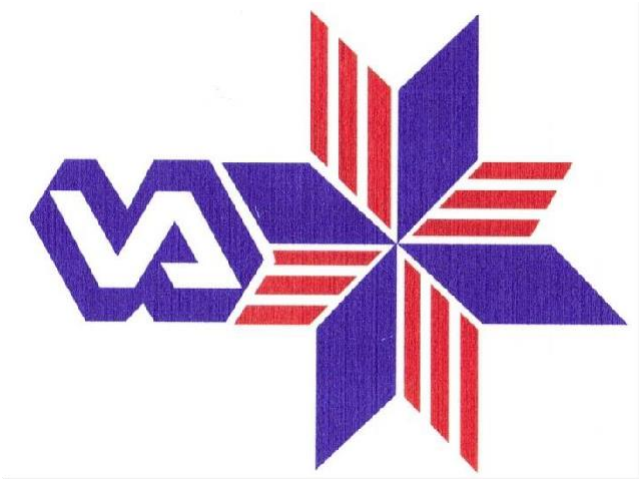
VA CENTRAL WESTERN MASSACHUSETTS HEALTHCARE SYSTEM

DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY



POLICIES AND PROCEDURES MANUAL

2024-25

Mental Health Service Line

421 North Main Street

Leeds, MA 01053-9764

https://www.psychologytraining.va.gov/northampton/index.asp

ACCREDITATION STATUS

The Doctoral Internship in Health Service Psychology program at the VA Central Western Massachusetts Healthcare System is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). Our most recent site visit was in June, 2023, when we were awarded the maximum accreditation cycle of 10 years. The CoA can be reached at APA Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979, (202) 336-6123; TDD/TTY (202) 336-6123).

EQUAL OPPORTUNITY

VA CWM is committed to the full inclusion of all qualified individuals. If reasonable accommodation is needed to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment and training, please contact the Training Director who will connect you with the Human Resources Specialist, Local Reasonable Accommodations Coordinator.

The program recruitment procedures adhere to federal and VA policies of nondiscrimination and impose no restrictions on student access to the program other than those related to a) being a US citizen, and b) an individual's ability to benefit from and succeed in an internship, or the profession. Regarding staff and faculty recruitment and retention, the training program and the various clinical and non-clinical programs of the VA Central Western Massachusetts Healthcare System (VA CWM) comply with US government laws and policies.

TABLE OF CONTENTS

INTRODUCTION

Availability of Policies and Procedures

The VA Central Western Massachusetts Healthcare System (VA CWM) Psychology Internship Training Program (henceforth the Training Program) is committed to making its policies and procedures available to interns at the start of internship. These policies are contained within this document and available to interns, faculty and staff in electronic form on the Training Committee SharePoint. These policies include program and institution requirements, expectations of interns, and commitments to interns on the part of the Training Program. Changes to policy and procedures, and anything that might impact interns' training are announced to current interns and documented as updates to this Policy and Procedure Manual which is available on the SharePoint. to All policies and procedures are consistent with the current APA ethics codes, and adhere to the Veterans Health Administration's regulations, the VHA Handbook 1400.08 on Education of Associated Health Professions, and local state and federal statues regarding due process and fair treatment.

Important references include:

- APA Ethics Code: https://www.apa.org/ethics/code/
- VHA Handbook for Education of Associated Health Professions: http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3180
- Massachusetts Statutes and Regulations (for Psychologists): https://www.mass.gov/lists/statutes-and-regulations-psychologists
- APA SOAs and AOPs - Standards of Accreditation and Accreditation Operating Procedures: https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf
- APA Implementing Regulations related to the Standards of Accreditation: Section C 091323.pdf (cdn-website.com)
- VHA Office of Academic Affiliations (OAA): https://www.va.gov/oaa/resources_trainees.asp Resources for Health Professions Trainees Coming to VA - Office of Academic Affiliations

  List includes:
  - Onboarding requirements
  - Types of trainee programs
  - MTT – Mandatory Training for Trainees
  - Trainee Satisfaction Survey
  - Military Health History Questions and Pocket cards
  - Resident Supervision Pocket Cards
  - VA Career Opportunities

Institutional and Program Context

Sponsoring Institution

The sponsoring institution for our Doctoral Internship in Health Service Psychology Training Program is the VA CWM. Our healthcare system provides psychiatric and medical care to a Veteran population of over 120,000 men and women in western and central Massachusetts. While most Veterans served by the medical center are male, female and transgender representation continues to grow; female Veteran enrollment has increased 8% in recent years (from fiscal year 2018 to fiscal year 2022), and is project to continue growing over the next 10 years. Nationally 30% of all new VA patients are female.

The Training Program was historically a component of the Psychology Service. In October of 1998, the Psychology Service and Psychiatry Service, as well as components of the Nursing and Social Work Services, were combined into one department known as the Mental Health Service Line, which is one of many Service Lines at VA CWM. Currently, the Training Program is comprised of training opportunities supervised by psychologists from several service lines: Mental Health, Primary Care, and Compensation and Pension. The Chief Psychologist/Mental Health Service Line (LSLM) provides senior guidance and oversight of the Training Program.

Setting

VA CWM is fully accredited by The Joint Commission. VA CWM follows the VA three-part mission of service, training, and research, and functions primarily as a service delivery setting, providing medical and mental health care for Veterans.
The Northampton VA Healthcare System was renamed in 2011 to the VA Central Western Massachusetts Healthcare System (VA CWM) following a realignment in which the existing system was joined by two additional Community Based Outpatient Clinics (CBOCs)--Worcester and Fitchburg--which were formerly part of the VA Boston Healthcare System and the VA Bedford Healthcare System, respectively. VA CWM also then became affiliated with the University of Massachusetts Medical School and resumed research activities. VA CWM consists of the Edward P. Boland Department of Veterans Affairs Medical Center (VAMC) at the Northampton/Leeds campus and five CBOCS: Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester, spanning 75-mile radius. (See the Appendix for directions to these locations.) Over 1,000 employees, including teams of primary care physicians, medical and other specialists, psychiatrists, nurses, dentists, social workers, psychologists, and support staff combine with consultants and attending physicians to provide an interdisciplinary approach to patient care within the VA CWM.

Historically, our VAMC has been a tertiary care hospital in the Northeast group of VAMCs since 1924. In May 1922, President Harding approved construction of the hospital making it the first Veterans hospital in Massachusetts and the first psychiatric hospital for Veterans in New England. Nationwide, the VA healthcare system is grouped into 22 Veterans Integrated Service Networks (VISNs), with all the New England VAMCs serving as part of VISN 1. Veterans at VA CWM are referred for specialty care to VISN 1 facilities such as Boston, Bedford, Brockton, West Roxbury, White River Junction, and West Haven VAMCs. A shuttle system facilitates transporting Veterans between VISN 1 facilities including most CBOCs. On occasion, Veterans may be referred outside of VISN 1 to local community hospitals or to non-VISN 1 VAMCs.

The Edward P. Boland VAMC at the Northampton Campus is situated on park-like grounds in the center of the five-college area of Western Massachusetts and the foothills

of the Berkshire Mountains, on 105 acres of "Old Bear Hill," and has 26 buildings in red brick colonial style.

Our VAMC presently operates 55 psychiatric beds, 25 Specialized Inpatient PTSD Unit (SIPU) beds, 16 off-campus Compensated Work Therapy Transitional Residence Domiciliary beds, and a 30-bed nursing home care unit. Outpatient treatment is provided through the Primary Care Service, the Mental Health Clinic, and specialties at the Northampton/Leeds campus and the five CBOCs: Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester. In addition, the facility has regularly scheduled volunteers who provide a variety of donated services across sites.

A comprehensive range of psychiatric treatment modalities is available through the medical center and CBOCs including, but not limited to, individual, group, and family therapies, comprehensive assessment procedures, such as neuropsychological evaluations, Primary Care Mental Health Integration (PC-MHI), preventive health and educational programs, rehabilitative medicine services, and vocational rehabilitation programs. There are also specialized programs in inpatient psychiatric care, geriatric evaluation, Home-Based Primary Care (HBPC), and treatment of substance use disorders and posttraumatic stress disorder.

Within VA CWM, psychologists are an integral part of the Mental Health, Primary Care, and Compensation and Pension Service Lines. Psychologists provide patient care, consultation, and teaching within the hospital. In addition, psychologists participate in the Employee Assistance Program, the Women's Advisory Committee, the Smoking Cessation program, the Ethics Committee, the Quality Assurance Committee, Military Sexual Trauma program, Sex Offenders program, the Disruptive Behavior Committee, the Research and Development Committee, the Human Subjects Subcommittee, and the Mental Health Council. Psychologists at VA CWM have varied educational backgrounds and theoretical perspectives, allowing for a range of styles for role modeling and professional development. They are involved in a variety of professional activities outside the VA healthcare system including consultation, private practice, teaching, research, and authorship.

VA CWM is an ideal setting in which to provide training for psychology interns, as it functions primarily as a service provision setting for Veterans in which psychologists perform varied service delivery and management roles. Psychology interns at VA CWM can observe, train, and demonstrate competence in the full range of activities of a psychologist at a VAMC or VA CBOC. Furthermore, the high ratio of supervising psychologists on the Training Committee to interns (6:1) provides for rich opportunities for interns to gain exposure to wide ranging professional, theoretical, and cultural vantage points on their chosen profession.

Role of Psychology Internship Training Program within the Institutional Setting

With its primary role in health and mental health service delivery to Veterans spanning a wide catchment area, VA CWM provides an ideal setting for training psychologists to enter the profession. VA CWM offers opportunities for interns to train in a service delivery setting, in profession-wide competencies as well as specific skills pertaining to working with Veterans. Interns have a recognized training status at VA CWM in the form of a formal title of "psychology intern" consistent with the licensing laws of the Commonwealth of Massachusetts.

Administrative Structure of Training Committee

The Psychology Internship Training Program has been an integral component of VA CWM, since its inception with continuous APA accreditation since 1979. The Internship Program is the primary vehicle through which VA CWM invests in the VA mission to train the next generation of providers within psychology. The Chief Psychologist of VA CWM (Local Service Line Manager for the Mental Health Service Line) provides administrative oversight and guidance to the training program.

The Director of Training, a licensed psychologist, oversees the Training Committee, which consists of psychologists employed as full-time or part-time staff of the VA CWM. Supervisors on the Training Committee meet monthly to review administrative processes, develop and facilitate training activities, and plan use of training resources. The Training Committee meets Quarterly to share program development plans and discuss long-term goals of the training program. In addition, direct supervisors and the Director of Training join monthly at the Intern Progress meeting to review trainees' progression through the program and to share supervisory development resources. To facilitate the organization of training activities and resources, the Training Committee has specially designated roles for Didactics Coordinator, Case Conference Coordinator, and Social Events Coordinator, as well as a Multicultural Subcommittee with a designated Chair.

As further testament to the VA CWM's investment in the VA's training and education mission, supervisors on the Training Committee are given leave from clinical and administrative duties to attend two monthly training meetings and are supported in allocating time to deliver direct supervision to trainees weekly. All Training Committee members are given leave from their regular duties to provide didactic seminars to trainees, to attend Multicultural Subcommittee Luncheons, to attend trainees' presentations of Didactic and Case-Conference seminars, and to attend an Annual Training Committee Retreat.

Mentorship

In addition to other forms of support, newer supervisors are paired with senior supervisors during their early years on the Training Committee, to enhance knowledge and confidence in delivering high quality clinical supervision.

Self-Assessment and Feedback

1. The Training Program conducts regular self-assessment of the training climate and promotes the success of all interns. To accomplish this, we gather information through multiple channels and develop plans for program enhancements using targeted forums and workgroups. For example:

    a. Monthly intern lunches with the Director of Training provide an open forum for interns to share information and concerns as a group.

    b. A rotating intern representative attends the monthly Training Committee meeting, to share concerns or observations from the intern

class with the entire Training Committee.

c. Interns complete a Program Evaluation Project in which they evaluate any aspect of the Training Program, the service delivery environment, or a specific clinical service they choose. Examples of program evaluation projects from previous interns are:

    i. Mindful yoga therapy for women Veterans with MST: A quality improvement project (T. Braun, 2019)

    ii. Intern Survival Guide (M. Meth, 2017)

    iii. Prevalence of stigmatizing language by providers in a VA IOP Substance Use Treatment Program (S. Robinson, 2015)

d. Monthly Intern Progress meetings provide a forum for supervisors to identify challenges, concerns, and potential barriers to intern progress. This meeting encourages supervisors to work together to develop cohesive and progressive plans to promote the success of all interns.

e. Interns complete evaluations of the didactic seminars, supervisors, and overall training program. Interns are asked to provide their view on the training program in terms of the quality of training, the training environment, and how issues of cultural and individual diversity are addressed and incorporated throughout the program.

f. Internship graduates are asked to complete evaluations of their internship experience covering their professional outcomes (jobs/postdocs/research), the overall quality of their internship training, training in and respect for cultural and individual diversity, the success of the training program in accomplishing specific training objectives, and the quality and respectfulness of the training atmosphere. This information has been used to drive initiatives to improve the training program, such as building forums for enhancing competence in multicultural and individual diversity, as well as expanding opportunities for EBP (empirically-based psychotherapies), assessment, and supervision training.

g. In advance of each annual internship recruitment season the Training Committee devotes a training committee meeting to orient new staff to our recruitment process, reinforce our training mission, and articulate strategies for recruiting a diverse cohort of interns. We are invested in promoting diversity in mental health services within the VA and the field of psychology overall.

h. We have traditionally held an annual Training Committee Retreat during which we focus on team building, review the previous year's accomplishments, and plan for the coming year. The retreat is an opportunity to incorporate the previous class' evaluations and Training Committee members' input on needed enhancements to our program in terms of cultural and individual diversity, inter-track cohesion, and the overall quality and structure of the program.

Program Climate

The Training Program strives to provide an accessible, open, and affirming environment in which to train and supervise trainees. This is reflected in our recruitment, development, and retention of trainees and staff from diverse communities, as well as our approach to resolution of concerns and issues that arise during the training year.

Courteous and respectful treatment of interns and staff/faculty is of paramount importance and we convey this through every mechanism available. We expect and demonstrate respectful and collegial interactions in all dealings with and between interns and all members of the VA CWM training faculty and multidisciplinary staff.

To ensure that interns are aware of their rights and avenues of recourse should problems arise, at the beginning of the training year we provide interns access to:

- APA Ethical Principles of Psychologists and Code of Conduct,
- VA Policies and Procedures,
- VA Memoranda of Understanding, and
- Due Process and Grievance Procedures.

These resources are provided within this Policies and Procedure Manual and/or on the VA CWM Psychology Training Committee SharePoint site.

The Training Program provides numerous formal and informal channels of communication through which interns may receive guidance and support to successfully complete internship. We offer multiple avenues of communication so that interns can raise concerns in whatever manner is most comfortable to them. From there, encouragement, guidance and ongoing support is provided to help them proceed through any additional, necessary channels to address their concerns. We adopt a disposition of transparency as we work together with interns to resolve concerns and pave the way for resolution.

In terms of implementation of policies (if an issue arises in which interdepartmental or institutional consultation is needed) we will refer beyond this Policies and Procedures Manual to VA CWM and VHA policies as well as APA Ethical Principles and Code of Conduct to determine jurisdiction. We walk through these steps along with interns, sharing information to the maximal extent permitted by governing ethics and policy. If, for example, the VA CWM Human Resources Department becomes involved in a concern raised by an intern, we consult with local medical center and regional experts as needed to discern and follow the relevant departmental and institutional policies that may govern or impact the training program. We use these opportunities to learn and share our growing knowledge with interns and to elicit feedback from interns on how to improve their training experience in the context of such events.

Funding and Budget

The Training Program is a stable longstanding component of VA CWM. Our medical center was the first psychiatric hospital within VA in New England and has been training psychology interns since 1955. Funding for the Training Program is represented in the institution's operating budget and comes directly from the Office of Academic Affiliations (OAA) at VA Central Office (VACO) provided through the Mental Health Service Line (MHSL) of VA CWM

Interns are provided with financial support at a level that is representative and fair, reflecting the geographic location and clinical setting. The stipend for psychology interns is set nationally by the VA Central Office with regional adjustments to reflect cost of living in various regions of the U.S. For the current 2024/25 Training Year, the stipend for a full-time one-year intern is **$38,083**. Interns are also provided with health insurance and leave benefits during their training year.

Financial support for staff and faculty is stable and there are enough, dependable training activities for the training year. As of summer 2024, forty-three psychologists comprise the Training Committee, including a Director of Training.

Training Resources and Support Services

There is ample clerical, technical and electronic support to meet the needs of the Training Program. Several administrators assist in program operations, especially representatives from Human Resources, Clinical Applications Coordinators, Education Specialists, the Library, and Medical Support Assistants, who meet and train interns during Orientation Week and provide ongoing assistance as needed throughout the training year. There is administrative support staff with time specifically dedicated to assist with running the Training Program. Offices are available for each intern, appropriate for confidential conversations, with desks, phones, computers, and access to printers and fax machines. To facilitate telework and telehealth services, VA CWM has provided a VA laptop for each intern. Online scholarly literature is freely available through the VA. The facility and resources are compliant with the Americans with Disabilities Act.

Recruitment of Interns

The Training Program is accredited by APA Commission on Accreditation (COA) and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), fully participating in the internship match process. The program adheres to all APA and APPIC regulations and policies pertaining to recruitment and matching. We are listed in in APPIC directory and post our program brochure publicly to provide transparency and to invite inquiry about our program. In accordance with VA Central Office, APPIC and our training program eligibility criteria for our internship include:

- U.S. citizenship,
- Male applicants born after 12/31/1959 must have registered for the draft by age 26 to be eligible for selection as a paid VA trainee,
- Submitting to fingerprint and background checks (APPIC Match result is contingent on passing these screens),
- Enrollment in an APA or CPA accredited doctoral program in clinical, counseling, or combined clinical-counseling psychology,
- Approval for internship status by graduate program training director,
- A minimum of 300 hours of direct service intervention and 50 hours of direct service assessment experience during practicum training,
- Practicum training that included supervised face-to-face delivery of health-

service psychological services, (COIVD-era modifications in practicum training, such as telehealth and telesupervision will be acceptable.)

- Having interests and goals appropriate to our internship program within a VA setting,
- Showing an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision,
- Demonstrating ethical conduct and interpersonal skills appropriate to the practice of professional psychology.

After accepting an offer, intern applicants will be asked to submit a Declaration of Federal Employment (OF 306) and Application for Federal Employment (OF 612) both of which are required for federal government employment.

Nondiscrimination Policies

The VA CWM training program abides by APA and APPIC guidelines in the selection of interns. As required under APPIC policies, offers to interns may not be made before Match Day. The VA CWM is an Equal Opportunity Employer. The selection of interns is made without discrimination based on race, color, religion, sex, national origin, politics, marital status, physical handicap, or age. We invite diverse applicants and are committed to recruiting and retaining trainees from underrepresented groups within the field of psychology.

Requirements for Successful Internship Performance and Completion

The VA CWM internship is comprised of a 12-month fulltime training experience. Interns are expected to participate in clinical, didactic, case conference, team building, and consultation activities throughout the training year. Some commuting between sites is expected, depending on track assignments. Opportunities are provided in each rotation or track within the program to train and demonstrate competency in each of the Profession-Wide Competencies and Program-Specific Aims. The rotations, tracks and competency areas are detailed in subsequent sections of this manual. Interns are evaluated six times during their training year, with written and verbal feedback at each time point. Feedback is also integrated within supervision on an ongoing basis. Interns are given ample written and verbal notification of any concerns that might impact their successful completion of internship and multiple forms of support for remedying these concerns to successfully complete their internship. As further detailed in the section below on Evaluation Procedures, the Minimum Level of Achievement (MLA) required for completing internship is 4 on all items assessed by the end of the third trimester.

Maintenance of Records

The Training Program maintains records in accordance with requirements of the accrediting body, APA COA. This consists of permanently maintaining records of interns' training experiences, evaluations, and certificates of internship completion, as evidence of interns' progress through the program and for future reference and credentialing purposes. In addition, the Training Program keeps information and records of all formal complaints and grievances which have been submitted or filed against the program

since its last accreditation visit. The program will make these records available when the Commission on Accreditation examines the program's records of intern complaints as part of its periodic review of the program.

Orientation

The training year begins with a week of Orientation seminars, during which current interns have a chance to interact extensively with each other, building a sense of their identity as a cohort. During Orientation, interns also meet VACMW staff from several key departments across the medical center, such as Human Resources, Clinical Applications Coordinators (our client records experts), and Veteran Peer Support, as well as members of the Training Committee. Within this first week of the training year, interns work closely with the Director of Training to learn more about the program philosophy, training goals, methods of evaluation, and formal and informal avenues of communication within the Training Program and VA CWM. They collaborate with the Director of Training to devise their training plans for the year, based on their self-evaluations and presentations of available training opportunities during Orientation Week.

Professional Interactions

After Orientation Week, as the year proceeds there are several venues for socialization and interaction with professional colleagues. Each week there is a four-hour block of time weekly dedicated to cohort-based training experiences such as Didactic Seminars and Case Conference. In addition, there is a Multicultural Diversity Luncheon, attended by staff and interns, and monthly lunches attended by interns and the Director of Training. Within each training track or rotation, there are regular team meetings, huddles, or rounds, which include interdisciplinary team members involved in various aspects of service delivery. In addition to these professional venues, the Training Program hosts several informal gatherings across the year, for current interns and Training Committee members.

Training Program Outline

The Training Program is a 12-month, 40 hours per week training experience, comprising 2080 hours of supervised training. Training positions are located at three of our sites: the Leeds/Northampton-based Edward P. Boland VAMC, the Springfield Community-Based Outpatient Clinic (CBOC), and the Worcester CBOC. Brief descriptions of each of these training settings follows and more detailed descriptions are found in the "Program Structure" section of this manual.

1. The **General Mental Health Internship Track** at the Leeds/Northampton Campus, trains four (4) interns per year. The interns at this campus train in three four-month Primary Rotations and one twelve-month Ancillary Rotation, offering opportunities for both depth and breadth of training experiences.

   Primary Rotations at the Northampton Campus involve training for 28 hours per week in three of the following settings:

   - Assessment Clinic,
   - Health Promotion and Disease Prevention (HPDP) / Primary Care Mental Health Integration (PC-MHI) Clinic,

- Outpatient Mental Health Clinic (MHC),
- MST Women's Mental Health
- Specialized Inpatient Posttraumatic Stress Disorder Unit (SIPU), and
- Substance Use Disorders Clinic (SUD-C).

Ancillary Rotations at Northampton offer in-depth individual therapy or assessment training for eight (8) hours per week with one supervisor for the entire year, in one of the following areas:

- Acceptance and Commitment Therapy (ACT),
- Assessment,
- Cognitive Processing Therapy (CPT),
- Prolonged Exposure (PE),
- Outpatient Mental Health Clinic (MHC), and
- Research and Clinical Ancillary on CBT-SUD

2. The **Springfield Community-Based Outpatient Psychology Track** provides training at the Springfield CBOC for one intern for the full 12-months, including experiences the following areas:
    - Behavioral Health Interdisciplinary Program (BHIP),
    - Primary Care Mental Health Integration (PC-MHI),
    - Health Promotion and Disease Prevention (HPDP), and
    - Home-Based Primary Care (HBPC).
3. The **Integrated Outpatient Behavioral Health Track** provides training at the Worcester CBOC for one intern for the full 12-months, including experiences in:
    - Sleep Disorders,
    - Home-Based Primary Care (HBPC),
    - Primary Care Mental Health Integration (PC-MHI),
    - Assessment, and
    - MOVE! Weight Management Program.

Mini-Ancillary training experiences have been offered for the Worcester and Springfield interns at the Leeds Campus on Wednesday mornings for up to four (4) hours per week. The current mini-ancillary offerings are listed with other primary and ancillary rotation descriptions.

All interns join at the Leeds/Northampton campus for an afternoon each week of didactics seminars, case conference and other training activities on Wednesday afternoons.

Leave Policies - Required Time Commitment and Leave (see also VA Policies, p. 50)

The 2024/25 intern training year runs from July 15, 2024 through July 11, 2025 (inclusive of the beginning and ending weekends). Interns are assigned to train for 2080 hours, a 40-hour workweek over 52 weeks minus the following: 13 days (104 hours) of sick leave and 13 days (104 hours) of annual leave. The interns accrue vacation and sick leave as do regular employees (at the rate of 4 hours for each 2-week pay period). Leave amounts and categories include:

- 13 days of vacation,
- 13 days of sick leave,
- 6 days of Administrative Leave for training activities, such as dissertation defense, post-doctoral fellowship interviews, external trainings, and conference attendance and presentations. Two of these days may be used for travel before and after these academic/professional events.
- 11 Federal Holidays

Unplanned Federal Holiday/Early Release: Trainees are eligible to receive leave for unplanned federal holidays or early release from their tours on days that are sometimes offered to federal employees (e.g., December 24th, severe weather events, a National Day of Mourning, etc.). However, please note that if an appointment has already been scheduled for the unplanned leave period and the Veteran prefers to keep the appointment, then the trainee (and a covering supervisor) may not be permitted to take leave at that time. In this case (with permission from leadership), the trainee may be offered "equivalent time off" for the time they worked. (This section reflects OAA and APA guidance regarding unplanned 12/24/19 federal holiday and Juneteenth 2021.)

Extended leave: We work along with our interns to provide time off for extended medical or parental leave if needed. If the leave needed exceeds the leave an intern has accrued, this may include a period of leave without pay (LWOP). If necessary, the Training Program will work with the intern to extend their internship year to comprise a 12-month fulltime training experience and provide the opportunity to demonstrate that they have attained competency in their training objectives. In the case of extended leave, or any LWOP, this is likely to require an extension of their internship beyond the planned graduation date and coordination with VHA OAA (VHA, Office of Academic Affiliations) for a reallocation of funds from one year to the next, to cover the extended period of training. The maximum period of extension of internship would be 12 months, comprising an entire period of 24 months within which internship may be completed.

Using Leave: It is an aspect of one's professional development to take responsibility for using leave appropriately. Remembering that there is an annual cycle for applying for jobs and post-doctoral fellowships, interns may want to plan so that they have adequate leave time accrued for this purpose. Furthermore, it is preferable to distribute leave across the year, so as not to miss a disproportionate amount of training time from any one rotation. Finally, interns may request to take leave during their final pay period, however they cannot use leave on their final day(s) of internship, effectively ending their training early. Interns are expected to be in attendance for the final day of their

training year to complete steps for "clearing station," including obtaining all needed signatures on their final day of internship.

Unused Leave: Unused annual leave is paid back to interns at the end of their 1-year appointment. Unused sick leave *may* transfer to their next VA duty station, if applicable, depending on the gap in service and local jurisdiction.

Using Leave for Inclement Weather (for whole or part of the day): At VA CWM we treat interns' leave requests for inclement weather the same as with permanent staff. Interns should try to come into their duty station when they have an on-site day scheduled.

- As with staff, if interns cannot safely travel or feel it is too risky, they can request permission to telework ad hoc from their manger (either Dr. Lorraine Cavallaro, Dr. Jeffrey McCarthy, or Dr. Henry Rivera).
- The earlier any requests for ad hoc telework are submitted the better. (Each manager will provide their preferred method of contact for such requests.)
- If the telework request is approved, the next step is to call the Call Out Line so that administrative staff can enter a LEAF request on their behalf. The Call Out Line is: 413-584-4040 ext. 2336
- If the telework request is denied, interns have the options of coming in for their on-site day or using Annual Leave (AL).
    - If the intern opts to use AL, they should call the Call Out Line so that administrative staff can enter a LEAF request on their behalf. The Call Out Line is: 413-584-4040 ext. 2336
- Once the LEAF is entered and approved, permission will be granted to scheduling staff to call veterans to change patient care from in-person to virtual or to cancel appointments.
- If there is a scheduled appointment before 9:00 am that needs to be cancelled or changed from in-person to virtual, in addition to calling the Call Out Line, interns (and staff) should also call the Administrator on Duty (AOD) at 413-584-4040 ext. 6440.

VHA Guidance: The Training Program follows guidance from VA OAA and local VA CWM policies on leave. VA OAA guidance is available on the VHA OAA SharePoint here with several entries under Frequently Asked Questions (in the right margin, near the bottom of the page): Office of Academic Affiliations Intranet - Home (sharepoint.com)

Requesting Leave: See the "VA Policies" section of this document and "LEAF Process" in the Addenda for instructions on how to request leave.

Advanced Leave:

The agency has the discretion to advance annual leave (AL) or sick leave (SL), but only the amount that will be accrued by the end of the leave year in which it is granted (i.e., pay period 26). Here's a reference from OAA FAQ: OAA FAQs - PowerApps

> Q: Can a full- or part-time VA paid HPT be advanced Leave?
>
> A:Yes, annual and/or sick leave may be advanced to direct VA paid trainees. Every facility has their own advanced leave request process that must be followed. Leave may be advanced only in an amount that will be accrued by the end of the leave year in which it is granted (pay

period 26). HPTs in programs that cross calendar years may submit a second advanced leave request up to the amount they would earn during the remainder of their term appointment.

Example: Sarah Jones is a Psychology Resident appointed from July 1 until June 30 of the next year. In August Sarah can be advanced the amount of leave she would accrue by the end of pay period 26. Then, if necessary, in January Sarah can be advanced the amount of leave she would accrue by the end of her appointment on June 30. NOTE: Employees must work an entire pay period to accrue leave.

Reference: VA Handbook 5011

The process for requesting Advanced AL or SL is:

- Request supervisor's and manager's approval for leave.
- If they approve, submit LEAF Request to cancel your clinics for that leave period.
- Once LEAF is approved, go to yourHR - Home (sharepoint.com) , enter "employee" then open the tile called "Special Leave Program Request – Advanced Sick and Advanced Annual"
- It will give you links to forms and instruct you to enter a request in eBOS: Person Manager (va.gov)
- The request would go up the chain of command for approval, through your manager (Drs. Lorraine Cavallaro, Jeffrey McCarthy, or Henry Rivera), the Local Service Line Manager (Dr. Dana Weaver), the Chief of Staff and the Medical Center Director or Associate Director.
- If advanced leave request is approved, you can then enter the leave in VATAS.
- You will show a negative leave balance in VATAS until you accrue the amount of leave you were advanced.
- If you end internship before you have accrued the leave you have taken, the VA will deduct from your final paycheck the amount of pay that corresponds to the number of hours or days that you were advanced.

PROGRAM PHILOSPHY AND TRAINING MODEL

Training Model and Program Philosophy

The central goal of the VA CWM Training Program is to provide a quality training experience designed to prepare doctoral psychology interns for entry-level psychology positions or postdoctoral training. The training program seeks to help interns broaden, deepen, and integrate their current knowledge base with applied clinical experience in an interdisciplinary VA medical center and/or CBOC setting. The internship prepares students to function as generalists within a medical center setting and it provides opportunities to develop skills in specialty areas such as the treatment of posttraumatic stress disorder, substance use issues, affective disorders, assessment, including neuropsychological assessment, behavioral health, and the psychological sequelae of medical conditions. The program emphasizes clinical assessment, treatment, and consultation, and provides training and experience in a variety of therapeutic approaches across a range of clinical settings. Interns are provided extensive supervision to maximize their learning in each of the settings and modalities in which they train. The training program aims to assist doctoral psychology interns in the process of forming professional identities as clinical psychologists and it emphasizes ongoing professional development as a valued direction towards which all psychologists should continue to aspire.

Our psychology training program is committed to a practitioner-scholar model of internship training. We are committed to providing a training basis for developing psychologists who have enough depth and breadth of knowledge and skills to provide empirically-validated treatments to diverse patient populations in interdisciplinary settings. We believe in providing patient-centered care that maximizes individual strengths, promotes human dignity, and values individual differences. We are committed to fostering a supportive, inquisitive, and open learning environment that places a premium on professional growth and scholarly development. We pride ourselves on providing a strongly supportive training base, assessing and meeting students where they are in terms of their training needs, creating individualized training plans, and providing expert supervision with warmth and collegiality. We strive to model openly our own willingness to learn and to grow as psychologists as we examine and revise continually the services we provide to ensure that they remain current, relevant, and scientifically sound. We endeavor to create a training environment where interns can develop the competencies and knowledge base needed to eventually practice professional psychology at the independent level, feel supported in the development of their sense of identity as professional psychologists, and feel challenged and inspired to continue to question, learn, and grow throughout their professional careers.

Discussions regarding professional development are on-going in supervision, with formal evaluations taking place at the mid- and end-point of each of the rotations at Leeds, and at each 2-month interval at the 12-month tracks in Springfield and

Worcester. Individual strengths and areas requiring continued professional growth are identified throughout the training year. Additional meetings with the Training Director are available on an as-needed basis to assist in processing and integrating feedback and moving toward training goals.

All training experiences follow a sequential, cumulative progression toward increased complexity and independence. The interns' overall knowledge base and theoretical sophistication are increased through didactic input during ongoing individual and small-group supervision, clinically-oriented seminars, case-conference presentations, and various lectures offered through the Education Department, Training Committee and Multicultural Subcommittee. Training experiences build gradually, with interns taking on more responsibility in increasingly complex situations as their training progresses across the year. Within several of the rotations, interns begin by co-facilitating groups with their supervisor, and gradually increase in confidence and skill to the point at which they can lead groups independently by the end of the rotation. Similarly, interns may first learn to administer unfamiliar assessment instruments via practice administrations with their supervisor. As they gain competency with test administration/scoring/interpretation/report-writing, they are presented with opportunities to progress to a more independent "monitoring" level of practice (e.g., they begin to administer tests to their patients and interpret them on their own, prior to supervision). Interns also take on more responsibility in the didactic component as the year progresses, leading case conferences and a didactic seminar.

During internship orientation, interns complete a self-assessment, which is reviewed with the Director of Training. All rotations and training experiences are collaboratively selected with consideration for prioritizing training needs and taking intern preferences into consideration whenever possible. As each rotation concludes, the interns review how their skills have developed with their individual supervisors. Alterations in training plans may be made during the year to address interns' training needs as these become clearer or change over time. Discussion of intern progress and training needs is ongoing, with formal evaluations taking place every two months (at least at the mid- and end-point of training rotations).

Communication

Public Disclosure:

The Training Program maintains an accurate and complete description of the program in our Brochure which is publicly available through the Training Program website. The Brochure describes our recruitment policies, requirements for internship admission and completion, training program aims and curriculum, supervisors, facilities, resources, administrative policies and procedures, leave and other benefits provided, workload expectations, and internship training outcome data. We provide current information on use of distance education technologies for training and supervision.

We are committed to maintaining clear, accurate and transparent communication with potential interns, in accordance with APPIC Match policies.

With Current Interns and Training Committee:

The Training Program communicates with current interns and Training Committee members through several regular channels. Any changes to the training program, or to policies and procedures that may impact training, are communicated with interns and supervisors within reasonable timeframes, and updated documents are available on the Training Committee SharePoint.

The Training Program issues a certificate of completion to all interns who have successfully met all program requirements, noting the program's scope of accreditation as a Doctoral Internship in Health Service Psychology.

With Doctoral Programs:

Throughout the internship year, the Training Program communicates with current interns' doctoral programs as needed. At a minimum, the Training Program sends formal written intern evaluations to the doctoral programs at or near the mid-point of the training year and again at internship completion.

With the Accrediting Body:

The Training Program demonstrates its commitment to the accreditation process through:

- Adherence: The program abides by the accrediting body's published policies and procedures as they pertain to accredited health-service psychology internship programs. The program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing required reports and responding to questions. This includes responding to standard reporting requirements such as the annual report and responding to additional non-standard information requests from the accrediting body.

- Fees: Maintaining good standing with the accrediting body in terms of payment of fees associated with maintenance of accredited status.

- Communication: The program communicates with the accrediting body in a timely manner about any changes in its environment, plans, resources or operations that could alter the program's quality. This includes notification of substantive changes in the program, such as in sequence of training, faculty changes and changes in administration.

Profession-Wide Competencies and Program-Specific Aims

The training program emphasizes the expectation that interns will have an active role in choosing their training assignments, participating in training seminars and workshops, and providing feedback and creative input to the internship program. Interns are provided opportunities to learn and demonstrate competency in both required Profession-Wide Competencies and Program Specific Aims.

The program is designed to prepare interns to function as generalist psychologists, while providing opportunities for interns to develop expertise in specific areas such as

in health psychology, substance use, neuropsychological assessment, and PTSD. In addition, the program specifically aims to prepare interns for work with Veterans. Interns will be prepared for VA postdoctoral fellowships, jobs as psychologists within VA and in other settings in which similar skills and aptitudes are applicable.

Interns are given opportunity to develop and demonstrate achievement in the following profession-wide competencies over the course of the internship year:

1. **Research and Scholarly Competence**: The ability to evaluate and disseminate research and integrate empirically-based theoretically-sound approaches into assessment, treatment, and program evaluation. This includes competence in the:

    a. use and dissemination of research and scholarly work,

    b. ability to select and appropriately apply empirically-validated interventions for treating diverse patients, and

    c. ability to effectively evaluate programs/treatments.

2. **Ethical and Legal Standards:** A working knowledge of APA Ethical Principles of Psychologists and Code of Conduct. This includes the ability to:

    a. identify relevant ethical standards,

    b. act in a manner that reflects correct application of ethical codes, and

    c. show reliable judgment about when consultation is needed.

3. **Competency to serve all sub-population of Veterans:** Ability to provide high-quality services to all sub-populations of Veterans, as well as professional encounters with broad range colleagues from all disciplines. This includes ability to:

    a. monitor and apply knowledge of oneself (history, attitudes, assumptions, and biases) and one's impact on others in clinical and professional encounters,

    b. monitor and apply knowledge of others' (clients and colleagues) perspectives in professional interactions and activities,

    c. skillfully and sensitively navigate situations in which value conflicts or tensions arise,

4. **Professional Values, Attitudes, and Behaviors:** A professional identity and manner as a psychologist-in-training reflecting dignity and respect toward others and oneself, with openness and receptivity to discussion of growth edges. This includes the ability to:

    a. conduct themselves in a responsible, reliable, accountable and dependable manner,

    b. exhibit timeliness in completing notes, arriving to appointments, and meeting deadlines,

    c. proactively prepare for supervisory meetings, and use supervision time

effectively, and

d. manage professional and personal boundaries appropriately.

5. **Communication and Interpersonal Skills**: Ability to employ effective, respectful communication skills and to form and maintain successful professional relationships. This includes the ability to:

    a. communicate clearly and respectfully at all levels of professional interaction with Veterans, supervisors, peers, staff (including interdisciplinary and non-providers),

    b. remain open and receptive to constructive feedback from others, and

    c. appropriately manage difficult and complex interpersonal situations, with openness, tact, and understanding of diverse views,

6. **Assessment:** Competency in evidence-based psychological, or neuropsychological, assessment with a range of diagnoses problems, and needs. This includes the ability to:

    a. Select and apply assessment methods supported by empirical literature and test manuals,

    b. Administer, score and interpret tests,

    c. Assess risk of harm to self and others,

    d. Represent results with clarity and conciseness (e.g., writing summaries and reports; communicating with Veterans, family, caregivers, and other professionals), and

    e. Formulate appropriate recommendations.

7. **Intervention:** Competency in evidence-based interventions for a variety of presenting problems across a range of theoretical orientations and treatment approaches. This includes the ability to:

    a. Establish and maintain an effective therapy alliance that can facilitate client acceptance, flexible thinking, and change,

    b. Formulate an appropriate case conceptualization,

    c. Incorporate current literature in treatment planning and delivery, and

    d. Demonstrate awareness of oneself and impact on the client when delivering interventions.

8. **Supervision:** Knowledge and direct (or simulated) application of supervision practices, such as mentoring, monitoring/guiding/evaluating skill development, acting as a role model, demonstrating responsibility for activities overseen. This includes:

    a. Knowledge and effective application of supervision theory and literature,

    b. Awareness of ethical, legal, and contextual aspects of supervisor role, and

c. Effective management of professional boundaries, role and power differential in the supervisory relationship.

9. **Consultation and Interprofessional/Interdisciplinary Skills:** Collaboration with other professionals with the aim of providing expert health service psychology guidance or professional assistance to enhance the functioning of providers, groups, or systems. This includes the ability to:

    a. Demonstrate adequate knowledge and skill when providing consultation services,

    b. Use a collaborative, team-based approach to consultation, respectful of the contributions and perspectives of other professionals, and

    c. Provide an opportunity for the recipient of consultation to ask questions and provide feedback about the information provided.

10. **Program Specific Aim:** The capacity to work effectively with Veterans and in VAMC and VA CBOC settings. This includes the ability to:

    a. Provide direct clinical services to Veterans from a range of eras, military branches, and types of military service,

    b. Attain knowledge about Veteran-specific issues (e.g., military/warrior cultural identity, intersectionality between gender and military identities, and adjustment/transition between military and civilian culture),

    c. Familiarity with assessment and treatment approaches for conditions and events such as TBI, combat-related post-traumatic stress, military sexual trauma, and suicide;

    d. Develop and apply knowledge of how the Veteran perspective impacts behavioral health and medical conditions such as chronic pain, diabetes mellitus, substance use, smoking, cancers, sleep disorders, homelessness, serious mental illness, grief/loss, geriatric issues, and stage-of- life transitions; and

    e. Familiarity and adjustment to working within the cultural context of a VAMC and/or VA CBOC setting.

Learning Elements to Develop Competencies

As noted in the prior section, the training program emphasizes the active involvement of the intern in choosing training assignments, participating in training seminars and workshops, and providing feedback and creative input to the internship program. Interns collaborate in selecting and designing training experiences to address their training goals and needs. We offer the following learning elements to provide opportunities to develop and demonstrate competency in the profession-wide competencies and program-specific aims:

1. **Research and Scholarly Competence –** Interns deliver at least five presentations throughout the course of the training year that provide opportunities to attain and demonstrate competence in integrating and disseminating relevant content from empirical and scholarly literature.

a. The Didactic Seminar provides each intern the opportunity to deliver a scholarly presentation on a topic relevant to the clinical setting, including relevant citations from current literature. These presentations may include subtopics from a student's doctoral dissertation, other research, or a topic of clinical interest with supporting literature. Attending faculty members directly observe the intern's performance and provide feedback through the Didactic Evaluation Form, information from which is incorporated into the intern's performance evaluation, by their primary supervisor.

b. Case Conference provides each intern three opportunities over the course of the training year to give a comprehensive case presentation to their peers and several psychologists, including the Coordinator of Case Conference. This is an ideal opportunity to integrate relevant current literature and provide a theoretical framework for a clinical presentation. Interns are directly observed by training committee members, and they receive feedback through the Case Conference Evaluation Plan for direct verbal feedback during the presentation. As Case Conference takes place bi-weekly throughout the year, it is a sequential, cumulative experience and an ideal venue for demonstrating increasing skill in conceptualization of increased complexity across the year.

c. Program Evaluation: interns each complete a program evaluation project of their own design. They develop their project in consultation with the supervisor of their choice and present the summary of their work to an audience of appropriate stakeholders. These may include the staff of a certain clinic, the Training Committee, or a PACT (patient-aligned primary care team)

d. In addition to the formal presentations listed above, interns present clinical case material regularly to their supervisors. They are encouraged to identify and incorporate appropriate empirical and scholarly references into their work and are provided suggestions of recommended literature from each supervisor at the beginning of the training year.

e. Several Didactic Seminars address this competency including: Program Evaluation, and the Empirically-Based Psychotherapy series.

2. **Ethical and Legal Standards –** Educational activities that support achievement of competency in this area include:

    a. Regularly scheduled supervision meetings with primary supervisors in which ethical issues are underscored and dilemmas discussed as a foundational element,

    b. Participation in Team Meetings at the local clinics throughout the healthcare system in which interns are training address ethical issues regularly, and

    c. The multipart Ethics Series within the Didactic Seminar calendar.

3. **Professional Values, Attitudes, and Behaviors –** Abundant opportunities are provided to practice and reflect on professional identity development as a psychologist-in-training, including:

    a. Participation in local interdisciplinary team meetings,

    b. Interaction with peers, staff, and supervisors across the healthcare system through documentation practices, email, and phone communication.

c. Use of the supervision meetings to practice development of professional demeanor, preparation and respectful, effect use of time,

d. Representation of the intern class at the Training Committee Meeting, which each intern does twice over the course of the training year.

e. Communications about scheduling and meeting with patients,

f. Management of leave requests and use of leave time, and

g. Didactic Seminars addressing professional development issues include: issues in Private Practice, Performance Based Interviewing, Preparing for Post-Docs, Getting Licensed.

4. **Communication and Interpersonal Skills**

   a. Use of supervision to form a professional relationship context within which to develop clear, concise, and effective communication skills

   b. Use of written documentation and verbal feedback to patients, family, and other providers as context for developing appropriate professional demeanor and tone,

   c. Use of Didactics Seminars and Case Conference, both as presenter and attendee interacting with and providing feedback to presenter, to develop professional voice and judgement in receiving, responding to, selecting and delivering input, and

   d. Use of local interdisciplinary team meetings and huddles as context for developing professional voice.

5. **Assessment –** Several learning elements address this competency, including:

   a. Completing a minimum of six psychological assessments by the end of the training year. These may take several forms, including brief screening evaluations, suicide risk assessments, comprehensive clinical interviews, and/or comprehensive assessments utilizing objective measures.

   b. Didactic Seminar series on Assessment, including Suicide Risk Assessment

6. **Intervention –** Learning elements that support achievement in this competency include:

   a. Providing care for a minimum of five psychotherapy cases (individual, marital/conjoint, or family).

   b. Gaining experience with a minimum of at least two psychotherapy groups.

   c. Gaining practical experience with at least three evidence-based approaches to assessment and/or treatment by the end of the internship year.

   d. Presenting at least three cases in Case Conference, including discussion of interventions implemented, when appropriate. Case Conference presentations will include a cultural formulation, demonstrating theoretically-sound, evidence-based psychotherapy approaches, and

   e. Attending the Didactic Seminar series on Empirically-Based Psychotherapies.

7. **Supervision –** Educational activities that support achievement of competency in supervision include:

    a. Rotation specific opportunities, such as tiered supervision of a practicum student or peer, role-played supervision with peers and supervisors, review of session recordings, and supervised practice providing feedback to peers and supervisors,

    b. Participating and providing feedback to peers in Case Conference presentations,

    c. Attending the multi-part Didactic Series on Supervision.

8. **Consultation and Interprofessional/Interdisciplinary Skills –** Several activities support achievement in this competency area, including:

    a. Participating in local interdisciplinary team meetings and "huddles",

    b. Providing one formal didactic presentation,

    c. Providing one program evaluation presentation to a relevant audience within the medical center or CBOC,

    d. Attending Didactic Seminars specifically addressing this competency, such as Consultation, Program Evaluation, and Primary Care Mental Health Integration.

9. **Program Specific Aim –** Capacity to work effectively with Veterans and in VAMC and VA CBOC settings. Daily work provides learning experiences to support this program specific aim on many levels, including:

    a. Daily clinical work with Veterans, caregivers, and spouses of Veterans,

    b. Daily involvement with VAMC and CBOC policies and procedures, and

    c. Attending Didactic Seminars specifically addressing this competency, such as Military Culture Training and Military Sexual Trauma.

THE TRAINING COMMITTEE

The Doctoral internship in clinical psychology at VA CWM is operated by the Psychology Training Committee composed of licensed psychologists with a great depth of experience in psychology training. Eight of the current Training Committee members have served as Training Directors or Co-Training Directors at VA CWM or another VA training program across the country. All Training Committee members participate in developing seminars and case presentations. The rotation supervisors meet monthly to specifically review intern progress. These meetings involve discussion of the interns' adaptation to the rotations, the perceived strengths and weaknesses of each intern, and the steps the supervisors intend to take in developing the interns' competencies and professional standards and behaviors. Discussions often focus on what tasks the intern might undertake to improve their clinical skill base and/or what the supervisor might do in supervision to assist the developmental needs of the intern. The Training Committee also meets monthly to review policies and procedures affecting the internship program. An intern representative attends part of each of those meetings to bring up intern issues and provide feedback and input to the committee on seminar topics.

The Training Director and Training Committee members will assign rotations based on interns' training goals and preferences. Occasionally, the Committee may determine that a rotation not selected by the intern would promote greater competence and broader professional development than one preferred by the intern. For example, if an intern has no prior inpatient experience, the Committee may recommend that the intern consider a rotation on the inpatient PTSD unit or the inpatient psychiatric units. Normally this has been a collaborative discussion between the intern and the Training Committee; rarely is an intern placed on a rotation she/he did not request. It should be noted that the VA Central Western Massachusetts Healthcare System has more Primary rotations than intern positions. Rotation placement decisions are not made based on meeting the clinical workload/demands of the healthcare system.

The Didactic Seminar Coordinator (along with the Training Director and Training Committee) also reviews the quality and content of the didactic seminars annually. The interns complete an evaluation form after each seminar (see appendices). The interns also complete an end of year summary of their evaluation of the Didactics Seminar Series (see appendices). The Committee reviews and revises its own policies, particularly its policy on problematic intern behaviors and due process. As needed, the Committee addresses problem issues affecting interns using its own policies as a guideline for addressing any problematic intern behaviors.

The Director of Training holds the responsibility of monitoring the quality of the supervision provided by the Training Committee psychologists. In the monthly Training Committee meetings, the Director of Training notes the comments of the staff about the interns' progress. The supervisors are expected to be conversant in their knowledge of their intern's performance, have specific tasks that they are working on with their supervisee, and integrate information provided by other supervisors into their own formulation of the intern's performance. The supervisors are responsible for ensuring that their supervisees have completed supervision agreements, and the Training Director ensures the completion of initial self-assessments. The supervisors are expected to complete mid-trimester and end-of-trimester evaluations of their supervisees within 2 weeks of the respective date. The Director of Training reviews the thoroughness and timelines of the supervisors' documentation of these tasks. The Program Specialist collects interns' evaluations of each rotation and of their supervisory experience at the end of the training year (see appendices). These evaluations are shared with the immediate

supervisor and with the Director of Training. Thus, there are multiple sources of objective data indicating supervisors' quality of supervision: trainee's evaluative input, Training Director review of supervisors' documentation, and supervisors' participation in monthly Intern Progress meetings.

Should problems arise with any of these measures of the supervisors' work, the Director of Training assumes the responsibility of addressing these problems with the supervisor and with the Training Committee. In general, the past and present Directors have enjoyed open and collegial relationships with the training program psychologists such that these discussions are balanced, constructive and collaborative.

Training Committee Staff and Supervisor Responsibilities

The Training Committee is comprised of licensed doctoral-level psychologists. All members of the Training Committee were trained in APA-approved programs themselves. Training supervisors are integral staff at the sites where the supervise interns and have primary responsibility for professional service delivery. Supervisors are responsible for reviewing with interns the relevant scientific and empirical basis for the professional services delivered by interns.

Other professionals may augment interns' training experiences, for example by providing didactic seminars, or supervising/consulting on cases within their areas of expertise, provided they are appropriately credentialed. When other professionals provide supervision in such instances, their supervision is overseen and integrated by a primary supervisor who is a licensed doctoral level psychologist, their training offerings are integrated into the program, and they are held to standards of competence appropriate to their role within the program.

A brief description of each psychologist's educational history and professional interests is included in the VA CWM Psychology Internship Training Program Brochure, available on the Training Program Website VA Central Western Massachusetts Healthcare System - Psychology Training.

PROGRAM STRUCTURE

In line with our commitment to foster a supportive, inquisitive and open learning environment, our training program actively involves interns in decision-making processes about their education and training. Throughout the training year, interns collaborate with the Director of Training and the Training Committee to discuss their training interests and development. These discussions include assessments of the intern's strengths and areas which may benefit from further development. Rotation selections are derived from this collaborative process. At the beginning of the internship year, interns complete a self-assessment that is reviewed with the Primary rotation supervisor and the Director of Training. This self-assessment is designed to help interns identify and clarify broad goals for the upcoming internship year. At the beginning of each rotation, the rotation supervisor and intern collaborate to develop a training contract.

We strive to provide each trainee with the optimal training experiences for their interests, goals, and needs. While we aim to make every training opportunity we offer available every year, it is

important to mention that rotation offerings are subject to change, as existing rotations may occasionally need to "pause," while new offerings arise.

For interns at the **General Mental Health Internship Track** at the Leeds/Northampton VAMC Campus: the training program structure is comprised of three (4-month) Primary Rotations, one (12-month) Ancillary Rotation. For interns at the **Community-Based Outpatient Track** at the Springfield CBOC and the **Integrated Outpatient Behavioral Health Track** at the Worcester CBOC, the training program structure consists of a full 12 months at one placement, with a succession of training experiences specific to those tracks. Tracks and rotations are described in the Internship Training Program Brochure, available on the Training Program Website VA Central Western Massachusetts Healthcare System - Psychology Training.

In addition to site-specific experiences, all interns present three case conference presentations, one didactic presentation, and one program evaluation project. Descriptions of case conference and didactics are available in other dedicated sections of this manual.

Primary Rotations (Leeds/Northampton VAMC Track Only)

The Doctoral Internship Training Program has a long history of providing multiple training rotations, settings, and modalities during the training year. Exceptions to this model are the training plans for our interns located at the Springfield and Worcester Community-based Outpatient Clinics. These interns work as a part of their Interdisciplinary Teams for the entire twelve months of the internship and travel to the Northampton campus once per week to attend training activities with the other interns. Further details about the Interdisciplinary Team Internship position at our Springfield and Worcester CBOCs are provided below. The following information on rotations pertains to our General Mental Health Internship at our Northampton Campus.

During orientation, interns on the Northampton Campus can meet with the Primary Rotation Supervisors and learn about available rotations. They consult with the Training Director and submit preferences for the four-month Primary Rotations they would like. Each Primary Rotation involves 28 hours per week over the course of four months. There are currently six options for Primary Rotations:

- **Assessment + RRTP**
- **Health Promotion and Disease Prevention (HPDP)**
- **Outpatient Mental Health Clinic (MHC)**
- **Women's Health/MST (WH/MST)**
- **Specialized Inpatient PTSD Unit (SIPU) (RRTP – PTSD, aka Ward 9)**
- **Substance Use Disorders Clinic (SUD-C)**

It should be noted that the VA Central Western Massachusetts Healthcare System has more Primary rotations than intern positions; hence, interns have a choice in selecting training experiences that promote the development of necessary clinical skills. Primary rotations are designed to provide interns with training and practical experience in three broad areas essential to practice as a clinical psychologist: assessment/diagnosis, psychotherapy (including empirically-supported approaches to treatment), and consultation. Consultation typically involves discussion of cases, clinical problems, and program development (with an emphasis on the incorporation of evidence-based approaches to treatment). For all intern training and educational activities, standardized evaluations of interns occur at the mid-point and at the end of each rotation. See the Training Program Brochure for descriptions of the primary rotations offered this training year.

COMMUNITY-BASED OUTPATIENT PSYCHOLOGY TRACK (SPRINGFIELD COMMUNITY-BASED OUTPATIENT CLINIC)

The goal of the Community-Based Outpatient Psychology track at the Springfield CBOC is to experience the various aspects of a psychologist's role in a large VA Community-Based Outpatient Clinic, including but not limited to promoting the coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. Interns at this site will work alongside the outpatient mental health interdisciplinary team in the Behavioral Health Interdisciplinary Program (BHIP), within the Primary Care-Mental Health Integrated Clinic (PC-MHI), on the Home Based Primary Care (HBPC) Team, and with the Health Promotion and Disease Prevention (HPDP) program. Interns will hone skills for working with patients with primary mental health conditions, as well as those with co-morbid medical and psychological conditions.

Supervision Provided

During the training year, interns will work with a variety of supervisors. Interns will receive core supervision in the mental health clinic, affording them the opportunity to work with three primary supervisors over the course of the training year and gain exposure to a variety of styles and treatment approaches. In addition, interns will receive focused supervision from specialists consistent with their respective training offerings (e.g., CBT-Chronic Pain, PC-MHI, MOVE and Diabetes Self-Management, Tobacco Cessation, Neuropsychology). Overall, equating to no less than 4 hours weekly.

Supervision Training

The Psychology Intern on the interdisciplinary Springfield team is fortunate to also have opportunities to train alongside trainees of other disciplines, namely a psychiatry resident at SPOPC and a psychology practicum student at the Vet Center. There will be an opportunity to act in the role of supervisor with a fellow trainee, while receiving feedback from an observing licensed professional.

Research, Scholarship, and Professional Development

While the production of original research is not a focus of this training experience, the intern will be provided with ample opportunities to identify, apply, and disseminate applicable knowledge from research into their direct clinical service and consultation activities. The intern will also have an opportunity to develop an original program or group, and will be encouraged to measure outcomes to be presented to staff. Consultation with medical, mental health, and specialty staff throughout the CBOC is a corner-stone of this training experience, which offers ample opportunity to hone interpersonal skills and speak the language of a professional psychologist while developing a unique, personalized set of professional values. For interns with a strong interest in research, there may be an opportunity to enroll in a mini-ancillary rotation with Dr. Cait Mclean in Leeds on Wednesday mornings. (See the Brochure for more information.)

See the Internship Training Program Brochure further information regarding this track.

Integrated Outpatient Behavioral Health Track (Worcester Community-Based Outpatient Clinic)

The Worcester Community-Based Outpatient Clinic (W-CBOC), located in New England's second largest city, functions largely as a free-standing community health clinic, striving to meet the diverse medical and mental health needs of all Veterans in Worcester and the surrounding areas. The 50 + clinical providers comprising Primary Care, Mental Health, Pharmacy and Medical Specialty Care work together on three campuses (within 1 mile of each other), as a close-knit community, to provide cohesive, evidenced-based, patient-centered care. The W-CBOC has a long history of prioritizing training across medical and mental health disciplines, having served as a training site for medical and psychiatric residents, social work interns, nursing students, and psychology trainees (interns and practicum students) for many years (continuously training psychology interns from 1988 to date).

In order to prepare future psychologists for the highest levels of advanced training and employment opportunities, the Integrated Outpatient Behavioral Health track – Worcester (IOBH-W) utilizes a training approach that balances generalist with specialty training in Mental Health, Health Psychology, and Neuropsychological Assessment. Learning to function

independently and as a member of a team, as well as in a variety of settings with diverse populations and treatment needs/diagnoses, are essential skills for today's clinicians. As such, IOBH-W has developed a unique training model that utilizes 12-month and 6-month training tracks, that allow trainees the opportunity for greater continuity and consistency with supervisors, training experiences, and patients/clients.

Trainees will devote their clinical time in Worcester to the following programs: Generalist Mental Health Training Program, Behavioral Sleep Medicine Program, Home-Based Primary Care Program, and opportunities to train with the Primary Care-Mental Health Integration Program (Lincoln Street location), Substance Use Disorder Program (SUD) and Neuropsychological Assessment Program. On Wednesdays they are engaged (either in person or remotely) in training activities offered at the Northampton VA campus, with the other five VA CWM interns, including didactics, case presentations, and other shared training activities.

The W-CBOC Mental Health Clinic, where most the internship training occurs, is currently located on the University of Massachusetts Medical School campus, on the 7th floor of the Ambulatory Care Building. This renovated treatment setting is a state-of-the-art facility incorporated within a hospital, training, and research campus in the heart of Worcester. Psychology trainees will get exposure and opportunities to learn evidenced-based treatment approaches such as: CBT-I, IRT, ERRT, MI, ACT, Seeking Safety, DBT, IPD, and CPT (may have opportunity for full certification) with diverse adult/geriatric patient populations and medical/psychiatric presentations (including PTSD/trauma, substance use, depression, anxiety, suicidality). See the Internship Training Program Brochure for further information regarding this track.

SUPERVISION

Who provides supervision?

The Clinical Psychology Internship is designed to offer each student individual (and in some instances, small group) supervision from a variety of licensed psychologists with different areas of clinical expertise, theoretical orientations, and stylistic approaches. Interns and Supervisors will review, specify details of, and sign a Supervision Agreement at the beginning of their work together. (This form is available on the SharePoint and in the appendix to this manual).

On the Northampton Track, Primary Rotation supervisors provide three hours per week of supervision and Ancillary Rotation supervisors provide one hour per week. Teams of supervisors at the Springfield and Worcester CBOC tracks provide at least four hours per week of regularly scheduled individual supervision.

Interns enrolled in certain Ancillary Rotations, such as CPT or ACT, which teach empirically based psychotherapies may receive additional consultation by national experts via phone or video-teleconference in addition to the in-person supervision they receive from our on-site supervisors. This consultation is integrated into their overall supervision by the primary supervisor overseeing that training experience.

A licensed doctoral level psychologist maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals. Interns have access to consultation and supervision during times they are providing clinical services; primary or covering supervisors are available on-site whenever interns are meeting with patients and delivering services onsite, and supervisors are available either virtually or on-site when services are provided via telehealth.

How much supervision is provided?

- Four (4) hours per week of regularly scheduled supervision, including:
    - Two (2) hours minimum of individual supervision, by a licensed psychologist.
    - Up to one-and-a-half (1.5) hours of group supervision, with 3 or fewer trainees
    - Up to one-and-a-half (1.5) hours per week of supervision may be provided by an appropriately credentialed other health care provider, i.e., a licensed psychiatrist, or licensed independent clinical social worker (LICSW), with certification in an empirically based psychotherapy of interest to the trainee.

What type of supervision is provided?

Our commitment to the development of depth and breadth of clinical knowledge and experience affords each student the opportunity to work closely with at least six licensed psychologists during their internship, and often many more. While the focus of individual supervision varies across rotations, all students will receive feedback and consultation regarding the direct patient care they provide. Supervision may involve conjoint treatment sessions, audio recording review, role-plays, and review of progress notes and reports. We believe that improvement in clinical skills occurs through direct experience with supervisory feedback. Therefore, students are encouraged to seek additional opportunities for coaching from their supervisors. In addition to

improving the quality of therapeutic services provided to Veterans, supervision is most effective when interns feel safe, supported, and challenged to develop their own independent professional identity and voice as a therapist.

Is supervision confidential?

The training committee collaborates as a team to further an intern's professional development. As such, each trainee's progress is discussed monthly in Intern Progress meeting, bi-monthly as intern evaluations are prepared, and regularly as needed to support each intern's training. It is important to note that supervision is not a confidential setting; information discussed during supervision may be shared with the Training Committee. If issues that warrant confidentiality arise, an intern would be encouraged to seek support and/or counseling outside of the training program, especially if these issues impact their ability to learn and/or provide services during their training year.

TELESUPERVISION

Telehealth and telesupervision are widely implemented at VA CWM. Multiple sources provide guidance related to the practice of telesupervision, and we aim to adhere to the most stringent of each of these parameters. Below is our guidance on telesupervision at VA CWM, subject to change dependent on any modifications made by the relevant regulatory bodies. (Note: Many thanks to Jason D. Stolee, American Lake VA, Washington, for assistance with this policy.)

Definitions:

- Telesupervision: The APA defines telesupervision as, "supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee." (APA CoA IR C-15 I. Telesupervision)

Guidance:

- American Psychological Association Commission on Accreditation Implementing Regulations (APA CoA IRs) for Internship Programs
  - C-15 I. Telesupervision: apa-ir-section-c-082224.pdf (cdn-website.com)
- MA Licensing Board supervision requirements 251 CMR 3 (mass.gov)
  - 3.04 Professional Experience Requirements
  - 3.05: Supervision Requirements
  - 3.06: Certification as a Health Service Provider (HSP)
  - Policy on Supervision and Teletherapy, 10/13/2023 Board Policies and Guidelines for Psychologists | Mass.gov
- Veterans Health Administration Handbook 1400.04: 1400_04(1)_HB_2015-03-19 (1).pdf
  - VHA OAA Virtual Supervision Memo (sharepoint.com)
    - Update on Virtual Supervision
    - Update on Remote Work, Telework and Virtual Supervision for Health Profession Trainees

VA CWM Telesupervision Policy Guidelines:

- How many of the 4 hours of required supervision may be provided via telesupervision and via in-person supervision?
  - There are no program-level limits as to how many hours of required supervision may be provided via telesupervision. This is consistent with the guidance

provided by the various organizations who establish parameters for the training we provide (see immediately above). Clinical settings, and intern and supervisor preferences will be the primary determining factors in how much of the supervisory experience occurs via telesupervision.

- How many hours of individual and group supervision may be provided via telesupervision and via in-person supervision?
    - There are no program-level limits as to how many hours of individual and group supervision may be provided via telesupervision.
- What is the rationale for using telesupervision?
    - Telesupervision allows us to utilize a broader pool of supervision resources than otherwise might be available. Many psychologists within our setting have hybrid (partial on-campus, partial telework) or even fully remote duty schedules. Our campus is geographically dispersed, such that supervisors and trainees may temporarily find themselves in different buildings. Telesupervision also allows supervision to continue in a seamless manner when unexpected circumstances arise which create barriers to in-person supervision (e.g., public health emergencies, facility maintenance issues). Telesupervision additionally provides an opportunity for trainees to become accustomed to engaging in team interactions virtually, an increasingly common practice at our site and within the profession.
- How is telesupervision consistent with the overall aims and training outcomes?
    - Research indicates that telesupervision is equivalent to in-person supervision (e.g., Jordan & Shearer, 2019). As such, similar to in-person supervision, telesupervision provides opportunity for our program to prepare our trainees for entry level functioning in public service environments, development of their professional identities, integrating science with practice, and demonstrating a commitment to individual and cultural diversity.
- How does the program engage in self-assessment of trainee outcomes and satisfaction with use of telesupervision versus in-person supervision?
    - At the beginning of rotations supervisors ask interns about their preferences for in-person or telesupervision. Where possible, these preferences are accommodated. Over the course of each rotation, supervisors routinely invite interns to provide feedback about their experience with supervision, including as it relates to in-person vs telesupervision formats. At the mid-point and end-point of each trimester, interns receive a formal evaluation and they are invited to exchange bidirectional oral feedback with their supervisors about their training and supervision experience. At the end of each clinical rotation (or trimester) interns are required to complete written evaluations of their experiences with each supervisor. At the end of the training year, interns are required to complete a written evaluation of their training experiences overall. Both of these evaluations are held in confidence by the training program's administrative support program specialist until supervisors' final evaluations of the intern have been completed, to provide assurance that evaluations of interns are not impacted by intern's evaluations of their supervisors or the overall training program. Input from interns throughout their rotation, at the mid- and end-point of each rotation, and at the end of the training year provides data for the program's self-assessment including trainee satisfaction with all aspects of training and supervision.

- How and when is telesupervision utilized in clinical training?
    - Telesupervision is utilized for pre-arranged and ad-hoc supervision on any rotation in which the intern and supervisor are not co-located at the time of supervision. Like in-person supervision, telesupervision is used to discuss clinical care and professional development. Microsoft Teams is the platform used for telesupervision at the time of this writing.
- How is it determined which trainees can participate in telesupervision?
    - Due to the nature of clinical settings, most but not all training rotations will utilize telesupervision. Participation in telesupervision is initially dependent on a trainee being in a setting in which telesupervision is available, and paired with a supervisor who is supportive of utilizing telesupervision. If telesupervision is occurring due to a trainee and supervisor being in different buildings while both are on-campus, mutual agreement to utilize telesupervision is sufficient. If the telesupervision is occurring due to a trainee being off-campus, the steps toward determining telesupervision eligibility include (a) completion of an approved facility-level telework agreement, which includes Training Director support; (b) supervisor approval as reflected in endorsement of Graduated Levels of Responsibility (GLR; VHA Handbook 1400.04). If, during the course of an intern's training, issues arise which indicate that telesupervision is sub-optimal such as challenges with technology or communication, adjustments are made to provide in-person supervision instead.
- How does the program ensure that relationships between supervisors and trainees are established at the onset of the supervisory experience?
    - Primary Supervisors complete a Supervision Agreement with their trainee, as a means of developing an initial supervisor relationship. The Supervision Agreement and introductory supervision meetings address goals, expectations, supervisors' supervisory style, and interns' prior experiences and preferences in terms of supervision and feedback, as well as interpersonal and cultural factors (e.g., identities, clinical orientation).
    - Regularly scheduled supervision meetings are arranged as well as clarity on how to contact supervisor for ad-hoc consultation and whom to contact when a supervisor is unavailable.
    - Trainees telework one or two days per week, with the remaining three to four days per week occurring on-campus. This provides opportunity for them to socialize to their clinical settings and staff.
- How is the supervision relationship facilitated, maintained, and monitored for ruptures?
    - Research has indicated that telesupervision is equivalent to in-person supervision in the areas of supervisors working alliance and supervision best practices (Tarlow, 2020; Thompson et al, 2022).
    - The development and maintenance of the supervision relationship is consistent, regardless of supervision medium. Supervisors focus on balancing positive feedback with constructive feedback. They are flexible in terms of modality of feedback (for example they will supplement oral feedback with written summaries if wanted/needed).
    - Supervisors check in regularly on how interns are balancing tasks and expectations, and whether adjustments are needed to help balance work load.

    - Supervisors and interns collaboratively develop agendas for supervision. Critical incidents are processed during supervision, and feedback from interns on critical incidents is requested on their final Supervisor Evaluations.
    - Supervisors are attuned to shifts in a trainee's performance and presence or demeanor in supervision; they invite open inquiry together with the trainee about those shifts.
- How would an off-site supervisor maintain full professional responsibility for clinical cases?
    - Primary supervisors (whether on-site or off-site) maintain full professional responsibility for the clinical cases of trainees being supervised. If a supervisor is off-site, they remain available via technology (e.g., video-teleconferencing, email, phone, Teams instant message). Thus, interns have access to their supervisors in a similar manner as they do when supervisors are co-located on-site (e.g., in an office down the hall or elsewhere in the building).
    - If a trainee is on-site delivering in-person or telehealth services, while their primary supervisor is off-site or off-duty, an on-site covering supervisor is designated for any needed consultation, emergency or otherwise, and for approving and cosigning the trainee's documentation for that day. The primary supervisor oversees ongoing services provided by the trainee and provides regularly scheduled supervision during which specific cases and trainee's overall progress are discussed in a developmental manner across the trainee's time on that rotation.
- How are non-scheduled consultation and crisis coverage managed?
    - In developing the Supervision Agreement at the outset of each clinical rotation, supervisors and trainees proactively lay out a plan for accessing non-scheduled and crisis consultation as needed. This plan includes defining what constitutes an imminent clinical concern, as well as identifying clear action steps for the trainee to take in order to promptly access the consultation and supervision needed. Supervisors are additionally required to identify an on-site point of contact for trainees on days the supervisor is not co-located on-site with the trainee.
- How are the privacy and confidentiality of the client and trainees assured?
    - Telesupervision is conducted via Microsoft Teams, a platform which has been designated as HIPAA-compliant by VA CWM. The Microsoft Teams meeting links for supervision sessions are only provided to the supervisor and the trainee, unless an additional person is invited for consultation or supervision purposes.
- How does the program provide the technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisors?
    - Trainees are provided government-furnished equipment (a VA laptop), which can be utilized for telesupervision. Cameras, microphones, and headphones are additionally either embedded within the computer or are provided to trainees. Trainees receive training on their equipment and the related programs during the orientation period of the training year. Necessary programs are pre-installed on their computers, and trainees are provided guidance on how to access the Office of Information and Technology for support if they are having technological difficulties. If additional programs are required as a component of training, trainees are provided guidance on how to request and utilize this

programming. Supervisors are provided, through the VA as a component of their staff position, equivalent equipment and support.

- How is it ensured that supervisors are competent to provide telesupervision?
    - Supervisors are provided access to this Telesupervision Policy through the training manual, which is available to supervisors at all times through an online shared folder. Supervisors are additionally provided telesupervision resources, such as articles and materials to guide the initiation of telesupervision. Supervisors attend a monthly Intern Progress meeting in which supervision issues are discussed as a team. For the first year of supervision, new supervisors are provided a more senior training committee member as a mentor, who serves as a resource to address developmental issues with telesupervision and supervision in general.
- What circumstances would lead to changing between telesupervision and in-person supervision?
    - Telesupervision may be discontinued and converted to in-person supervision at the discretion of a supervisor. Such decisions are informed by concerns associated with the achievement of minimal levels of achievement on our rated Profession-Wide Competencies. Should a trainee engaging in telesupervision believe that transitioning from telesupervision to in-person supervision would be preferable/beneficial, they are encouraged to discuss this with their supervisor.
- How are flexibility and individual differences considered and addressed?
    - We believe that the utilization of telesupervision improves flexibility , as it facilitates supervision between people across campus and between sites.
    - In addition, telesupervision eliminates access barriers for specialty training from supervisors at distant sites within our medical center for interns who rely on public transportation.
    - At the outset of the training year, trainees are encouraged to approach the Training Director to discuss any reasonable accommodations requests, which would include requests to accommodate telesupervision accessibility concerns. This may include requests for an auxiliary monitor which can facilitate sharing screens during telesupervision.
    - Telesupervision offers an additional benefit as it facilitates shared screens for modeling charting, treatment plan steps, planning group materials, and collaborative viewing of session recordings. Telesupervision facilitates multimodal training experiences which can enhance access for individuals with a variety of learning and information processing styles.

CASE CONFERENCE & DIDACTIC TRAINING

Case Conference

Formal case presentations provide an opportunity for interns and psychologists to openly share and reexamine their clinical work in a supportive, inquisitive, collegial environment. Interns and psychologists are encouraged to present cases which highlight specific clinical questions and interventions and provide participants an opportunity to explore the influence of culture and other aspects of diversity. Case presentations also provide presenters an opportunity to organize their thoughts/hypotheses about a case, and to practice presenting these in a formal manner to colleagues. Interns present multiple cases (at least three) throughout the course of the training year. Presentations are to be informed by relevant and current literature, and to demonstrate application of theory and empirically-supported practice to patients' specific cultural contexts.

Didactic Seminars

Interns attend weekly didactic seminars, which cover a range of clinical topics deemed to be central to the practice of psychology within a VAMC. The didactic series is comprised of psychological assessment seminars, psychotherapy seminars, and specialty seminars that address specific areas of clinical interest such as ethics, risk assessment, and multicultural issues in supervision, to name a few. Didactic seminars are scheduled in such a way that interns are provided essential seminars (e.g., ethics, risk assessment, initial interviewing, human diversity) early in the training year. Interns are also expected to develop and present a didactic seminar, drawing from current literature on a clinical topic of their interest.

Program Evaluation Project

Interns are expected to complete and present a formal program evaluation/quality improvement study related to an assessment or treatment program. This may include a pre-post evaluation of an empirically-supported treatment as applied to group psychotherapy, or an "n of one" evaluation of an individual case, with multiple measures applied at pre-, mid-, and post-intervention. Examples of previous program evaluation projects by interns are the clinical efficacy of CPT; an outcome evaluation of an ACT protocol on the PTSD unit; applicability of the Acceptance and Action Questionnaire; evaluation of intern responses of didactic seminars; evaluation of Mood Monitor Implementation on Acute Inpatient Unit; outcome evaluation of ACT-based anger group; program evaluation of PTSD Unit's Family Day; and evaluation of how to improve outreach efforts to Veterans through the OEF-OIF-OND program.

Distance Technologies

The VA CWM Training Program employs distance education technologies for training. Interns connect remotely to attend didactic seminars and case conferences. Telesupervision may also be provided, in keeping with MA Board of Licensure requirements, VHA-OAA policy, and APA Standards of Accreditation. (See Telesupervision section above.)

Office space has been allocated for interns to conduct psychotherapy with Veterans. Each intern has their own telephone, computer, computer access codes, email account, and access to on-line services. VA relies on a computer-based electronic medical record, and during the first two weeks of orientation the interns receive training on the basics of this system. VA National and local technical support remains readily available throughout the year, should they encounter problems or have questions. Administrative support is available in all rotations and within the Mental Health Service Line, aiding interns on all non-clinical aspects of working in a VA setting. At Springfield and Worcester, the intern has a dedicated office for 12 months. At Leeds, four offices are provided for interns, either embedded within specific rotations, or in nearby buildings.

The VA hospital system allows the interns to access global telephone and internet conferencing systems which are used for trainings. They are encouraged to use the on-line medical library, which is connected to a vast array of scientific databases. VA and national health care bodies publish monthly newsletters and bulletins, and these are made available to the interns. Our librarian is always willing to obtain articles and to assist in literature searches for interns (and other employees).

With respect to psychological testing materials and supplies, the program has VA and commercially available software to facilitate scoring/interpretation of a range of tests and to help students learn to utilize these aids in their assessment work. The VA has many computer-administered psychological tests, with a large collection of assessment instruments used within each rotation that are appropriate to the populations served.

Tracking

Interns are expected to track their training hours. They are asked to track their direct service (assessment, individual and group psychotherapy), face-to-face supervision, administrative time, and other training activities. Interns are asked to upload their tracking forms to the SharePoint here: Intern Folder > 2024-2025 Intern Class > Hours Tracker. The Training Director will check in with interns periodically to ensure that interns are receiving the appropriate amount of each type of training and supervision.

Direct Service Hours

The training program is designed and structured for interns to receive a minimum of 10 hours (25%) of direct clinical service experience and 4 hours of scheduled supervision per 40-hour week. It is a requirement for graduation that interns spend a minimum of 25% on their on-site time in direct clinical service, averaged across the training year. The minimum requirement of 25% direct service clinical hours is based on APPIC membership criteria and MA Board of Psychology Licensure regulations: download (mass.gov).

Unpublished Draft about Trainee Wellness, Ken Jones, Director, VHA OAA 6/12/2017:

Ability to Fully Participate in Clinical Training and Provide Supervised Clinical Care to Veterans.

VA has as statutory mission to train clinicians for VA 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 and other means and may go thru an extensive pre-employment physical examination, trainees have their readiness to train/serve verified by the university program director (UPD). Typically, these trainees are young, fit, and well known by the UPD. Under state and federal rules, they have had to receive recommended vaccinations and other health screenings. Thus, the UPD is often able to assess general fitness, through direct knowledge of the trainee and/or through university admission procedures. As the university programs are lengthy, UPDs 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 Verification Letter on file (note that a UPD may certify a listed group of trainees as being ready for training). OAA has a template available for these purposes, and facilities are encouraged to locally tailor these documents. The TQCVL serves three purposes: First, the UPD 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 UPD is sharing that the trainee is physically fit for duty. Third, the DCT indicates that the trainee psychologically healthy and able to undertake this new level of responsibility/training.

Because VA brings in over 120,000 trainees into VA annually, we want to avoid, as much as possible, having every trainee go through a full physical examination with Occupational Health. Often, with the properly executed TQCVL, a trainee need only pass thru Occupational Health, have the TQCVL reviewed, and then discuss any additionally needed screenings/vaccinations.

Joint Commission on Hospital Accreditation site visitors often inquire about how the facility ensures the health of staff and trainees. The TQCVL has been a tried and true mechanism to assess health in trainees.

Wellness during Training: Advanced clinical training experiences are exciting, challenging, and stressful. Despite efforts to support trainees, they may succumb to illnesses, including acute mental health conditions. Like the assessment of wellness prior to the onset of training, wellness is a key requirement throughout a clinical training appointment. When wellness issues arise, it is important to consider the safety of the trainee and patients.

Of course, all clinicians need to learn to self-monitor their health status, so they can decide when to take time to rest and/or seek professional assistance. Thus, it is common to address self-care and wellness as part of training and supervision. When things work well, trainees can self-monitor and are open to discussing how the work is affecting them and how their wellness affects their clinical work. Often an internship or residency are times in which a trainee discovers their own personal limits, and supervision can assist with this, preparing trainees to effectively manage stress as a professional. When trainees are able self-assess and learn to manage their wellness, this is ideal. When trainees deny infirmities or do not address wellness issues, these issues can be problematic.

Informal Training Supervision: Supervision typically provides for format for teaching, discussion, and processing of clinical knowledge, reactions to providing clinical care, and issues affecting patient care like wellness of the trainee provider. In achieving core competencies/skills, it is normal for supervisors to provide guidance and feedback and facilitate the growth of the trainee.

Formal Remediation Plans: Wellness issues that impact trainee performance or conduct are not always amenable to informal supervision. Furthermore, wellness issues may be so severe that they need to be more immediately addressed. In these cases, more formal remediation plans should be developed. Clear feedback should be given, plans for improvement should be developed, achievable goals should be developed, special assistance, if required, should be offered if feasible, and a timeline for improvement should be developed.

In the case where a trainee is ill, they should be encouraged to seek and follow professional guidance leading to recovery and a restoration of functioning. Although training goals, core competencies, and required accumulation of training hours need to be achieved, generally, there is latitude on providing sick leave, annual leave, and, as needed, longer leave without pay status for longer periods of convalescence. Most accrediting bodies require that training occur within a fixed amount of time, but normally, one can nearly double the total duration of training to accommodate an illness and recovery period.

Recommendations When a Trainee Appears Impaired, Denies Illness, and Does not Voluntarily Seek Health Care Evaluation and Guidance: When supervisors, fellow trainees, or the Director of Training become concerned about the wellness of a trainee, the supervisor or Director of Training should first address this with the trainee. On the one hand, clinical supervisors are trained to assess and treat patients. Nonetheless, as they are in a supervisor-trainee role and not a doctor-patient relationship, supervisors may not be best individuals to formally assess or manage the health of a trainee. In these cases, the Director of training (DoT) should be consulted. The DoT should discuss the concerns with the trainee and confirm the observations of others. If the DoT questions the ability of the trainee to effectively provide patient care and/or fully benefit from the training program due to suspected health reasons, the trainee should be placed on administrative status until the trainee is cleared for duty. It is critically important to address these concerns directly, but with kindness and tact. Trainees are likely to be embarrassed with these circumstances, and therefore it is critically important to make these processes as non-punitive as possible.

Trainees may either seek external professional assessment. Alternatively, the DoT may consult VA Occupational Health and request a wellness assessment. As noted above, latitude can be granted for rest and recovery. If a health condition is identified in an assessment, the trainee has the right to request reasonable accommodation for their condition. Generally, when returning to duty after a period of absence, trainees should be cleared by VA Occupational Health.

Reasonable Accommodation: Under federal law, employers are required to make reasonable accommodation for most health conditions, when requested by an employee/trainee. In these circumstances, the DoT is recommended to quickly consult with the Local Reasonable Accommodation Coordinator. Although core competencies and total training time need to be achieved, there is often latitude and assistance available to support trainees in completing their training programs. Note that a reasonable accommodation is considered when requested. The rules are clear that the trainee/employee would initiate such a consideration with a request.

VA POLICIES AND PROCEDURES

Prior to arriving on campus, VA requires interns complete an online training program designed by VA's Office of Academic Affiliations specifically for trainees. Then when interns arrive on-campus, they participate in a two-week orientation to the VA Central Western Massachusetts Healthcare System (VA CWM). The Human Resources and Education Service Lines provide basic organizational information, safety training and emergency procedures, awareness-raising training in such areas as sexual harassment and gender discrimination, and hospital-wide requirements. Multiple information packets on hospital ethics, policies on non-discrimination, and other hospital and governmental policies are provided. Also during orientation, interns meet with representatives from the executive management and program managers. Each member of the hospital leadership who greets the interns takes time to explain their roles and functions within the VA.

Time and Leave (See also Leave Policies, p. 17)

Duration of Internship

The internship is a 12-month experience, and interns are expected to be here for the duration of the internship year. Leave may not be used to end internship early, nor may leave be taken on the final day of internship. We verify completion of internship hours on the last day of training.

Holidays

There are 10 Federal Holidays: Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day, New Year's Day, MLK Jr.'s Birthday, Washington's Birthday, Memorial Day, and Independence Day. Note: The day after Thanksgiving is NOT a holiday; to take this day off you need to request leave.

Annual Leave

As an employee at the VA, you earn 4 hours of Annual Leave ("LA") per pay period. This calculates to 13 days for your internship year (26 pay periods x 4 hours= 104 hours; 104 hours/8 hours per day =13 days).

Sick Leave/ Calling Out/Unplanned Leave

As an employee in VA, you accrue 4 hours of Sick Leave ("LS") in every two-week pay period. Planned Sick Leave is requested in the same way as Annual Leave. LS can be used if you need to provide care or assistance to a family member, or for planned medical appointments.

Authorized Absence

Interns are authorized 6 days of Authorized Absence (AA).

Authorized Absence can use for variety of professional and training activities, such as meeting with dissertation committee members, defending one's dissertation, interviewing for post-doctoral fellowships or jobs, attending educational conferences.

Two days can be used for travel to and from educational/professional events for which Authorized Absence is being used.

Interns may also elect to use Authorized Absence for self-directed scholarly activities, such as working on their dissertation or preparing a manuscript for publication, with the caveat that they first allocate the needed AA for their job or post-doc interviews and, if needed, dissertation defense.

Please note that the VA does not pay for travel to, nor reimburse registration for, conferences, because interns are classified as Temporary Employees by VA Central Office.

Unlike Annual and Sick Leave, which are accrued over time, Authorized Absence is available from the beginning of the training year, and interns can use their 6 days of Authorized Absence at any time. As with Annual and Sick Leave, Interns are expected to inform supervisors of their planned leave prior to submitting their request for Authorized Absence.

*How to Take Time Off *See also Addendum: LEAF requests**

You will generally be permitted to take off the days that you request, if you plan ahead, address any clinical coverage issues, and inform your supervisors. You are advised to plan so that leave requests occur, ideally, 90-days prior to the date of leave. This protects clinics (patients) from being cancelled on short notice. It is understood that some dates of leave (such as for post-doc interviews) cannot be planned this far in advance.

<u>Steps to request Annual Leave (AL) or Sick Leave (SL) in advance</u>:

- Notify clinical supervisors of your need to take leave. Interns should work with supervisors to make alternate arrangements for supervision and coverage of clinical duties that are cancelled for their planned absences. If you are out for the entire week, make-up supervision is not needed; however, in the case of individual days off, cancelled supervision should be rescheduled.

- Once your clinical supervisors approve your requested date(s), send an email to your manager (Dr. Rivera, Dr. McCarthy, or Dr. Cavallaro) who authorizes all leave requests for interns and staff in their respective program areas). For example, "Dr. Rivera, I will be taking Annual Leave on December 26th. This has been authorized by Dr. Clark, my rotation supervisor." Ask your supervisors if they want to be copied on the email to your manager as a courtesy and to close the communication loop.

- After leave is approved by supervisors and manager, forward this approval to the MSA (medical support assistant) who will block clinics from being scheduled with patients on the requested dates. Include the list of your clinics that need to be blocked in the email to your MSA.

- Enter your leave request into VATAS (which is accessed on the public internet at https://vatas.va.gov). When you request AL in VATAS, you do not need to put anything in the comments field. For SL you need to indicate the reason for the leave. (Note: Training in how to use VATAS is provided during orientation.)

- Additionally, interns are expected to communicate in advance about planned leave with all people with whom they have scheduled activities, including supervisors, co-facilitators, and the Didactics and Case Conference Coordinators.

Steps to Request Unexpected Sick Leave (i.e., calling out sick unexpectedly):

- As soon as possible, and before 8:00 am, call the Call Center at 800-893-1522 ext. 2336, and leave a voicemail indicating that you will be unexpectedly out for the day, and requesting that your clients and supervisors be notified of your need to cancel your appointments for the day. On your message, indicate which clinics and supervisors need to be notified of your absence (i.e., Worcester Lake Ave., Worcester Lincoln Street, Springfield CBOC, Inpatient Psych Unit, or Leeds SUD-C, etc.).
- In addition, leave a message for your primary supervisor notifying them of your unexpected absence.
- If you are scheduled to attend or, especially, to present at Didactics or Case Conference, notify the Didactics Coordinator or Case Conference Coordinator and Training Program Support Staff, Asha Khanna, of your unexpected absence.

Steps to request Authorized Absence:

- As soon as practical, inform your supervisor of the date(s) you need to use Authorized Absence.
- Inform your manager, the Director of Training, and your MSA of the approved Authorized Absence, as well as any others you work with on the day(s) you will be out.
- The MSA will cancel or block your clinics for the requested dates. NOTE: It is important to request AA and other types of leave as soon as possible, to avoid cancelling patients who have already been scheduled in your clinics.
- Notify our Training Program Support Staff, Asha Khanna, via email of the leave request. The Support Staff will track interns' use of Authorized Absence, which is not requested in VATAS like other types of leave.

Fine Points

You can mix and match types of leave to cover an absence. In other words, you can use 3 days of Annual Leave and 2 days of Authorized Absence to be away for a week for training purposes. This is useful if your remaining authorized absence days are not enough to accommodate your travel for your dissertation defense or interviews.

When Your Supervisor is Away

Your supervisor is responsible for finding coverage for supervision when they are out, planned or unplanned, and for letting you know who will cover supervision. If you are unable to reach the back-up supervisor in an urgent situation, you should not hesitate to contact any other supervisor or the Training Director for consultation. Their phone numbers are available on the SharePoint and the VA Phone Directory. You may keep their contact information on your mobile phones as well.

Clearing Station

On the last day of training, you will be required to "clear station." A checklist will be provided for you to follow in a certain order. This cannot be done early, but we can make arrangements to complete this step during the week following the end of the training year. Please plan on being present for the final day of the training year to complete this process. You make take some leave during the final two weeks of the training year, but you may not use leave to end your training year early.

Please Note: VA CWM does not provide Leave Without Pay appointments following internship to bridge the gap of time between internship and post-doctoral fellowships or jobs. This can mean a gap in health coverage if an intern's next position begins more than 30 days after the end of internship.

Other resources for information

Policies on leave are governed by the Office of Personnel Management, and they have many resources to better help you understand these entitlements available to Federal Employees at www.opm.gov

VHA Office of Academic Affiliation also provides guidance on leave policy for VA trainees, much of which is summarized here: https://dvagov.sharepoint.com/sites/vhaoaahub

References from VHA OAA Frequently Asked Questions (FAQs): OAA FAQs - Power Apps

Family Medical Leave Act (FMLA)

Interns, who are Associated Health Trainees with a one-year stipend paid appointment, are not eligible for FMLA, however they are eligible for up to 12 weeks (maybe more) of Leave without Pay (LWOP). It is important to receive pre-approval from OAA if a trainee will need to extend training subsequent to LWOP status.

It should be noted that in accredited programs, time lost must usually be made up in order to complete the requirements of the training program.

Extended Leave

POLICY REFERENCE: VA Handbook 5011 and 1400.05

Direct VA-paid HPTs who accrue leave should use their annual and sick leave for extended medical leave, may request advanced leave and can receive donated leave. When all leave is exhausted the employee can be approved for Leave Without Pay (LWOP). The education office should contact OAA and their fiscal office to inform them that they will return funds while the trainee is on LWOP and will request additional funding upon the trainee's return to duty. If a trainee requires their appointment extended to accommodate maternity or sick leave, the facility education office should notify OAA and request funding from OAA for the extension.

POLICY ON USE OF SOCIAL NETWORKING SITES, PERSONAL WEBPAGES, BLOGS, AND OTHER SOCIAL MEDIA

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

1. Social networking sites such as Twitter, Facebook, and MySpace have recently been unblocked by VA. However, use of these sites on VA time should be limited only to VA-related business or to access VA-related information and postings.

2. If you do not represent yourself as a VA Central Western Massachusetts Healthcare System (VA CWM) intern or employee, do not speak about VA, or cannot be reasonably identifiable as affiliated with VA, you can represent yourself as you wish in the public domain, including on the web. However, if you use social media and other forms of electronic communication, seriously consider how your communication may be perceived by current, past, and future patients/clients, colleagues, faculty, supervisors, and others. Since all public information is accessible to potential future employers and to current and potential future patients and clients, your online representation can affect you professionally. Increasingly, universities, postdoctoral sites, and even patients are seeking out information about people on the web before they make faculty offers, postdoctoral position offers, or decide to see someone clinically. According to a 2009 CareerBuilder survey, 45% of employers used social networking sites to screen potential employees, and 35% rejected potential job candidates because of content viewed on social networking sites. There are now numerous anecdotes of well-qualified doctoral graduates not getting post-doc or faculty offers because someone viewed something that was inappropriate or objectionable on the candidate's webpage. For your own potential future, we would strongly advise that you set all security settings to "private," limit the amount of personal information posted on these sites and avoid posting information/photos or using any language that could jeopardize your professional image. Choose your "friends" carefully and monitor/remove postings made by your friends that may portray you in unprofessional ways. Do all that you can to keep your online image as professional as possible.

3. Decisions to connect socially with former or current patients online should be made as if the patient were in person, i.e., by keeping professional boundaries very clear. Under no circumstances should you "friend" a former or current patient on social networking sites, or otherwise accept or solicit personal connections with former or current patients online. Your relationships with former and current patients must remain strictly professional.

4. Under no circumstances should you discuss patient cases or share patient identifying information in emails, listservs, websites, web groups, or blogs, include any information that could lead to the identification of a patient, or compromise patient confidentiality in any way. Even if you think you have de-identified patient information, consider how such communication could be viewed if seen by the patient or someone who knows the patient. You are not in control of this information once it is released to the hundreds or thousands of people on a listserv or web group discussion board, for example, or on a website that will "live" electronically online for years.

5. If you use your VA Outlook email address to send messages outside of VA CWM be sure that your email signature identifies you correctly as a Psychology Intern. Indicate the year of your internship so that future searches on listservs identifies you by the year of your affiliation with VA CWM. Likewise, any posting you make identifying yourself as a psychology intern on websites should indicate the year of your internship.

6. If your webpage/blog does identify you as a psychology intern, as affiliated with the VA CWM psychology internship training program, or employed by VA CWM, then the program has an interest in how you and the program are portrayed. Your webpage/blog must meet all legal and ethical guidelines from the Board of Psychology and the American Psychological Association (e.g., you cannot represent yourself as a "psychologist" in the State of California). Your website/blog must be professional in its content and must not contain objectionable material. We will not actively search out VA CWM interns' webpages. However, if we become aware of a page or blog that identifies you as a psychology intern, an intern in the training program, or affiliated with VA CWM, and that page or blog is considered by the Training Director to contain unethical, illegal, or otherwise objectionable material, we will ask you to modify or remove the problematic material. Should you choose not to modify or remove the material, the Training Director will follow the existing procedures for dealing with trainee misconduct and/or unethical behavior.

VA Directive 6515 (June 28, 2011) specifies VA policy on use of web-based collaboration technologies. Here is an excerpt from the VA policy under Section 3. Responsibilities:

VA Personnel utilizing Web-based collaboration technologies:

(1) Wherever possible, these individuals must use the VA intranet for the conduct of VA business. VA personnel using external technologies for collaboration activities must ensure that this use complies with law, guidance, and VA policy.

(2) **When acting in or outside of their official capacities**, VA personnel must remember that they are personally responsible for the content they publish on blogs, wikis or any other form of user-generated media, and be mindful that what is published will be public for a long time; (**in some cases, a personal disclaimer should be written to indicate that the speaker is not representing the VA or their respective program).**

(3) When interacting on weblogs (blogs), wikis, social networks, virtual worlds and social media, **VA Personnel must:**

(a) Never comment on VA mission-related legal matters unless they are VA's official spokesperson for the matter, and have GC and management approval to do so;

(b) Be professional always when posting to VA-related social media, and use their best judgment when interacting on social media about matters related to VA's mission;

(c) In their capacities as VA representatives, post only information about which they have actual knowledge. They must never comment or provide information on any matter about which they do not have actual, up-to-date knowledge;

(d) Identify themselves and their roles as VA representatives when commenting or providing information on matters related to the VA mission;

(e) Be aware of their associations with VA in online social networks. If they identify themselves as VA representatives, ensure that their profiles and any related content is

consistent with how they wish to present themselves to colleagues, members of the Executive and Legislative Branches of the Federal government, and the general public;

(f) Never post information protected by the Health Insurance Portability and Accountability Act (HIPAA), The Privacy Act of 1974, 38 USC 5701, 5705, or 7332, or VA policy on any Web-based collaboration tool without legal authority and prior approval by authorized official, and unless proper, VA approved security measures are in place. All employees, contractors and other persons will have access as appropriate to the performance of their official VA duties;

(g) Never use profanity, make libelous statements, or use privately-created works without the express, written permission of the author. Never quote more than short excerpts of other people's work.

August 31, 2022 Patient Safety Alert and Voicemail Script

The mandatory language for voicemail messages is available here:

Patient Safety Alert AL22-04 - Voicemail in Mental Health settings.pdf

VA CENTRAL WESTERN MASSACHUSETTS HEALTHCARE SYSTEM

Leeds, MA 01053-9764

JULY 31, 2012

MEDICAL CENTER MEMORANDUM NO. MCM 001-19

SUBJECT: Dress Code

1. PURPOSE: To ensure appropriate attire for Veterans Affairs employees that are not affected by a uniform policy. Employees receiving a uniform allowance or issued uniforms are expected to wear uniforms.

2. POLICY: The staff of the Healthcare System are to dress in a manner that promotes professionalism in a health care environment.

3. RESPONSIBILITY: Managers and Supervisors are responsible for insuring that employees under their supervision comply with the provisions of this policy.

4. PROCEDURES:

   a. Medical Center employees, students and volunteers should use good judgment when considering appropriate attire for the workplace.

      Customary business attire is expected when participating in meetings with members of the business community, other public officials, or Veterans and/or Veterans service organization officials.

   b. Attire must communicate professionalism. Items of clothing that create the perception of an unprofessional business environment should not be worn.

      (1) Examples of Appropriate Casual Attire for Men**:** Polo-type collared shirt or short- or long-sleeved business dress shirt; dress slacks, khakis, or casual-type slacks; dress shoes, casual dress shoes and socks. Suits, jackets and ties are optional.

      (2) Examples of Appropriate Casual Attire for Women**:** Dress blouse, collared shirt or other appropriate top; dress, skirt, dress slacks or khakis; dress shoes and casual dress shoes. Suits, jackets and hosiery are optional.

      (3) Examples of Inappropriate Attire for VA Employees**:** Blue jean pants*; extremely short skirts, shorts; excessively wrinkled, worn, torn or faded clothing; jogging suits, sweat suits and other exercise clothing; leggings or stretch pants; beachwear; tank tops, tube tops, crop tops, halter tops; clothing with slogans, sayings, or offensive designs; excessively revealing clothing including low-cut or bare midriffs; footwear such as flip-flops or slippers; and hats or caps indoors. (*In

some very limited environments, blue jeans may be appropriate with the consent of the supervisor. This does not apply to an office environment.)

5. REFERENCES: Human Resources Letter, Number 04-04, Date: June 28, 2004; Medical Center Memorandum, 118-56, Nursing Dress Code for Patient Care Providers.

6. FOLLOW-UP RESPONSIBILITY: Associate Medical Center Director.

7. RESCISSION: April 1, 2015.

ROGER JOHNSON

Director

DUE PROCESS, REMEDIATION & GRIEVANCE PROCEDURES[1]

[1] These policies are subject to review by Human Resources.

Due Process in Action: The Identification and Management of Intern Problems/Concerns (see also Due Process Checklist in Appendices)

This section provides interns and staff a definition of impairment, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems or impairment.

Definition of Problematic Behavior

Problematic behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interferes with professional functioning and/or ability to learn; and 4) violation of the American Psychological Association Ethical Principles of Psychologists and Code of Conduct (2002, with 2010 Amendments), or of laws governing the practice of psychology established by the Commonwealth of Massachusetts.

It is a professional judgment as to when an intern's behavior becomes problematic, rather than merely of concern. Trainees may exhibit behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one or more of the following characteristics: the intern does not acknowledge, understand, or address the problem when it is identified; the problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training; the quality of services delivered by the intern is sufficiently negatively affected; the problem is not restricted to one area of professional functioning; a disproportionate amount of attention by training personnel is required; and/or the intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

Identification of Problematic Behavior

Problematic behavior on the part of an intern may be identified through a few channels. For example, the Supervisors may indicate concerns through ratings or comments on intern evaluations, or in verbal report during monthly intern progress meetings. Alternatively, a non-supervisory staff member may report concerns about an intern's behavior (ethical or legal violations, professional incompetence) to the intern's supervisor, another member of the Training Committee, or the Training Director.

If the staff member who observes concerning behavior is not the intern's primary supervisor, the staff member will consult with the Training Director, who will discuss the concern with the intern's primary supervisor. Training Director may also consult with the full Training Committee or a subset of the Training Committee. If the Training Director, primary supervisor, and/or Training Committee determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, remediation steps will be initiated, as outlined below. If the alleged behavior is not considered a serious violation, informal feedback, or a verbal warning

may be deemed sufficient to address the behavior (Step 1 below). If any concern is of a more serious nature, or timing requires expediting the process and assisting the intern to integrate the feedback, the process may begin at a Step 2.

Remediation and Sanction Alternatives

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern training group, the training staff, and other agency personnel. If the problematic behavior in question is serious enough to warrant expedited handling, Step 1 may be waived, and remediation may begin with Step 2 or a further step, as necessary. If the behavior in question involves a violation of VA policy, law, or impingement upon the trainee's or another person's rights or safety, involvement of the Human Resources Department and related HR policy, or legal authorities, may be required. If expedited handling is deemed necessary, key features of the Remediation Plan and Due Process steps (notification, hearing, appeal, documentation, communication, and maintaining performance) will be preserved.

The following describes the graduated stages of intervention in the case of problematic behavior or impairment on the part of an intern:

Step 1 - Verbal Discussion / Warning to the intern emphasizes the need for improvement in the area of concern or to discontinue the inappropriate behavior under discussion. No record of this action is kept. Typically, this feedback is given in the context of supervision with a direct supervisor, or in a face-to-face meeting with the Training Director. The intern will have the opportunity to respond to the feedback in the context of these face-to-face meetings. If after a period, Step 1 has been deemed by the Training Director and supervisors as insufficient to address the behavior, then we proceed to Step 2.

Step 2 - Written acknowledgment to the intern formally documents that the Training Director are aware of and concerned with a performance rating on the intern's evaluation; that the concern has been brought to the attention of the intern; that the Director of Training will work with the intern to rectify the problem or skill deficits; and that the behaviors associated with the rating are not significant enough to warrant more serious action. The intern is given the opportunity for a meeting or "hearing" with the Training Director, during which the problematic behavior is discussed, and the intern has an opportunity to respond. If Step 2 is insufficient to address the behavior, then we proceed to Step 3.

Step 3 - Competency Remediation Plan:

a) Notification: The intern will be formally notified of the need to discontinue an inappropriate action or behavior. The written notification letter or email will contain: a clear description of the intern's unsatisfactory performance or problematic behavior; expectations for acceptable performance; actions needed by the intern, and responsibilities of the supervisor or training committee, to correct the unsatisfactory behavior; a brief specified timeline for correcting the problem; assessment methods to verify successful correction of the problem; the date of the evaluation to determine if successful remediation has been achieved; and consequences if the problem is not corrected. This written notification may follow the format of the Competency Remediation Plan recommended in the APA Competency Assessment Toolkit for Professional Psychology (http://www.apa.org/ed/graduate/competency.aspx).

b) Hearing: There will be a meeting in which staff will articulate to the intern the specific nature of the problematic behavior, and the intern will have an opportunity to respond. This meeting will include the intern the Training Director, and if appropriate, the supervisor or staff member who noticed/evaluated the problematic behavior. The hearing process will provide opportunity for the intern to respond to the assessment of problematic behavior and remediation plan.

c) Appeal: The intern may request that a higher-ranking psychologist review the assessment and remediation plan. The intern also has the right to appeal the final decisions and actions taken by the training program by requesting review by a higher-ranking psychologist.

d) Documentation: A copy of the notification will be kept in the intern's file. Documentation will contain the position statements of the parties involved and the Competency Remediation Plan. When the remediation is complete, and all benchmarks are met, this will be clearly documented on the Remediation Plan which will remain in the intern's file. If remediation is not completed, further steps may be undertaken, including another remediation plan, schedule modification, probation, suspension, administrative leave, or dismissal from internship (see below for discussion of Further Options).

e) Communication: This process will in most cases include communication with the Director of Clinical Training at the intern's academic program. Consultation with the APPIC Informal Problem Consultation service may also be initiated.

f) Maintaining performance: During remediation, the intern is expected to maintain minimally acceptable levels of performance in other competency areas.

Step 4 - Additional Options: If successful remediation is not achieved through Steps 1-3, or if the concern warrants an alternative approach, this may include:

a) Schedule Modification is a time-limited, remediation-oriented, closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to situations such as personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision, conducted by the regular supervisor in consultation with the Director of Training. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

- Increasing the amount of supervision, either with the same or other supervisors;
- Changing the format, emphasis, and/or focus of supervision;
- Recommending self-care interventions outside of the training program such as medical or mental health care (the intern can use his/her health insurance to pay for this, if they so desire);
- Reducing the intern's clinical or other workload; requiring specific academic coursework.

The length of a schedule modification period will be determined by the Director of Training, in consultation with the primary supervisor and an advisory subset of the Training Committee. The termination of the schedule modification period will be determined, after discussions with the intern, by the Director of Training in consultation with the primary supervisor and an advisory subset of the Training Committee.

b) Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning level of performance. Probation defines a circumstance in which the Director of Training systematically monitors for a specific length of time the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement, which includes: the specific behaviors associated with the unacceptable rating; the recommendations for rectifying the problem; the time frame for the probation during which the problem is expected to be ameliorated; and, the procedures to ascertain whether the problem has been appropriately rectified. If the Director of Training determine that there has not been enough improvement in the intern's behavior to remove the probation or modified schedule, then the Director of Training will discuss with the primary supervisor and the Training Committee other possible courses of action. The Director of Training will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Director of Training and Training Committee have decided to implement. These may include continuation of the remediation efforts for a specified time or implementation of another alternative. Additionally, the Director of Training will communicate to the Academic Director of Training from the intern's doctoral program, that if the intern's problematic behavior is not adequately rectified, the intern will not successfully complete the internship.

c) Suspension of Direct Service Activities requires a determination that the welfare of the intern's patient(s) or consultee(s) has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Director of Training in consultation with the Training Committee. Again, the Director of Training will communicate with the Academic Director of Training from the intern's doctoral program regarding the suspension. At the end of the suspension period, the intern's supervisor, in consultation with the Director of Training and Training Committee, will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

d) Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful attainment of training hours needed for completion of the internship, this will be noted in the intern's file and the intern's Academic Director of Training will be informed. The Director of Training will inform the intern of the effects the Administrative Leave will have on the intern's stipend and accrual of benefits.

e) Dismissal from the Internship involves a permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a

reasonable time, rectify the impairment and the intern seems unwilling or unable to alter his/her behavior, the Director of Training will discuss with the Academic Director of Training from the intern's doctoral program the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a patient is a major factor, or if the intern is unable to complete the internship due to physical, mental or emotional illness. When an intern has been dismissed, the Director of Training will communicate to the intern's academic department that the intern has not successfully completed the internship.

Due Process - Summary

Whenever a formal decision must be made by the Training Director about a change in the intern's training program (i.e. Step 3 above), or status in the agency (i.e., Step 4 above), the Training Director will: (a) inform the intern in writing and (b) meet with the intern to review the decision, and hear the intern's response to the assessment, plan, and decision. This meeting may include the intern's primary supervisor. Any formal action taken by the Training Program may be communicated in writing to the intern's academic department. This notification includes the nature of the concern and the specific alternatives implemented to address the concern. Finally, the intern may choose to accept the conditions and decisions or may choose to challenge or appeal the action. The procedures for challenging the action are presented below under "Grievance Procedures".

Due Process - General Guidelines

Due Process guidelines provide a framework to respond, act, or dispute, when the program has concerns about an intern's performance. Due Process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures, which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include: presenting to the interns, in writing during the orientation period, the program's expectations related to professional functioning, and discussing these expectations in both group and individual settings; stipulating the procedures for evaluation, including when and how evaluations will be conducted; articulating the various procedures and actions involved in making decisions regarding impairment; communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties; instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies; providing a written procedure to the intern, which describes how the intern may appeal the program's action; ensuring that interns have sufficient time to respond to any action taken by the program; using input from multiple professional sources when making decisions or recommendations regarding the intern's performance; and documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Grievance Procedures: If an Intern has Concerns about the Program

Purpose of Grievance Procedures

While Due Process delineates steps to follow in case of the training program's concern about an intern, Grievance Procedures outline the steps a trainee would undertake if they had a complaint about a supervisor, a remediation plan or decision, or about the training program.

Grievance Procedure

In the event an intern encounters any difficulties or problems (e.g., poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other conflict) during his/her training experiences, he/she is encouraged first to seek informal resolution and, if this does not resolve the issue, to then consider formal resolution. (Likewise, if a training staff member has a specific concern about an intern, the staff member is also encouraged to attempt informal resolution first.)

Step 1- Informal Resolution: The intern will first attempt to discuss the issue with the staff member involved. If the issue cannot be resolved informally between the two parties, the intern (or staff member) should discuss the concern with the Director of Training. If the Director of Training cannot resolve the issue, the intern can move into a formal grievance process and challenge any action or decision taken by the Director of Training, the supervisor, or any member of the Training Committee by following the formal grievance procedure below.

Step 2 - Formal Grievance Process: The intern should file a formal complaint, in writing with all supporting documents, with the Director of Training. The formal complaint consists of a detailed description of the behavior(s) of concern. The intern's Formal Complaint will be shared with the staff member to whom the complaint pertains, as well as with the Training Committee, if needed to consult and assist in crafting a resolution. If the intern is challenging a formal evaluation, the intern must do so within five workdays of receipt of the evaluation.

Within five workdays of a formal complaint, the Director of Training must consult with the Training Committee Review Panel via the procedures described below.

Step 3 - Training Committee Review and Process: When needed, a Training Committee Review Panel will be convened by the Director. The panel will consist of at least five members of the supervisory staff. Within five workdays of being convened, (i.e., within 10 workdays of the formal complaint) the Review Panel will meet with the intern who filed the Formal Grievance, to review the matter. The Review Panel will determine if further meetings with the other parties involved are required for fair evaluation of the situation. If the intern's grievance is in response to an evaluation of the intern, the intern will have the right to hear all facts, or to dispute or explain the behavior of concern. After having met with the intern, the Review Panel will determine a recommended course of action, which will be made by majority vote. Within three workdays of the completion of the review, the Director of Training will write a report, including the Review Panel's recommendations for further action. The Director of Training will inform the intern of the recommendations and any action to be taken, to the extent permitted by VHA Human Resources policy, which may limit disclosure of sanctions taken in relation to staff members.

If the intern disputes the recommendations of the Training Committee Review Panel, the intern has the right to contact the Mental Health Service Line Manager, who will either accept the Review Panel's recommendations or reject them and offer an alternative. The decision of the Mental Health Service Line Manager is final. Should the Mental Health Service Line Manager recommend further remediation for the intern, the Training Committee will develop a plan in accordance with the remediation and sanction guidelines specified above.

Step 4 – Further Appeal and Formal Complaint: If the trainee is dissatisfied with a decision to dismiss them from the training program, and they have appealed the decision following the due process policy set by the program but are still not satisfied with the outcome, the trainee could consider filing formal complaints outside of the internship program including:

- ASARC with APPIC (https://www.appic.org/Problem-Consultation) for a complaint about the internship program,
- http://www.apa.org/ed/accreditation/contact.aspx) for complaints with APA CoA for Standards of Accreditation (SoA) violation concerns on the part of an accredited training program,

- https://www.asppb.net/default.aspx and Board of Registration of Psychologists | Mass.gov for ethics concerns related to individual psychologists.

Note: It is important to follow timelines, instructions, etc. when using any of these processes.

Other Resources and References:

- APA Competency Assessment Toolkit for Professional Psychology is available for building remediation plans: http://www.apa.org/ed/graduate/competency.aspx

- APA Commission on Accreditation, Office of Program Consultation and Accreditation is available for intern and program consultation: http://www.apa.org/ed/accreditation/

- APA Ethics Office is available for intern and program consultation: http://www.apa.org/ethics/

- An intern (and/or training program) may avail themselves of the APPIC Informal Problem Consultation service: http://appic.org/Problem-Consultation

- If informal resolution is unsatisfactory, an intern may file a formal complaint with the APPIC Standards and Review Committee: https://www.appic.org/About-APPIC/APPIC-Policies/ASARC

- If there are concerns about a program being out of step with APPIC membership criteria Internship Membership Criteria (appic.org) or out of step with the APPIC policies https://www.appic.org/About-APPIC/APPIC-Policies you can review those on the APPIC website and submit a formal complaint with APPIC at ASARC Purpose, Composition, Jurisdiction & General Responsibilities (appic.org)

EVALUATION PROCEDURES

Within the evaluation process conducted with the interns, the interns are asked to evaluate their rotations after the supervisor has evaluated their performance. While the supervisor evaluates the intern at the midpoint and end-point of the Primary rotation, the intern evaluates the rotation and supervisor only at the end of the rotation. The intern also evaluates ancillary rotations at the end of the year. This information is fed back to the particular supervisors and reviewed by the Director of Training at the end of the year. The Director of Training compile a summary of these data points for the Training Committee at the end of the training year.

Secondly, the interns complete an End-of-Year survey (see appendices) at the end of the training program. This evaluation is about the program as a whole (versus specific rotations). Again, the Director of Training compile a summary of these data points for the Training Committee at the end of the training year. The Committee reviews the information and makes decisions about the program and about the evaluation process itself based on this information.

Procedure for Intern Evaluation of Supervisors

1. Intern evaluations of supervisors are placed in a sealed envelope (or securely emailed) to the Administrative Assistant of the Mental Health Service Line, a position that is not supervised by any of the staff on the Training Committee. These evaluation forms are available on the Training Committee SharePoint (and in the appendices to this manual). They are:

    a) "Intern Evaluation of Supervisor" submitted after each four-month rotation evaluation of the intern is complete, to evaluate the rotation supervisors;

    b) "Intern Evaluation of Supervisor" submitted at the end-of-year to evaluate ancillary rotations, and other 12-month experiences; and

    c) "End of Year Evaluation" submitted at the end of the year, before the final day of internship, to evaluate the overall training program.

2. Upon successful completion of the internship and presentation of formal award of graduation, the Director of Training will sign off on paperwork required to provide documentation for licensing and university requirements. This added step is taken to provide another level of assurance regarding any question of vulnerability.

3. Assurance that interns do not depart the station without turning in final evaluation forms, both of supervisors and the program, is secured by verifying return of these evaluations as part of the VA CWM clearance procedure.

The Administrative Assistant for the training program will retain custody of the intern evaluations of supervisors until at least the following week after the interns are no longer trainees with the VA CWM Internship Training Program.

Didactic Evaluation

Each week the interns participate in a didactic presentation offered by either an outside presenter or by the psychologists in the program. These presentations are designed to be scholarly, reflective of the literature, and practical applications to clinical work. The interns are asked to evaluate these presentations at the end of each presentation. This information is collected and reviewed by the Director of Training. Copies of the evaluations are sent on to the presenter. At the end of the year, the Didactics Coordinator compiles a summary of these evaluations and presents them to the Training Committee for discussion and review. Based on these results, suggestions and adjustments are made to the core of presentations offered by the program. (The Didactics Evaluation is available on the SharePoint and in the appendices).

Evaluation of Interns

The interns are evaluated 6 times throughout the year. In accordance with the current evidence base for competency assessment, evaluations of interns are based on direct observation, in addition to review of audio and/or video recordings, session transcript review, and case presentation during regularly scheduled individual or small group (3 trainees maximum) supervision meetings. At the midpoint and endpoint of each trimester, the Primary supervisors evaluate the interns' performance in a written, objective format. Ancillary supervisors provide input to Primary supervisors throughout the training year (e.g., at Intern Progress meetings and as needed). Ancillary supervisors formally contribute to the intern evaluation with written qualitative comments three times per year (at the end of each trimester). In summary, there are 6 written evaluations of the interns' progress (at the midpoint and endpoint of each trimester).

In addition to the written evaluations, each intern receives ongoing verbal feedback throughout the year in regularly-scheduled meetings with supervisors. This feedback can be about their casework, their consultation skills, or their interactions and relationships with other clinical team staff. Often the other clinical team staff will contribute their perceptions to the supervisors for processing this information with the intern. In essence, the interns have rich opportunities to learn about their styles and abilities. The Training Committee holds a monthly Intern Progress meeting to review interns' progress and share ideas for meeting interns training needs. This material is fed back to the interns through their immediate supervisors.

The **Minimum Level of Achievement (MLA)** required for completing internship is 4 out of 5 on all evaluated items on the final evaluation (i.e., a successful trainee exhibits behaviors and characteristics rated as "High – Readiness for entry level practice, as defined by APA" on all items assessed).

Below is a brief description of each of the evaluation methods used, along with the frequency of each particular evaluation:

A. <u>The Intern Self-Evaluations:</u>

Frequency: lx per year

Description: The interns are asked to provide qualitative remarks on their areas for growth in each domain covered by the Program Training Goals at the beginning of the training year.

B. <u>The Supervisor Evaluation of Interns:</u>

Frequency: Mid-trimester Evaluations (including primarily qualitative information) are conducted at the midpoint of each trimester, three times per year.

Full Evaluations (including qualitative and quantitative information) are conducted on a trimester schedule, three times per year.

Description: The interns are evaluated on each of the objectives described above under "Profession Wide Competencies and Program Specific Aims". The Primary supervisor provides this written feedback to the supervisee at the middle of the trimester and again at the end of the trimester. Ancillary supervisors contribute to these evaluations at the end of each trimester, three times per year.

C. Evaluation of Intern Didactics Presentations:

Frequency: Once for each presentation, by each psychology staff member in attendance.

Description: The interns are evaluated on the content and form of their presentations and on their handling of questions, discussion, and feedback.

D. Evaluation of Multicultural Enhancement Collaboration Project:

Frequency: Once for each presentation, by the psychology staff member with whom the intern chooses to collaborate.

Description: The interns are evaluated during the third trimester evaluation on their work in collaborating to augment existing seminar content to incorporate relevant DEI aspects. This feedback is provided to the intern's Primary Supervisor by the staff member with whom they collaborated by verbal report during Intern Progress Meetings.

E. Evaluation of Case Conference

Frequency: Once for each presentation.

Description: See Case Conference Evaluation Plan Appendix, p. 124.

F. The Intern Evaluation of Rotations and Supervisors

Frequency: One time per year for at the end of each training experience

Description: The interns evaluate their experience of each rotation or track and their experience with each supervisor. These evaluations are sent to a non-evaluative administrative staff member (Asha Khanna for 2022/23 training year) and are not seen by any Training Committee members (including the Training Director) until the respective intern has completed the training year.

G. The Intern Evaluation of Didactics

Frequency: Per Seminar

Description: The interns evaluate their satisfaction with the quality, quantity, and thoroughness of the seminar presentations each week.

H. The End-of-Year Evaluation

Frequency: One time per year

Description: The interns evaluate the rotations, overall experience of the internship, the didactics, and the quality of the supervision.

I. Hours Tracker

Frequency: Monthly, after the last Friday of the month

Description: Interns upload the Hours Tracker to the TC SharePoint:
Intern Folder > 2024-2025 Intern Class > Hours Tracker

APPENDICES

Supervision Agreement

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

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

I. Competencies Expectations

A. It is expected that supervision will occur in a competency-based framework.

B. Supervisees will self-assess clinical competencies (knowledge, skills, and values/attitudes). This assessment will be conducted verbally and/or in writing (circle all that apply).

C. Supervisors will compare supervisee self-assessments with their own assessments based on: 1) observation of clinical work; 2) report of clinical work; 3) recordings of client-trainee interactions; 4) supervision; and/or 5) competency-instruments (circle all that apply).

D. The initial level of supervision required (Supervisor required in the room, clinic, on-campus, available via mobile phone or pager [circle that which applies]) will be determined and discussed at the beginning of supervision. Any changes in this level will be discussed in supervision. If the primary supervisor is not on-site on a particular day, another Licensed Independent Provider on-site will be specified as providing coverage. It is our program's policy that no clinical face-to-face work can occur without a psychologist being available on-site.

II. Context of Supervision

A. At least _____hours of individual supervision will be provided per week.

B. At least _____hours of group supervision will be provided per week.

C. Treatment notes will be completed for all sessions and available for review in supervision. These notes will be completed in a timely manner (as dictated by VA/facility policy).

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

III. Evaluation

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

B. Summative evaluation will occur at _____(number) intervals per year on (dates) _____.

C. Forms used in the summative evaluation process are available in the Psychology Training shared folder.

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

E. If the supervisee does not meet criteria for successful completion, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee. To successfully complete the rotation, the supervisee must have no "2" ratings in the end of rotation evaluation. If there are any "2" ratings in the mid-rotation evaluation, a remediation plan will be developed with the intern. If there are any "2" ratings in the end of rotation evaluation, a performance improvement plan will be implemented.

IV. Duties and Responsibilities of Supervisor

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

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

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

D. Develops supervisory relationship and establishes emotional tone within the professional boundaries of the supervisor-supervisee relationship.

E. Orients trainee's expectations about confidentiality, which does not apply to supervisory discussions. The supervisor may share with the training team any information they feel necessary. No expectations of secrecy can be held between supervisors and supervisees.

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

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

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

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

J. Identifies and builds upon the supervisee's strengths specific to assessed competencies.

K. Introduces and models use of personal factors including belief structures, worldviews, values, and culture.

L. Ensures a high level of professionalism in all interactions.

M. Identifies and addresses strains or ruptures in the supervisory relationship.

N. Establishes informed consent for all aspects of supervision.

O. Signs off on all supervisee case notes in a timely manner.

P. Distinguishes administrative supervision from clinical supervision and ensures that the supervisee receives adequate supervision in both areas.

Q. Defines additional aspects of professional development to be addressed within the context of supervision.

R. Distinguishes and maintains the line between supervision and therapy.

S. Identifies delegated supervisors who will provide supervision/guidance when the supervisor is not available for consultation.

T. Discusses and ensures understanding of all aspects of the supervisory process outlined in this document, and the underlying legal and ethical standards from the onset of supervision.

U. Communicates with the training team on a regular basis in Intern Progress meeting, and additionally as needed, about the intern's strengths and challenges or areas for growth. Clinical supervision is not confidential, meaning that information discussed during supervision may be shared with the Training Committee.

V. Duties and Responsibilities of the Supervisee

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

B. Reviews client video/audio tapes before supervision, when applicable.

C. Comes prepared to discuss client cases with necessary materials (e.g., files, completed case notes) and conceptualization, questions, and literature on relevant evidence-based practices.

D. Is prepared to present integrated case conceptualization that is culturally competent.

E. Brings personal factors that impact the supervisee's clinical work or professional development to supervision and is open to discussing such factors.

F. Identifies goals and tasks to be achieved in supervision specific to assessed competencies.

G. Identifies specific needs relative to supervisor input.

H. Identifies strengths and areas of future development.

I. Understands the liability (direct and vicarious) of the supervisor with respect to supervisee practice and behavior.

J. Identifies to clients his/her status as supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor(s).

K. Discloses errors, concerns, and clinical issues as they arise.

L. Raises issues or disagreements that arise in the supervision process with the aim of moving towards resolution.

M. Provides feedback to supervisors on the supervision process.

N. Responds non-defensively to supervisory feedback.

O. Consults with the supervisor or delegated supervisor in all cases of emergency.

P. Implements supervisor directives in subsequent sessions or before, as indicated.

VI. Procedural Aspects

A. Although in supervision only the information that relates to the client is confidential, the supervisor will treat supervisee disclosures with discretion.

B. There are limits of confidentiality for supervisee disclosures regarding clients or themselves. These include, but are not limited to, ethical and legal violations and indication of harm to self or others.

C. The supervisor will discuss the supervisee's development and strengths with the training faculty at this facility.

D. Written progress reports will be submitted to the trainee's school as requested and at the end of the training year. If problems arise during the year, these too will be reported to the trainee's school, as well as the trainee's progress in addressing them.

E. If the supervisor or the supervisee must cancel or miss a supervision session, the session will be rescheduled.

F. There will be a mid-semester and end-of-rotation evaluation of the intern.

G. The intern is expected to complete an evaluation of his or her supervisors.

H. The supervisee may contact the supervisor at _____(contact #) or delegated supervisor at _____(contact #). A supervisor must be contacted in all emergency situations.

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

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

Sending Email Containing Sensitive Information

Due to some recent cases around the national VA Healthcare System in which Protected Health Information (PHI) was transmitted inappropriately, the following reminder is provided for all staff that are required to send sensitive information electronically.

Sage McKnight is our Information Security Officer (ISO). If you have any questions about the information below, please contact the ISO, at extension 2362.

The guidance outlined below is from the VISN 1 Memorandum 10N1-CIO-17, Use of Electronic Mail (Email), and from our ISO. Our systems are not inherently set up to securely transmit sensitive information such as patient or employee records, and social security numbers. Sensitive information includes protected health information, IIHI (individually identifiable health information) or any other medical records or other health information that identifies or can reasonably be used to identify any individual or patient. Ensure any email containing sensitive information is sent only to those individuals with a need to know concerning the treatment of the patient.

For VISTA messages containing Privacy Act & or sensitive information:

- Do NOT use patient information (Name/SSN) in the subject line;
- Body of email may contain patient identifying information.
- When possible, please limit to first initial of the Last Name and Last 4 of the SSN to help identify the patient to the receiver in the body of the message;
- You can use VISTA email to send and receive protected health information VA to VA.

For Outlook messages containing sensitive information:

- PKI encryption must be used when communicating protected health information.
- Do NOT use patient identifiers (name/SSN) in the subject line—the subject line does not get encrypted even when using PKI.

Other Privacy Issues

If you are sending out any of your written work from internship (i.e., for job/postdoc purposes), you must have not only redacted all PHI/PII, but your materials should also be cleared by our local Privacy Officer (currently this is Kip Buoymaster, ext. 2072). Please make sure to follow this procedure. Please check in with your supervisor and/or the Training Director periodically to see if there have been any recent updates on the latest privacy practices.

VHA Information Access and Privacy
VHA Privacy Office

Privacy Fact Sheet

May 2017

Use of Individually Identifiable Information in Microsoft Office Applications

This fact sheet provides guidance to the field on when it is appropriate to include individually identifiable information (III) and/or protected health information (PHI) when using Microsoft Office Outlook Calendar, Microsoft Outlook E-mail, Microsoft Lync, and Text Messaging. Electronic mail (e-mail) and information messaging applications and systems are used as outlined in VA policy (VA Directive 6301, VA Directive 6500, and VA Handbook 6500). These types of messages should never contain Individually Identifiable Information (III), unless the authentication mechanisms have been secured appropriately. Authenticated mechanisms approved for use in VA is Public Key Infrastructure (PKI) for external and internal messages and Rights Management Service (RMS) for internal VA messages. See below when Outlook may be used to send one-way VHA communications without encryption.

Are there identifiers that are acceptable to be sent via outlook email without encryption? Office of General Counsel (OGC) indicated that last four numbers of the Social Security Number (SSN) and first initial of the last name are not identifiable by itself. However, when you add any other individually identifiable information or health information that has not been de-identified in accordance with VHA Directive 1605.01 you may no longer send this alphanumeric code via Outlook without encryption.

For example you **can** send the following messages in Outlook without encryption:

"Please look at the co-payment bill for A#### as I think there is a mistake on the bill."

“The list of employees that will be involved in the Environmental Rounds from my Service are as follows:

Mary Smith, John Jones, Sue Brown”

However, you **cannot** send the following message in Outlook without encryption:

" On January 1, 2007 A#### had an appointment in the Cardiology Clinic. The visit for that appointment was coded wrong. The diagnoses should be CHF not cardiovascular disease."

What is considered individually identifiable or personally identifiable and should not be sent in outlook email unless encrypted?

Sensitive information per VA definition:
* Name (employee names are acceptable)
* Address
* Social Security Number
* Names of Relatives
* Other information regarding relatives
* Telephone/Fax/Other Numbers
* Photographs or Physical Presence; or

* Geographic Destination Smaller than a State.

NOTE: See VHA Directive 1605.01, Appendix A for additional information on HIPAA de-identification of data.

What is acceptable to place in the subject line of an outlook email message? The first initial of the last name and last four of the social security number by itself is not considered individually identifiable and therefore can be included in the subject line. Any non-identifiable information can be placed in the subject line.

NOTE: Subject lines are not able to be encrypted.

Is patient-provider communication that contains PHI or III acceptable over email?
No. The VA has not given permission to communicate personally-identifiable or any protected health information with patients/Veterans from or to private electronic mail accounts such as AOL.com, Verizon.com, Yahoo.com, or any .com address even if the patient/Veteran initiates the electronic communication. If initiated by the patient/Veteran and the message contains III or PHI, VA cannot respond back and must call or write the patient/Veteran. Secure Messaging (SM) within My Health***e***Vet, VA's Personal Health Record (PHR), is being used nationally. Secure Messaging allows for secure, two-way electronic communication between patients and members of their health care team.

NOTE: Secure Messaging through My Health***e***Vet is **not** considered email. Secure Messaging (SM) is web-based, encrypted communication between patients and health professionals. For patients, SM through My Health***e***Vet offers convenient access to healthcare team members for non-urgent issues. For clinical staff, SM provides a personal and efficient way to communicate virtually with patients. Patients must complete My Health***e***Vet In-Person Authentication, visit the Secure Messaging page and Opt In (agree to terms of use). For more information, contact the My Health***e***Vet Coordinator in your VA facility and/or visit Secure Messaging Through My HealtheVet

Can VA employees text a Veteran?
Yes, as long as there is no PII or PHI in the text as we are following the same guidelines that we would for email (see VA Handbook 6500). You cannot mention specific locations of appointments and any additional information except as follows:

Reminder: You have an upcoming appointment at the Leeds campus of VA CWM later this week in Building ### Rm #. Please call 413-584-4040-- to confirm your appointment time or if you have any questions.

A date and time of an appointment by itself is okay, but it should never be combined with a facility name or location or a clinic name or location. Doing so makes it PII/PHI.

Reminder: You have an upcoming appointment with VA on August 16, 2017 at 0830 am. Please call 321-123-3213 to confirm your appointment or if you have any questions.

While date and time of an appointment is a Patient Identifier, it must be combined with where and what in order to be identifiable.

Can a provider get an authorization from a Veteran to allow VA to send III and PHI through email?
No. Unfortunately, an authorization would not solve the problem as a Veteran cannot give permission for VA to ignore a security policy or requirement. Security policy states that VA sensitive personal information cannot be sent via email unless secured (e.g. encryption).

Is there a difference in the security of messages on outlook when sending intra- agency vs. inter-agency?
No. There is no difference in the security of sending messages on Outlook within your facility or outside your facility to another VA. Encryption requirements equally apply

Is it acceptable to include PHI in the Outlook Calendar?
No. Calendar controls were not designed to secure Personally Identifiable information or Protected Health Information. The security controls provided with Outlook calendars only allows for items that you do not wish to be displayed to other users through a shared Outlook calendar being marked as "Private" (using Microsoft Outlook "options" functionality setting). However, you can not rely on the Private feature to prevent others from accessing the details of the calendar items. Never use public electronic calendars, such as Google, MSN, AOL or Yahoo calendars, for VA business. Public electronic calendars are not VA-approved.

Can employee information be sent using Outlook email?
Yes. If it is the employee's name only, then this is acceptable. If other information is included that would be considered individually identifiable, it must be encrypted.

Can we share PHI in Microsoft Office Lync?
VA employees may utilize MS Lync in the performance of their job duties knowing that there is a guaranteed end-to-end encryption, including the transfer of sensitive information (PII or PHI) if allowed by their organizational policy. When transferring VA sensitive information in a message, make sure automatic saving of messages in your Outlook conversation history folder is off (default setting), as these files are not encrypted in Microsoft Outlook.
Lync should not be used for communicating patient information that is required to be maintained within CPRS to preserve continuity of care. Lync is not part of a VA system of records. Never use a mobile phone's text messaging feature to send VA sensitive information.

If you put a hyperlink in an email message and the hyperlink leads you to a site that has sensitive information are you required to encrypt the message? No. The message does not need encrypted if the link contains no III/PHI. If the link is accessed, there should be appropriate safeguards to stop unauthorized people from gaining access to the information.

Can VHA use email to communicate a program or benefit to Veteran(s) using email?
Yes. Communications about a new VA program or VA benefit does not fall within the definition of "marketing" if there is no commercial component to the communication and as long as this email does not contain III or PHI. Care must be taken in communicating a benefit that is specific to a health condition, i.e. Cardiology, which may potentially infer that the Veteran has a specific cardiology health concern. There is no guarantee that the email used would only be seen by the Veteran, another individual, or other family members who share the same email account. Thus, this communication needs to be one-way.

If sending non-PII or PHI communication to more than one Veteran, there are various options available. A facility policy on emailing using one-way communication is recommended.

All communications must receive approval as designated within policy. It is recommended this person be the Privacy Officer or designee who can ensure no privacy information and/or marketing information is disclosed.

- Place a disclaimer within the email that this message is not secure and recipients should not reply back to the sender with any protected health information or

individually identifiable information. Email should contain a facility contact telephone number. It is recommended this disclaimer be place at the very beginning of the email. Example of a disclaimer:

*This email is provided for informational purposes only. Please do not reply to this email directly. Do not communicate any individually- identifying information or your protected health information via email as VHA will not reply back due to privacy concerns. Veterans are encouraged to use Secure Messaging that is available through MyHealtheVet. If you have any questions concerning this email, please contact <Insert Name and telephone number>.

- If the recipient does reply back to the sender and the message contains III or PHI, the sender may not reply back on this email but contact the recipient directly by mail or telephone.
- If you are not using mail merge which allows a separate email to be sent to each recipient, multiple email addresses must be placed in the Bcc (blind carbon copy) of the Outlook email as entry in the “to” or “cc” field within Outlook would be considered a privacy breach.
- The “to” recipient will be a VA email account, usually the same sender of this Veteran group email communication.

NOTE: The use of “NoReply&NoReplyAll” only works within the VA domain (va.gov).

Dissemination: Please share with program offices or facility departments you feel would benefit from this information.

Rescissions:
July 2010, May 2012, May 2014

If you have any questions please contact the VHA Privacy Issues Mail group or visit the VHA Privacy Office Website.

Accessing the Voicemail System

Ways to Retrieve Your Voicemail Messages

- From any internal VA phone, dial 5555
    - If not at your desk from a phone *without* voicemail, dial # sign and enter mailbox number
    - If not at your desk from a phone *with* voicemail, dial *, enter #, enter mailbox number

- To Check Voicemail Remotely, for Leeds:
    - Call 413-584-4040 or 800-893-1522
    - When you hear the greeting, enter #
    - Enter your extension
    - Enter your password

Specific to CBOCS (Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester) and Vet Center

- From Internal VA Phone:
    - Press the Envelope Button on your phone
    - Enter your PIN followed by pound (#)
    - Dial 1: To listen to all your messages.
    - Dial 3: After each message to delete.
        - Or Dial 1: To repeat message
        - Or Dial 2: To save message
    - Hang up when done listening to your message.
- Or from outside VA dial 413-731-6093
    - enter your ID (your extension number) followed by pound (#)
    - enter your PIN

VA CWM – Community-Based Outpatient Clinics (CBOCs)

Fitchburg CBOC

Burbank Hospital
275 Nichols Road
Fitchburg, MA 01420

Phone: 1-800-VET-MED1

Directions

From the East:
Take Route 2 West to Exit 32 (Route 13).
Take Route 13 north toward Lunenburg until Route 13 ends at Route 2A stoplight (approximately 4.5 miles).
Turn left and head west on Route 2A.
At the first set of traffic lights, turn right onto John Fitch Highway. Follow blue hospital signs and continue to the stop sign at Route 31.
Turn left at stop sign. Shortly after turning, watch for Health Alliance/Burbank Hospital up on a hill on the right. Turn right and follow signs for main entrance. Go in main entrance and take elevator to fifth floor to the Center.

From the West:
Take Route 2 East to Exit 31B (Route 12).
Take Route 12 toward Fitchburg for 1.7 miles.
Turn right at Bemis Road at traffic light.
Proceed through 4 traffic lights and a blinking yellow light until stop sign at Route 31.
Turn left at stop sign. Shortly after turning, watch for Health Alliance/Burbank Hospital up on a hill on the right. Turn right and follow signs for main entrance. Go in main entrance and take elevator to fifth floor to the Center.

From the South:
Take Route 190 North to Route 2 West.
Take immediate first exit (Exit 32).
Follow directions in "From the East."

From the North:
Take Route 93 South to Exit 44B (Route 495 South).
Take the Exit 29B (Route 2 West).
Follow directions in "From the East."

On-site parking is available.

Greenfield CBOC

143 Munson Street
Greenfield, MA 01301
Phone: (413) 773-8428

Directions

From Leeds: Rt. I-91 North toward Greenfield. Take Exit 26 toward Rt. 2A, Greenfield

Center/N. Adams. Enter rotary and bear right onto MA-2A East. At the first traffic light, turn right onto Newton St. Turn left onto Fairview St W. At the stop sign, turn left onto Munson St. Go .4 (4/10) of a mile. The Greenfield VA Outpatient Clinic is the third driveway on the left into the Greenfield Corporate Center.

Pittsfield CBOC

73 Eagle Street
Pittsfield, MA 01201
Phone: (413) 499-2672

Directions

From the North: Take Rte 7 south to the Berkshire Medical Center, bear Right onto North Street in Pittsfield. Continue south on North Street for one mile - turn left on Eagle Street. Enter at Parking Lot Entrance.

From the Mass Turnpike and South: Take Rte 7 North to Pittsfield. Continue north on South Street to the Center of the City - it becomes North Street after the park Square. Continue north on North Street for three blocks - take Right on Eagle Street. Enter at Parking Lot Entrance.

From the East: Take Rte 8 or 9 West into Pittsfield - where these two routes intersect with Rte 7, turn left (south) onto North Street. Continue south on North Street for one mile - turn left on Eagle Street. Enter at Parking Lot Entrance.

From the West: Take Rte 20 East to Pittsfield – Rte 20 intersects with Rte 7 (South Street) when you enter Pittsfield. Go Left (north) on South Street, to the Center of the City - becomes North Street after the Park Square. Continue north (on North Street) for three blocks - take a Right onto Eagle Street. Enter at Parking Lot Entrance.

Springfield CBOC

25 Bond Street
Springfield, MA 01104
Phone: (413) 731-6000

Directions

From Leeds: Take Rte. I-91 South towards Springfield.

Take Exit 11, Birnie Ave towards US-20 W, West Springfield. Take right at the bottom of the ramp. Take right onto Walter Street. At the light take a right onto Main Street. A mile up the road take a left onto Bond Street.

Worcester CBOC

605 Lincoln Street
Worcester, MA 01605
Phone: (508) 856-0104

Directions

From Route 495: Take Exit 25B onto Route 290 West. Continue to Exit 20 marked "Lincoln Street" heading north on Route 70. Clinic will be 0.8 miles on the right.

From Route 290 heading West: Take Exit 20 marked "Lincoln Street" heading north on Route 70. Clinic will be 0.8 miles on the right.

From Route 290 heading East: Take Exit 21 marked "Plantation Street". Take a left at the bottom of the exit ramp heading north on Plantation Street. At the 1st set of lights, take a left onto Lincoln Street. Clinic will be 0.3 miles on the left. There is a center median preventing left turns, so pass the clinic and make a U-turn to enter the clinic on the right.

From Route 9: Take a right onto Plantation Street heading north (near UMass Medical Center). Continue 2.7 miles to the fourth set of traffic lights. Take a left at the light onto Lincoln Street. Clinic will be 0.3 miles on the left at 605 Lincoln Street. There is a center median preventing left turns, so pass the clinic and make a U-turn to enter the clinic on the right.

Free on-site parking.

Worcester Lake Avenue

55 Lake Avenue, North
UMASS Medical School Campus
Ambulatory Patient Care Building - 7th Floor
Worcester, MA 01655
Phone: (508) 856-0104

Directions

From Route 290 heading East: Take Exit 21 marked "Plantation Street". Take a right at the bottom of the exit ramp heading south on Plantation Street. At the entrance to UMASS Medical School turn left. Turn right to enter the South Parking Garage, adjacent to the Ambulatory Patient Care Building on the right. The 5th Level of the parking garage is designated for staff, employees, and trainees.

EVALUATION FORMS (AND HOURS TRACKING)

Evaluation Forms are located on the SharePoint

Evaluations of interns, completed by supervisors:

_End of Trimester Evaluation_6.2_BLANK.pdf

_MidTrimester Evaluation_6.2_BLANK.pdf

GLR_Form_VACWM-BLANK.docx

LOCATION: SharePoint > Shared Documents > Evaluation Forms > 2024-2025 Intern Evaluation Forms folder here:

https://dvagov.sharepoint.com/:f:/r/sites/VHANHMMentalHealth/ptc/Shared Documents/Evaluation Forms?csf=1&web=1&e=czEEye VACWM Psychology Training Committee - Evaluation Forms - All Documents (sharepoint.com)

Evaluations of the training program, completed by interns

Intern end of yr eval of program.docx

Intern Evaluation of Seminars Didactics.doc

Intern evaluation of supervisor_Name-supervisor.docx

Intern Self-Evaluation.docx

LOCATION: SharePoint > Shared Documents > Evaluation Forms folder here:

VACWM Psychology Training Committee - Evaluation Forms - All Documents (sharepoint.com)

Case Conference Evaluation Plan is on the SharePoint in the Shared Documents > Case Conference folder linked here: Case Conference, as well as in the appendices of this P&P. Discussion of Case Conference Evaluation follows

CASE CONFERENCE EVALUATION PLAN

Interns have developed guidelines for feedback and self-evaluation of their participation in Case Conference. This year, there will be two feedback discussions (no paper forms) at each case conference:

- The case presenter shall present their individual professional goals for their presentation at the start of the presentation (at the same time as they present the questions for the clinical case itself). At the end of the hour the presenter shall provide her or himself with their own feedback orally to the group.

- The group as a whole shall provide consultation feedback to themselves also orally at the end. This will be guided by a uniform set of norms and aspirations developed by the interns, summarized below:

GROUP CONSULTATION FEEDBACK:

To what degree did I:

- ✓ respond and engage from the presenter's therapeutic orientation or model of treatment?
- ✓ collaborate with other consultants in giving focused feedback?
- ✓ contribute to a group climate that values all perspectives and points of view. ?
- ✓ contribute to a sense of cohesion, connectivity amongst the group?
- ✓ give my feedback in a manner that leaves time and space for others to participate sufficiently?
- ✓ give feedback that challenges myself and the presenter and the group in a productive manner?
- ✓ paid attention to what other consultants mentioned and then considered alternate perspectives before giving my perspective?"

*NOTE: The Case Conference component of training is designed in collaboration with the interns.

Map of Leeds Campus

A map of the entire VA CWM Leeds Campus, including road access points is available on the SharePoint in the Shared Documents folder. Here is a link:

https://dvagov.sharepoint.com/:b:/r/sites/VHANHMMentalHealth/ptc/Shared%20Documents/Map%20of%20Northampton.pdf?csf=1&web=1

A map with the new building names (and previous building numbers for reference) is here:

https://dvagov.sharepoint.com/:b:/r/sites/VHANHMMentalHealth/ptc/Shared%20Documents/Map%20Northampton%20Wayfinding%20Map%20BOTH%20names%20n%20numbers.pdf?csf=1&web=1

VA CWM Intranet – is a hub of information for staff and trainees, with up to date guidance and resources related to the medical center's response to the COVID pandemic.

https://dvagov.sharepoint.com/sites/VHACWMIntranet/SitePages/Home.aspx

REMEDIATION AND DUE PROCESS CHECKLIST

Intern Name: _____ Training Year: _____

Identification of Concern or Problematic Behavior: _____

_____

Person(s) Identifying this Behavior: _____

How problem was communicated to intern: [ ] evaluation _____[ ] verbal report _____

(Optional) Co-TD's conferred with _____on _____.

Decision about problematic behavior:

[ ] Less serious -> informal feedback/verbal warning -> remediation initiated Step 1

[ ] Serious Concern or violation -> remediation initiated at Step 2 [date]: _____

[ ] Very Serious Concern or violation -> remediation initiated at Step [ ]: [Date] _____

Step 1: Verbal Discussion / Warning [IN[1]/date]: _____[ ] Response voiced [IN/date] _____

Step 1 deemed: [ ] sufficient [IN/date]: _____[ ] insufficient [IN/date]:_____(if latter > Step 2)

Step 2: Written Acknowledgment [IN/date]:_____Hearing [IN/date]: _____

Step 2 deemed: [ ] sufficient [IN/date]: _____[ ] insufficient [IN/date]: _____(if latter > Step 3)

[ ] Optional: Intern Appeal [ ] yes [ ] no [IN/date]: _____

Step 3: Competency Remediation Plan

a) Notification [IN/date]: _____
b) Hearing [IN/date]: _____
c) Documentation / Remediation Plan provided to intern and filed [IN/date]: _____
d) Communication with Director of Clinical Training at university [IN/date]:_____
e) Maintaining performance documented in subsequent evaluations on [dates] _____
f) [ ] Optional: Intern Appeal [ ] yes [ ] no _____[IN/date]

Step 3 deemed: [ ] sufficient [date] _____[ ] insufficient [date]_____(see additional options)

Additional Options:

a) Schedule modification: documented / date _____Communicated to DCT _____
b) Probation: documented / date _____Communicated to DCT _____
c) Suspension Direct Svc. Activities: documented/date _____Communicated to DCT____
d) Administrative leave: documented / date _____Communicated to DCT _____
e) Dismissal: documented / date _____Communicated to DCT _____

[1]IN: Initials

Addenda

12/27/20 update: Telework Guidelines for Predoctoral Trainees:

To preserve the quality of engagement in Didactics, Case Conference, and other structured learning activities for all participants and presenters, while many are teleworking:

- Our default expectation is that, if they are teleworking, predoctoral psychology trainees are working from their telework office or the Alternative Work Station (AWS) specified in their Telework Agreement, with video enabled (camera on both ways), privacy (to allow presenters and participants to discuss cases, as they often do), and without multitasking (such as driving, writing progress notes, emailing/texting/messaging).
- Trainees can request an exception to this, depending on the topic, by asking for permission in advance to travel while on duty, or to work from an another AWS. To request this, a trainee must do the following:
    - Request permission to travel while on-duty or to work from another AWS from their Managing Supervisor or the Training Director.
    - In advance, notify their supervisor, coordinator, and presenter/facilitator of the training activity, of this arrangement.
    - When driving, the video camera should be turned off.*
    - If riding as a passenger, headphones should be used, and camera should be off.*
    - Follow all pertinent laws governing safe operation of a motor vehicle.

Note: These are not preferred scenarios for Didactics, nor for most other structured training activities, for which privacy, undivided attention, and two-way video is the expectation.

**We do not recommend driving while participating in meetings or calls, as doing so could compromise your ability to drive safely, even when using hands-free capabilities.*

Addenda

3/31/21 update: Policy on Predoctoral Trainees[1] Providing Telehealth Services Across State Lines

1. Trainees may engage in clinical care, including telehealth, across state lines, as long as the supervision they receive is consistent with their assigned Graduated Level of Responsibility (GLR).
    a. In general (i.e., non-national emergency conditions), trainees may deliver telehealth services from their assigned training sites.
    b. During the COVID-19 national emergency, trainees may also telework and deliver telehealth care from their alternative work site (AWS) as designated in their Telework Agreements (VA Form 0740). The policy on Telework Agreements is determined by the VHA and VA CWM MHSL Management. The flexibility to telework has been extended to trainees during the COVID-19 pandemic.
    c. Trainees may request changes in their AWS, or request to add an additional AWS. These requests will be discussed by supervisors, managers, and co-director of training, as needed. It is advisable to allow a buffer of time for such requests to be considered.
    d. See also "Telework Guidelines for Predoctoral Trainees," Addendum 1 to the Internship Policy and Procedures Manual.

2. Supervisors assess an intern's GLR at the beginning of the training year, and they document and submit the GLR form to be filed on the VACWM TC SharePoint, with a copy to the intern. Supervisors reassess and document an intern's GLR at intervals that reflect substantive changes in their level of responsibility, or transitions to new types of services, for example at the beginning of new rotations. One GLR form is used for the entire training year for each intern. The GLR form is on the TC SharePoint in Shared Documents > Evaluation Forms > 2022/23 Intern Evaluation Forms Folder here: GLR_Form_VACWM-BLANK.docx

3. Permission for interns to provide telehealth services across state lines is not limited to the COVID-19 pandemic. However, during the pandemic, additional flexibilities allow for telehealth practice to occur without the co-location of the trainee and supervisor at the same facility.

4. 10/13/21 update: Permission to provide telehealth services across state lines is intended to allow HPTs with appropriate GLRs to provide services via telehealth to patients who have travelled or live across state lines. This permission does not extend across international borders.

References:
Federal Register / Vol. 85, No. 219 / Thursday, November 12, 2020
VHA OAA Telehealth, HPTs and Supervision SharePoint.com
Office of Academic Affiliations (OAA) – Office... (blackboard.com)

Notes:
[1]Predoctoral trainees including psychology interns and health psychology practicum trainees.

Addenda

Supervision and Teletherapy

(a) 7/11/21 update: Emergency Policy on Supervision and Teletherapy

The state of pandemic emergency was lifted in Massachusetts on June 15, 2021. On June 11, 2021 the MA Board of Registration of Psychologists extended permissions to count telehealth by trainees and telesupervision of trainees toward licensure until 90 days after that (through September 10, 2021).

The reference from the MA Division of Professional Licensure - Board of Registration of Psychologists is filed on our TC SharePoint here:

https://dvagov.sharepoint.com/sites/VHANHMMentalHealth/ptc/Shared%20Documents/TeleWORK%20Resources/6.11.21%20Emergency%20Policy%20on%20Supervision%20and%20Teletherapy.pdf

Details:

- Telehealth: Video telehealth services from on-site (while the supervisor is at a different location—on-site or teleworking—and available to be called into the session if needed) count as supervised professional experience for trainees in MA. Video telehealth provided by Health Professions Trainees (HPTs) is allowed by the VA, provided the trainee's GLR specifies that they are is ready for "area" or "available" level of supervision.

- Telework: If interns are approved for telehealth/telework then video telehealth sessions from the intern's alternative work site will also count. This generally requires a formal Telework Agreement, and generally does not allow for HPTs to be working from an out-of-state worksite (per OAA VHA).

- Telesupervision: Video supervision meetings count in MA (and at VA), not telephone. However, The VA requirement remains in effect, that a primary supervisor must be on-site while in-person MH services are provided by interns and other health professions trainees.

(b) 8/27/21 update: Clinical oversight during the episode of care:

- In-person care by trainees: Requires on-site supervision during the episode of care delivery, with co-signature by that on-site supervisor (per OAA).

- Telehealth care by trainees: Can be supervised by video telesupervision during the episode of care delivery, assuming the trainee's GLR indicates they are ready for "area" or "available" level of supervision (per OAA).

Trainee-focused Supervision Meetings: minimum of 4 hours/week of trainee-focused reflective discussion, asynchronous with patient care, can be provided by video, from the same or different locations, but not by phone (per OAA and MA).

These policies and related guidance aim to balance trainee development and safe patient care.

(c) 10/13/21 update: At the 9/10/21 meeting of the MA Board of Registration of Psychologists, the Board voted to extend pandemic exceptions that allow for telehealth and telesupervision through 12/31/21.

(d) 10/13/21 update: At the 10/8/21 meeting of the MA Board of Registration of Psychologists, the Board discussed whether to extend pandemic exceptions allowing telehealth ad telesupervision beyond 12/31/21, or to change the actual regulations requiring that a supervisor be "on the premises where the trainee renders service during the time such service is rendered" **(251 CMR 3.05 (2) (f) 3.05 Supervision Requirements)**. The Board decided to revisit this discussion at its 11/12/21 meeting.

(e) 6/2/23 update: Per May 2023 Meeting of MA Board of Psychology Licensure: "Tele-supervision will be permitted indefinitely under the current policy that was revised at the May meeting." (Personal communication and "Minutes Inquiry" between MA BOP and Co-TDs.)

(f) 10/13/20/23 update: per MA Board of Psychology Licensure: "This means that, beginning on April 3, 2020, teletherapy offered to a patient by a trainee who is supervised by a supervisor while the patient, trainee, and supervisor are in different locations will count as supervised experience" and ""face to face contacts" for the purposes of 251 Code Mass. Regs. § 3.05(2)(c) to mean that the trainee and supervisor, or a group of no more than three trainees and a supervisor, have contact through an acceptable, secure, HIPAA compliant videoconferencing platform. This means that, beginning on April 3, 2020, such contacts will count as supervision assuming all other requirements are met." Board Policies and Guidelines for Psychologists | Mass.gov

Addenda

7/13/21 update: VA Directive 5383 - VA Drug-Free Workplace Program

The VA is a drug-free workplace, including a prohibition against recreational and medical use of marijuana/cannabis, regardless of its legal status on the state level. Although trainees are exempt from applicant drug testing, as federal employees, staff and trainees are subject to drug screens for other reasons specified in the VA Directive. The VHA Directive is filed on the SharePoint in the Intern Folder, here:

https://dvagov.sharepoint.com/sites/VHANHMMentalHealth/ptc/Intern%20Folder/VA%20Directive%205383%20-%20VA%20Drug%20Free%20Workplace%20Program.pdf

The VA Drug-Free Workplace Program Guide for VHA Health Professions Trainees (HPTs) is here:

Addenda

Intern Hours by Category

A breakdown of the target number of training hours by category is available on the Training Committee SharePoint here:

Intern Hours Estimate by Category.docx

Addenda

LEAF Process

A **LEAF request** is required if any clinics need to be blocked or cancelled for leave dates.

Key Points:

1. **A LEAF request** is only required if clinics need to be blocked for the leave request. (LEAF instructions below, and an excellent cheat sheet with screen shots from Sara Vicenty).

2. **If we are requesting AL with less than 45 days advance notice,** the Chief of Staff (COS) needs to approve that LEAF request. We are expected to request AL with 45+ days' notice whenever possible.

3. **We need to place 2 calls** when calling out sick, if we have early patients scheduled (before 9am): 413-584-4040 ext. 2336 and ext. 6440 (more details below).

Here's what you need to know:

For unplanned Sick Leave – Calling out for the day (or partial day):

- **Call 413-584-4040 ext. 2336**, the Call Out Line. Leave a message clearly stating your name, which clinic you work at, that you are calling out sick today, and give your clinic names (i.e., mine are CWM/WO/MHC/PSYCHOL HATGIS and CWM/WO/VVC/MHC/HATGIS) for cancelling any booked patients.
- **Also call 413-584-4040 ext. 6440,** if you have early patients (before 9am). This is the extension of the Administrator-On-Duty (AOD). Leave a message stating your name, your clinic names (i.e., mine are CWM/WO/MHC/PSYCHOL HATGIS and CWM/WO/VVC/MHC/HATGIS) and that you have early patients who need to be cancelled because you are calling out sick today.
- Regina Corey, Administrative Officer, and/or Sara Vicenty, Program Specialist, will enter the LEAF request for you.
- **Also call your supervisor** and/or anyone who is expecting you that day (for example if you are co-leading group with another provider, or you are scheduled to present at Case Conference or Didactics) to let them know you will be out.

For planned Sick Leave (SL) and Authorized Absence (AA):

- Send an email requesting SL or AA to your clinical supervisor and your manager (Dr's Cavallaro, McCarthy, or Rivera). **
- Once approved, submit a LEAF request.*
- For SL: submit your SL in VATAS.
- For AA: send an email to Asha Khanna letting her know you will be using AA.

For Annual Leave (AL):

- **AL Requested 45+ days in advance:**
    - A minimum of 45 days in advance is the recommended timeframe for requesting annual leave whenever possible.
    - Submit an email to your clinical supervisor and your manager (Dr's Cavallaro, McCarthy, or Rivera) requesting approval for the leave.**
    - Once your clinical supervisors and your manager approve the leave, submit a LEAF request* to request permission to block your clinics for your leave dates.
    - Enter your leave in VATAS.

- **AL Requested less than 45 days in advance:**
    - Submit an email to your clinical supervisor and your manager (Dr's Cavallaro, McCarthy, and Rivera) requesting provisional approval for the leave.**
    - If provisionally approved, submit a LEAF request.*
    - If your LEAF request is approved by the Chief of Staff, then Group Practice Management (GMH) will inform AMSAs that they can block your clinic and cancel any patients who are already scheduled for your leave dates.
    - You are now cleared to submit your Annual Leave in VATAS

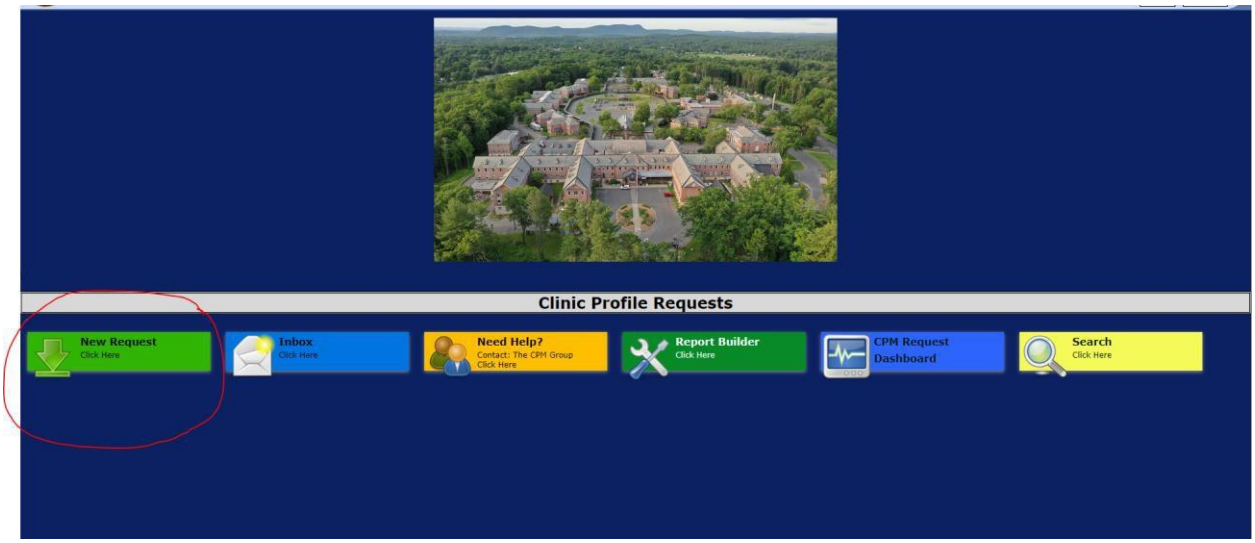
* How to submit a LEAF request? (See following pages for screen shots from Sara Vicenty)

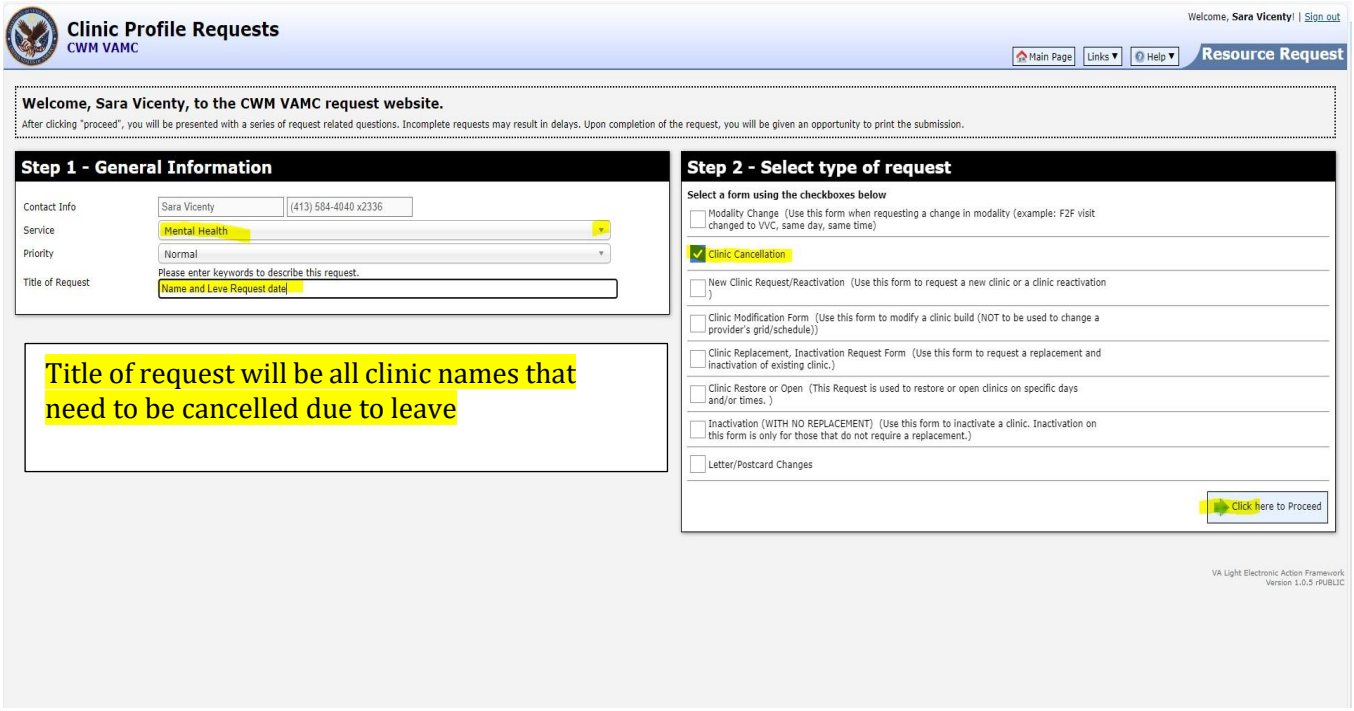
- Use this link: Clinic Profile Requests | CWM VAMC
- Click "New Request." Enter one LEAF request for each episode of leave.
- Step 1:
    - Name: your name will auto populate
    - Service: Mental Health
    - Priority: Normal
    - Title of Request: in this field list all your clinic names for the dates of leave you are requesting. (i.e. for me it would be: CWM/WO/MHC/PSYCHOL HATGIS, CWM/WO/VVC/MHC/HATGIS, etc.)
- Step 2:
    - Select Type of request: check "Clinic Cancellation."
    - Provider Name: enter your name and select the correct pop-up.
    - Start of cancellation: enter the date.
    - Are you cancelling full day, partial, clinic slot: choose which.
    - Additional dates if multiple dates are being requested: enter full dates of your leave request. List times you need blocked or cancelled.
    - Reason for Leave: choose the type of leave you are requesting. (AL requested less than 45 days in advance needs to be approved by the COS)
    - Plan for impacted patients – choose one (overbook, admin hours, next available) (usually next available would be appropriate here for interns)
    - Please include a list of affected pts with triage information: Don't put patient identifying information here but do put the date/time and clinic name in which you have a patient with risk concerns or a patient with a Patient Record Flag for Suicide Risk).
    - Pts contacted yet? "No".
    - Number of Vets affected by cancellation. Enter the number of scheduled patients you are requesting to cancel.
    - Authorization: Check: "I understand pts to be seen in 14 days." Check: "I understand that I cannot approve my own clinic cancellation requests."

**NB: There may be local variations in terms of whom to include on your initial email requests for leave. I defer to your supervisors and managers on their preferences about that.

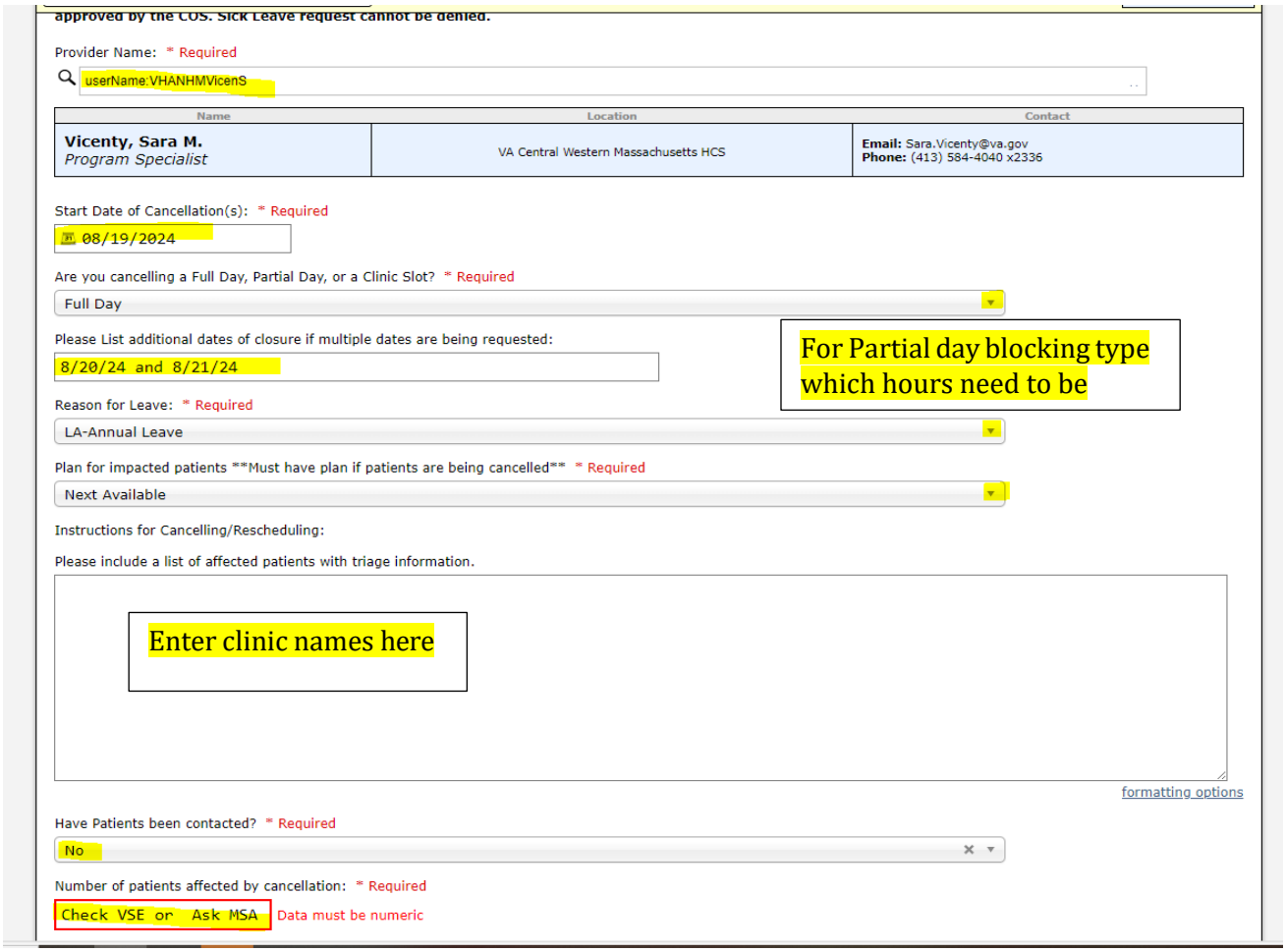
LEAF Request for Leave – Screenshots:

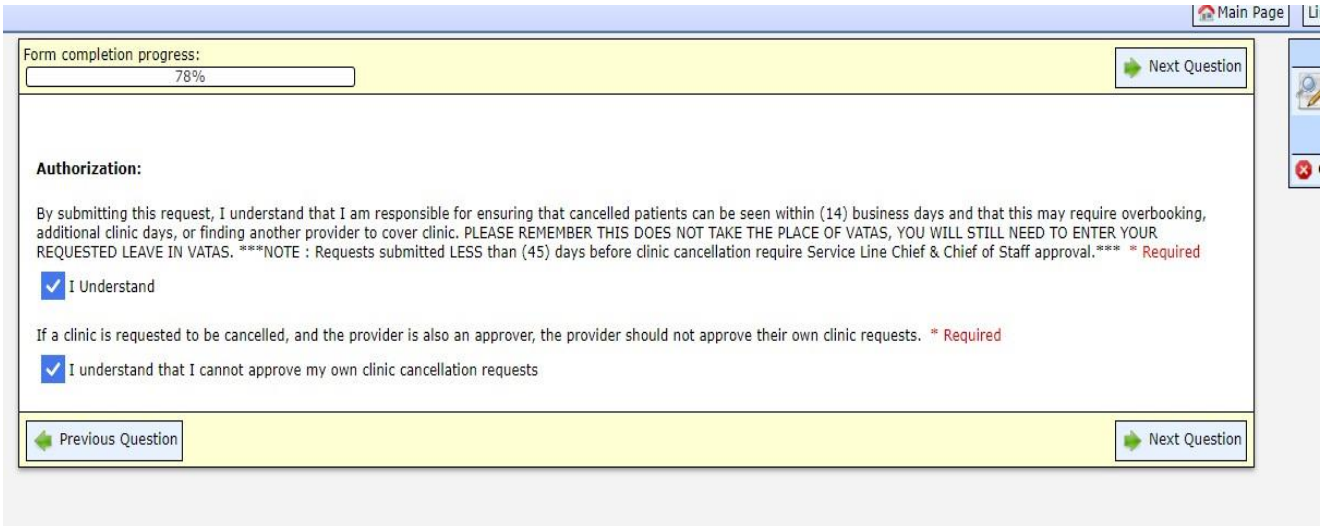
Clinic Profile Requests | CWM VAMC





Title of request will be all clinic names that need to be cancelled due to leave


approved by the COS. Sick Leave request cannot be denied.
Provider Name: * Required
userName:VHANHMVicenS
Name
Location
Contact
Vicenty, Sara M.
Program Specialist
VA Central Western Massachusetts HCS
Email: Sara.Vicenty@va.gov
Phone: (413) 584-4040 x2336
Start Date of Cancellation(s): * Required
08/19/2024
Are you cancelling a Full Day, Partial Day, or a Clinic Slot? * Required
Full Day
Please List additional dates of closure if multiple dates are being requested:
8/20/24 and 8/21/24
For Partial day blocking type which hours need to be
Reason for Leave: * Required
LA-Annual Leave
Plan for impacted patients **Must have plan if patients are being cancelled** * Required
Next Available
Instructions for Cancelling/Rescheduling:
Please include a list of affected patients with triage information.
Enter clinic names here
formatting options
Have Patients been contacted? * Required
No
Number of patients affected by cancellation: * Required
Check VSE or Ask MSA
Data must be numeric


Main Page
Form completion progress:
78%
Next Question
Authorization:
By submitting this request, I understand that I am responsible for ensuring that cancelled patients can be seen within (14) business days and that this may require overbooking, additional clinic days, or finding another provider to cover clinic. PLEASE REMEMBER THIS DOES NOT TAKE THE PLACE OF VATAS, YOU WILL STILL NEED TO ENTER YOUR REQUESTED LEAVE IN VATAS. ***NOTE : Requests submitted LESS than (45) days before clinic cancellation require Service Line Chief & Chief of Staff approval.*** * Required
I Understand
If a clinic is requested to be cancelled, and the provider is also an approver, the provider should not approve their own clinic requests. * Required
I understand that I cannot approve my own clinic cancellation requests
Previous Question
Next Question