedback both during the face-to-face meetings, and formally in writing as part of the mid and end of rotation quarterly evaluation forms. To ensure that each intern is receiving the required amount of individual supervision with their identified research supervisor, hours are confirmed by the Training Director/Director of Psychology Training who reviews the intern’s clinical hours log on a weekly basis.

**\*Supervision hours will be monitored routinely by the Training Director/Director of Psychology Training via the trainee’s clinical training log to ensure that the required weekly hours are occurring and are documented.**

#### **ADDITIONAL REQUIRED SUPERVISED, STRUCTURED, INTEGRATED LEARNING ACTIVITIES**

In addition to the (5.5+) hours of supervision described, we would like to highlight other mandatory, regularly scheduled interactive learning seminars with an evaluative component. These seminars represent enriched, hierarchical, and supervised group-based activities that have a formal evaluative component (direct supervision) with evaluative feedback by a licensed TC psychologist staff member and/or Training Director/Director of Psychology Training.

**4. Participation in interprofessional clinical team meeting (required):** 1 to 2 hours per week. Every clinical rotation offered within the Bay Pines VA health psychology internship requires attendance and participation in weekly, rotation specific clinical team meetings and/or huddles. These team meetings are attended by an interprofessional staff consisting of the intern’s primary clinical supervisor, other licensed, clinical psychologists, psychiatrists, social workers, LHMCs, nursing and/or medicine. These team meetings are

collaborative and routinely address clinical, professional, and institutional issues. Clinical staff attending the meetings provide ongoing evaluative feedback to the intern's primary supervisor based on direct observation of the intern's professionalism, ability to interact and communicate with team members, as well as diagnostic and clinical acumen. These evaluative insights are intended to inform in the primary supervisor's formal evaluation at the mid and end of each rotation and are provided to the entirety of the training committee during regular scheduled (monthly) trainee updates. The primary supervisor provides ongoing feedback to the intern verbally within regularly scheduled individual supervision sessions, as well as written evaluation feedback on the intern's mid and end of quarterly rotation evaluation form.

**5. Multicultural diversity seminar (required): 1 hour per month:** Interns are required to attend and participate in the multicultural diversity (MCD) seminar. MCD competence is a broad and multifaceted aspiration that requires commitment to a lifelong learning process, which can incorporate awareness of diversity issues, knowledge of cultural variation, clinical application of skills relevant to individual differences, and community advocacy and outreach. This monthly integrated learning activity is hierarchical and evaluative. It is attended by interns, residents/fellows, supervisory training committee staff and the Training Director/Director of Psychology Training. It is intended to support continued development of multicultural competence by fostering an appreciation for culture and individual differences among clinicians; developing insight into clinicians' own multicultural identity and the limits of one's worldview; an understanding of multiculturalism and intersectionality; facilitating better care to Veterans served by addressing cultural components of difficult cases; and creating a rich learning environment for continued progress toward multicultural competency, development of professional values, attitudes and behaviors, communication and interpersonal skills. Each seminar is led by a triad of facilitators at each level of professional development (intern, resident/fellow and licensed, psychologist staff member) to explore a variety of topics relevant to specific patient populations and to the promotion of multicultural competence. The intern participants are evaluated formally at the start of internship during the baseline exercises with their Training Director/Director of Psychology Training. They are provided ongoing, written evaluative feedback within their mid- and end of quarterly rotation evaluation form on the development of targeted competencies including multicultural diversity, professional values, attitudes and behaviors, and communication and interpersonal skills competencies.

**6. Ethics and legal issues in healthcare and training seminar (required): 1 hour per month.** Interns are required to attend and participate in the monthly ethics and legal issues in healthcare and training seminar. This monthly integrated learning activity is hierarchical and evaluative. It is attended by interns, residents/fellows, supervisory training committee staff and the Training Director/Director of Psychology Training. It is intended to support the development of ethical decision making and understanding and application of laws, rules and guidelines directing our practice within a large healthcare organization. By participating in this structured learning activity, interns will develop increasing professional responsibility for patient care, consultation, research, supervision, and teaching activities. They will demonstrate advanced knowledge of the APA ethics code and understanding of local facility, state jurisdictional and federal laws, and rules as they



apply to practice as a trainee and a psychologist. The ability to use consultation to navigate ethical conundrums, and to conduct oneself in accordance with these principles, laws and rules is formally evaluated. Each seminar is led by a triad of facilitators at each level of professional development (intern, resident/fellow, and career/staff) to explore ethical and legal conundrums and guiding facility, state and national-level laws and rules. The intern participants are evaluated formally at the start of internship during the baseline exercises with their Training Director/Director of Psychology Training. They are provided ongoing, written evaluative feedback within their mid- and end of quarterly rotation evaluation form on the development of targeted competencies including ethics, professional values, attitudes and behaviors, communication, and interpersonal skills competencies.

**7. Experiential group supervision of supervision (required): 2 hours per month (biweekly).** Interns are required to participate in a bi-weekly experiential group supervision during internship. This integrated learning activity is hierarchical and evaluative. For each session, a designated intern “supervisor” facilitator will provide clinical supervision to the participating intern “supervisees” on therapy, assessment, case conceptualization, ethics, diversity considerations and professional development issues. Sessions are directly supervised by a senior TC psychology staff member who evaluates participation and engagement of all intern participants. Assigned facilitation duties rotate so that each intern facilitates a minimum of one (maximum of two) times across the academic year. The intern participants are evaluated formally at the start of internship during the baseline exercises with their Training Director/Director of Psychology Training. They are provided ongoing, written evaluative feedback within their mid- and end of quarterly rotation evaluation form on the development of targeted competencies including supervision, professional values, attitudes and behaviors, and communication and interpersonal skills competencies by the attending senior TC psychology staff member.

#### **OTHER SUPERVISION OPPORTUNITIES**

While on rotation, the intern will have regularly scheduled additional opportunities to engage in interactive educational experiences with their primary supervisor. These experiences are evaluative and hierarchical and extend across the duration of the clinical rotation period. These experiences allow for enhancement of the intern’s professional development and allows the supervisor to monitor and provide immediate feedback on the quality of professional services offered. Additional supervised experiences occur within the clinical rotation on a weekly basis.

#### **8. Vertical supervision with an unlicensed, postdoctoral fellow**

When assigned to work with a vertical (postdoctoral) supervisor, interns will receive an additional hour of face-to-face supervision per week that is over-and-above the minimum (5.5) + hours with their primary supervisor, Training Director/Director of Psychology Training, and research supervisor. All such vertical supervision assignments are conducted under the umbrella of the licensed, primary psychology staff supervisor.

#### **9. Interprofessional Supervision**

Interns can also expect to receive a limited amount of both formal and informal supervision from independently licensed interprofessional staff members outside of

weekly team meetings. While this is limited in amount and does not count toward the required supervision with a clinical psychologist, interns will work side-by-side with psychiatrists, neurologists, physiatrists, social workers on specific rotations. Primary psychology supervisors will solicit feedback from members of the clinical team to incorporate into the intern's individual supervision sessions, as well as the written evaluative feedback.

### **COMPETENCY BASED EVALUATION SYSTEM**

The basic goal of the internship program is to promote the professional development of interns in each of the profession-wide competency areas so that upon completion of the program, interns are ready to assume the responsibilities of an entry level staff psychology position or advanced postdoctoral residency/fellowship position. The focus of training is on acquiring/enhancing knowledge, skills, and self-knowledge related to treating a diverse range of adults. The core modalities used to train Interns are supervised clinical experiences, participation in didactic seminars, experiential supervision, engagement in research and journal club, EBT and case presentations, case conferences/rounds, interdisciplinary team meetings, and involvement in a health care environment.

Competency measurement and evaluation is completed throughout the year. Our intention is to make evaluation of interns' progress timely, open, fair, and part of the learning process. Interns are included in all phases of evaluation from the initial agreement with training goals through the final evaluation. Ongoing verbal feedback from primary supervisors during rotations is presumed and interns should request clarification from supervisors if they are uncertain about their progress.

At the onset of each clinical rotation, the assigned primary supervisor will assess baseline competencies through direct observation to determine the appropriate level of graduated responsibility and any specific areas requiring additional modeling, education, or remediation. The primary supervisor and research supervisor will also complete a written evaluation at the mid-point and completion of each rotation to assess progress and achievement of competencies. An intern can review, comment on, and disagree with the evaluation before they sign it. Similarly, interns formally evaluate each rotation and clinical supervisor(s) at the same points in time. Interns also provide feedback at the end of the internship year on the entire training experience in the form of a white paper.

It is our goal to create a supportive and challenging learning environment in which individual differences are respected and professional development is enhanced/enriched. We believe one critical factor in the development of this environment is open, direct, honest communication between the Intern and the supervisor and the development of a friendly, professional interpersonal relationship. Supervisors/interns are encouraged to meet frequently in more informal work settings. The supervisors are expected to help interns become socialized into the profession and the Bay Pines VA Healthcare System environment (e.g., attend/participate in a variety of service level meetings, educational presentations/seminars held on campus, discuss roles of psychologists, discuss the political environment, discuss policies and procedures memos, introduce interns to Bay Pines staff, etc.).

## **PROFESSION-WIDE COMPETENCIES EVALUATION**

The competency ratings used in our program are based on the amount of supervision that is required for the intern to perform the task competently. This rating scale is intended to reflect the developmental progression toward becoming an entry level health service psychologist, ready to undergo postdoctoral training or enter the VA system at a GS-11 level.

In accord with VHA Handbook 1400.04 Supervision of Associated Health Trainees and its supervision requirements related to graduated levels of responsibility for safe and effective care of Veterans, we evaluate interns based on their ability to perform professional activities within the context of the following assigned graduated levels of responsibility (GLR):

**Room.** The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.

**Area.** The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with Veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a graduated level of responsibility commensurate with this type of supervision.

**Available.** Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or Teams messenger and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a graduated level of responsibility commensurate with this type of supervision.

There are six possible rating levels depicting how much supervision is required for the Intern to perform the professional activity or task competently. They are as follows:

1 Requires intensive/remediable supervision (1st year practicum level) = Most common rating during early, first setting practicum training. Ratings at this level represent an area of extremely underdeveloped or absent profession-wide competencies, which requires specific attention and a formal remediation plan to address deficiencies. Intensive supervision and education are generally needed. Most commonly assigned GLR: Room.

2 Requires substantial supervision (2nd year practicum to beginning intern level) = intern exhibits novice profession-wide competencies (basic knowledge, skills, and abilities with limited experience). Most common rating during rotation 1 of internship training. The intern requires more frequent direct observation, and may require ongoing substantial supervision, particularly for unfamiliar activities and/or novel circumstances. Ratings at this level may represent an area of underdeveloped competency, which requires specific attention when noted. A formal remediation plan may or may not be implemented. Most commonly assigned GLR: Area or Room

3 Requires additional close supervision (mid-year intern level) = intern exhibits intermediate profession-wide competencies (able to practically apply and generalize knowledge, skills, and abilities) across activities and settings. Interns may receive this rating during the first rotation, but it must be achieved at least by the midpoint (MLA - END OF ROTATION 2) of the internship training year. The intern requires less frequent direct observation and extra supervision is needed only occasionally for more challenging tasks or new areas of development. Interns at this level can engage in routine activities with minimal structure but may need closer supervision for more complex and novel situations. Most commonly assigned GLR: Area or Available

4 Requires standard supervision (end-of-year exit intern level) = intern exhibits advanced profession-wide competencies. This is the rating expected of an individual ready to assume the responsibilities of an entry-level staff psychologist just starting at the GS-11 level within the VA system, or ready to enter an advanced practice postdoctoral residency/fellowship position. This is the expected rating at the end of the training year (MLA - END OF ROTATION 4). Intern does not require additional supervisory sessions to complete this task. The supervisor can rely primarily on the reports of the trainee with occasional direct observation for compliance. Trainee consistently demonstrates sound clinical judgment. Most commonly assigned GLR: Available

5 Requires consultation-based supervision (postdoc mid-year level) = intern exhibits sophisticated/highly developed profession-wide competencies. This rating reflects an individual who consistently integrates and applies knowledge, skills, and abilities into all aspects of professional service-delivery. Able to engage in less familiar clinical activities, and function proactively and independently in most contexts. Rating at this level is expected of an individual who has been working as a staff psychologist at the GS-11 level in the VA system for six months or longer, or of an advanced postdoctoral resident/fellow who has successfully completed six months or more of their residency training program. The intern acts as an unlicensed "junior" colleague, requiring supervision according to compliance standards. Interns may achieve this rating on a few core tasks that represent strengths, however, it will be rare. Most commonly assigned GLR: Available

6 Ready for autonomous practice (completed postdoc level) = intern exhibits mastery/superior profession-wide competencies. This is the rating expected of an individual who has successfully completed their postdoctoral training year and is ready to apply for licensure, or is a newly licensed psychologist, equivalent to a GS-12 level in the VHA system. Consultation is self-guided and directed toward life-long learning and ongoing advanced practice development. This rating would be extremely rare for interns and be limited to a few areas of particular and exceptional strengths. Assigned level of responsibility GLR for this activity would be limited to: Available

### **DIDACTIC LEARNING ACTIVITIES**

While most of the training occurs within the clinical rotation (75%), interns spend 25% of their time involved in educational and supervised, structured, interactive learning activities outside of their clinical rotations. These activities are intended to further facilitate competency attainment.

## **REQUIRED DIDACTICS**

### **1. General intern didactic (required):**

This weekly 1-hour didactic covers a broad range of clinical and professional development topics selected to address specific competencies as well as the multiple roles of the contemporary health service psychologist. Various teaching methods are employed including didactic instruction, live demonstrations, videotapes, video-tele conference, discussions, and assigned readings. Topics related to professional and ethical development and diversity issues will receive particular emphasis during this time.

Previous topics have included:

- Military basics
- Psychiatric interview and the mental status examination
- Suicide assessment and operation life
- The baker act (involuntary hospitalization)
- Post doc / job hunting strategies – panel discussion.
- Case presentation in an interdisciplinary team
- Ethical intervention within a complex medical system
- Working with LGBTQ++ veterans
- Prescription privileges for psychologists
- Tort law and risk management
- Prolonged exposure therapy (PE)
- Evidence based practices.
- Acceptance and commitment therapy (ACT)
- Working with Hispanic Veterans
- Lab values for psychologists
- Clinical informatics
- Military sexual trauma (MST)
- Psychopharmacology
- Licensure preparation
- ABPP - board certification
- Problem solving therapy.
- How to build a private practice
- Behavioral and personality changes with sleep disorder
- Post doc interviewing tips.
- Sexual harassment & bystander interventions at the VA

### **2. Neuropsychology/assessment didactic (required):**

This weekly one-hour didactic targets the fund of knowledge and applicability of cognitive and personality assessment, foundations in neuropsychology and common medical conditions that present with personality, cognitive or behavioral changes. Previous topics have included:

- Advanced application of the MMPI and MMPI-RF Series
- Use of RBANS in a medical and psychiatric population
- Personality Assessment Inventory (PAI) Series
- Cognitive screens in clinical practice
- The seven sins of memory

- Dementia and memory disorders
- Stroke and vascular disease
- Assessment of adult ADHD
- Assessment ethics and laws
- Use of performance and symptom validity tests
- Performing a culturally competent evaluation
- Differentiating delirium and dementia
- Parkinson's disease and dementia
- Evaluation of comorbid PTSD and mild traumatic brain injury
- The neuropsychology of schizophrenia and bipolar disorders
- MCMI-IV interpretation series

### **OPTIONAL WEEKLY DIDACTICS**

#### **3. Mental health grand rounds/medical grand rounds (optional):**

Interns are encouraged to attend both the weekly one-hour mental health grand rounds and weekly one-hour medical grand rounds. medical grand rounds are facilitated by a variety of disciplines, including topics pertinent to neurology, cardiology, oncology, rheumatology, pharmacy, physiatry, speech language pathology, dietary service, and others. mental health service grand rounds are presented by staff psychiatrists, psychologists, and psychology residents and have included the following previous topics:

- "The power of one" pathophysiology of delirium
- Exploring the former prisoner of war experience
- Lethality assessment & harm prevention
- In-roads in suicide prevention
- Update on clinical practice guidelines.
- Sleep disorders and PTSD
- Assessment of alcohol use disorders and medication-assisted treatment
- Parkinson's disease and psychiatric symptoms
- Death and dying end of life issues & care.
- Obsessive compulsive disorder and relevance in the veteran population
- Conversion disorder: functional neurology symptom disorder
- Identifying patents with mild cognitive impairment and dementia of the Alzheimer's type (DAT)
- An evaluation of burnout among mental health providers within the VA
- Toward a better understanding difficult patient
- Difficult provider-patient interactions
- Cognitive flexibility and experiential avoidance in veterans with PTSD and substance use
- Conversion disorder: functional neurological symptom disorder
- Eating disorder-update

### **REQUIRED RESEARCH SEMINAR, PROJECT, AND SUPERVISION.**

#### **1. Journal club seminar (required):**

All psychology trainees are required to attend and participate in the bi-weekly, one-hour seminar involving a structured discussion between interns, residents/fellows, and a designated training committee staff member. Following an initial orientation on accessing the electronic library resources and a tutorial on how to critically evaluate peer reviewed journal articles in the scientific literature, interns rotate with fellows/residents in selecting and disseminating an article of interest, followed by facilitation of a group based interactive discussion that can include, but is not limited to: evaluation of research methodology/design and analysis employed by investigators, implications and limitations thereof, cultural and ethnic factors, clinical application, ecological validity and considerations for treatment with identified populations. Each trainee will facilitate one meeting annually. The licensed, psychologist TC staff member assigned to attend each journal club will provide written evaluative feedback to the trainee facilitator on the development of their research competencies. In addition, every 4th Journal Club, the assigned trainee is required to select an article that focuses on the practice/provision of clinical supervision.

## **2. Individualized research project and supervision (required):**

At the beginning of the year, interns will participate in a half-day research kick off meeting where they will have the opportunity to learn about the current research projects, meet the pool of available research supervisors, and share information about their research interests and experience. Within the two weeks following the kickoff, trainees will connect with the research supervisor(s) whose interests and skill set align with the trainee's research goals. Trainees may select a research supervisor and communicate their selection to the Training Director/Director of Psychology Training or be matched to an available research supervisor. Once matched, the intern will immediately meet with their research supervisor to develop a research plan including timeline with clearly identified, measurable objectives/goals and to set up regularly scheduled research supervision. Supervision is hierarchical (assigned supervisor is a licensed, TC psychology staff member), evaluative (research supervisor provides written feedback on progress and attainment of ongoing development of research competency) and continues across the span of the academic year at regularly scheduled intervals to be no less than the equivalent of 30 minutes face-to-face each week.

Research training goals are individually tailored, based on an intern's level of interest, academic training, and professional goals. Interns will be allotted 2 hours of protected time per week to work on their selected projects. They will have access to research resources (e.g., PSPP and SPSS software, reference books on conducting analysis in Excel and SAS, contact information for R&D IRB Coordinator).

Interns are **required** to select one (1) of the following three (3) options:

- Dissertation/graduate school directed study research project.
- Collaboration with psychology staff member on a local or national human subjects research project.
- Local program evaluation/QS-QA/Performance Improvement study under the direction of a licensed, psychologist TC staff member.

At the end of the year, interns will present/disseminate their research project results in the form of a poster presentation/symposium at the MH&BSS psychology trainee research

fair. They are also encouraged to present the research at a state or national level venue in the form of a poster or symposium, or to produce a manuscript/article for publication.

**3. Research supervision meetings:** The intern will meet with the available psychology TC supervisors at the beginning of the academic year for selection/assignment of primary research supervisor. The intern and the research supervisor will work together to develop a research question within the previously listed research options. The intern and the research supervisor will develop a bi-weekly supervision schedule dedicated to the intern's research project. Interns must meet all designated MLA for research competencies on their profession-wide competencies evaluation form.

### **Diversity, equity, and inclusion within research**

Researchers are supported through various diversity, equity, and inclusion (DEI) initiatives that aim to create an inclusive and supportive environment for all individuals. Some ways in which trainee can receive support through DEI initiatives include:

- **Collaboration and partnership:** The future of research and teaching is increasingly interconnected, interdisciplinary, and collaborative. Collaborative research projects foster cross-cultural understanding, promote knowledge exchange, and help create a more inclusive research community. Working collaboratively also bolsters the success and diversity of research and support the trainee in meeting the minimum requirements. As such, interns are encouraged to work collaboratively and opportunities are provided to pool resources with our neuropsychology residents, general psychology postdoctoral fellows and staff from different backgrounds and disciplines.
- Resource allocation: Funding may also made available through education, contingent on facility budget allocations made each fiscal year, to promote the dissemination of research conducted by residents (e.g., funding to attend or travel to conferences). Additionally, trainees can be allotted administrative paid time off to present Bay Pines research projects at the state or national level and they are eligible for free on-site poster printing services through the Bay Pines VA Media Service.
- Supportive policies and practices: Finally, we strive to establish policies and practices that promote diversity and inclusivity and equitability. We acknowledge the unique challenges and barriers that can impact researchers from diverse backgrounds, as such residents will receive the necessary support to navigate barriers that emerge towards successfully meeting the minimum research requirement.

### **REQUIRED TRAINING AND SUPERVISION IN THE PROVISION OF CLINICAL SUPERVISION**

In order to promote an intern's development of emerging clinical supervision competency, including knowledge of and sensitivity to ethical, legal and multicultural issues in providing supervision, didactic and supervised experiential training in clinical supervision will be integrated over the course of the training year.



**1. Supervision institute (required):** At the beginning of the year, interns will participate in a day-long workshop involving a half day of didactic lectures by TC psychology staff on:

- The role of a supervisor & characteristics that make a good supervisor
- Laws, VA and APA rules and liability, tiered vertical supervision, and supervision contracts
- Provision of critical and positive feedback
- Boundaries – the ethics of supervisory relationships and dealing with conflict within supervisory relationship (remediation and grievances)

Didactics are followed by an afternoon of simulated and experiential role play exercises with TC staff and postdocs.

**2. Experiential group supervision (required):** following the supervision institute, interns will participate in a bi-weekly experiential group supervision for the remainder of the academic year. For each session, a designated intern “supervisor” facilitator will provide clinical supervision to the participating “supervisees” on therapy, assessment, case conceptualization and professional development issues. Facilitation will rotate so that each intern facilitates a minimum of one (maximum of two) times across the ~10 months. Interns are provided with written feedback on their facilitation by the training committee staff member who observes each session.

**3. Vertical supervision (optional):** For interns, this is considered an adjunctive opportunity offered only in circumstances where an intern is exhibiting appropriate GLR skill set in this area and when available. This may involve supervision of practica students, medical residents or other master level affiliated health professions in clinical intakes, assessment cases, groups, or therapy.

## **OTHER INTERNSHIP EDUCATIONAL AND LEARNING OPPORTUNITIES**

### **1. Psychology internship wellness & professional development mid-year retreat (required):**

The psychology internship wellness & professional development retreat is a 4-hour experiential activity, typically occurring in early to mid-December during the academic year. The focus of this retreat is to provide the space for trainees to engage in discussion and exercises that promote health and wellbeing through physical, psychological, or spiritual activities. Trainees may target self-care, ways in which to combat compassion fatigue and professional burnout and how to maintain a healthy life-work balance within a holistic framework. Trainees can participate in relaxation and guided imagery exercises, mindfulness and gratitude practices, preparation of a nutritious meal or snack, yoga, tai chi, discussions in ways to bolster self-care, and engagement in values reflection. The retreat can be self-driven, designed by the trainee cohort or collaborative, where content and exercises are developed in collaboration with our whole health service. The intern cohort is required to turn in the psychology internship wellness & professional development mid-year retreat plan 6 weeks prior to intended date for Training Director/Director of Psychology Training approval.

### **2. Weekly peer consultation (required):**

The TC recognizes that interns often relocate to complete internship from various localities, both near and far. Many move to the Tampa Bay area anticipating a year-long separation from their families and primary support systems. The bonding and friendships that can develop between trainees during this pivotal training year can last a lifetime. In addition to building a strong support system early in the training year due to the commonalities in circumstances, shared office space that fosters daily interactions and spending the Friday structured learning day together, the TC protects additional time for interns to gather informally on a weekly basis for peer consultation. There are many benefits to holding a weekly one-hour peer consultation group. In addition to fostering the development of a trainee support system by creating the space and honoring the time together, peer consultation can also improve communication between interns and the training committee. The weekly opportunity to come together as a group privately, allows each Intern the opportunity to discuss training needs with each other, to share resources, and support one another. It also facilitates group-based feedback and information for the TC, so that the intern representative would be more prepared to discuss group needs with the training committee at large.

### **3. Professional presentations and teaching (optional):**

For interns who identify an interest in provision of professional presentations or teaching, beyond the required EBT and case presentations, there are ample opportunities throughout the medical system to participate in additional, adjunctive teaching activities. These can be built into the Interns individual training goals at the beginning of the year.

Examples include:

- Educational presentation to various medical and allied health disciplines on general topics related to psychological assessment, diagnoses & treatment/recommendations (e.g., mental health grand rounds, neurology seminar; medical grand rounds, social work service, dietary services, PM&R...)
- Opportunities to provide workshops or seminars to the local chapter of the Florida psychological association, or at various VA or state association sponsored conferences.

**4. VA regional trainings (optional):** The TC works actively each academic year to offer regional trainings. These change yearly based on availability. Trainings offered in the past include certification (pending licensure) in cognitive processing therapy, prolonged exposure therapy, and PC-MHI competency training. Trainings without certification offered in the past have included dialectical behavior therapy.

## **REQUIREMENTS FOR PROGRAM COMPLETION**

**Hours:** The internship requires completion of 2080 hours to be completed in no more than 24 months. This includes paid federal holidays and accumulated paid annual and sick leave that can be taken during the year.

### **Minimal level of achievement (MLAs) of profession-wide competencies:**

**MLA midyear requirement** (end of rotation 2 – profession-wide competencies evaluation):

Interns are required to meet 100% of the competency benchmarks for the mid-year level (i.e., 100% of benchmarks should be rated as 3 or higher). None of the benchmarks should

be rated as 1 or 2. Interns identified with any observed ongoing deficiencies at this time must have a signed remediation plan in place. If the remediation plan is not successfully met within the stipulated timeframe, stated as no later than the mid-evaluation period of rotation 4, interns risk non-continuation (fail) of the internship program.

**MLA end of year requirement** (end of rotation 4 – profession-wide competencies evaluation):

Interns are required to meet 100% of the competency benchmarks at the end-of-year level (i.e., 100% of the benchmarks should be rated as 4 or higher at the end of rotation 4 to be eligible for successful completion of the internship program). None of the benchmarks can be rated as 1, 2 or 3.

**Evidence based treatment (EBT) presentations and case presentations:**

Interns are required to provide three presentations to the training committee during the internship year. The first presentation is educational, to be focused on an empirically supported treatment. At the mid and end point of the training year, the interns are expected to present a clinical case. One of the case presentations must include formal assessment of personality and psychopathology (e.g., MMPI-2 or RF, PAI, MCMI-IV ...), and the other must include cognitive or neuropsychological assessment (e.g., WAIS-IV, WMS-IV, RBANS...). Interns are evaluated on their presentations for the purpose of providing immediate feedback. Any intern who does accrue a pass designation by the training committee members will work on the presentation with the Training Director/Director of Psychology Training until a pass is achieved.

**Research Project:**

Interns are required to present the findings of their approved research project as a poster/symposium at the MH&BSS Psychology Trainee Research Fair at the end of the academic year. They may also disseminate their completed research project as a poster, presentation/symposium at a state or national level convention, medical grand rounds, PI committee, or develop their work into an article for submission to a peer reviewed journal, or as a book chapter. Interns are regularly evaluated by their research supervisor on the attainment of MLA on research competencies/skills and meeting of specified goals and timelines within the relevant section of the mid and end of rotation profession-wide competencies evaluation form.

## **PSYCHOLOGY TRAINING COMMITTEE STAFF**

**KATIA ARROYO-CARRION, PHD**

**Carlos Albizu University, 2017**

**Licensed Psychologist – Florida**

**Clinical Psychologist**

**Mental Health Clinic – BHIP (Lee County Health Care Center)**

Dr. Arroyo-Carrion completed her doctoral degree at Carlos Albizu University, San Juan, Puerto Rico. In 2016, she moved to Florida to complete her predoctoral internship at Northeast Florida State Hospital, MacClenny, FL and her postdoctoral fellowship at the Bruce W. Carter VAMC in Miami, FL. Following her postdoctoral fellowship, she accepted a position as a graduate psychologist at the Lakeland CBOC part of the James A Haley

VAHCS. On 2019, Dr. Arroyo-Carrion accepted a position as a licensed clinical psychologist at the Lee County VA. She has been part of the behavioral health interdisciplinary program (BHIP) for 3 years and provides individual, couple, and group psychotherapy services. She is trained in cognitive processing therapy (CPT), prolonged exposure therapy (PE), cognitive behavioral therapy for depression (CBT-D), integrative behavioral couples therapy (IBCT), and dialectical behavioral couples therapy (DBT). In addition, she is part of the DBT Program including providing the DBT skills group and the lead of the eating disorders clinical team. As part of her leadership duties, she is the measurement-based care champion. Dr. Arroyo-Carrion was born and raised in Puerto Rico in a bilingual household (English/Spanish). **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** She encourages awareness of the impact of cultural components in the therapeutic relationship and provision of services. For this reason, she invites trainees to reflect on how their individual identities will influence their clinical work and approach when working with clients from different backgrounds.

**JOHN BERG, PhD, ABPP**  
**Emory University, 2011**  
**Licensed Psychologist - Florida**  
**Section Chief, MHR RTP**

Dr. Berg completed his Internship at Bay Pines VAHCS in 2011, followed by a postdoctoral fellowship at Emory University / Grady Hospital focusing on suicide prevention and community mental health. In 2014, he returned to Bay Pines VAHCS to work at the Center for Sexual Trauma Services. Dr. Berg's interest in post-trauma recovery stems from his practicum placement during his graduate training at the Atlanta VAMC. There he received extensive training and supervision on delivery of Prolonged Exposure as part of the early VA PE roll out. Originally educated as a mechanical engineer, Dr. Berg has been involved in a number of efforts to use technological innovations to solve health care problems. In 2014, he completed his AMAI 10x10 Informatics Certificate Program. Dr. Berg's research efforts currently center around novel and technological methods of assessment and intervention. Dr. Berg is board certified in clinical psychology.

**COLIN BROWN, PHD**  
**Palo Alto University, 2021**  
**Neuropsychology Residency - Bay Pines VA Health Care System 2021-2023**  
**Licensed Psychologist - Florida**  
**Clinical Neuropsychologist**

**Advanced Care Clinic/Community Living Center**

Dr. Brown received a PhD in Clinical Psychology (Neuropsychology track) from Palo Alto University in 2021. He completed a predoctoral neuropsychology internship at the James J Peters VAMC in the Bronx, NY, and a two-year neuropsychology postdoctoral residency at the Bay Pines VA Healthcare System. Dr. Brown is a member of the Bay Pines VA Neuropsychology service. Clinically, he serves a wide variety of clinical populations including neurodegenerative conditions, movement disorders, multiple sclerosis, epilepsy, hydrocephalus, CVA, and medical conditions that affect cognitive abilities (vitamin deficiencies, HIV, etc.) as well as psychiatric conditions. He works in the Advanced Care Clinic/Community Living Center providing assessments primarily to older adults and

supervises neuropsychology trainees. His research interests include improving efficiency of neuropsychological assessments. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I aim to integrate cultural considerations and awareness throughout my clinical work: from normative data selection to case conceptualization, and language used in reports. In supervision, I aim to model an attitude of non-defensiveness and self-examination, while facilitating discussions aimed to increase cultural knowledge and awareness.

**DAYANA CALVO, PHD, ABPP-CN**

**Kent State University, 2017**

**Neuropsychology Internship & Residency, Tampa VAMC (2016-2019)**

**Licensed Psychologist - Florida**

**Board Certified Clinical Neuropsychologist**

**Neuropsychology Clinic**

Dr. Calvo's area of specialization is Clinical Neuropsychology. She completed her doctoral degree in Clinical Psychology from Kent State University in 2017 with a specialization in neuropsychology. Following her graduate training, she went on to complete an Internship in neuropsychology at the Tampa VA, where she stayed on board for two years of specialized postdoctoral residency training in clinical neuropsychology. She received advanced academic training providing neurocognitive assessments to patients with a wide variety of neurological and psychological diagnoses. Her primary clinical interests include dementia, medical neuropsychology, and advanced geriatric issues. Her primary research interests revolve around health factors (i.e., diet, exercise) associated with cognition. She is a member of the multicultural diversity subcommittee and provides clinical services to our Spanish-speaking Veterans. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a Cuban American, bilingual woman, Dr. Calvo is committed to increasing cultural awareness and knowledge in the workplace. She takes note of any diversity factors that may impact patient care and her approach to each evaluation, including selection of neuropsychological instruments, and patient factors such testing behaviors and reception to feedback. She also focuses on being open regarding her own knowledge gaps when working with diverse patients and takes an open communication approach to foster rapport and allow for her patients to feel understood.

**DOUGLAS CARO, PSYD**

**Florida School of Professional Psychology at National Louis University, 2022**

**Clinical Psychologist**

**Substance Abuse Treatment Program**

Doug joined Bay Pines in November of 2022. He works in the Intensive Outpatient Program (IOP) within the substance Abuse Treatment Program (SATP). Previously, he completed his practicum here at Bay Pines and his internship at the West Palm Beach VA before returning to Bay Pines for his post-doctoral fellowship. His primary theoretical orientation is integrative. He enjoys working with Veterans and discussing potential identity struggles that can lead to a discussion on values and goals Veterans sometime lose after their military service.

**ANUSHA CHALLA, PHD**

**University of Missouri – St. Louis, 2022**

**Licensed Psychologist – Florida**

**Clinical Psychologist**

**Therapeutic Residential Recovery Center (TRRC)**

Anusha Challa is a licensed psychologist in the therapeutic residential recovery center. Dr. Challa received her Ph.D. in clinical psychology at the University of Missouri – St. Louis and completed her internship and post-doctoral fellowship at Bay Pines VA Health Care System. Dr. Challa's clinical interests include severe mental illness, trauma/PTSD, and personality disorders. She enjoys working with Veterans within interdisciplinary teams. Outside of work, Dr. Challa enjoys spending time with her two adorable cats, being in nature, and cooking. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I believe growing up in various countries and states shaped my immense curiosity about individual differences and the value I place in diversity-related factors within clinical practice. I enjoy exploring how worldviews interact and can be harnessed within the supervisor-supervisee and clinician-client relationships. I am committed to lifelong self-reflection to identify biases, and openness to address growth areas in cultural competence.

**MARK COURY, PHD**

Long Island University- Brooklyn, 2020

Licensed Psychologist-Florida

Clinical Psychologist

PTSD-IRP Outpatient

Dr. Coury is a staff psychologist in the PTSD-Integrated Recovery Program. He received his PhD in clinical psychology from Long Island University- Brooklyn in 2020 and completed his clinical internship here at Bay Pines VAHCS. He then completed a postdoctoral fellowship at the San Diego VA, splitting his time between outpatient and residential PTSD programs. Following his fellowship, Dr. Coury returned to Bay Pines, working first in BHIP before moving to the PTSD program. Dr. Coury was clinically trained in psychodynamic psychotherapy throughout his graduate training, since that time he has had training in cognitive processing therapy, prolonged exposure, dialectical behavioral therapy, and exposure and response prevention. He has specific interests in personality pathology and trauma. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Coury is open and inquisitive regarding diversity, privilege, and power dynamics in both therapy and supervision, encouraging trainees to explore in themselves and in their therapy experiences.

**AZALEA DI NARDI, PSYD**

**Illinois School of Professional Psychologist at the**

**National Louis University-Chicago, 2022**

**Licensed Clinical Psychologist-FL**

**Couples & Family Program**

Azalea Di Nardi is a licensed clinical psychologist in the couples & family program who completed postdoctoral fellowship at Bay Pines VA within the SATP/BHIP rotations with a

minor rotation in couples and family therapy. Dr. Di Nardi graduated with a doctorate in clinical psychology (PsyD) from ISPP at NLU with a concentration in health psychology. She completed her internship at Centerstone Behavioral Hospital in Bradenton, FL in an integrated health and substance misuse program. Outside of work, Dr. Di Nardi enjoys spending time with family including her fur babies, working on and tracking her car, and participating in water sports. Her areas of clinical interest are working with couples and families, diversity issues, substance use, and promoting a holistic mind-body approach when working with a system. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** In terms of diversity, Dr. Di Nardi strongly believes that diversity-related factors enrich supervision and treatment. As an Iranian American woman, she understands the value of taking a curious and unbiased approach. She strongly believes in cultural humility and continued self-reflection to model and promote openness and growth.

**DAWN L. EDWARDS, PHD**

**University of Iowa, 1998**

**Licensed Psychologist - Illinois**

**Health Promotion Disease Prevention (HPDP)**

**Health Behavior Coordinator**

Dr. Edwards works in health promotion and disease prevention within the whole health program. Her role includes providing clinical services in areas related to health behavior change and improving quality of life, as well as providing staff training in patient centered care principles and motivational interviewing. Dr. Edwards earned her Ph.D. in clinical psychology with a health psychology track emphasis. After completing a VA internship with a focus on primary care mental health integration, she accepted a position at a regional medical center as their first Behavioral Health Integration Coordinator, integrating behavioral health into primary and specialty care medical clinics throughout the facility. Dr. Edwards returned to the VA system in 2006. Since then, she has worked at several VA facilities in roles related to integrating behavioral health principals into both medicine and everyday life. She joined the Bay Pines staff in 2018. Her primary clinical interest is in using brief interventions to assist Veterans with making health behavior changes, and in teaching them practices related to positive psychology that can improve the quality of their lives. Dr. Edwards' other interests include program development and staff training. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I address diversity in the context of supervision by not only discussing with the supervisee the impact of diversity factors on the assessment and treatment of the individual patients we treat, but also from the perspective of us as clinicians and colleagues more broadly. I model increased awareness of how one's own background can affect our work with others by sharing with supervisees the details of my own unusual upbringing regarding environment, and the ways I feel this could impact my perspectives and interactions with patients and others. I invite trainees, if they are comfortable doing so, to similarly share and explore with me how their own background and upbringing might affect their interactions with, or perspective of, individuals who are different from them in a significant way.

**GREGORY EGERTON, PHD**

**University at Buffalo, The State University of New York, 2022**

**Licensed Psychologist – Florida**

**Clinical Psychologist**

**SATP Core Outpatient**

Dr. Egerton is a staff psychologist in the substance abuse treatment program (SATP) core outpatient program. He received his doctorate in clinical psychology from the University at Buffalo, SUNY, in 2022. Dr. Egerton completed his pre-doctoral internship at the James A. Haley Veteran's Affairs hospital in Tampa, FL where he received training in trauma-informed psychotherapies (e.g., CPT, PE, WET, TrIGR). He completed his postdoctoral residency in clinical psychology here at Bay Pines with a focus on substance use disorders and PTSD. Dr. Egerton's personal therapeutic style is highly flexible but based primarily on Acceptance and Commitment Therapy. He has interests in the etiology and treatment of SUD and PTSD, as well as statistical/research methodology and behavioral economics.

**Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:**

Dr. Egerton addresses diversity through supportive, open, and ongoing dialogue both as part of therapy and supervision that is guided by the needs identified through this discussion.

**DEBRA K. GLEASON, PHD**

**University of Tennessee, Knoxville, 2005**

**Licensed Psychologist – Florida**

**Clinical Psychologist**

**Mental Health Clinic**

Dr. Gleason completed her predoctoral internship at the James H. Quillen VAMC in Johnson City, TN, and her postdoctoral fellowship in geropsychology at the Malcolm Randall VAMC in Gainesville, FL. Following the postdoctoral fellowship she worked six years for the Florida Department of Corrections, the last two years as the training director for predoctoral Internship. In 2012, Dr. Gleason returned to the VHA at the Fayetteville VA Medical Center in NC. There she worked in the mental health clinic (MHC) and served as the Chair of the disruptive behavior committee. In 2015, Dr. Gleason transferred to the Bay Pines VA where she worked at the Palm Harbor CBOC in the MHC. Finally in 2022, Dr. Gleason transferred to Bay Pines where she works in the MHC. She has works with a wide range of diagnoses.

**Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Diversity is multivariate and fluid throughout life as one grows and identification with various diversity variables ebbs and flows. It is important to be aware of how one identifies themselves amongst diversity variables. Just as important is how others may perceive your diversity, as it may not be the way you perceive it. Similarly, the way you perceive someone else's diversity may not be how they perceive themselves. Openness to discussions of diversity within a psychotherapeutic environment as well as supervision environment helps to foster connection and understanding.

**RAFAEL S. HARRIS, Jr., PSYD**

**Florida Institute of Technology, 1999**

**Licensed Psychologist - Florida**



## **Clinical Psychologist**

### **Substance Abuse Treatment Program**

Rafael joined the Bay Pines VHA in August 2008. His assignment is within outpatient component of the substance abuse treatment program (SATP), and more recently is part of developing a couple and family program at Bay Pines. Previously, Rafael had worked at three different university counseling centers. His approach to therapy (and conceptually supervision) is characterized by an egalitarian perspective that aims for Veterans to consider whether their relationship with substances is consistent or inconsistent with their personal goals, emphasizing personal choice. He enjoys the professional struggle between the quest for evidence-based therapies versus the idiographic nature of each individual. He tends to conceptualize mental health consumers from an existential/humanistic framework, while attending to the consumer's theory of change. Rafael is wary of the medicalization of psychology, along with being fascinated by how multiculturalism gets codified as a so-called social justice paradigm when in his opinion it's just another example of hierarchy at work via the search for power. He is originally from Venezuela, South America.

## **AMY HERSHBERGER, PHD**

**Texas Tech University, 2006**

**Licensed Psychologist – Florida**

**Whole Health (Bradenton CBOC Clinic)**

Dr. Hershberger is a clinical psychologist in the whole health program. Her role includes providing clinical services in areas related to whole health and well-being, personal growth, healthy behavior change, and coping with chronic health conditions. She is also the facility lead for tobacco cessation.

Dr. Hershberger earned her Ph.D. in Counseling Psychology at Texas Tech University, completed predoctoral internship at the NF/SG VAMC, and post-doctoral residency with an emphasis in health psychology at the Memphis VAMC. She returned to NF/SG VAMC in 2007 as a staff psychologist on the primary care mental health integration team. In 2012, Dr. Hershberger transferred to the Bay Pines VA Healthcare System where she again worked in primary care mental health integration at the Bradenton CBOC. In 2020, she joined the whole health team. Her primary clinical interests are in positive psychology, personal growth, and wellness. She offers experiences in using health psychology in tobacco cessation, coping with chronic pain, and motivation interviewing for health behavior changes. Additionally, she offers experiences with assessment prior to organ transplant and bariatric surgeries. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I am committed to fostering a supportive environment promoting diversity and inclusion as a core value of my supervision. Whole health is a treatment approach that extends throughout our entire VA system, which allows us the opportunity to interface and learn from a very diverse population. In my work with Veterans and trainees, I strive to support a natural curiosity and interest to continually learn more, appreciate, and respect how cultural background, age, gender, social economic status, etc. play a role in emotional and physical health and well-being. Further, I actively use self-awareness to be mindful of how my own background and experiences affect my perspectives and interactions with others. I seek to draw connections between diversity

and positive psychology by identifying unique personal strengths and individual differences to empower both trainees and Veterans for ongoing personal growth and development.

**STEPHANIE HODGES, PSYD**

**Nova Southeastern University, 2009**

**Neuropsychology Residency Scott & White Memorial Hospital, 2009-2010**

**Neuropsychology Residency North Texas VA Health Care System 2010-2011**

**Licensed Psychologist - Florida**

**Neuropsychology Clinic**

Dr. Hodges' area of specialization is Clinical Neuropsychology. She completed her doctoral degree in Clinical Psychology from Nova Southeastern University in 2009 with a specialization in neuropsychology. Following her graduate training, she went on to complete an Internship in Neuropsychology at the North Texas VA Health Care System, followed by two years of specialized Postdoctoral Residency Training in Clinical Neuropsychology. She received advanced academic training providing neurocognitive assessments to patients with a wide variety of neurological and psychological diagnoses. She has performed intraoperative WADA assessments and pre- and post-surgical evaluations for patients with chronic pain, intractable epilepsy, tumor resection and movement disorders. Her primary research interests include cognitive assessment of concussion and movement disorders. She also provides weekly didactics to multidisciplinary staff and trainees on a variety of topics involving neuropathology and neuroanatomy targeting specific regions and circuitry. Currently, she serves as a supervisor for fellows within the Neuropsychology Consult Service. Clinical population includes Veterans with a history of known or suspected TBI, neurodegenerative disorder, NPH, CVA, MS, epilepsy, neoplasm, metabolic disorder, LD and/or ADHD. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a lifelong Floridian, Dr. Hodges is committed to increasing cultural awareness and knowledge through communication, supervision, and training exercises. Supervision focuses on aspects of cultural diversity through the use of authentic discussions. Supervision aims to facilitate discussions on diversity issues to increase multicultural awareness within the treatment setting but also within the supervisory relationship.

**STEPHANIE JOHNSON, PHD**

**University of North Texas, 2015**

**Neuropsychology Postdoctoral Fellowship, G.V. (Sonny) Montgomery VAMC, 2015-2017**

**Licensed Psychologist - Florida**

**Clinical Neuropsychologist**

**Bradenton Community Based Outpatient Clinic**

Dr. Johnson received her doctoral degree in Clinical Psychology from the University of North Texas in 2015. She completed her predoctoral internship in neuropsychology at the VA Illiana Health Care System in Danville, IL. She completed her two-year postdoctoral fellowship in neuropsychology at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, MS, with consortium training at the University of Mississippi Medical Center and

Methodist Rehabilitation Center. Her training included evaluation of both inpatients and outpatients, at nearly all stages of injury or disease process and recovery, including assessment and treatment of post-acute stroke, moderate and severe traumatic brain injury, and neurosurgery patients. Her experience includes evaluation of patients who have a wide range of memory disorders (e.g., Alzheimer's disease), neurological diagnoses (e.g., Parkinson's disease), medical conditions that affect cognition (e.g., HIV, liver failure), and psychiatric diagnoses. She has advanced training and experience in conducting psychological and neuropsychological evaluations of candidates for bariatric, spinal cord stimulator, deep brain stimulator, and organ transplant surgeries. Her research interests broadly include neurocognitive testing and test development, feigned cognitive impairment, ecological validity in neuropsychological testing, and traumatic brain injury, though she does not currently have an active research program. Dr. Johnson is a member of the Bay Pines VA Neuropsychology service, working out of the Bradenton Community Based Outpatient Clinic (CBOC), where she conducts comprehensive neuropsychological evaluations. Prior to joining the Bay Pines staff, Dr. Johnson worked in private practice and as a consulting provider at local hospitals. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I strive to provide a safe space to facilitate discussions on diversity issues to increase awareness and introspection. It is critical to acknowledge the ways in which our own worldview and experiences impact our understanding and interpretation of a patient's clinical presentation. With deliberate acknowledgement of the characteristics that place me in a position of power and privilege, and of those that do not, I model an attitude of perpetual self-examination. In neuropsychological training specifically, I also encourage careful evaluation of the limitations of the normative data we use to interpret test findings, as well as attention to the complex interaction of age, race, ethnicity, and education level, quality, and location.

**KAYLA KLEINMAN, PSYD**

**University of Hartford, 2021**

**Neuropsychology Postdoctoral Fellowship, Bay Pines VA Health Care System, 2021-2023**

**Licensed Psychologist - Florida**

**Clinical Neuropsychologist**

**Neuropsychology Clinic / Whole Health - Behavioral Medicine**

Dr. Kleinman received her doctoral degree in clinical psychology from the University of Hartford. She completed her predoctoral internship in neuropsychology at the Rochester Institute of Technology, with training primarily conducted through the Neuroscience Institute at the Rochester Regional Health system in Rochester, New York. She completed her two-year postdoctoral fellowship in neuropsychology here at the Bay Pines VA Health Care System. Her experience includes evaluation of both inpatients and outpatients with a wide range of neurodegenerative disorders (e.g., Alzheimer's disease, frontotemporal dementia), neurological diagnoses (e.g., movement disorders, NPH, epilepsy), cerebrovascular changes (e.g., stroke), medical conditions that affect cognition (e.g., vitamin deficiencies, acute kidney injury), and psychiatric diagnoses. Her research interests broadly include improving ecological validity of clinical research and efficient assessment of ADHD. Dr. Kleinman works in the Neuropsychology Clinic at the Bay Pines VA conducting comprehensive neuropsychological evaluations, as well as in Whole Health,

where she conducts pre-transplant and pre-bariatric surgery evaluations, and provides various interventions including running a brain-health focused group. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Although there is an inherent power differential within a supervisory relationship, I work to create a comfortable and safe supervision space where the trainee and I can both reflect on our identities, biases, stimulus values, and power/privileges/disadvantages, so we can both practice continuous self-reflection, and improve and grow. I recognize that continuous learning and improvement are essential aspects of cultural humility, and therefore I do my best to stay up to date on research regarding bias, and to engage in continual self-reflection with a non-defensive attitude. As a neuropsychologist, I am intentional about use of language in my reports to affirm identities and reduce systemic bias where possible. I also tailor recommendations and feedback sessions to the patient and family's culture, available resources, and education level/health literacy level. I consistently incorporate multicultural information into my evaluations, as I feel this is essential to providing an accurate and useful assessment. These considerations are always incorporated into supervision discussions as well.

**THOMAS KNUDSEN, PSYD, ABPP**

**Wheaton College, 1999**

**Licensed Psychologist – New York, Florida**

**Clinical Psychologist**

**PTSD-Center for Sexual Trauma Services**

Dr. Knudsen is a staff psychologist in the PTSD-CSTS program. He is board certified in clinical psychology by the American Board of Professional Psychology (ABPP) and a fellow in the American Academy of Clinical Psychology. He received his Doctor of Psychology Degree (Psy.D.) in clinical psychology from Wheaton College Graduate School (1999) in Wheaton, IL. Dr. Knudsen completed his doctoral internship at Madison State Hospital (IN). He had practiced in the private sector in New York as a clinical and forensic psychologist for 20 years before coming to Bay Pines VAHSC in 2022. His areas of specialty include clinical and forensic psychological assessment and trauma informed psychotherapies (CPT, PE, DBT). He has completed over 1200 forensic assessments and has appeared over 75 times for expert witness testimony. He has also done research with the MMPI-2 and co-authored a book in 2005 titled, "The Clinical Interpretation of the MMPI-2: A Content Cluster Approach" (Erlbaum). **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Knudsen was trained using the multi-cultural organizational (MCO) model in supervision and administration. This pairs well with psychodynamic supervision and allows for a safe space, open dialogue, and positive growth with both the supervisee and the supervisor.

**ELIZABETH LOPEZ, PSYD**

**Albizu University, 2020**

**Licensed Psychologist – Florida**

**Clinical Psychologist**

**Behavioral Health Interdisciplinary Program (BHIP) (Port Charlotte CBOC)**

Dr. Lopez completed both her predoctoral internship and postdoctoral residency at the Miami VAHCS. After completing her residency, she was hired as a staff Psychologist at the Bay Pines VA, working in the Port Charlotte CBOC within the behavioral health interdisciplinary program (BHIP). Her clinical work and interests include group and individual therapy among a complex population of Veterans with diverse diagnosis, including formal training in forensic psychology, the use of CBT and related modalities, as well as geropsychological interventions. As an early career Psychologist, Dr. Lopez is committed to professional growth and the importance of valuable supervision to aid in the development of your professional identity. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Lopez acknowledges that diversity competency is ever changing and is truly never achieved. As such, diversity factors and how they influence each individual's approach and interactions in therapy should play a major role in supervision. She encourages supervisees to explore how their own diversity factors may appear within the therapeutic relationship.

**DEBESH MALLIK, PHD**

**Pacific School of Graduate Psychology, 2021**

**Licensed Psychologist - Florida**

**Clinical Psychologist**

**Substance Abuse Treatment Program**

After completing his postdoctoral training here at Bay Pines earlier this year Debesh began working as a full-time staff psychologist in SATP outpatient. Prior to this, Debesh completed his internship at Centerstone Consortium working primarily with substance use disorders (SUDs) across various settings. Debesh is originally trained as a researcher – focusing on mindfulness and acceptance-based interventions and spirituality as treatments for SUDs. Debesh's approach to therapy is informed from a functional contextual perspective that incorporates elements of mindfulness and radical behaviorism. Currently, Debesh is taking a break from research to focus on clinical work but has interest in investigating mindfulness-based relapse prevention within the VA, with a focus on its efficaciousness for BIPOC individuals.

**L. BROOKE McCURRY, PSYD**

**Georgia School of Professional Psychology, 2016**

**Licensed Psychologist-Florida**

**Clinical Psychologist**

**PTSD-IRP/IOP**

Dr. McCurry is a staff psychologist in the post-traumatic stress disorder-integrated recovery program (PTSD-IRP). She specializes in the assessment and treatment of PTSD and works primarily with the outpatient and virtual MASD programs. Dr. McCurry completed her postdoctoral fellowship at the Bay Pines VA on the PTSD/Women's clinic track and was hired as a permanent staff member following this fellowship. Dr. McCurry has received extensive training in cognitive processing therapy (CPT), prolonged exposure (PE), and in the assessment of PTSD. She is a primary supervisor for PTSD IRP. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. McCurry was raised in a bicultural missionary family and spent her childhood in the South Pacific

before moving back to the U.S. Although this is only one piece of her story, it shaped her worldview from a young age to honor, respect and appreciate other's differences and points of view. She strives for inclusivity and encourages trainees to consider their own experiences and characteristics that play a role in the dynamic therapeutic relationship. Learning from others aids in personal growth and she recognizes that there is always room for growth. Some characteristics may be more salient than others to the Veterans we serve, and it is our duty to honor and attend to what is most important when we meet with them. In supervision, it is especially important to allow an open, safe discussion regarding our own unique differences and ways they may impact us.

**LISANDRA MENDOZA, PSYD**

**Licensed Psychologist - Florida**

**Mental health Clinic - BHIP (Lee County Healthcare Center)**

**Research Subcommittee Chair**

Dr. Mendoza obtained her Doctor of Psychology in clinical psychology with a concentration in neuropsychology from Albizu University, Miami campus in 2019. She completed her doctoral internship in medical psychology and neuropsychology at AllCare Medical Centers\_Centerstone Consortium in 2019, followed by a 2-year post-doctoral fellowship in clinical health psychology at Florida State University. She joined Bay Pines VA Healthcare System in 2021. Dr. Mendoza values her doctoral degree as it provided her with a strong foundation in lifespan development, essential for understanding human neurocognitive and psychological functioning. Her specialization in health psychology has equipped her to approach clinical care from a biopsychosocial perspective and promote wellness for mind-body-spirit alignment to enhance mental and physical health. Her clinical interests include patient-centeredness, evidence-based chronic illness care, and trauma-informed care. When working with Veterans, she is attentive to the interrelation of trauma with health outcomes. Dr. Mendoza is particularly passionate about psychological testing and research in neuroscience, as well as quality improvement in healthcare and the education and training of emerging professionals. **Please describe how you address diversity in the context of supervision, including how your own diversity characteristics play a role in the supervisory relationship:** I believe in and actively support diversity, equity, and inclusion. These are the values that guide my approach to supervision. I am genuinely interested in understanding an individual's unique cultural background, theoretical orientation, and learning style, and how these factors interact with clinical care, professional development stage, and the supervisor-supervisee relationship. I work to promote cultural competence by integrating analyses of privilege, power, and intersectionality. I ensure that cultural variables are included in case conceptualization and treatment planning. I was born and raised in Cuba, and I am a descendant of the indigenous Caribbean, Spanish, and African people who mixed during the years of colonization. My upbringing was influenced by the traditions of Catholicism and Santeria. As a professional immigrant woman, I am a native Spanish speaker who learned English as an adult and used integration to adapt to life in the U.S. I engage in regular self-reflection to stay aware of any potential biases, and if I identify any, I take proactive steps to address them.

**MARY CATHERINE "MC" MERCER, PHD**

**Northern Illinois University, 2018**

**Licensed Psychologist - Florida**

**Clinical Psychologist**

**PTSD Models of Accelerated Service Delivery**

Dr. Mercer is a clinical psychologist in the posttraumatic stress disorder-models of accelerated service delivery program and is the facility's PTSD/SUD specialist. She completed her predoctoral internship at Bay Pines VA and her postdoctoral fellowship in PTSD/SUD at Bay Pines VA. Dr. Mercer specializes in evidence-based assessment and treatment of trauma-related and cooccurring disorders (e.g., SUD, OCD). She works primarily in residential and outpatient programs on an interdisciplinary team. Dr. Mercer is certified in cognitive processing therapy, eye movement desensitization and reprocessing, and motivational interviewing and has received extensive training in prolonged exposure. Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship: Dr. Mercer works to create a space that allows for and encourages difficult conversations about a breadth of issues relevant to the supervisee as a therapist, professional, and individual. Conversations about individual- and cultural-level factors are a regular and valued part of supervision and case conceptualization. Professionally and personally, Dr. Mercer advocates for social justice.

**KATHRYN A. MICHAEL, PHD**

**Central Michigan University, 2018**

**Licensed Psychologist – Florida**

**Mental Health Clinic**

Dr. Michael completed both her predoctoral internship and postdoctoral fellowship at Bay Pines VAHCS. After completing her fellowship on the PTSD/Women's Clinic track, Dr. Michael was hired as a full-time staff member. Dr. Michael works as a member of the women's clinic primary care team to provide services to female Veterans coping with a variety of medical and mental health concerns such as problematic substance use, PTSD, cancer, depression, relationship issues, anxiety, tinnitus, chronic pain, diabetes, adjustment issues, and hypertension. Dr. Michael also partners with the audiology clinic to provide psychoeducation to Veterans about the role of stress management in coping with tinnitus. As an early career psychologist, Dr. Michael values any opportunity to learn and grow professionally. Dr. Michael's open and inquisitive attitude towards others has been shaped by her experiences growing up as a biracial child in Antigua with both Caribbean and American influences. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Michael believes that it is important to acknowledge and respect the dynamic interactions between individual differences, multilayered identities, and contexts in building collaborative relationships with clients and supervisees.

**LARA K. MYERS, PSYD**

**Illinois School of Professional Psychology, 2000**

**Licensed Psychologist- Hawaii**

**BHIP Mental Health Clinic (Lee County Healthcare Center)**

Dr. Myers is a staff psychologist in the BHIP clinic at Lee County. She received her degree from the Illinois School of Professional Psychology Chicago in clinical psychology with an

emphasis in health psychology in 2000. During her time in Chicago, she trained at The University of Chicago and The Rehabilitation Institute of Chicago at Northwestern University Medical Center. She completed her internship at Wayne State University in Detroit, Michigan. Following the cold winters in Chicago and Detroit, she moved to Hawaii to work with children, adolescents, and families in the Hawaii public school systems. Her clinical experience allowed her to work with special needs children and families from diverse backgrounds in the Pacific Islands. She joined Kaiser Permanente Hawaii in 2007 enhancing her skills in individual/group psychotherapy with an adult population. Following her time in Hawaii, she joined the United States Navy Medical Service Corps where she served as a Navy Officer providing assessment and support to the Navy leadership and commanding officers. She was sent on two deployments during her time in the Navy where she was embedded with military members as a psychologist. She joined the Veteran Affairs Medical System in 2015 where she has worked in the PTSD clinic and on the BHIP teams. She is certified in CPT, PE, CBT-D, and VA CALM. She is currently the Whole Health Education Champion for Lee County. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Understanding each person's unique experiences through their life lenses is an important part of developing a strong respect for diversity as a psychologist.

**KATYA NAMAN, PSYD, MBA**

**Pepperdine University, 2018**

**Neuropsychology Residency, Bay Pines VAMC (2019-2021)**

**Internship, Sepulveda VA (2017-2018)**

**Licensed Psychologist – Florida, California**

**Neuropsychology Clinic/PM&R**

**Training Director for Internship and Neuropsychology Residency Programs**

Dr. Naman's areas of specialization are clinical neuropsychology and psychology training. Dr. Naman received an M.B.A. from American University and her Psy.D. from Pepperdine University. She completed an APA-accredited internship at Sepulveda VA Ambulatory Care Center, an additional year of neuropsychology training at the UCLA Semel Institute and the Long Beach VA Healthcare System, and a two-year APA-accredited postdoctoral residency at Bay Pines VA Healthcare System. Prior to becoming a psychologist, Dr. Naman was a Senior Vice President in a national commercial real estate firm. Her primary clinical interests include working within rehabilitation units, inpatient units, and interdisciplinary teams. Additionally, Dr. Naman serves as the Training Director for Internship and Neuropsychology Residency Programs. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a Lebanese American woman who has lived in many different countries and had to acculturate to many different cultures, I have come to realize that unless you have walked in a person's shoes, you cannot fully understand them. You can conceptualize them, you can listen to them, but you cannot really know what they have gone through (their lived experience). Instead, we can commit to the lifelong process of acknowledging our own biases and embracing cultural humility.

**ROMA PALCAN, PHD**

**State University of NY at Buffalo, 1995**



**Licensed Psychologist - Florida**

**Counseling Psychologist**

**Therapeutic Residential Recovery Center (TRRC)**

Roma Palcan is a licensed psychologist who currently serves in the therapeutic residential recovery center, providing support for Veterans who seek independent housing and employment. Prior to this VA assignment, she was health behavior coordinator, and primary care psychologist at Bay Pines VA Health Care System. She also serves as the learning circle leader expert of VA Voices. Dr. Palcan received her doctorate in counseling psychology from the State University of NY at Buffalo in 1995. Prior to her appointment at Bay Pines VA Healthcare System, Dr. Palcan spent 13 years in private practice during which time she owned, operated, and managed the multi-disciplinary practice, Life and Health Psychology Associates Inc. One of her most rewarding professional endeavors was co-hosting a live talk radio program as the psychologist expert in men's mental health issues. Outside of her profession, Roma Palcan lives a quiet and peaceful life in beautiful St. Petersburg with her children.

**DANIEL PHILIP, PHD**

**University of Florida, 2003**

**Licensed Psychologist - Florida**

**Clinical Psychologist**

**Program Manager, PRRC**

Dr. Philip initially joined Bay Pines within the substance abuse treatment program (SATP) in March 2012, after spending nearly 2 years as a psychologist in primary care behavioral health at the VA outpatient clinic in Jacksonville, FL. He now works as the program manager for the PRRC program. Prior to joining the VA, Dr. Philip worked in two counseling centers (where he held appointments as Assistant Director and Director of Training), taught undergraduate, masters, and doctoral students at three different universities, and had a small private practice. During his predoctoral Internship, he participated in a year-long specialization in substance abuse counseling and continued this focus upon graduating. Dr. Philip's takes an integrated approach to therapy, balancing evidence-based therapies with individual client needs. He believes strongly in the importance of the therapeutic alliance for effective counseling and uses a wide range of interventions to help clients with their use and abuse of substances as well as overall mental health issues. Dr. Philip's current role is as the program manager of the Psychosocial rehabilitation and recovery program. He anticipates development of an internship level rotation in SMI for the 2023-24 academic year. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** The idea that our views on life are influenced, at least in part if not substantially, by our past experiences is immutable. Similarly in my mind, our past experiences are often heavily shaped by personal characteristics of both us and the others around us; hence, diversity characteristics play a significant role in our lives and in therapy. In supervision, I believe it is critical to identify not only how issues of diversity play a role for our clients but also how they influence our own worldview. I look to engage supervisees in discussions of our own diversity to help facilitate their self-knowledge and understanding of how a patients' diversity impacts them.

**JEFFERY PRATT, PSYD**  
**Florida Institute of Technology, 2015**  
**Licensed Psychologist-Kentucky**  
**Clinical Psychologist**  
**PTSD-Integrated Recovery Program**

Dr. Pratt is a staff psychologist in the PTSD-IRP. He received his Psy.D. in clinical psychology from the Florida Institute of Technology in 2015 and completed his clinical Internship at the Lexington VA Medical Center in Lexington, KY. After his internship, he was hired as a staff psychologist at the Lexington VA, working in the PTSD clinical team. In 2018, he joined the Bay Pines VAHSC as part of the PTSD-IRP team, working primarily in the residential program. His clinical work and interests include group and individual therapy to a complex population of Veterans with PTSD and substance use disorders, involving evidence-based treatment modalities, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing Therapy (EMDR), Written Exposure Therapy (WET) and Narrative Exposure Therapy (NET). He also utilizes virtual reality equipment to assist in virtual reality exposure therapy. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Pratt utilizes personal and clinical experiences with diverse populations to shape the way he conceptualizes and works with clients as well as supervisees. He encourages supervisees to utilize their own diverse experiences to guide their learning and enhance the supervisory relationship.

**JENNIFER PRESNALL-SHVORIN, PHD**  
**University of Kentucky-2015**  
**Licensed Psychologist-Florida, New York**  
**ACOS, Community Reintegration and Recovery Service**

Dr. Presnall-Shvorin is the assistant chief of mental health - community reintegration and recovery service. She is the chair of the disruptive behavior committee, is immediate past secretary for the Association of VA Psychologist Leaders (AVAPL) and is a member of APA and APA Division 18. She completed her graduate training at the University of Kentucky, with a research focus on assessment of personality disorder from the five-factor model perspective and completed her internship at VA Connecticut Healthcare System – West Haven campus with an emphasis on PTSD. She completed postdoctoral training at the War-Related Illness and Injury Study Center (WRIISC) in NJ. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I attempt to demonstrate cultural humility in ongoing discussions of diversity within supervision. Whenever possible, I try to incorporate aspects of individual and cultural identity within assessment and treatment planning and make efforts to explicitly address individual differences within the context of PCMH. I try to recognize my own areas of privilege (e.g., race and ethnicity) while working toward empowerment in areas of less privilege (e.g., gender and sexual orientation). I invite supervisees to bring discussion of their own experiences related to diversity, power, and privilege into the supervisory relationship.

**ZOE PROCTOR-WEBER, PSYD, PHD, ABPP-CN**  
**Nova Southeastern University, 2005**

**Neuropsychology Postdoctoral Residency Tampa VAMC 2005-2007**

**Licensed Psychologist - Florida**

**Director of Psychology Training**

**Supervisor/Program Manager Neuropsychology Section**

Dr. Proctor-Weber is a board-certified clinical neuropsychologist. She completed her 2-year Division 40 neuropsychology fellowship at the Tampa VAMC in acute poly-trauma TBI, epilepsy and memory disorders. She has worked at USF within the Psychiatry Department assessing memory disorders and at Tampa General Hospital within the neurology and rehabilitation departments providing intraoperative Wada assessment and comprehensive pre- and post-surgical NP evaluations for patients with intractable epilepsy. Primary research interests involve cognitive assessment, traumatic brain injury and intra-individual variation within neurologically compromised individuals. She is PI on multiple active research projects, including a large neuropsychology research repository. She is the alternate chair of the Bay Pines IRB and serves as chair of the national VA Psychology Training Council (VAPTC). She teaches weekly didactics focused on neuropathology, neuroanatomy, and neuropsychological assessment. She serves as a research mentor and administrative leadership rotation supervisor for psychology trainees. She is a Past President of the Florida Psychological Association and serves as the editor for the American Psychological Association's division 31 newsletter. Dr. Proctor-Weber is also the Director of Psychology Training, providing administrative oversight for internship, residency, and fellowship programs. She is the program manager for the neuropsychology service at Bay Pines. She is a member of AACN, FPA and APA Division 40, 18 and 31. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** In supervision, I join our trainees in cultivating an advanced appreciation for how culture and diversity affect the evaluation process. Selection of appropriate measurements and normative comparison groups take into consideration external factors, such as language proficiency, access to education and level of acculturation. Additionally, we attend to our own beliefs, worldview and innate biases that moderate the way in which we interpret behaviors, awareness of, and sensitivity to the unique aspects of identity and self are critical in conducting a culturally informed examination.

**JEFF PRZYBYSZ, M.ED, PSYD**

**Immaculata University, 2014**

**Licensed Psychologist - Ohio**

**Home Based Primary Care**

Dr. Przybysz {pribish} is a geropsychologist who previously worked with Veterans at Cleveland VA (Community Living Center, outpatient mental health clinic) since 2015 before transferring to Bay Pines VA home-based team in 2023. Completed geropsychology residency at Cleveland VA and predoctoral internship at Coatesville VA. He received his Psy.D. from Immaculata University, M.Ed. in community agency counseling from Cleveland State University, and B.A. from Cleveland State University. Specialization areas are geropsychology, long-term care psychology, decision making capacity, ethics, supervision, individual psychotherapy, caregiver burden, personality assessment, and interventions for dementia-related behaviors. Certified in CBT-I and STAR-VA. My research interests include older LGBT population, aging and subjective-wellbeing, and assessment of caregiver burden. Please describe how you address diversity in the context of supervision,

including how your own diversity characteristics play a role in the supervisory relationship: Multicultural competency is a core part of Pike's Peak model of geropsychology so these factors are regularly discussed in clinical supervision. I assist in identifying biases to be addressed while also reflecting on my own. I encourage open mindedness and examining the literature or consulting with colleagues when needed.

**DEBORAH RADMANESH, PSYD**

**Nova Southeastern University, 2020**

**Licensed Psychologist - Florida**

**Enrichment Program Co-Chair**

**Clinical Neuropsychologist (Lee County Health Care Center)**

Dr. Radmanesh serves as a neuropsychologist at the Lee County Healthcare Center (LCHC) in Cape Coral, Florida. She earned her doctoral degree from Nova Southeastern University. She completed her pre-doctoral internship training in neuropsychology at the Miami VAMC. Dr. Radmanesh also completed a two-year post-doctoral fellowship in Clinical Neuropsychology at the South Texas Veterans Health Care System. Her clinical work and interests include neuropsychological assessment of older adults, cognitive rehabilitation in individual and group settings, and neuropsychiatric consequences of COVID-19. She enjoys being active, spending time with family and friends, and spending time with her dog. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Radmanesh identifies with several underrepresented communities and values diversity in her professional and personal lives. She strives to practice cultural humility and incorporate diversity issues into clinical practice, supervision, and research.

**CHELSEA SAGE-GERMAIN, PHD**

**Western Michigan University, 2018**

**Licensed Psychologist - Michigan**

**PTSD-IRP (vMASD/OUTPATIENT)**

Dr. Sage-Germain graduated from Western Michigan University after completing her predoctoral internship at Bay Pines VA Healthcare System. Dr. Sage-Germain next completed a postdoctoral fellowship at the Battle Creek VA's Wyoming CBOC located near Grand Rapids, MI, before returning to Bay Pines as a staff member. Dr. Sage-Germain works in the PTSD-IRP virtual model of accelerated service delivery (vMASD) outpatient program which delivers evidence-based treatments for PTSD virtually in a condensed three-to-four-week treatment protocol. She also carries a caseload of traditional outpatients and co-facilitates a DBT-informed coping skills groups for Veterans in the outpatient PTSD clinic. She is trained in CPT, PE, EMDR, and CBT-I and utilizes these modalities in her clinical work. Her theoretical orientation is informed by a behavioral and contemporary cognitive behavioral approach. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a young, white, civilian provider, I am aware that my visible identities are often different from the Veterans I serve. It is important to reflect on how my own characteristics and biases may be present in both a therapeutic and supervisory relationship. I seek to have open dialogue in supervision about how diversity variables impact the treatment process and supervisory relationship.

**BRITTANY SHEEHAN, PSYD**

**American School of Professional Psychology at Argosy University, 2014**

**Licensed Psychologist – Florida**

**Clinical Psychologist**

**Primary Care Mental Health Integration (Women’s Health)**

Dr. Sheehan earned her Doctor of Psychology in clinical psychology degree from the American School of Professional Psychology at Argosy University, Washington DC campus. She completed her doctoral internship at Saint Elizabeths Hospital (SEH) in Washington DC with major rotations on forensic and civil units and a minor rotation in neuropsychological assessment. She received post-doctoral training also at SEH with focus in pre-trial and post-trial forensic unit care, Positive Behavioral Support (PBS) behavioral plans, and supervision training. Dr. Sheehan remained at SEH as a staff psychologist and faculty member of the psychology training programs in the areas of unit-based treatment, assessment, PBS, and cultural competency. During her time there her expertise was in risk assessment and PBS behavioral plans to therapeutically mitigate violence. In 2021, Dr. Sheehan received an opportunity to transition to a health psychology role at Washington Hospital Center in service of the advanced heart failure team where she completed transplant evaluations and provided outpatient psychotherapy. In 2022, Dr. Sheehan was able to return to her home state of Florida where she began her role in PCMH at the Women’s Clinic. Dr. Sheehan utilizes her experience working as a member of a multidisciplinary team, diagnostic assessments, and behavioral interventions to best serve the Veterans at the women’s clinic. **Please describe how you address diversity in the context of supervision, including how your own diversity characteristics play a role in the supervisory relationship:** I value the examination and consideration of the various cultural and diversity factors that play into an individual’s worldview, biases, and interpersonal interpretations as it relates to how a new clinician approaches therapeutic relationships and clinical conceptualizations. My experience in supervising cultural competency highlighted the value of how well-developed self-examination can promote strong clinical skills in delivering culturally informed treatment. In supervision I strive to create a safe environment for a new clinician to explore and consider their own and others’ various layers of cultural and diversity factors at play in therapeutic relationships.

**ALYSIA SIEGEL, PSYD, ABPP**

**University of Indianapolis, 2017**

**Licensed Psychologist-New York**

**Clinical Psychologist**

**Training Director of the General Postdoctoral Fellowship**

**Center for Sexual Trauma Services**

Dr. Siegel is a staff psychologist in the center for sexual trauma services (CSTS) and serves as the PTSD-BHIP liaison for the PTSD clinical team (PCT). She received her Psy.D. in clinical psychology from the University of Indianapolis in 2017. She completed both her pre-doctoral internship and post-doctoral fellowship at Bay Pines. During her fellowship, she specialized in the treatment of trauma and women Veterans as well as women’s primary care. Following these experiences, she worked in the PCT at the James A. Haley VA in Tampa, FL which provides services for military and combat related trauma spectrum disorders. She subsequently returned to Bay Pines. She became board certified in clinical

psychology in 2022. Dr. Siegel enjoys conducting psychological testing as well as providing individual (CPT, PE/COPE, TrIGR, WET, PCT, ERP for OCD), group (process or structured), and conjoint psychotherapy (CBCT). Her areas of clinical interest include dual diagnosis (i.e., PTSD and SUD, PTSD and OCD, PTSD and psychosis). Dr. Siegel is the Training Director of the general postdoctoral fellowship program. She assisted with the development, implementation, and evaluation of the supervision training enhancement program (STEP) at Bay Pines. Dr. Siegel is enthusiastic about psychological testing and is competent to provide supervision on a variety of measures (i.e., MENT, M-FAST, SIRS-2, TOMM, MMPI-2-RF/MMPI-3, MCMI-IV, etc.). She employs a competency-based approach when providing supervision and enjoys discussing professional development matters.

**Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:**

Dr. Siegel allows trainees to identify the areas of diversity most salient for them and discuss these in supervision. Supervisory interventions and feedback are based on consideration of diversity within each competency area. Dr. Siegel's early career psychologist (ECP) is utilized over the course of supervision.

**ERIC L SULLIVAN, PhD, ABPP**

**Suffolk University, 2010**

**Licensed Psychologist - Ohio**

**Board Certified in Geropsychology**

**Bay Pines Dementia Committee Co-Chair**

**Enrichment Program Co-Chair**

**Home Based Primary Care (Bradenton and Sarasota CBOCs)**

Dr. Sullivan serves the Home-Based Primary Care (HBPC) programs at the Bradenton and Sarasota community-based outpatient clinics (CBOCs). HBPC treats chronically ill Veterans in their home with an interdisciplinary team approach. Dr. Sullivan's clinical specialties include assessment of cognitive problems common among a geriatric population, capacity evaluation, provision of psychotherapy for depression, anxiety, and adjustment issues, and caregiver support. In addition to these services, Dr. Sullivan acts as a mental health consultant and geropsychology expert for the HBPC interdisciplinary team. He performs all clinical services either virtually or in Veterans' homes. Dr. Sullivan was previously employed at the Columbus VA ambulatory care center in Ohio for 8 years on a behavioral health interdisciplinary program team (BHIP, i.e., general mental health outpatient clinic). He has received extensive training and consultation in acceptance and commitment therapy (ACT), problem solving therapy (PST), cognitive processing therapy (CPT), emotionally focused therapy (EFT) for couples, radically open dialectical behavior therapy (RO DBT), collaborative assessment and management of suicidality (CAMS), and the unified protocol (UP) for transdiagnostic treatment of emotional disorders and has an advanced training certificate in tele-mental health from telehealth.org. In the past Dr. Sullivan served as national consultant and regional trainer for the VA problem solving therapy program. He is co-chair of the Bay Pines VAHCS dementia committee and enrichment program. Dr. Sullivan serves as consulting editor for the APA journal "Professional Psychology: Research and Practice." He also serves as a training site visitor for the APA Commission on Accreditation. Dr. Sullivan enjoys cooking and eating great food, listening to and playing music, and traveling with his family. **Please describe how you address diversity in the context of supervision including how your own**

**diversity characteristics play a role in the supervisory relationship:** Appreciation of diversity and awareness of the influence of our personal experiences and worldview is crucial to providing effective assessment and intervention to Veterans. Careful and sensitive, but also direct and genuine, discussion with supervisors and colleagues about diversity issues is important to growth as a trainee and continuous improvement as a licensed professional. As a supervisor I will ask trainees to examine their own experience and worldview, to explore its potential impact on clients, to explore the impact of clients on the trainee, and to use insights from these discussions to grow in the ability to provide effective services to clients that meets them where they are and honors their values and experiences.

**JADA J. STEWART-WILLIS, PHD, ABPP-CN**

**Nova Southeastern University, 2015**

**Neuropsychology Postdoctoral Residency, Bay Pines VA Health Care System, 2015-2017**

**Licensed Psychologist - Florida**

**Board Certified Clinical Neuropsychologist**

**Neuropsychology Clinic**

Dr. Stewart-Willis is a board-certified clinical neuropsychologist, who joined the Bay Pines VA Health Care System clinical staff in 2017. She completed her graduate training at Nova Southeastern University in 2015, as well as an internship and specialized postdoctoral residency in clinical neuropsychology at the Bay Pines VA Healthcare System. As an attending on the neuropsychology outpatient consult service, she works with a diverse population and her current specialized clinical interests include assessment of movement disorders, CVA & vascular-related cognitive impairment, immune mediated demyelinating diseases, and assessment and rehabilitation of cancer-related cognitive impairment. Dr. Stewart-Willis also provides evaluation services for individuals admitted to inpatient units (e.g., telemetry, surgical, ICU, physical medicine & rehabilitation, and community living center) on a rotating basis. Her personal philosophy toward caring for her patients is to uphold the highest standard of care, compassion, and respect for every individual she sees. Dr. Stewart-Willis serves a member of the training committee, GEC dementia care committee, and is chair of the research institutional review board (IRB). She is a scheduled lecturer for didactics and grand rounds and coordinates the neuropsychology research lab/collective. Her primary research interests include cognitive aging, vascular correlates of neurocognitive decline, and the clinical utility of cognitive measures used in the assessment of acquired and neurodegenerative disorders. She is an active member of professional affiliations including AACN, INS and APA Division 40, and is licensed in the state of Florida. She enjoys spending time with her family, playing 18 holes when the weather allows, and beach days with her dog. **Please describe how you address diversity in the context of supervision including how your own diversity**

**characteristics play a role in the supervisory relationship:** Deliberately. In supervision, aspects of diversity often shape our understanding of an experience or issue, as well as provide a context for our interpersonal exchanges. Other times, we encounter aspects of diversity in ways that don't require further examination at all. In either circumstance, I encourage students toward authentic interactions with elements of diversity (their own as well as their patient's). I also attempt to model this by exploring in supervision how my own cultural background (e.g., African American, female, middle-

class, LGBTQ+), informs my understanding and views of a certain topic and/or how I approach training and my clinical work. It is my belief that when we can explore cultural differences and similarities in supervision, we are better prepared to sit with, discuss, and address them when needed as they arise in practice.

**ROD VELEZMORO, PHD**

**University of Central Florida, 2014**

**Licensed Psychologist – Florida**

**Clinical Psychologist**

**Chief, Mental Health and Behavioral Sciences Service**

Dr. Velezmoro received his Ph.D. in clinical psychology from the University of Central Florida in 2014. He completed internship at Bay Pines VAHCS followed by postdoctoral residency in trauma/primary care also at Bay Pines. He joined staff at Bay Pines in 2015. Dr. Velezmoro has served as the Director of Whole Health Services for Bay Pines Healthcare System and is currently Chief of the MH&BSS. Dr. Velezmoro is involved in promoting training opportunities for staff and our pre and postdoctoral psychology trainees, research, improving customer service within the VA, and promoting diversity.

**ARIELA YASOVA-ZAFFOS, PSYD**

**Nova Southeastern University, 2017**

**Licensed Psychologist - Wisconsin**

**Program Manager/PTSD- Integrated Recovery Program**

Dr. Yasova received her bachelor's degree in psychology from the University of Florida in 2011 (Go Gators!) and her doctoral degree from Nova Southeastern University in 2017. She has been a licensed Psychologist in the State of Wisconsin since 2018. She completed her Health Service Internship at the Captain James A. Lovell Federal Healthcare Center (a combined VA and DOD facility.) She completed her post-doctoral fellowship specializing in the diagnosis and treatment of substance use disorders. Upon completion of her training, she was employed at Lovell FHCC as a clinical psychologist in their residential PTSD program. At the end of 2019, Dr. Yasova moved back to her hometown of Clearwater, Florida and became a psychologist at the CWY Bill Young VA. She is the program manager of the residential PTSD-Integrated Recovery Program. She is certified in cognitive processing therapy, and her primary theoretical orientation is cognitive behavioral. Dr. Yasova tends to also conceptualize from an ACT lens. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Dr. Yasova was raised in a multicultural home and is bi-lingual (English/Spanish). She reflects on her unique cultural background to identify how it impacts her case conceptualization. She engages clients in discussions of how their diversity characteristics impact their experiences and works in supervision helping trainees explore this. Dr. Yasova views supervision as a safe time to have difficult conversations about diversity characteristics and how they influence us as providers, impact psychosocial functioning, and affect the therapeutic process.

**ADMINISTRATIVE POLICIES AND PROCEDURES**

**Internship year:**



The internship is a full-time, one-year appointment to be completed from July 14, 2025 - July 13, 2026. Instances in which the one-year period needs to be extended because of illness or other extenuating circumstances will be addressed individually by the training committee and Office of Academic Affiliations. A maximum of 24 months is allowed by APA to complete all Internship training requirements regardless of extenuating circumstances. Any approved extension of the one-year training period would occur without funding.

**Stipend:**

The AY24-25 Internship stipend for full-time VA intern is \$33,891 paid biweekly throughout the annual appointment period. This stipend is subject to Federal Income Tax withholding. Interns are classified as full-time employees, making them eligible for federal employee health benefits, including dental and vision. Interns are NOT eligible for participation in family medical leave, including paid parental leave, life insurance (FEGLI), or flex spending accounts (FSAFEDS) (This list of entitlements is not comprehensive).

**Leave time:**

Interns will accrue 4 hours of paid sick leave (LS – Sick) and 4 hours of paid annual leave (LA - Annual) every 2-week pay period. This equates to approximately 13 days of sick leave and 13 days of annual leave over the course of the internship year. In addition, there are 11 Federal Holidays. Interns are encouraged to use leave time judiciously. You should not plan to request more than five days in any one rotation. As with doctoral staff, leave requests must be coordinated with patientcare needs and the leave requests of other staff.

With the approval of the current rotation supervisor and the Training Director/Director of Psychology Training, each intern may be allocated up to five (5) days of authorized Administrative absence (LN - Administrative) for educational purposes (e.g. conferences, institution approved research presentations, VHA interviews, dissertation defense etc...) as per VA Handbook 5011, Part III, Chapter 2, Section 12 which states that employees, including trainees, may be given authorized administrative absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. While LN leave may be approved at the service level, it is up to the discretion of HR and the facility Director to finalize approval. Ultimately, it is your responsibility to plan for and use your leave appropriately. For example, if you wish to use a significant block of annual leave during the fall-winter holiday season, you should avoid using this type of leave early in the Internship. If you want to be able to take leave later in the Internship to interview for jobs or postdoctoral fellowship positions, then be sure to save some annual leave for this purpose if LN is not available or approved at the facility level.

At the service level, the Training Director/Director of Psychology Training have the right to deny requests for LN if it is likely to have a negative effect on the course of training. Authorized administrative absence for travel time is limited and must be approved separately. Further, interns are responsible for all expenses associated with off-station training activities.

**Holidays:**

There are eleven federal holidays during the Internship year. Staff and interns typically do not work on these dates:

Labor Day	Columbus Day	Veterans Day	Thanksgiving
Christmas	New Year's	Martin Luther King Day	President's Day
Memorial Day		Independence Day	Juneteenth

**Supervised duty hours:**

Normal duty hours are 8:00 a.m. to 4:30 p.m. for all psychology section staff. Interns may choose to work at their desks before and/or after duty hours but may not provide clinical services to patients unless an identified supervisor is available on site for consultation. When a supervisor is on leave, another staff member will be assigned to provide consultation and supervision of all clinical duties. Lunch periods are typically scheduled for thirty minutes between 11:00 a.m. and 1:00 p.m. On-station meals are available.

**Outside professional activities:**

Interns will not be allowed to participate in any other outside professional activities without first receiving permission from the training committee. Clinical service to the public for fee will not be allowed. Supervised clinical service of a training nature will be considered, as well as funded teaching or research positions on non-duty time. All other activities will be considered on an individual basis. In general, direct clinical service to the public in other than a training relationship will not be allowed.

**Administrative support:**

Our service has administrative staff that provide limited assistance to the psychology training programs. General supplies, fax, scanner, and a copy machine are located within the various MH sections for easy access.

**MH psychological testing library and mental health assistant package:**

On-line administration and scoring of numerous self-report inventories and questionnaires are available to staff psychologists and interns via the mental health assistance package. The mental health assistance package gives staff psychologists and interns access to a range of psychological tests (e.g., MMPI-2, MMPI2-RF, PAI, MCMI-IV etc.), allowing on-site administration to patients in various areas of the facility. Interns have access to over 400 paper-pencil cognitive and psychological tests available for check out from the mental health psychology test library. Protocols, test stimuli, and interpretative manuals are available (e.g., WAIS-IV, WMS-IV, RBANS, neuropsychological tests...).

**Library resources:**

There are separate libraries for consumer health/patient education (patient education resource center) and for clinical professional needs (medical library). The medical library collection consists of over 400 journal (print) subscriptions and approximately 5,000 books and audiovisual titles. Books and audiovisuals are available for a two-week checkout period with renewal options available. Print journals are for in-house use only but there is also an extensive online journal collection with many of them being full-text available and evidence-based. In addition, there is onsite access to many of the leading

medical, nursing, and psychiatric databases. These include (but not limited to) PubMed, MD Consult, First Consult, CINAHL, Psychiatry Online, and UpToDate, PsychInfo, Health Business, and Cochrane.

The medical library has established a section containing materials on empirically supported psychological treatments. There are well-equipped computers (with internet access and Microsoft office products) available in the medical library. Internet use is restricted to educational needs and job-related activities. The medical librarian aids with computer-based literature searches and orientation sessions to the physical and online library resources. The library helps with reference requests, library instruction, and interlibrary loans. The interlibrary loans are limited to non-charging sources from across the United States unless approved by the Chief, Library Service. After-hours access to the medical library is restricted to individuals have a Bay Pines identification badge.

**Emergency procedures:**

The C.W. Bill Young VAMC - Bay Pines VA Healthcare System has a number of different procedures for emergencies. During orientation and throughout the year, interns receive specific fire and safety training from Bay Pines VA Healthcare System professionals. In addition, interns receive procedural instructions regarding other types of emergencies, such as suicide threats, armed aggressors, bomb threats, and hurricane precautions.

**Accidents:**

There are special requirements for reporting accidents that occur on station. Interns are required to report any accident or injury that occurs to your immediate supervisor and Training Director/Director of Psychology Training.

**Employee health:**

The occupational health service unit at the Bay Pines VA Healthcare System provides employees with first-aid treatment for minor illnesses to enable employees to remain at work.

Emergencies related to job (i.e., needle punctures, cuts, acute onset of illness, falls, traumatic job injuries, etc.) will be fully evaluated and treated anytime during the work shift. Before departing station, if you are sent off duty by the personnel physician, you will need to contact your supervisor and the Training Director/Director of Psychology Training.

Emergency treatment for non-job-related serious illnesses may be given. If necessary, the employee may be hospitalized at Bay Pines VA Healthcare System until they are able to be moved to a private facility. Employees who receive such care and who are not entitled as beneficiaries of the VA or OWCP (worker's comp) will be charged for such services.

**Hurricanes, weather events and disasters:**

The Office of Academic Affiliations has provided guidance related to trainees who may be impacted by significant weather events/disasters. Should an anticipated or unexpected weather event threaten our area the Bay Pines training program will assist trainees in the following ways to minimize the impact on training:

**Coping and access to information and resources:**

We recognize that trainees are often new to our geographic region and may be disconnected from their normal social support network. The Training Director/Director of Psychology Training will provide trainees information on storm safety and resources (local and facility based). The employee assistance program is available should a trainee experience significant stress from an event. Cellular phones are often the first communication systems to be lost in a storm, but they are also the first system to be restored. Trainees will be provided with the cellular number of the Training Director/Director of Psychology Training to report their status following the storm.

**Mandatory evacuations/clinic closure:**

Psychology interns may be considered for authorized absence coded as weather/safety leave. Training Director/Director of Psychology Training and/or supervisors may provide trainees with readings and other supplemental assignments to complete while on authorized absence. This may enable trainees to continue documenting and accumulating formal training hours.

**After the storm/event – challenges to safe housing/transportation:**

If the facility reopens but a trainee is unable to immediately report for duty at the facility subsequent to storm impacts, the following steps should be taken:

- The trainee should contact their Training Director/Director of Psychology Training and clinical supervisors.
- The trainee should use all available leave (AL and SL).
- When leave is exhausted, the trainee may request advanced leave through human resources, which will be earned during the remainder of their training appointment.
- When all available leave is exhausted, and/or no advanced leave is available, the Training Director/Director of Psychology Training may contact OAA for further guidance. In special situations, they will recommend that the trainee go on leave without pay status. Discussions between the trainee, the university affiliate DOT and the Training Director/Director of Psychology Training should occur to ensure that the trainee will have the opportunity to meet hours requirements. This may occur as an extension to the training year on a without pay status, or on a limited basis and with pre-approval, OAA may offer training appointment extensions with stipend, to allow trainees complete required training hours for graduation and licensure requirements.

**Liability insurance:**

While performing your duties as a psychology intern at the Bay Pines VA Healthcare System interns are afforded full coverage under the federal tort claims act for any acts of negligence occurring during performance of their role at this medical center.

All faculty members and trainees of the sponsoring institutions, when at VA health care facilities or on VA assignment at offsite facilities and while furnishing professional services covered by this agreement, will have personal liability protection by the provisions of the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d).

The Federal Employees Liability Reform and Tort Compensation Act of 1988, Public Law 100-694 (amending 28 U.S.C. 2679(b) and 2679(d)), provides that the exclusive remedy for damage or loss of property, or personal injury or death arising from the negligent or wrongful acts or omissions of all Federal employees, acting within the scope of their employment, will be against the United States. Thus, contracted psychology trainees from affiliated educational programs will be protected from personal liability afforded to all VA psychology staff under those stated provisions.

**Programs statement on non-discrimination:**

Federal law prohibits discrimination based on race, color, religion, sex, national origin, age, and disability. The Bay Pines VA Healthcare System psychology internship program extends this definition to mean that no information about the applicants irrelevant to the applicant's potential to succeed in the training program is to be utilized in its selection process.

During the year of internship training, should there be an instance of discrimination experienced or observed by trainees or staff, there is a positive obligation to address the problem to minimize psychological harm. Interns are encouraged to consult with their clinical supervisor, research mentor, Chief of MH&BSS, or Training Director/Director of Psychology Training for assistance in such matters.

Where this level of resolution is not effective or the instances are systemic, interns as well as staff have access to formal procedures. The local Bay Pines VA Healthcare System EEO program manager is available for any assistance, consultation or to assist in any employee's exercise of their rights.

**Programs Statement on Diversity**

The Department of Veterans Affairs and its component agencies seek to serve the Veteran population, which is their charge from the United States Congress and thus from the American people who elect them. The composition and diversity of the Veteran population seeking healthcare from the VA reflect a multiplicity of factors that define American society. People who join the Armed Forces represent a large cross section of that society, and the Veteran population who have served their country and are enrolled for health care as a benefit from their service, represent a diverse group defined by that cross section. The Bay Pines VA Healthcare System psychology internship program seeks to have a diverse staff and trainee population along many dimensions, since the need to bring care that represents the dignity and uniqueness of all VA patients is an organizational mandate that reflects VA values.

The program operates to teach the trainee to identify all the aspects of human diversity (i.e., individual differences) and to bring a heightened awareness of these elements of personhood into their psychological conceptualization and actions. The program staff searches for and aggressively takes opportunities to teach the importance of human diversity and individual differences in real time, as they occur continuously in clinical practice. Interns are encouraged to question and explore themselves the elements of diversity as they affect human behavior. Discussions with staff regarding the provision of

psychological serves in the context of human diversity are strongly encouraged, as both staff and Interns benefit from increased awareness, understanding, and study of human diversity; it is the patient who has the greatest potential benefit.

**Filing an EEO complaint:**

As an intern, you are protected from acts of discrimination by employees and patients. If you believe you have been discriminated against because of your race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age (40 years and over), physical or mental disability, genetic information, and/or retaliation, you can use the equal employment opportunity (EEO) discrimination complaint process. You are also protected from filing a complaint (No Fear Act) and whistleblowing. These policies and procedures will be followed unless superseded by federal policy or as otherwise required by federal law.

**Employee assistance program**

Bay Pines recognizes its employees as one of its most valuable resources. While everyone experiences stress, sometimes the effects of too much stress can disrupt work performance and personal well-being. The EAP and WorkLife Service is designed to help employees and their family members deal with problems before they become unmanageable. This service is available to interns!

Services available to employees through LifeServices EAP include, but are not limited to:

- Personal Counseling
- Family Counseling
- Financial Counseling
- Financial Information and Resources
- Legal Support and Resources
- Work-Life Solutions
- And more

Additional Information can be found by contacting LifeServices EAP directly:

- 1-800-822-4847 or visit [Life Services EAP](#)

**Ethical conduct:**

The Bay Pines VA HCS health service psychology internship training program strives to produce an atmosphere of mutual respect, ethical practice and professionalism as guided by the American Psychological Association's ethical principles of psychologists and code of conduct (APA, 2012). Please review the content of the attached 2012 revision of the ethical principles of psychologists and code of conduct which is available online at [APA Ethics Code](#)

**Clinical training log:**

Each intern is required to maintain a detailed, weekly log of direct patient care activities. (assessments, consultations, therapy, staffing, treatment planning, etc.), supervision and administrative and preparatory activities. This log is entered and maintained in EXCEL and can be compared to generated reports documenting co-signed therapy and assessment notes in CPRS. This log serves to document exact clinical care activities and the range of experiences acquired on a particular rotation, as well as program adherence to required supervision allotment. The second purpose of this log is to provide you with

“hard” copy of your experiences, patient care hours and supervision amount, should you need later references for various state licensing and professional credentialing activities. Additionally, the Interns will be instructed to maintain documentation within the log of any required administrative, clinical, research or preparatory activities conducted outside of regular tour hours (e.g., preparatory readings for journal club, meetings held during the lunch hour). These data should be maintained regularly and kept indefinitely for future State Licensure documentation purposes. The contents of the log will be monitored by the Training Director/Director of Psychology Training to ensure you are receiving the required amount of clinical supervision, are assigned >25% direct patient care per week and have an adequate number of cases and a diverse workload. Clinical training logs are required to be up to date on a weekly basis and shared with the Training Director/Director of Psychology Training for monitoring by COB each Friday. Delinquencies in maintaining logs will be documented in your professional values, attitudes, and behaviors competency section of your end of rotation evaluation by the Training Director/Director of Psychology Training.

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

This section provides a definition of problematic psychology trainee performance and how these situations are handled by the program, as well as a discussion of due process and grievance procedures.

Due process within psychology training is defined as an obligation in which entities with greater power and authority (i.e., Chief of MH&BSS, Director of Psychology Training (DOPT), Training Director (TD) of program, clinical supervisor, etc.) consider and respect the rights of those with less power and authority. The training program follows due process guidelines to assure that decisions are fair and nondiscriminatory. Due process should be employed when trainee behavior becomes problematic.

The training program follows due process guidelines to assure that decisions are fair and nondiscriminatory. At the start of the training program, trainees review the training program handbook, which contains written information (policy) regarding:

- Expected performance and conduct.
- The evaluation process, including the format and schedule of evaluations.
- Procedures for making decisions about problematic performance and/or conduct.
- Remediation plans for identified problems, including time frames and consequences for failure to rectify problems.
- Procedures for appealing the program's decisions or actions.

At the end of orientation into the program, all psychology trainees sign a form indicating that they have read and understood these policies.

### **Problematic psychology trainee performance and/or conduct**

This section describes the program's procedures for identifying, assessing, and, if necessary, remediating problematic psychology trainee performance.

## **Definition of problematic behaviors**

Problematic behaviors are broadly defined as those behaviors that disrupt the psychology trainee's professional role and ability to perform required job duties, including the quality of the trainee's clinical services; their relationships with peers, supervisors, or other staff; and their ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the trainee's inability or unwillingness to, a) acquire professional standards and skills that reach an acceptable level of competency, or b) to control personal issues or stress.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The trainee does not acknowledge, understand, or address the problem.
- The problem is not merely a deficit in skills, which could be rectified by further instruction and training.
- The trainee's behavior does not improve as a function of feedback, remediation, effort, and/or time.
- The professional services provided by the trainee are negatively affected.
- The problem affects more than one area of professional functioning.
- The problem requires a disproportionate amount of attention from training supervisors.

Some examples of problematic behaviors include:

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

NOTE: this list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's ethical guidelines and VA policies and procedures, as outlined during orientation.

## **Remediation of problematic performance and/or conduct**

It should be noted that every effort is made to create a climate of access and collegiality within the service. The TDs are actively involved in monitoring the training program and frequently check in, informally, with psychology trainees and supervisors regarding



trainee progress and potential concerns. In addition, TC staff supervision of supervision meetings are held once a month to provide another forum for discovery, consultation, and resolution of potential problems. Psychology trainees are encouraged to raise concerns with the TDs as they arise. It is our goal to help each trainee reach their full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The TC consists of all psychology supervisors and adjunctive staff involved in psychology training. The general training committee meets once per month to discuss training issues and programmatic development and policy. In addition, the primary supervisors and postdoctoral residents/fellows meet once per month for supervision of supervision. This format addresses ongoing competencies of staff in the provision of supervision, allows the development of supervision competencies in postdoctoral residents/fellows and provides an additional forum to address intern performance. Finally, primary supervisors (without the presence of postdocs) meet monthly within their training subcommittees to provide a regular forum to discuss resident/fellow performance.

Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. Trainees also receive direct feedback from their primary supervisors in the form of both formal and informal evaluations that occur at regularly scheduled intervals throughout the year. All written evaluations become a part of the trainee's permanent file with the psychology training program. These records are maintained by the TD/DOPT and are kept permanently, physically in a secure, locked cabinet and/or digitally in a private and firewall protected digital folder.

Trainees are continuously evaluated and informed about their performance and progress in meeting the training goals and objectives of the program. It is hoped that trainees and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the trainee and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although trainees are formally evaluated at regular intervals (see previous section on the evaluation process), problematic behaviors may arise and need to be addressed at any given time.

If the trainee fails to meet expectations at the time of the written evaluation, or at any time a supervisor observes serious deficiencies which have not improved through ongoing supervision, procedures to address problematic performance and/or conduct would be implemented. These include:

- 1.) Supervisor meets with TD/DOPT and/or training committee to assess the seriousness of trainee's deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.
- 2.) After a thorough review of all available information, the TD/DOPT, supervisor and/or training committee may adopt one or more of the following steps, as appropriate:

- A. No further action is warranted.
- B. Informal remediation – the supervisor(s) may seek the input of the TD/DOPT, training committee, Chief of MH&BSS, and (in the case of intern level trainees), the graduate program, and decide that the problem(s) are best dealt with in ongoing supervision.
- C. Formal remediation – This is a written statement issued to the trainee which includes the following information:
  - A description of the problematic behavior(s)
  - Documentation that the Chief of MH&BSS, TD/DOPT and training committee are aware of and concerned about the problematic behavior(s) and that this has been discussed with the trainee
  - A remediation plan to address the problem(s) within a specified time frame.

Remediation plans set clear objectives and identify procedures for meeting those objectives. Possible remedial steps include but are not limited to:

- o Increased level of supervision, either with the same or other supervisors.
- o Additional readings, educational webinars.
- o Changes in the format or areas of emphasis in supervision.
- o Recommendation or requirement of personal therapy, including clear objectives which the therapy should address.
- o Recommendation or requirement for further training to be undertaken.
- o Recommendation or requirement of a leave of absence (with time to be made up at no cost to the institution).
- o Requirement that a rotation be repeated.

The trainee is also invited to provide a written statement regarding the identified problem(s). As outlined in the remediation plan, the supervisor, TD/DOPT and trainee will meet to discuss the trainee's progress at a specified reassessment date. If the trainee is pre-doctoral intern, as part of this process, the TD/DOPT will contact the intern's graduate program to notify them that intern requires a formal remediation plan and will seek the program's input to the plan.

The TD/DOPT document the outcome and give written notification to the trainee and supervisor(s) and Chief of MH&BSS. VA Office of Academic Affiliations (OAA) and the facility Education Service DEO will also be notified when a formal remediation plan has been implemented and may be utilized by the program for further consultation. In certain cases, APPIC and/or APPCN will be notified by the TD/DOPT through the informal problem consultation option.

- D. Probation notice – this step is implemented when problematic behavior(s) are deemed to be more serious by the TD/DOPT and training committee and/or when repeated efforts at remediation have not resolved the issue.

The trainee will be given written statement that includes the following documentation:

- A description of any previous efforts to rectify the problem(s)
- Notification of, and/or consultation with the other stakeholders (e.g., APPIC, APPCN, OAA, Education Service, graduate program, etc.) regarding further courses of action
- Specific recommendations for resolving the problem(s)
- A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the trainee is invited to provide a written statement regarding the identified problem(s). As outlined in the probation notice, the supervisor(s), TD/DOPT, trainee, and (in the case of pre-doctoral interns) a representative from the intern's graduate program (optional) will meet to discuss trainee's progress at the end of the probationary period. The TD/DOPT document the outcome and gives written notification to trainee, supervisor, and Chief of MH&BSS, OAA, Education Service DEO, facility Chief of Staff, Chief of Human Resources, and if applicable, the DOT of the trainee's affiliated graduate program.

- E. Termination – if a trainee on probation has not improved sufficiently under the conditions specified in the probation notice, termination will be discussed by the full training committee, Chief of MH&BSS, facility Chief of Staff, OAA, Education Service DEO, HR Chief, APPIC and/or APPCN designee, and if applicable, Office of General Counsel and the DOT of the trainee's graduate program. A trainee may have the option to choose to withdraw from the program rather than being terminated. The final decision regarding the trainee's passing is made by TD/DOPT and Chief of MH&BSS, based on the input of the TC, consultation with other stakeholders and governing bodies, and all written evaluations and other documentation. If it is decided to terminate the trainee, the trainee will be informed in writing by TD/DOPT that they will not successfully complete the training program.

All documentation related to the formal and informal remediation process becomes part of the trainee's permanent trainee file and is reported to the American Psychological Association as per the requirements of the commission on accreditation's standards of accreditation.

### **Unethical or illegal behavior**

Any illegal or unethical conduct by a trainee must be brought to the attention of the as TD/DOPT soon as possible. Any person who observes or suspects such behavior has the responsibility to report the incident. The TD/DOPT will document the issue in writing, and consult with the appropriate parties, depending on the situation (see description below).

Infractions of a very minor nature may be resolved among the TD/DOPT, the supervisor, and the trainee, as described above.

Examples of significant infractions include but are not limited to:

1. Violation of ethical standards for the discipline, for the training program, or for government employees.
2. Violation of VA regulations or applicable federal, state, or local laws.
3. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with Veteran care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, serious boundary violations with staff or Veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.

Depending on the situation and the time sensitivity of the issues, the TD/DOPT may consult with the training committee, Chief of MH&BSS, COS, Education Service DEO, OAA, Education Service, APPIC, APPCN, HR, Office of General Counsel, graduate school DOT or APA to get further information and/or guidance. Following review of the issues, the training committee may recommend either formal probation or termination of the trainee from the program. Probationary status will be communicated to the trainee, training committee, Chief of MH&BSS, COS, Education Service DEO, OAA, Education Service, and any of the following stakeholders and governing bodies, including APPIC, APPCN, HR, Office of General Counsel, graduate school DOT and APA in writing and will specify all requisite guidelines for successful completion of the program. Any violations of the conditions outlined in the probation notice will result in the immediate termination of the trainee from the program.

The TD/DOPT may consult with the training committee, Chief of MH&BSS, COS, Education Service DEO, OAA, HR, Office of General Counsel, graduate school DOT and/or other members of hospital leadership (e.g., Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.) in situations where there may be an ethical or criminal violation. Such infractions may be grounds for immediate dismissal. In addition, the DOPT/TD may immediately put the trainee on administrative duties or on administrative leave while the situation is being investigated. Under certain circumstances, the training program may be required to alert their accrediting body (APA) and/or other professional membership organizations (e.g., APPIC, APPCN, state licensing boards) regarding unethical or illegal behavior on the part of a trainee. If information regarding unethical or illegal behavior is reported by the trainee's affiliated graduate program, the program may have to follow their policies and procedures regarding clinical duties, probation, and/or termination.

As described in the previous section on remediation of problematic performance and/or conduct, at any stage of the process, the trainee may request assistance and/or consultation outside of the program and utilize the resources listed above.

All documentation related to serious infractions becomes part of the trainee's permanent training file with the psychology training program and employment file within MH service.

These records are maintained permanently, in accordance to VHA, facility and accreditation records management policy.

**VAHCS MEMORANDUM 516-09-05-034 VA Grievance Procedures**  
**BAY PINES VA HEALTHCARE SYSTEM MEMORANDUM 516-12-05-053 Code of Conduct**

<https://www.va.gov/vhapublications/>

Our program adheres to the APA Code of Ethics.

**I. Psychology trainee grievance**

Although infrequent, differences in perspective may arise between a trainee and a supervisor or another staff member, which do not appear resolvable at the supervisor/staff-trainee level. Should this occur, the following procedures can be followed by a trainee:

1. The trainee will meet individually with the TD/DOPT within one (1) week of reporting grievance to discuss grievance and explore strategies to resolve disagreement/conflict/grievance at the trainee-supervisor/staff member level. Should the conflict exist between the trainee and the TD/DOPT serving as a primary supervisor on a research project or within a clinical rotation, the trainee will meet individually with the TD of an alternate training program and/or Chief of MH&BSS. If grievance cannot be satisfactorily resolved by all parties at this level within 10 working days...
2. The trainee and supervisor will meet with the TD/DOPT (or alternate TD or Chief of MH&BSS if required due to conflict) to allow assessment of the problem. If satisfactory resolution has not been reached within 10 working days....
3. The trainee and supervisor will meet with the executive mental health training committee, made up of the Director of Psychology Training, TD of the general postdoctoral fellowship program, the TD of neuropsychology residency program, the TD health service psychology internship program, TD of the psychiatry residency, the Assistant Chief of community reintegration and recovery service and the Chief of MH&BSS to attempt to develop a workable solution. If satisfactory resolution has not been reached within 10 working days....
4. The trainee and supervisor will meet with a fully convened psychology training committee. The committee will then attempt to develop a workable solution. If satisfactory resolution has not been reached within 10 working days....
5. The trainee and supervisor will meet with the Chief of MH&BSS who will review all pertinent data and make a final determination. If the Chief of MH&BSS decisions are unacceptable to either individual, the Chief, (MH&BSS) will outline any further options available as per local and VHA policy.

## Bay Pines VA Health Service Psychology Internship Training Program

At any stage of the process, a trainee may request additional assistance and/or consultation; please see section below on grievances. Trainees may also request assistance and/or consultation outside of the program. Resources for outside consultation include:

### **VA Office of Resolution Management (ORM):**

Department of Veterans Affairs  
Office of Resolution Management (08)  
810 Vermont Avenue, NW, Washington, DC 20420  
1-202-501-2800 or Toll Free 1-888- 737-3361

[Office of Resolution Management, Diversity & Inclusion \(ORMDI\)](#)

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high-quality manner. These services and programs include:

**Prevention:** programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.

**Early resolution:** ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.

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

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

APPIC has established both an informal problem consultation process and a formal complaint process in order to address issues and concerns that may arise during the training year(s).

[APPIC Problem Consultation](#)

#### **Informal problem consultation (IPC) Jason Williams, Psy.D. (720) 777-8108**

Chair, APPIC Board of Directors  
Formal Complaints Elihu Turkel, Ph.D.  
Chair, APPIC Standards and Review Committee  
turkel@lij.edu

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

750 First Street, NE  
Washington, DC 20002-4242

(202) 336-5979

[APA Accreditation](#)

### **Independent legal counsel**

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

### **PREVIOUS TRAINEES**

Applications are encouraged from all geographical areas. In previous years, Interns have been enrolled from a variety of University and professional school settings throughout the United States including, University of South Florida, Ohio State University, Auburn University, Florida Institute of Technology, Drexel University, University of South Carolina, Texas Tech. University, University of Minnesota, Adelphi University, University of Mississippi, the Virginia Consortium, University of Florida, Georgia State University, University of California, Santa Barbara, Hahnemann University, Ohio University, University of Connecticut, University of Denver, University of Southern Mississippi, University of Georgia, Penn State University, Indiana State University, University of South Dakota, Wright State University, University of Louisville, University of Miami, University of Missouri - St Louis, Argosy University – Atlanta, Argosy University - Washington, DC., Loma Linda University, University of Texas at Austin, Lehigh University, LaSalle University - PA, Regent University - Virginia Beach, Pacific Graduate School of Psychology – Palo Alto, Emory University, University of Tulsa, University of Indianapolis, University of Mississippi, Alliant Int'l University/California School of Professional Psychology – San Francisco, University of Houston, Virginia Commonwealth University, Spalding University, Wright Institute, University of Central Florida, Virginia Tech, Fuller Theological Seminary, Nova Southeastern University, Southern Methodist University, Central Michigan University, Idaho State University, Spalding University, William James College, University of Tulsa, University of Memphis, Northern Illinois University, Western Michigan University, Long Island University; Yeshiva University - Ferkauf, Adler University Chicago, Northern Illinois University, University of Tennessee-Knoxville, Seattle Pacific University, Washington State University; University of Maryland; University of Georgia; National Louis University; St Mary's University; Idaho State University, Chaminade - University of Honolulu, Saint Mary's University of Minnesota, George Mason University, Midwestern University-Glendale, University Tennessee - Knoxville.

Such diversity in training, theoretical perspectives, cultural experiences, and interests enhances our program and ensures both challenging and valuable professional growth for our Interns.

### **GRADUATES OF BAY PINES INTERNSHIP**

Of particular interest to applicants is the successful transition of our graduating Interns to professional positions. Former Interns are now employed in a variety of institutional and private practice settings in the Tampa Bay area, as well as in several other areas of the country. In addition, most of our Interns have elected to complete formal post-doctoral fellowships after completion of their Internships and our Interns have been very successful in obtaining fellowships in competitive programs across the country.

**Program Tables - Admissions, Support, and Placement Data**

Date Program Tables are updated: **06/21/24**

<b>Program Disclosures</b>	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
<b>Internship Program Admissions</b>	
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:	
We are recruiting doctoral level graduate school applicants with solid foundational training and practica experience in both intervention and assessment, who are interested in learning and are motivated to develop professional competencies in the practice of psychology during the internship year. We adhere to a Scholar-Practitioner model which supports the mutual integration of science and practice by promoting a scientific attitude and approach to clinical activities. The training focus is on direct clinical work that is informed by evidenced based practice. It is our goal to expose interns to a diverse patient population, offer supervision and training in multiple intervention and assessment techniques, models, and theoretical viewpoints, all supported by the relevant scientific literature. Based upon this philosophy, interns receive broad, comprehensive training in preparation for entry-level, generalist practice in professional psychology.	
<b>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:</b>	
Total Direct Contact Intervention Hours	Yes, Amount = 350
Total Direct Contact Assessment Hours	Yes, Amount = 150
<b>Describe any other required minimum criteria used to screen applicants:</b>	



Bay Pines VA Health Service Psychology Internship Training Program

Our initial screening procedures of the applicants AAPI include a review of graduate program accreditation status, approval by DOT to apply to internship, combined hours of assessment and intervention experience already accrued and anticipated, the ratio of individual supervision to group supervision hours, number of integrated reports written and diversity characteristics of the applicant. In addition, because interns are considered Federal employees, we screen for the following federal hiring requirements: 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. 2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee.	
<b>Financial and Other Benefit Support for Upcoming Training Year*</b>	
Annual Stipend/Salary for Full-time Interns	33891
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
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
Other Benefits (please describe): Dissertation release time, dental and vision insurance, health insurance, professional development time, sick and vacation leave	NA
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
<b>Initial Post-Internship Positions</b>	
(Provide an Aggregated Tally for the Preceding 3 Cohorts) 2020-2023	
Total # of interns who were in the 3 cohorts	21
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=8, EP=0

Bay Pines VA Health Service Psychology Internship Training Program

Veterans Affairs Health Care System	PD=9, EP=0
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=3, EP=0
Other	PD=0, EP=0
<p>Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.</p>	

