

VA



**U.S. Department
of Veterans Affairs**

Doctoral Psychology Internship Program

Lexington VA Health Care System
Mental Health Service (116A5-LD)
1101 Veterans Drive
Lexington, Kentucky 40502
(859) 233-4511, extension 3237
<http://www.lexington.va.gov>

MATCH Number: 131211
Applications due: November 1, 2020

Accreditation Status

The doctoral internship at the Lexington VA Health Care System is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year **2028**.

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

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

Initial Post-Internship Positions

	2016-2019	
Total # of interns who were in the 3 cohorts	15	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs Health Care System	0	8
Military health center	0	0
Academic health center	0	0
Other Health Care System or hospital	1	0
Psychiatric hospital	0	0
Academic university/department	0	1
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	5
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Application & Selection Procedures

Nondiscrimination Policy

Equal opportunity laws and Department of Veterans Affairs regulations prohibit discrimination based upon race, color, national origin, limited English proficiency, age, sex, handicap or reprisal. This applies to all programs or activities conducted by VHA. The Lexington VA Health Care System Psychology Internship Program adheres strictly to all federal and local non-discrimination laws and policies. Please see Appendix I below for a summary of Lexington VA Health Care System's EEO, Diversity, and No Fear Policies.

Eligibility for VA Employment:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Eligibility for Application to Internship Program:

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. A minimum of 500 hours of documented, psychologist supervised direct client contact hours through a combination of therapy and assessment experience. These hours must be through practicum experience within an APA doctoral program in counseling or clinical psychology. This must be verified by the training director of the doctoral program.
3. Completion of comprehensive examinations by February 1, 2019. This must be verified by the Training Director of the doctoral program.
4. Written verification by the Training Director of the doctoral program that the individual is approved for internship status by the Department.
5. All coursework must be completed prior to beginning the Internship.
6. United States Citizenship.

The Lexington VA Health Care System Doctoral Internship is participating in the APPIC Uniform Application Process. You may access the online application from the internet (www.appic.org). Your Training Director will need to complete the online Verification of Internship Eligibility and Readiness form.

We require through online submission:

1. Online APPIC Application for Psychology Internship (AAPI) submitted through the APPIC
2. All graduate transcripts (including those which did not confer a degree)
3. Three letters of recommendation

All materials must be submitted through the online application process. No materials will be accepted through email or postal mail. Interns who are matched with the Lexington VA Health Care System will have to submit official transcripts of all undergraduate work.

Questions concerning the Internship Program may be sent to:

Director of Internship Training

Joshua Phillips, Ph.D.
Lexington VA Health Care System
Mental Health Service (116A5-LD)
1101 Veterans Drive
Lexington, Kentucky 40502
(859) 233-4511 extension 3237
Joshua.Phillips@va.gov

The ***application deadline is November 1, 2020***. Once the applications are reviewed, those under consideration will receive invitations to for virtual interviews. The program will exclusively utilize virtual interview and tour formats. There will be several interview dates, 12/11/2020, 1/8/2021, and 1/12/2021. There will also be several backup interview options available to accommodate technical difficulties and other unforeseen events with this new format..

The Lexington VA Health Care System Doctoral Internship conforms to APPIC (Association of Psychology Postdoctoral and Internship Centers) uniform notification procedures.

COVID – 19

Our priority is the safety of our trainees and patients. To that end, our initial response to COVID-19 was to transition all mental health services at our facility to telehealth and transitioning interns to telework. Our response relied on from guidance from APPIC, APA, and VA Office of Academic Affairs. Guidance from APPIC and the Council of Chairs of Training Councils encourages us to be flexible, sensitive, and creative. The full statement can be found [here](#). Their specific recommendations are:

- Limit In-Person Contact
- Adjust Educational and Licensing Requirements
- Minimize Adverse Impact on Trainee Finances and Program Completion
- Pursue Access to Training Beyond Distance Education
- Minimize Critical Resource Disparities
- Use Consultation to Address Challenges

APA has also issued a [guidance tool](#) to address several issues. They encourage internship sites to avoid shortening training years. They also acknowledge that training modalities will shift to telehealth and it may be difficult for interns to accrue direct service hours. APA indicates we can consider indirect services methods as a way for interns to accrue hours of supervised practice.

Office of Academic Affairs (OAA) maintains a [SharePoint](#) with information on several issues related to COVID-19. They specify that for Psychology Interns, allowable and reimbursable telework activities may include:

- Active on-call or work activities related to patient care
- Assigned research activities
- Learning modules
- Population management projects like diabetes control
- Reading assignments
- Group online activities (e.g., journal club) to keep them connected to the workplace.

Taken together, this guidance allows for broad means to ensure that our interns continue to receive training and support (both financially and for their wellbeing). The goal continues to be successful completion of their Internship, while placing a priority on their safety.

Although the facility has resumed some face to face appointments at this time, we continue to offer telehealth services as the primary modality for Mental Health Service. In the coming academic year, we will continue to place a priority on the safety of our trainees and patients.

Psychology Setting

The Lexington VA Health Care System consists of two divisions, five miles apart, which are consolidated under one management. The Soursley Campus and the Bowling Campus house beds for both psychiatric and non-psychiatric patients. The Soursley Campus was completed in 1931 and is located in the northwest area of Lexington in a park-like setting of 135 acres. This older facility has been the recipient of numerous renovation projects in the past several years, and has recently been slated for major renovations and expansion for both inpatient and outpatient services. The Soursley Campus houses the Mental Health Clinic, the Post-Traumatic Stress Disorder Clinical Team (PCT), the Outpatient Substance Abuse Treatment Program (SATP), the inpatient PTSD treatment program (PRRP), the inpatient substance abuse program (SARRTP), the Community Living Center (formely known as the Nursing Home and Rehabilitation Units), and a program for homeless veterans. The Bowling Campus, dedicated in 1973, is physically connected to the University of Kentucky Health Care System in central Lexington. This Division provides general medical, surgical, neurological, and acute inpatient psychiatric services.

The Lexington VA Health Care System offers healthcare to approximately 94,000 veterans living in 36 counties in Central and Eastern Kentucky. Approximately 4,000 OEF/OIF veterans are seeking healthcare through the Lexington VA Health Care System . With regards to the veterans' ages, approximately 6% of the veterans served through the Lexington VA Health Care System are younger than 35; approximately 46% are between that ages of 36 and 65 and approximately 48% are over the age of 65. Approximately 95% of the veterans we serve are male; 5% are female. Most of the veterans served are Caucasian and indigenous to Appalachian regions of Kentucky.

Training Model and Program Philosophy

The Lexington VA Health Care System Internship utilizes the practitioner-scholar philosophy. The primary objective of the internship is to provide an integrated, flexible and balanced set of learning experiences necessary for interns to emerge as competent professional psychologists. These experiences are intended to provide the aspiring psychologist with opportunities to practice and expand on previously learned skills, to develop new skills and to experience personal and professional growth. Our belief is that these objectives can best be achieved through comprehensive training based upon the following three principles:

1. Training in a breadth of clinical skills central to the practice of psychology.

2. Training emphasizing content areas relevant to the intern's career goals.
3. Training in the ethical and professional standards central to the practice of psychology.

Supervision guidelines for psychology interns can be found in VHA Handbook 1400.04 and VHA Directive 1027. See Appendix II for supervision requirements policy.

There is a general expectation that interns will require decreasing levels of supervision during the course of both a given rotation and the internship year. It is recognized that there will be differences among given interns based on past professional experiences as well as current professional development. By the end of the twelve months it is expected that interns will be able to practice independently with the knowledge that consultation should be sought out when needed.

A supervision level system is used throughout the internship year to assess interns' needs within each of the nine profession wide competency areas. Supervisors rate interns at the mid-point and the end of a rotation. Each written evaluation is based in part on direct observation. Evaluations of competency utilize level of responsibility. Levels of responsibility refer to the amount of supervision needed and are defined below:

Level of Responsibility – as defined by VHA Handbook 1400.04:

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

Area. The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment.

Available. Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed.

Competency Rating Levels

Competency Level 1 = close supervision needed; intern needs very intensive supervision; the competency level does not meet the standards for an intern in training and the need for remediation is major; direct observation is required; restrictions may be placed on intern's clinical activities.

Level of responsibility is consistently "room"

Competency Level 2 = supervision needed; intern needs more intensive supervision; the level of competency indicates the need for clinical experience and may indicate the need for minor remediation; modeling and direct observation is frequently required. This is the expected entry level for incoming interns.

Level of responsibility is consistently "area" or "room"

Competency Level 3 = less supervision needed; intern requires regular supervision; the level of competency meets the standards of an intern in training; direct observation and modeling may be occasionally required.

Level of responsibility is consistently "available," "area," or "room"

Competency Level 4 = little supervision needed; intern requires less supervision; the level of competency achieved is that of an entry-level psychologist with continued supervision recommended. This is the minimum expected level of intern graduating from internship.

Level of responsibility is consistently "available" or "area"

Competency Level 5 = almost no supervision needed; intern is ready for autonomous practice, the level of competency attained is at an entry-level psychologist; *Level of responsibility* is consistently rated as “available.”

These levels of supervision should be assessed in the nine profession wide competencies through each of the following means:

1. The mutually agreed upon rotation training plan developed within the first few weeks of the rotation.
2. The supervisor’s mid-rotation evaluation of the intern.
3. The supervisor’s final rotation evaluation of the intern.
4. The intern’s evaluation of the rotation at the completion of the rotation.

Profession Wide Competencies

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values and Attitudes
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision, & Consultation
9. Interprofessional/Interdisciplinary Skills.

Program Structure

The internship program requires interns to commit to a full-time 12-month program beginning the first federal pay period in July. Interns work 40-hour weeks, standard tour of duty being 8:00 AM to 4:30 PM, Monday through Friday. Interns are granted 10 paid federal holidays. Interns accrue 4 hours Annual Leave (personal vacation) and 4 hours Sick Leave per biweekly pay period for a total of 13 days Annual Leave and 13 days Sick Leave over the course of the year.

There are two 6 month rotations comprised of a major and minor rotation placement. Interns spend three days per week performing duties associated with their major rotations, one day per week performing duties associated with their minor rotations, and Fridays in training-related activities, including one hour Group Supervision, two 1.5 hour Didactic Seminars, and one hour Peer Supervision. Activities and roles associated with major and minor rotations vary, but generally include individual and/or group psychotherapy, psychological assessment, documentation, and report writing, training, and supervision. Interns are required to obtain at least 1.5 hours individual face-to-face supervision per week on their major rotations and at least 0.5 hours individual face-to-face supervision per week on their minor rotations. An additional hour on their minor and major rotations through additional individual face-to-face supervision, multidisciplinary team activities, and/or supervision by a non-psychologist. Interns are required to spend at least 25% of their time performing clinical activities, for a minimum of 500 clinical contact hours over the course of the internship year.

Choice of major rotations include:

- Mental Health Clinic (MHC)
- Outpatient PTSD Clinical Team (PCT)
- Acute Inpatient Psychiatry/Behavioral Health

- Primary Care
- Outpatient Family Therapy
- Outpatient Substance Abuse Treatment Program (SATP)
- Mental Health Residential Rehabilitation Treatment Program (MHR RTP)

The choices for minor rotations are:

- Mental Health Residential Rehabilitation Program (MHR RTP)
- Rural Outreach
- Outpatient Family Therapy
- Psychology Administration
- Primary Care
- Primary Care Mental Health Integration (PCMHI)
- Geropsychology

Interns will be asked to identify their preferences for rotations prior to their arrival and every effort will be made to honor these requests. As noted above, interns attend their major rotations for 3 days each week. One full day will be devoted to the minor rotation.

Training Experiences

Major Rotations:

1. Mental Health Clinic

The Mental Health Clinic (MHC) is one of the primary units of delivery of outpatient mental health services for the Lexington VA Health Care System . Its major role is to provide ambulatory mental health care for veterans and their family members. The mission of the MHC is to employ effective psychotherapeutic treatment for individuals who are afflicted with a wide range of Axis I and Axis II diagnoses and whose problems prevent adequate functioning in their home and community. The core treatment staff consists of psychologists, psychiatrists, social workers, and psychiatric nurses. The intern functions as a full member of the interdisciplinary team and engages in a wide variety of outpatient psychotherapeutic and evaluation functions.

2. Post-Traumatic Stress Disorder Clinical Team (PCT)

The Post-Traumatic Stress Disorder Clinical Team (PCT) rotation offers the intern exposure to the assessment, diagnosis, and treatment of veterans suffering from PTSD. There are opportunities to understand the dual-diagnosis aspects of PTSD, the impact of traumatic brain injury, and the accumulated effects of trauma across the lifespan behaviorally, interpersonally, and intrapsychically. Interns participate as fully-functioning members within the unit's interdisciplinary team approach which includes the role of psychologist in the provision of treatment and as a consultant.

3. Acute Inpatient Psychiatry

This rotation provides experiences on the Acute Inpatient Psychiatry Unit and the outpatient Behavioral Health clinic at the Bowling Campus of the VA. The intern's days will consist of staffing the current psychiatric inpatients within a multidisciplinary treatment team meeting, co-facilitating group therapy with patients, providing individual therapy and completing psychological assessments. Interns will be exposed to a full spectrum of psychological disorders and may be asked to provide comprehensive evaluations in order to assist the team with differential diagnosis and treatment. Daily group therapy with an emphasis on coping skills training will be tailored to the diverse group of patients seen within the inpatient psychiatric setting. Opportunities for acute individual therapy are present. There are opportunities for cognitive screenings in the assessment of dementia and traumatic brain injury.

4. Outpatient Couple & Family Therapy:

On this rotation interns will provide outpatient services to veterans & family members within a family systems theoretical model. This may include learning and utilization of the following evidenced based modalities: Integrative Behavioral Couple Therapy, Behavioral Couple Therapy for SUD, Brief Family Consultation, and Behavioral Family Therapy. The intern functions as a full member within the family therapy program gaining skills via independent supervised practice and co-therapy with Dr. Hansel.

5. Mental Health Residential Rehabilitation Treatment Program (MHR RTP)

Located at the Soursley Campus, the MHR RTP is the lowest level of inpatient care offered by the Veterans Health Administration. The Lexington program is a 30 bed all inclusive, structured, residential program specializing in the treatment of PTSD and Substance Abuse/Dependence. The MHR RTP accepts veterans with additional challenges such as homelessness, or other serious mental illness, such as Bipolar Disorder, depression, and stable psychoses. The intern will function as part of an interdisciplinary treatment team and will engage in screenings, psychological assessments, group psychoeducation, process groups and individual psychotherapy. Exposure to evidence-based psychotherapies for PTSD and Substance Use will be an important element of this rotation.

6. Primary Care

Interns in this minor rotation will work with a psychologist in the Primary Care clinic. Training activities focus on behavioral health interventions including weight loss and smoking cessation. Interns may perform organ transplant, infectious disease and surgery evaluations in order to assess factors that require remediation in order to encourage a successful procedure. The intern may provide behavioral health strategies to help patients with chronic pain. Finally, the intern may co-facilitate groups in the MOVE Weight Management Program. As interns gain experiences and efficacy, they are encouraged to provide input as to improvements/modifications to existing rotational components in order to improve patient care.

7. Outpatient Substance Abuse Treatment Program (SATP)

Located at the Soursley Campus, SATP is an outpatient mental health treatment clinic that provides multidisciplinary care to individuals with substance use disorders and other impulse-control related problems (such as gambling and problematic internet use). Our team consists of psychologists, social workers, a peer support specialist, pharmacist, nurse, psychiatrist, and students from various disciplines that collaborate to provide a range of services, including intensive outpatient group therapy, several substance use groups, DBT skills group, individual therapy, and opioid replacement therapy. Providers on our team offer several evidence-based treatments including CBT for substance use disorders, ACT for depression, CPT for PTSD, and Motivational Enhancement Therapy. SATP providers collaborate with other clinics (e.g., PCT, Inpatient psychiatry, MHR RTP) and the community (e.g., Veteran's Treatment Court) to facilitate continuity of care.

Minor Rotations:

1. Mental Health Residential Rehabilitation Treatment Program (MHR RTP)

In addition to the full 6-month rotation, this rotation is offered as a minor rotation. See above for more information.

2. Rural Outreach

Opportunity to provide outreach services to rural Appalachian Kentucky on a weekly basis. Interns travel to the outpatient clinic in Somerset, Kentucky and provide individual and group treatment to veterans.

3. Outpatient Family Therapy

In addition to the full 6-month rotation, this rotation is offered as a minor rotation. See above for more information.

4. Geropsychology

Interns may complete rotations in either the VA Community Living Center (CLC) or Home-Based Primary Care (HBPC). The CLC service provides short and long stay rehab as well as inpatient hospice services. HBPC provides in-home, interdisciplinary primary care for veterans with complex and chronic, disabling disease. Mental health services provides interventions, support, and assessments. Interns are involved in screening, assessment, diagnosis and treatment for psychiatric and cognitive disorders.

5. Primary Care Mental Health Integration

Co-located, collaborative Mental Health care services offered within Primary Care. Interns work with psychologists and other mental health providers embedded within Interprofessional teams in a Primary Care setting to offer diagnostic, disposition, and brief interventions for a broad range of behavioral health problems.

6. Psychology Administration

Interns who chose this minor rotation will be involved in a number of administrative experiences including internship selection process, training committee, and assorted mental health committees. Emphasis on long term planning, documentation and vision for the future of psychology training in VA.

7. Primary Care

In addition to the full 6-month rotation, this rotation is offered as a minor rotation. See above for more information.

Requirements for Completion

The internship is a one-year placement experience requiring 40 hours per week. The intern is required to complete a minimum of 2,080 hours. Each intern is expected to devote 25% of his/her time to direct patient contact which includes "face-to-face" contact with patients for any type of group or individual therapy, psychological testing, rounds or patient education. Successful completion of the internship requires a minimum of 500 hours of direct patient contact.

Interns are required to present a minimum of one diagnostic and one therapy conference. The diagnostic/therapy conferences are designed to assist in evaluation of an intern's level of competency as related to basic diagnostic assessment and intervention. Additional conferences are scheduled as deemed necessary. Staff evaluates the presentations through therapy/diagnostic conference evaluation guides.

Interns are required to complete a diversity project. This project is intended as a training exercise to increase awareness of, and attention to, diversity issues in the practice of psychology. To successfully

complete the diversity project, the intern must identify an issue or problem related to diversity within the Lexington VA Health Care System, learn about the background of the issue, and carry out a plan to address the issue.

Interns will have the opportunity to supervise practicum students in the outpatient Mental Health Clinic. Interns will complete didactic trainings in the theory and practice of supervision prior to providing supervision. Primary rotation supervisors in the clinic will provide umbrella supervision and be responsible for supervision of supervision. Supervision provided by the intern is in addition to the required supervision by a licensed psychologist who is the direct, primary supervisor of the practicum student.

Interns will receive formal, written evaluations at the middle and end of each rotation from the major and minor rotation supervisor. Additionally, interns will be asked to provide written and oral feedback regarding their internship experiences at the end of the year to the Training Director.

Interns will provide the Training Director the following minimum documentation for the records (with patient identification removed): 5 progress notes, 2 psychological assessments, diversity project materials, and diagnostic, and therapy conference written materials.

Facility and Training Resources

Each intern is provided with office space with an individual computer, desk and office supplies. Clerical support is provided by each internship rotation. The VA medical record is electronic and all patient documentation is done via the computer system. Concerning library access, interns have the use of the Lexington VA Health Care System library, University of Kentucky Medical School library, University of Kentucky library system, and the Fayette County library system. The Lexington VA Health Care System has full access to a number of online databases, including EBSCO. The psychology staff has access to a psychological testing laboratory including the MMPI2-RF, PAI, Rorschach, BNCE, TOMM, RBANS, DRS-2 and the WAIS-IV. Additionally, interns have access to electronic calendars, copying services, audio/video tapes, and medical treatment for on-the-job injuries.

Administrative Policies and Procedures

Our policy is clear: we will collect no personal information about you when you visit our website. We do not require our interns to self-disclose.

INTERN GREIVANCE PROCEDURES

Grievances covered by this policy include, but are not limited to: challenging a performance rating the intern considers to be inaccurate or unfair; grievance against clinical, teaching, or supervision or other professional behavior of a staff member; or challenging a program policy or procedure.

Many intern concerns may be best resolved through face-to-face interaction between the intern and supervisor (or other staff) as part of the on-going working relationship and the process of professional development. Interns are encouraged to first discuss with their direct supervisor any problems or concerns about the quality of the training in their clinical rotations or evaluations. In turn, supervisors are expected to be receptive to complaints, attempt to develop a mutual solution with the intern, and to seek appropriate consultation. Similarly, any concerns about the operation of the training program should be discussed with the Training Director. If intern-staff discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available as detailed below:

Informal Mediation

Either the intern or staff member may request the Training Director to act as a mediator, or to select a mediator who is acceptable to both the intern and the supervisor. It is hoped that such mediation will

result in a positive resolution of the concern. Alternatively, mediation may result in a recommendation for changes within the intern's clinical rotation, a recommendation for a different clinical rotation, or some other alteration in their training plan. Changes in rotations and training plan must be reviewed and approved by the Training Director.

Formal Grievances

A Formal Grievance process is initiated written notice of a grievance is submitted.

- 1. An intern may provide written notice of grievance to the Training Director.
 - a. If the grievance is regarding the Training Director, the written notice is submitted to the Lead Psychologist and/or Chief of Mental Health Services.**
- 2. If an Informal mediation is unsuccessful in resolution of the concern, documentation of the unsuccessful informal mediation will serve as written notice of grievance.*

Process:

- 1. The Training Director will notify the Lead Psychologist and Chief of Mental Health Services of the grievance.*
- 2. The Training Director will call a meeting of the Training Committee to review the complaint within 10 working days. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will excuse him/herself from serving on the Training Committee during the grievance/appeal process.*
- 3. The intern and all identified supervisory staff will be notified of the date of the review and given the opportunity to provide the Training Committee with any information regarding the grievance.*
- 4. The intern will be informed in writing of the Training Committee's recommendations, and asked to indicate whether he/she accepts or disputes the recommendations.
 - a. If the intern accepts, the recommendations will be implemented.*
 - b. If the intern disagrees with the decision, they may appeal to a special committee consisting of the Training Director, Lead Psychologist, Chief of Mental Health Services, and Associate Chief of Staff for Education. This committee will render a decision regarding the appeal within 10 working days to the intern and the Training Committee.**

Any findings resulting from a review of an intern grievance that involves unethical, inappropriate, or unlawful staff behavior will be submitted to the Chief of Mental Health Services for appropriate personnel action.

These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanism available to VA employees, including EEO, or under the mechanism of any relevant professional organization, including APA or APPIC (see below for contact information). Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of a licensed psychologist by contacting the office of the Board of Examiners of Psychology.

Resources for outside consultation include:

*VA Office of Resolution Management (ORM)
Department of Veterans Affairs Office of Resolution Management
810 Vermont Avenue, NW, Washington, DC 20420
1-202-501-2800 or Toll Free 1-888- 737-3361
<http://www4.va.gov/orm/>*

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

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

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

Equal Employment Opportunity (EEO) Complaint Processing

Association of Psychology Postdoctoral and Internship Centers (APPIC)

APPIC has established both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the internship training year.

<http://appic.org/Problem-Consultation>

Informal Problem Consultation (IPC)

Jason Williams, Psy.D. (720) 777-8108 Chair, APPIC Board of Directors

Formal Complaints

Elihu Turkel, Ph.D. Chair, APPIC Standards and Review Committee turkel@lij.edu

APA Office of Program Consultation and Accreditation:

750 First Street, NE

Washington, DC 20002-4242

(202) 336-5979

<http://www.apa.org/ed/accreditation>

Independent legal counsel

REMEDICATION OF PROBLEMATIC PERFORMANCE AND DUE PROCESS POLICY

Definition of Problematic Performance

When an intern's competence, behavior, professional values, professional relationships, or other characteristics significantly disrupt the quality of their clinical services; relationship with peers, supervisors, or other staff; or ability to comply with appropriate standards of professional behavior.

It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance" to be assessed by the Psychology Training Council.

Every effort is made to create a climate of access and collegiality within the service. The Training Director is actively involved in monitoring the training program and frequently checks informally with interns and supervisors regarding interns' progress and potential problems. Interns are also encouraged to raise concerns with the Training Director as they arise. It is our goal to help each intern reach their full potential as a developing professional. Supervisory feedback that facilitates such professional growth is

essential to achieving this goal. The Training Committee supervising psychologists meets once per month to discuss training issues and intern performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct.

It is hoped that interns and supervisors establish a working professional relationship in which constructive feedback can be given and received.

The expected level of competence as indicated in interns' formal evaluations are as follows:

- Minimum ratings of 3 on all items within each competency domain for end of 1st rotation.
- Minimum ratings of 4 on all items within each competency domain for end of 2nd rotation.
- Therapy Case Presentation requirements fulfilled.
- Assessment Case Presentation requirements fulfilled.
- Diversity Project Presentation requirements fulfilled.

Procedures for Responding to Problematic Performance

When a supervisor identifies a concern with an intern's skills, professionalism, or personal functioning, they are expected to notify the Training Director immediately of these concerns. Supervisors should also present these concerns to the intern using an Intern Evaluation Form, even if the problematic performance occurs outside of a formal evaluation period.

The Training Director will then forward the concerns to the Training Committee. The Training Committee, with input from other relevant supervisory staff, then initiates the following procedures:

1. The negative evaluation and any other relevant information (e.g. work samples, written statements, etc...) will be reviewed within 10 working days to determine if the concern is serious to constitute "Problematic Performance" within specific competency domain(s). The intern's graduate program Director of Training may also be consulted on the matter, depending on the seriousness of the issue(s).
2. The Training Committee will also make a determination as to what action needs to be taken to address the issue(s) identified.

After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:

1. The Training Committee may elect to take no further action.
2. The Training Committee may direct the supervisor(s) to provide additional constructive feedback and methods for addressing the concerns in the identified competency domain. Reevaluation of the issue will occur within a specific timeframe determined by the Training Committee not to exceed 30 days. If such efforts are not successful, the issue will be revisited by the Training Committee.
3. The Training Committee deems that remedial action is required, a written Notice of Counseling will be provided to the intern. The Notice of Counseling will identify the problematic performance, identified competency domain, and remedial action. Possible remedial steps include (but are not limited to) the following:
 - a. Increased supervision, either with the same or other supervisors.
 - b. Change in the format, emphasis, and/or focus of supervision.
 - c. Change in rotation or other training experiences.
 - d. Didactic instruction and focused reading assignments.
 - e. Modification of current clinical assignments.
4. The Training Committee may place the intern on probation and issue a Formal Remediation Plan. The Formal Remediation Plan specifies that the committee, through the supervisors and Training

Director, will actively and systematically monitor at specific intervals, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance. The Remediation Plan is a written statement to the trainee that includes the following items:

- a. Notice of Probation*
- b. A description of the problematic performance assessed by the Training Council.*
- c. Specific recommendations for rectifying the problematic performance.*
- d. Time-frames for periodic review of the problematic performance not to exceed 2 weeks.*
- e. Competency domains in which the intern's evaluations must improve to address the identified problematic performance.*
- f. Time-frame within which the minimum expected competency must be obtained.*
- g. Procedures to assess at each review period whether the problem has been appropriately rectified.*

The intern's graduate program Director of Training will be advised that the intern has been placed on probation and a copy of the remediation plan will be sent to the graduate program Director of Training for any additional input they might have. In addition, the Chief of Mental Health Services, Associate Chief of Staff for Education, and the VA Office of Academic Affiliations will be alerted that a formal remediation plan has been issued.

Following the delivery of a formal Remediation Plan, the Training Director will meet with the trainee to review the required remedial steps. The trainee may elect to accept the conditions or may grieve the Training Committee's decision following the intern grievance policy. Once the Training Committee has issued an acknowledgement notice of the Remediation Plan, the intern's status will be reviewed using the timelines listed on the Remediation Plan utilizing the Intern Evaluation Form to monitor progress. The intern may be removed from probationary status by a majority vote of the Psychology Training Committee during scheduled reviews.

Failure to Correct Problematic Performance

When the defined remediation recommendations do not rectify the problematic performance within the defined time frame, or when the trainee seems unable or unwilling to alter their behavior, the Training Committee may need to take further formal action. If an intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Remediation Plan, the Training Committee will conduct a formal review and then inform the intern in writing that the conditions for removing the intern from probation have not been met. The Committee may then elect to take any of the following steps, or other appropriate action:

- 1. Continue the Probation and Remediation Plan for a specified period of time not to exceed 30 days.*
- 2. Inform the intern that the Training Committee is recommending that they be terminated immediately from the internship program. The Chief of Mental Health Services, Associate Chief of Staff for Education, the VA Office of Academic Affiliations, and VA Regional Counsel will be informed of the Training Committee recommendation that the intern be terminated immediately.*

If by the end of the training year, the intern has not successfully completed the training requirements, the Training Committee may recommend that the intern not complete the internship. The Chief of Mental Health Services, Associate Chief of Staff for Education, the VA Office of Academic Affiliations, and VA Regional Counsel will be informed of the Training Committee recommendation that the intern not complete the internship. The intern will then be informed that they have not successfully completed the program. The intern's graduate program Director of Clinical Training will be informed that the intern has not successfully completed the internship program.

Appeal Process

An intern may appeal the decision of the Training Committee by submitting a detailed response to the recommendations of the Training Committee. A review panel, comprising five VA psychology staff members, will be appointed by the Director of Training with the restriction that no one involved in the original action shall be on the panel. This panel will convene within 10 work days of receipt of the intern's written response document. Legal representation from VA Regional Counsel shall be available to the panel concerning due process issues and the Chief of Mental Health Services, Associate Chief of Staff for Education, the VA Office of Academic Affiliations will also be informed and available for consultation. The Director of Training shall present the position of the Training Committee and the intern, together with any counsel they may choose, shall present the appeal. The Training Committee shall abide by the panel's judgment if it recommends a change to the intern's remediation plan or continuation of training (in the event that the Training Committee has recommended that intern be removed from the program). All of the above steps will be appropriately documented and implemented in ways that are consistent with due process, including opportunities for trainees to initiate grievance proceedings to challenge Training Committee decisions.

ILLEGAL OR UNETHICAL INTERN BEHAVIOR

Infractions by an intern of a very minor nature may be dealt with among the Training Director, supervisor, and the intern. A report of these infractions will become a part of the intern's file and will be reported to the Internship Training Committee. Supervisors must report all ethical or legal infractions immediately to the Training Director.

A significant infraction or repeated minor infractions by an intern must be reviewed by the Internship Training Committee, Lead Psychologist, and the Chief of Mental Health Services after a written statement of findings is submitted to the Internship Training Committee by the Training Director. The Internship Training Committee will review the case as soon as possible following the receipt of the written statement. After review of the case, the Internship Training Committee will recommend either probation or dismissal of the intern. Recommendations of a probationary period will follow the Remediation of Problematic Performance and Due Process Policy.

The intern can appeal any decision of the Internship Training Committee by submitting a written request for appeal to the Training Director and/or any member of the Internship Training Committee. In such cases, a committee of psychologists not on the Internship Training Committee will be convened by the Chief of Mental Health Services and the Training Committee, and such a committee (the "appeal committee") will review the case, including the Training Director's written findings and the intern's written rebuttal. This review and recommendations coming from this review will occur as soon as possible, but no later than 10 work days from receipt of the request for appeal. The Chief of Mental Health Services, Associate Chief of Staff for Education, the VA Office of Academic Affiliations, and VA Regional Counsel will be informed of such recommendations. The recommendations of this committee can include continuation of the original set of recommendations made by the Internship Training Committee or a creation of a new set of recommendations. The recommendations of the appeal committee are considered final.

Local Information

Lexington, a city of approximately 300,000, is located in the heart of the Kentucky Bluegrass region. The city, surrounded by more than 300 thoroughbred and standard bred horse farms, is a world center for the equine industry. In the area around Lexington you will find stately groves of trees, pre-Civil War stone fences, acres of lush, verdant pastures, and horses. The city also serves as a regional center for health care, education, agriculture, and finance. Lexington has a rather moderate climate. There are four distinct seasons with no prolonged periods of cold, rain, wind, or snow. The annual mean temperature is 55 degrees; spring to fall 64 degrees; fall to spring 46 degrees.

Lexington is the home of the University of Kentucky, the state's land-grant institution. The University includes leading research centers in the physical and biological sciences. The UK Chandler Health Care System is a major source for research and education in medicine, nursing, and the allied health sciences. The University maintains twelve separate libraries, including a national repository for federal documents and a medical library. The library holdings of the University are available to VA Psychology Interns. One division of the Lexington VA is physically joined to the UK Chandler Health Care System and is located on the UK campus. Additionally, UK's Division I athletics program boasts the Kentucky Wildcat Basketball team, perennial March Madness and Final Four attendees.

Transportation: The city is easily accessible by air and ground transportation. Lexington is located at the intersections of I-64 and I-75, the Bluegrass Parkway, and the Mountain Parkway. The Bluegrass Airport is served by six major airlines. Traffic hassles associated with larger cities are not a problem in Lexington, and all areas of the city including the VA are easily accessible from the interstate or in town highways. Public transportation is available and serves all areas of the city.

Educational Facilities: There are numerous public and private institutions of higher learning within easy commuting distance of Lexington, including the University of Kentucky, Transylvania University, Eastern Kentucky University, Georgetown College, Centre College, Lexington Theological Seminary, Kentucky State University, and Lexington Community College. The local system of public schools receives high marks on the state level. The system includes magnet schools and special programs for gifted and developmentally challenged students. There are several private secular and parochial primary and secondary schools located in different parts of the city. Lexington maintains a comprehensive public library system with multiple branch locations.

Housing: Housing in Lexington is both abundant and diverse. Choices range from ante-bellum homes in the center of the city to apartments, condominiums, and single family homes in newly developed suburban areas. Rental costs are considered moderate relative to major metropolitan areas of the country.

Recreational Opportunities: There are many recreational opportunities in Lexington. Being a university center, Lexingtonians are avid fans of college sports. Lexington is also home to the Lexington Legends, a minor league baseball team. The city maintains a system of well planned public parks, playgrounds, swimming pools, tennis courts, golf courses, and a nature preserve. Lexington's proximity to the Appalachian mountain range and its numerous rivers and lakes makes it an excellent place for those who enjoy boating, fishing, hiking, camping, mountain climbing, and cycling. The state of Kentucky has a nationally renowned system of state parks that offer low cost outdoor recreation. Local equestrian events include a horse show in July, thoroughbred races at Keeneland in April and October, and trotting races at Red Mile in June and September.

Cultural Activities: Lexington is blessed with an unusually rich cultural life for a city its size. The Lexington Philharmonic, Central Kentucky Youth Orchestra, and the Lexington Singers present classical and popular concerts throughout the year. The city government sponsors classical, jazz, blues, and pop music concerts in local parks during the summer. The restored 19th Century Opera House offers the annual "Broadway Live!" series bringing musical theater companies to Lexington. Theater groups sponsored by the University and the city government offer a variety of traditional and experimental presentations. The visual arts are represented at the Headley-Whitney and University of Kentucky museums, numerous private galleries, and periodic showings by the Lexington Arts League. A comedy club features many well-established comedians. Locally owned restaurants are diverse and delicious, offering wide ranges of cuisine from the classic to the exotic in all price ranges. Two large shopping malls are located in Lexington, including a newly refurbished Fayette Mall with 200 stores including 4 department stores. Finally, popular and traditional forms of music are readily available through multiple

venues, ranging from taverns that feature local bands to Rupp Arena, a 23,000 seat auditorium which features major artists.

Lexington is a comfortable city in which to live and work. It is noted for its low crime rate, cleanliness, friendly people, and a Southern pace and hospitality. It is a city that offers a full array of services for both singles and families. It accommodates a wide variety of personal tastes and lifestyles.

APPENDIX I

Summary of the Lexington VA Health Care System's EEO, Diversity, and No FEAR Policies

The Lexington VA Health Care System is committed to ensuring equal employment opportunity (EEO), promoting diversity and inclusion, and constructively resolving workplace conflict in order to maintain a high performing workforce in service to our Nation's Veterans. To that end, this Facility will vigorously enforce all applicable Federal EEO laws, regulations, executive orders, and management directives to ensure equal opportunity in the workplace for all Lexington VA Health Care System employees. The Lexington VA Health Care System is strongly committed to reminding managers and supervisors of their obligations to maintain an environment free from discrimination, reprisal and retaliation actions. This document summarizes the Lexington VA Health Care System's EEO and diversity-related policies.

EEO and Prohibited Discrimination

The Lexington VA Health Care System will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, parental status, marital status, sexual orientation, age, disability, genetic information, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation. In addition, the Lexington VA Health Care System will provide reasonable accommodation to qualified individuals, and accommodations for religious practices, in accordance with applicable laws and procedures.

VA's Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints-management process to address and resolve complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361. The regulations governing the Federal EEO complaint process are found in the 29 CFR Part 1614. Employees seeking redress under this process must contact an EEO Counselor in person, by phone, or in writing within 45 calendar days of the date of the alleged incident. Employees may also report allegations to the facility's EEO Manager, a management official in their chain of command, or they may raise discrimination issues through the Negotiated or Administrative Grievance Process, as appropriate. While a discrimination allegation may be raised through these additional avenues, it does not constitute initiation of an EEO complaint with an EEO Counselor through the Federal sector EEO complaint process and it does not extend the 45 calendar-day time limit to initiate an EEO complaint with ORM.

While sexual orientation, gender identity, genetic information, parental status, marital status, and political affiliation are not listed as protected bases in Title VII of the Civil Rights Act, discrimination on these bases is strictly prohibited by VA. Complaints of discrimination filed on these bases will be processed according to the aforementioned Federal EEO complaint process up to and through the investigation stage of the EEO process. The VA Office of Employment Discrimination Complaint Adjudication will issue a Final Agency Decision on the merits of the claim within 60 days of its receipt of the complaint file. Complaints filed solely on this basis will not proceed to the U.S. Equal Employment Opportunity Commission. Other avenues of redress available to raise a claim of discrimination based on

sexual orientation, gender identity, genetic information, parental status, marital status, and political affiliation include the Negotiated or Administrative Grievance Process, both of which permit claims of discrimination, and if otherwise appealable, raising the matter with the U.S. Office of Special Counsel and/or the Merit Systems Protection Board if the claim of discrimination is coupled with adverse impact and/or prohibited personnel practices. While a discrimination allegation may be raised with these avenues, it does not constitute initiation of a complaint through this internal complaint process and it does not extend the 45 calendar-day time limit to initiate such complaint with the Office of Resolution Management.

Accommodations

VA is committed to providing reasonable accommodation to qualified individuals with disabilities in accordance with law, unless doing so poses an undue hardship as provided by the applicable law. For people with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to apply for a job, perform the essential functions of their jobs or enjoy equal benefits and privileges of employment. Individuals who believe they need such accommodation should request accommodation from anyone in their chain of command, human resources, or EEO. The procedures for requesting and processing requests for reasonable accommodation are contained in VA Directive 5975.1. Denials must be discussed with the VA Disability Program Manager or the local general counsel before conveying the denial to the employee. VA has also established a centralized reasonable accommodation fund to refund costs associated with some accommodations. For information on this, contact the Office of Diversity and Inclusion.

VA is also committed to providing religious accommodations to employees. Title VII of the Civil Rights Act of 1964 (Title VII) prohibits employers from discriminating against individuals because of their religion in hiring, firing, and other terms and conditions of employment. Title VII also requires employers to reasonably accommodate the religious practices of an employee or prospective employee, unless to do so would create an undue hardship upon the employer. Individuals who believe they need such accommodation should request accommodation from immediate supervisors.

Alternative Dispute Resolution

Conflict in the workplace is inevitable. Left unmanaged, it can lead to organizational disruption, high attrition, low productivity, and poor employee morale. To maintain a respectful, productive, and harmonious work environment, it is the policy of VA to resolve workplace disputes at the earliest possible stage. VA offers Alternative Dispute Resolution (ADR) services such as mediation and facilitation to assist parties in resolving conflicts constructively. ADR involves a neutral third-party working with the employee, supervisor, or group to engage in constructive communication, identify issues and concerns, and develop collaborative solutions. I encourage all VA employees to consult with their Administration's ADR Coordinator or VA's Workplace ADR program for assistance in resolving workplace disputes quickly and informally.

Workplace Harassment

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

Sexual harassment is a form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of one's employment, or (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or (3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment.

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

No FEAR/Whistleblower Protection

Retaliation and reprisal against Federal employees for opposition to discrimination, or participation in the discrimination-complaint process is unlawful and will not be tolerated. These protections are ensured by the Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act of 2002 - Public Law 107-174). VA prohibits retaliation and reprisal against Federal employees or applicants for employment who report violations of law, official wrongdoing, including gross waste, fraud and abuse of authority. These protections are ensured by the Whistleblower Protection Act (5 U.S.C. § 2302 (b) 8). Additionally, the right of employees, individually or collectively, to petition Congress or a Member of Congress, or to furnish information to either House of Congress, or to a committee or Member thereof, may not be interfered with or denied (5 U.S.C. § 7211). Protected individuals include complainants, witnesses, and others who provide information concerning such claims. The U.S. Office of Special Counsel (OSC), an independent agency of the Federal government, is responsible for addressing such retaliation or reprisal complaints. OSC is responsible for investigating all prohibited personnel practices regardless of original contact.

Mandatory Prevention of Workplace Harassment, No FEAR, EEO, Diversity, and Conflict Management Training

The No FEAR Act of 2002 requires all employees to take No FEAR training within 90 days of their initial hire and every 2 years thereafter. VA also requires workplace harassment prevention training for all employees every 2 years. This training is available to all employees through the VA Talent Management System (TMS). Managers and supervisors are also required to take mandatory EEO, Diversity and Conflict Management Training for Managers and Supervisors every 2 years. This training is mandatory for all senior executives, managers, and supervisors and is available in face-to-face format and on-line via the TMS.

Toward Diversity and Inclusion

To be an exceptional Federal agency, we must cultivate an inclusive work environment that reflects the diversity of our global community. Diversity and inclusion in the workplace are more than legal imperatives; they are business imperatives in this millennium. This begins with eliminating barriers on the legally protected bases, yet does not end there. To be fully inclusive, we must define diversity broadly and leverage the diverse talents of all our human resources. Our Nation's Veterans are best

served when we create an environment that is free of barriers to full participation, values diversity of perspectives, and empowers every individual to contribute to his or her fullest potential. Each one of us bears the responsibility to ensure that discrimination is not tolerated and that diversity is valued. We all share the responsibility to ensure we promote the complementary principles of equity, diversity, inclusion and respect in the VA workplace.

APPENDIX II

VHA HANDBOOK 1400.04

4. SUPERVISION REQUIREMENTS:

a. Supervision is an educational experience provided by a qualified supervising practitioner with a trainee. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the trainee while monitoring the quality of services delivered. Supervision is provided through observation, consultation, directing the learning and activities of the trainee, and role modeling (see paragraph 11.a.).

b. Each facility training program must provide appropriate supervision for all trainees as well as a work schedule and environment that are consistent with quality health care, the educational needs of trainees, and all program requirements.

c. All trainees must function under the supervision of supervising practitioners at all times. Responsible supervising practitioners must be readily identifiable and available, when health care services are provided by trainees. In addition, all services provided by trainees are billed in the name of the supervising practitioner, as long as supervision and documentation standards are met.

d. In accordance with VHA Directive 2009-002, Patient Care Data Capture, or subsequent policy issue, the supervising practitioner is considered the primary provider, even if that supervising practitioner did not personally see the patient or directly provide care. As such, the supervising practitioner is responsible for all services delivered to each Veteran by the trainee. "Person Class" code in the Veterans Health Information Systems and Technology Architecture (VistA) identifies providers of health care services. Since trainees of all disciplines covered by this Handbook are not considered independent providers, there exists no person class designation for them. Because trainees do not have a person class designation, they may not be listed on the patient care encounter as a provider, either primary or secondary.

e. Trainees should, however, have a "User Class," which is what interacts with the Authorization/Subscription Utility (ASU) to allow access to the health record. There is nothing in VHA business rules to prevent trainees from being assigned a user class that is compatible with health record entries, and OAA strongly encourages VA medical facilities to allow trainees to make patient health record entries requiring co-signature. The user class is defined and built locally in VistA, and the facility defining the user class determines the label for that user class. Each VA medical facility should have a user class that requires a co-signature by the supervisor.

f. Supervising practitioners are allowed to provide supervision only for those clinical activities for which they are qualified and have been approved to perform. In instances where licensure or certification is required, the supervising practitioner must hold the required credentials.

(1) Whenever the supervising practitioner is unavailable, such as from sick or annual leave, a substitute supervising practitioner must be identified. The delegated supervisor then has the responsibility for care of the Veteran and for supervision of the trainees involved. The substitute supervising practitioner must be fully qualified to provide clinical services to the Veteran and to provide supervision of those services. The supervising practitioner must ensure that trainees are informed of such delegation and that the substitute supervising practitioner is available, according to the standards of paragraph 5 below, at all times.

(2) Employees and other trainees may not provide supervision for services or activities which they are not credentialed or privileged to provide independently. More advanced trainees can receive experience

and supervision in providing consultation to more junior trainees, but such consultation may not substitute for the supervision of the junior trainee by a privileged or credentialed supervising practitioner as required by this Handbook.

(3) In some training settings, health care professionals from another discipline may function as supervising practitioners for selected training experiences. In these circumstances a provider in the same discipline as the trainee must be employed and available at the VA medical facility to provide discipline-specific mentorship and supervision. **NOTE:** *It is acceptable for a physician (MD or DO) to provide supervision for a nurse practitioner trainee or for a physician assistant trainee. In each of these cases, there must also be an identified preceptor or mentor from the same profession as the trainee. This serves the purpose of ensuring appropriate role modeling and scope of practice examples for the trainee.*

(4) A contract employee may provide supervision to trainees only when a regular VA employee functions as the supervisor of record and provides oversight to the supervision provided by that contract employee. Such arrangements may be initiated when the trainee is receiving training at a site distant from the home medical center, such as in a Community Based Outpatient Clinic (CBOC), where services are provided by contract staff. In this circumstance, the VA staff supervisor retains full legal and ethical responsibility for the health care provided by the trainee.

g. The more junior the trainee is, the higher the level and intensity of supervision that is required. The supervisor always holds responsibility for everything that occurs in trainee interactions with Veterans. Each VA medical facility training program must encourage and permit trainees to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment.

h. Each VA medical facility training program must adhere to requirements set forth by accrediting and certifying bodies, including the amount and type of supervision provided. Within the scope of the accredited training program, all associated health trainees must function under the supervision of supervising practitioners.

i. The specific type, intensity, and frequency of supervision are to be determined by an assessment of a combination of factors, which include discipline, level of education and experience of the trainee, and assigned level of responsibility. Each trainee and supervising practitioner must know and adhere to the assigned level of responsibility and to the permissible types of supervision and documentation as specified in Appendix A. **NOTE:** *Graduated levels of responsibility and allowable types of supervision are defined in general in paragraph 5 and specifically for each discipline in Appendix A.*

j. Trainees must comply with state law in obtaining provisional, interim, or temporary licenses or obtaining permits or registration from licensing boards, where applicable. However, the fact that a trainee has a license does not change requirements for supervision.

k. Home and community visits occur as a part of VA special programs such as Home-Based Primary Care (HBPC), Mental Health Intensive Case Management (MHICM), and others.

Trainees participating in community or home visits must have received orientation and training pertaining to the handling of emergency situations and related VA program policies and procedures. Additionally, as outlined in VHA Handbook 1141.01, Home-Based Primary Care Program, supervising practitioners are expected to educate students from multiple associated health disciplines about the challenges of delivering health care to Veterans in their homes and communities.

(1) Trainees with less experience may participate in home visits only when accompanied by a supervising practitioner. The trainee may participate in a home visit without a supervisor present only when the

trainee has demonstrated the requisite skills and expertise to function without a supervisor immediately present and after being granted the appropriate graduated level of responsibility.

(2) Although the supervising practitioner is not required to accompany trainees with more advanced knowledge, skills, and abilities on the home visit (assuming an acceptable, documented level of graduated responsibility), the supervising practitioner must be readily available at an agreed upon, identifiable phone number for the duration of the time the trainee is making home visits. Following a home visit, the supervising practitioner must discuss each case with the trainee. If at any time a trainee feels his or her personal safety is compromised, the supervising practitioner must be notified and local procedures must be followed. **NOTE:** *Any of the three forms of documentation referenced in paragraph 6.a.(1) may be used to record this supervisory interaction.*

(3) A trainee may also participate in a home or community visit without the identified supervisor's presence if accompanied by a provider from the same or another discipline that is credentialed or privileged to provide care in the case of an urgent or emergent event.

I. Telehealth care delivery.

(1) **Real-time Videoconferencing and Videophone.** In situations where the supervising practitioner and trainee are present at a VA medical facility delivering telehealth care to a Veteran remotely, trainee-provided care is acceptable in all circumstances where VA standards permit the supervising practitioner to deliver care remotely. Requirements for the presence of the supervising practitioner are the same as for clinic-delivered care and must correspond to documented graduated levels of responsibility. Real-time videoconferencing or use of a videophone must not be used to substitute for appropriate supervision, for instance, in situations where the trainee is with the Veteran in a remote setting such as a CBOC and the supervising practitioner is at the parent VA medical facility with videoconferencing or videophone connectivity. Certain VA facilities are located in very rural settings and offer specialized training in the utilization of telehealth services. Programs may request special consideration of their telehealth training programs from OAA. Consultation with specialists via remote connections may be handled as any outpatient consultation would be conducted.

(2) **Store and Forward Telehealth.** In "store and forward" telehealth, the trainee and supervising practitioner do not see the Veteran, except through examination of data, images, or specimens. The trainee reviews the material with or without the supervising practitioner present, and the supervising practitioner reviews the same material. The interpretations and reports on all material must be verified by the supervising practitioner. In all instances, the trainee must receive feedback on the trainee's interpretation of the material for learning purposes.

(3) **Telehealth Care, Including Telemental Health.** Telehealth care is provided by supervising practitioners and trainees to Veterans using virtual technologies such as home-messaging devices or interactive voice response telephone systems. Individual or group care may also be provided by clinical video teleconferencing (CVT) in a location desired by the Veteran or at a CBOC. Virtual care is often supplemented by telephone support with Veterans. Such an arrangement is acceptable in all circumstances in which VA standards permit the supervising practitioner to deliver care remotely. Trainees who are assigned responsibility for home telehealth patients must receive orientation and training pertaining to emergency situations and consult with the supervising practitioner regarding any changes in a Veteran's status or proposed changes in the treatment plan. Supervising practitioners will provide general oversight of the home telehealth care provided by trainees, consistent with assigned graduated levels of responsibility.

VHA DIRECTIVE 1027

f. Definitions:

(1) **Supervision.** Supervision consists of clinical consultation between the independent practitioner serving as supervisor and the psychologist, social worker, professional mental health counselor or marriage and family therapist; who is not licensed for the purposes of monitoring, informing, and guiding the provision of services.

(2) **Psychotherapy.** Psychotherapy refers to a specific psychological treatment modality utilized to address a current mental health diagnosis.

3. POLICY: It is VHA policy that a VHA psychologist, social worker, professional mental health counselor, or marriage and family therapist, who does not yet have a license that allows independent practice must be supervised by a licensed independent practitioner of the same discipline, who is a VA staff member and has access to the electronic health record.

4. RESPONSIBILITIES:

a. **Facility Director.** The Facility Director is responsible for:

(1) Ensuring that all VHA psychologists, social workers, professional mental health counselors, or marriage and family therapists, who do not yet have a license that allows for independent practice, are supervised by a licensed independent practitioner of the same discipline. A supervising practitioner must be a VA staff member and have access to the electronic health record.

(2) Ensuring that all VHA psychologists, social workers, professional mental health counselors, or marriage and family therapists not yet licensed meet regularly with their supervisor to discuss cases and proposed interventions. The frequency and nature of ongoing supervision is determined by the complexity of the patient's needs and the documented competency of the not-yet licensed psychologist, social worker, professional mental health counselor, or marriage and family therapist providing clinical services.

(3) Ensuring that in all cases, the supervisor remains regularly informed and updated on the nature of the clinical services provided by the supervisee. In no instance is the amount of supervision to be less than that required for unlicensed providers still in training according to the state licensing standards.

(4) Ensuring that all clinical supervisors, acting in the best interests of patients, take the necessary corrective steps to address any deficiencies in care provided by supervisees.

(5) Ensuring the clinical supervisor arranges for alternate supervision when the clinical supervisor is unavailable, when clinical supervision of a particular case would not be ethically appropriate for the primary supervisor (as in the case of a potential conflict of interest or dual relationship), or when the clinical issues presented by a patient are outside of the primary supervisor's areas of expertise.

(6) Ensuring that not-yet licensed psychologists who are hired directly after completion of internship, have clinical supervision that is equivalent to the amount required for American Psychological Association (APA) accreditation of a postdoctoral program during the first year of employment. For these individuals, at least four hours of supervision are required each week, at least 2 hours of which must be individual, face-to-face supervision.

b. **Clinical Supervisors.** The clinical supervisor is responsible for:

(1) Ensuring the Veteran's health record clearly demonstrates involvement of the clinical supervisor in the supervised staff member-Veteran encounters by co-signing the health record entry. A supervisor's co-signature signifies that the supervisor has reviewed the entry and concurs with the content of the entry. The supervisor may provide additional comments or information, as appropriate, in an addendum to the entry. The amount and type of supervision provided also must be indicated either in the note or in an addendum added by the supervisor.

(2) Ensuring that the supervisor's signing and dating of progress notes include an indication of the level of supervision in order to provide adequate documentation of supervision for VA purposes. For the veteran who is seen by the not-yet licensed staff member weekly or less frequently, each health record entry must have documentation of supervision. For the Veteran who is seen more than once a week, at least one health record entry each week must have documentation of supervision. A major change in the Veteran's condition may require more frequent or closer supervision. **NOTE:** *If an unlicensed social worker is only providing information and education regarding VHA or community resources and services and is not evaluating for, diagnosing, or treating a mental health condition or evaluating and treating a psychosocial condition, the notes pertaining to those services do not need to be co-signed; however, the nature of the service must be clear in the progress note.*

(3) Ensuring that the supervisor and unlicensed staff member abide by any additional state regulations concerning documentation of supervision when the supervision provides necessary hours toward licensure eligibility.