TOMAH VETERAN AFFAIRS MEDICAL CENTER
DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM
Locale and Setting

The Tomah Veteran Affairs Medical Center (Tomah VAMC) was established in 1943 on 175 acres surrounded by a golf course. Located in a beautiful area of Western Wisconsin, it is especially well-suited for those who enjoy the outdoors. An extremely picturesque area with abundant rivers, woodlands, prairies, and bluffs: Offering maximal opportunities for kayaking, trail running, biking, hiking, horseback riding, fishing, and camping in the summer months and cross-country skiing, down-hill skiing, winter-camping, fat-tire biking, snow-shoeing, and tobogganing during the winter. Another advantage of rural living is of course the abundant array of large wildlife including elk, wolves, cougars, deer, moose, bear; smaller wildlife such as mink, badgers, beavers, and fox; as well as exotic birds (i.e., Sandhill Cranes) and waterfowl (Loons). Moreover, the Tomah area offers a low cost of living, is much safer than larger urban areas, no traffic hassles, easy access to the Interstate and Amtrak train access to Milwaukee, Madison and Minneapolis. Tomah is also only 45 minutes away from the ‘Waterpark Capital of the World’ (Wisconsin Dells), approximately the same distance from La Crosse -- a city of 52,000 which hosts many festivals including the world-famous Oktoberfest and only 20 minutes from the internationally renowned Necedah National Wildlife Refuge.

The main campus features 19 buildings and three employee fitness facilities. Tomah VAMC is one of eight Medical Centers in Veterans Integrated Service Network 12 (Hines IL, Chicago IL, North Chicago IL, Madison WI, Milwaukee WI, Iron Mountain MI, and Danville IL). In addition to our main campus, the Tomah VAMC has four Community-Based Outpatient Clinics (La Crosse, Wausau, Wisconsin Rapids, and Owen). The campus employs approximately 1,100 staff, with 240 authorized hospital beds. This includes two long-term independent care centers (two additional homes are currently under construction), eight hospital-based long-term residential facilities (Community Living Centers), 60 Residential Rehabilitation beds (PTSD, SA, Military Sexual Trauma, and General Mental Health). In 2016, over 27,000 Veterans received health care services at the Tomah VAMC.

Mental Health (MH) has been a critical component of the Tomah VAMC mission since its inception and in recent years has become its healthcare emphasis. The Mental Health Service Line (MHSL) provides treatment to an estimated 10,800 outpatients, 500 inpatients, and 350 residential patients each year. Specific services offered within MH include: general outpatient, specialty outpatient PTSD, SA Residential Rehabilitation Treatment Program (RRTP), PTSD RRTP, Military Sexual Trauma, Compensated Work Therapy, Psychological Testing, MH Intensive Case Management, Compensation and Pension Evaluations, Primary Care Mental Health Integrated Clinic, Acute Inpatient Mental Health, and Psychosocial Rehabilitation and Recovery Center. Tomah’s MHSL employs an interdisciplinary approach to service delivery with practitioners from the disciplines of Psychology, Social Work, Clinical Pharmacy, Nursing, Psychiatry, as well as other professional fields (Physical and Occupational Therapy, Recreational therapy, Peer Support Specialists, Telehealth Technicians, and Medical Support Assistants).

Along with MH services, the intern is offered exposure to the following hospital-based specialties:

- Whole Health (comprehensive patient-centered preventive care)
Women's Health
Adaptive Sports Medicine
Polytrauma Clinic
Clinical Pharmacy
Primary Care
Primary Care Specialty Clinics
Neurology
Gerontology
Psychiatry
Sleep Hygiene
Pain Management
Physical Medicine and Rehabilitation (Physiatry, Chiropractics, Biofeedback, Physical Therapy, and Occupational Therapy)
Integrative Health (i.e., Meditation, Healing Touch, Acupuncture, Mindfulness applications)
Inpatient Rehabilitation
Inpatient Medicine
Urgent Care
Community Living Centers (interdisciplinary Geriatrics)
Homelessness
Hospice Care

Accreditation
As a newly established Doctoral Psychology Internship program, we are in the process of seeking American Psychological Association (APA) accreditation. While we cannot guarantee that we will achieve accreditation, we remain very committed and are planning to seek full APA accreditation. Our commitment is reflected in our dedicated faculty as well as our routine consultation with advisors/mentors from well-established APA-accredited internships. Questions related to accreditation status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation American Psychological Association
750 1st Street, NE, Washington DC 2002
Phone: (202) 336-5979  E-mail: apaaccred@apa.org
Web: http://www.apa.org/ed/accreditation

Application
We will also be requesting a 'Match number' from the Association of Postdoctoral and Internship Centers (APPIC) as a non-APPIC member since we are not eligible as a new program to be a full member
of APPIC. We will follow APPIC and the National Matching Service’s policies and procedures regarding internship selection and the Match process.

All applicants must submit the APPIC Application for Psychology Internship (AAPI) as per APPIC procedures, as well as graduate transcripts and letters of recommendation. To view the APPIC Directory, obtain the most recent version of the AAPI. To access APPIC Policies, go to the APPIC website at www.appic.org.* The National Matching Service can also be accessed through the APPIC website, or directly at www.natmatch.com/psychint/.*

Applicants may contact NMS at either of the following addresses:

National Matching Services Inc.
20 Holly Street, Suite 301
Toronto, Ontario
Canada, M4S 3B1
Telephone: (416) 977-3431
Fax: (416) 977-5020

Or

National Matching Services Inc.
P.O. Box 1208
Lewiston, NY 14092-8208
Telephone: (716) 282-4013
Fax: (716) 282-0611

Acceptance and notification procedures follow the APPIC Match Policies. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. For purposes of the Internship Matching Program, the program code number for the Tomah VAMC Psychology Internship Program is: To Be Determined.

The internship program utilizes the AAPI Online application forms that will be available at the APPIC website. Applicants will access the AAPI Online via the "Applicant Portal," which means that they will use their internet browser to create an account, enter information into the various fields of the AAPI, and ultimately submit their completed application to internship sites. Once an applicant has completed all aspects of the application, she/he chooses the "designated" sites to which the application is electronically submitted.

**Applicant Qualifications**

Our program accepts applications from candidates who have a current student status in an APA, Psychological Clinical Science Accreditation System (PCSAS) or Canadian Psychological Association (CPA) accredited doctoral programs. To verify this, the applicant’s program is checked against the APA CoA website list of accredited programs. Applications for our program are solicited nationally from APA, PCSAS, and CPA accredited psychology doctoral training programs in clinical and counseling psychology.
Applicants must be U.S. citizens. Potential applicants learn about our program from the APPIC application internet directory, email postings on relevant psychology email groups, and from our staff who attend national conferences and meetings. Applications are evaluated by a selection committee composed of the Training Director, the Chief of Psychology, at least five supervisory psychologists and the Equal Employment Opportunity Officer.

The internship program has the following requirements:
1. Doctoral student in clinical or counseling psychology program accredited by the APA or CPA screens. Match result and selection decisions are contingent on passing these screens.
2. Approval for internship status by graduate program Training Director.
3. A minimum of 250 direct intervention and 50 direct assessment hours of supervised graduate level pre-internship practicum experience. There is a clear focus on quality of training experiences rather than total hours.
5. Male applicants born after 12/31/1959 must have registered for the draft by age 26.
6. Matched interns are subject to fingerprinting, background checks, and urine drug screen.

The program seeks applicants who have a sound clinical and scientific knowledge gleaned from their academic program, strong basic skills in assessment, intervention, and research techniques, and the personal characteristics necessary to function well in our program setting. Our selection criteria are based on a "goodness–of–fit" with our scholar-practitioner model. We consider intern candidates from university-based programs as well as from free-standing and professional programs. We look at the total number of practicum hours and the quality of those hours in terms of the type of setting as well as experience with empirically supported treatment.

**Applicant Checklist**

Applicants are required to complete an AAPI online application (available at APPIC Web Site: http://www.appic.org/).

**Tomah VAMC Psychology Internship Match ID: 248611**

Applicants are required to submit a complete set of application materials, including the following:
1. A completed AAPI application form, including the Academic Program's Verification of Internship Eligibility and Readiness.
2. Approved for internship status by graduate program training director. The VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA
Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit: https://www.va.gov/OAA/TQCVL.asp

3. Minimum 250 intervention hours plus 50 assessment practicum hours.
5. Curriculum Vitae.
6. Three letters of recommendation from individuals familiar with recent academic and clinical performance.
7. Official transcripts of all graduate training.

Faculty screen applicants for personal interviews. The faculty then offer, to selected applicants, an opportunity to interview in-person with our faculty and tour our facilities. In-person interviews are strongly encouraged however, telephonic interviews will be accepted. The latest interview notification date is December 15, 2018. Interviews are scheduled during December 2018 and January 2019. An applicant may contact the Training Director by e-mail (michael.brandt@va.gov) to inquire about an interview or the status of his or her application. An in-person interview is not required for acceptance into the program; telephone interviews with the Training Director and selected faculty members can be arranged.

The appointment to an intern position is contingent upon the individual’s application being cleared through a national data bank to screen for possible ethical and legal violations and the individual passing a pre-employment physical exam. Interns must pass employment screenings through the Health and Human Services, Office of Inspector General, List of Excluded Individuals and through the National Practitioner Health Care Integrity and Protection Data Bank, as well as a fingerprint check, before their appointment becomes official. Interns must also pass a pre-employment physical completed by a VA hospital before they initiate the internship.

After receipt of the initial application package all communication will be accomplished via the e-mail address provided on the APPIC application unless otherwise specified. Applicants who have been selected during the uniform notification period will need to complete a Standard Form 171 for the appointment to be processed. All new Medical Center employees are subject to background checks and a random drug screen during their orientation period. Interns are included in the random selection for drug screening during their appointment. Because of significant time delay between completion of criminal background checks and the start of the internship year, interns, immediately upon selection will be instructed to begin the procedure for completing this background check.

**Notification of Acceptance**

The Tomah VAMC training program abides by APPIC and APA guidelines in the selection of interns. As required under APPIC policies, offers to interns may not be made before Match Day. Further, the VA
Medical Center is an Equal Opportunity Employer. The selection of interns is made without discrimination on the basis of race, color, religion, sex, national origin, politics, marital status, physical handicap, or age.

Candidate Vetting Process

The initial candidacy vetting involves reviewing the candidate’s doctoral program background and identifying applicants who maintained a GPA of 3.5 or higher in their overall coursework. Consideration is also given to whether the applicant has progressed through their program in a timely fashion and have contributed constructively in their respective programs. We are especially sensitive to applicants who self-identify as culturally, socially and psychologically diverse.

In addition to valuing individuals who reflect diversity, we also value those who demonstrate beliefs and experiences pertaining to diversity knowledge, awareness, and sensitivity. Our application instructions ask the applicant to include two to three paragraphs in the AAPI cover letter regarding: “What do you believe you could contribute to your internship site in the domains of diversity knowledge, awareness, and sensitivity? You should discuss explicitly the skill(s) you possess, how you use these in your clinical practice and/or research, and how you might use these in a practical manner to promote constructive changes within institutions and professional organizations.”

Interviews

Applicants may be asked to conduct a telephone interview, once again, looking for previously undiscerned factors that would justify an invitation to be interviewed in-person. This process is only intended for those applicants whose qualifications appear marginal upon initial examination.

Applicants who demonstrate strong academic and scholarly attributes and identify themselves as reflecting diversity, are invited for an in-person interview. Telephonic interviews will be accepted however in-person interviews are strongly encouraged. Notification of interview status will be no later than December 15, 2018. All applicants recommended by the Internship Training Committee will be invited to interview with us December 2018 through January 2019. Interviews are required of all applicants who make the final selection round. In-person interviews occur over the course of a full day and involve an informational session with the Training Director and Chief of Psychology, a tour of our facility, a group lunch with staff and at least two interviews with supervisory training staff. Telephonic interviews are offered to applicants who cannot make in-person interviews and involve talking with at least two supervising psychologists.

Whether in-person or telephonic, the second interview involves discussing a clinical vignette. Following these interviews, the internship selection committee rank order applicants according to data gathered from both the file review and interview process.

Important Dates and Deadlines

- Application Deadline: November 15, 2018
- Interview Notification: December 15, 2018
- Interviews: December 2018 and January 2019
- Matching: January 21, 2019
- Matching Notification: February 22, 2019
VA Certification Process

Certification of U.S. Citizenship and Drug Screening are required to become a VA intern. The Federal Government requires that male applicants born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this internship and fit the above criteria, you must sign it. All interns must complete a Certification of Citizenship in the United States prior to beginning the internship. We do not consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are required to be tested prior to beginning work, and once on staff they are subject to random selection.

The VA also requires the following:

1. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at https://www.va.gov/oaa/app-forms.asp. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

2. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

**ADDITIONAL INFORMATION REGARDING ELIGIBILITY REQUIREMENTS**


Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: https://www.sss.gov/Registration/WhyRegister/Benefits-and-Penalties

**ADDITIONAL INFORMATION SPECIFIC SUITABILITY INFORMATION FROM TITLE 5 (REFERENCED IN VHA HANDBOOK 5005):**

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

(1) Misconduct or negligence in employment;

(2) Criminal or dishonest conduct;

(3) Material, intentional false statement, or deception or fraud in examination or appointment;

(4) Refusal to furnish testimony as required by § 5.4 of this chapter;
(5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

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

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

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

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

Applicants must be enrolled and in good standing in an APA accredited clinical or counseling psychology program and be approved for internship status by graduate program training director. Applicants are required to have completed their comprehensive examinations, and to have proposed their dissertation to be considered for interview or ranking. Preference will go to applicants with well-balanced training including both assessment and intervention. Applicants will be evaluated individually on their clinical experiences, academic performance, research background, and clinical interests. Preference will be given to applicants with interests that match with the rural emphasis, generalist training, multidisciplinary experience, and Scholar-Practitioner model of training as stated in NAVAHCS training aims. As an equal opportunity training program, the internship welcomes and strongly encourages applications from qualified candidates, regardless of gender, age, race, ethnicity, sexual orientation, gender identity, national origin, color, physical or mental disability, language, culture, or religion.

Eligibility Requirements for VA training are as follows:

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 training occurs in a health care setting. Some of the patients served by VA are elderly or infirm, and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at VA or other hospitals. Securing a statement from university student health center, your regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training year (or taking additional...
preventative measures to limit patient exposure to the flu) will be required. Please discuss this with the program training director after you have matched and well before to your start date to facilitate your onboarding.

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

<table>
<thead>
<tr>
<th>Total Direct Contact Intervention Hours</th>
<th>Y</th>
<th>250</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>Y</td>
<td>50</td>
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</tbody>
</table>

Describe any other required minimum criteria used to screen applicants:

N/A

Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Annual Stipend/Salary Full-time Interns</th>
<th>$26,166</th>
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<tbody>
<tr>
<td>Annual Stipend/Salary Half-time Interns</td>
<td>N/A</td>
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<tr>
<td>Program Provides medical insurance for intern?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If access to medical insurance is provided:

| Trainee contribution to cost required? | Yes     |
| Coverage of family member(s) available? | Yes     |
| Coverage of legally married partner available? | Yes     |
| Coverage of domestic partner available? | No      |

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<thead>
<tr>
<th>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</th>
<th>104</th>
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</thead>
<tbody>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104</td>
</tr>
</tbody>
</table>

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes

<table>
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<tr>
<th>Other Benefits (please describe)</th>
<th>10 Federal Holidays, up to 5 days of Authorized Absence for Professional Development Opportunities</th>
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</thead>
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## Initial Post-Internship Positions
(as a new program we have no data for Post-Internship Positions)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Post Doc</th>
<th>Employed Position</th>
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<tbody>
<tr>
<td>Community mental health center</td>
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<tr>
<td>Federally qualified health center</td>
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<tr>
<td>Independent primary care facility/clinic</td>
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<tr>
<td>University counseling center</td>
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<td>Veterans Affairs medical center</td>
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<td>Military health center</td>
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<td>Academic health center</td>
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<tr>
<td>Other medical center or hospital</td>
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<tr>
<td>Psychiatric hospital</td>
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<tr>
<td>Academic university/department</td>
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<tr>
<td>Community college or other teaching setting</td>
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<tr>
<td>Independent research institution</td>
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<tr>
<td>Correctional facility</td>
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<td>School district/system</td>
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<tr>
<td>Independent practice setting</td>
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<tr>
<td>Not currently employed</td>
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<tr>
<td>Changed to another field</td>
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<tr>
<td>Other Retired</td>
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<tr>
<td>Unknown</td>
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### Address Questions to:

Dr. Michael Brandt, PhD  
Director of Psychology Training (116E)  
Tomah VA Medical Center  
500 E. Veterans Street  
Tomah, WI  54660
Criteria for Completion of the Internship

The following are the requirements for an intern to successfully complete the internship.

1) Major and Minor Rotations
There are multiple critical skill areas listed on the evaluation form (see Internship Manual), along with the behavioral objectives necessary to demonstrate acquisition of each target skill. Successful completion of the rotations requires the intern to achieve the following on the performance evaluations in both Major and Minor rotations:

1. In each goal area, absent of level 0 or 1 ratings on the mid-rotation evaluations (half-way point of each rotation) and quarterly evaluations.
2. Absent of level 0, 1, or level 2 ratings on the final evaluations.

Behavioral objectives will be rated on the following scale:

**N:**  No opportunity to observe this skill.

**Level 0:** Intern is performing at a substandard level. Remediation for this skill is required.

**Level 1:** The skill is new and intern works with close supervision, such that competency is at the level expected at the beginning of the rotation.

**Level 2:** Intern adequately performs this skill. Continued skill acquisition through regular, systematic supervision. Competency for this skill is at the level beyond the start of the rotation, but below that expected at the end of the rotation.

**Level 3:** Intermediate to advanced mastery of this skill is achieved. Supervision for this skill is minimal for routine cases, with closer supervision for complex cases. The intern’s competency level for this skill is what is expected at the end of the rotation.

**Level 4:** Performance of this skill is at an advanced level; displays specific strengths and/or competencies in this area with minimal supervision for routine and complex cases. Competency for this skill exceeds expectations and is at a postdoctoral level.

**Level 5:** Performance is significantly above expectations for this skill in all situations with occasional consultation. Competency for this skill greatly exceeds expectations and the intern has achieved mastery appropriate for independent functioning.

In addition, interns will be expected to demonstrate successful completion of a case conceptualization presentation based on the long-term psychotherapy experience at the end of the internship. Interns must obtain a total score of at least 24 (per rating form) with no ratings below a 3 on the Evaluation of Intern Case Conceptualization forms completed by the Training Director and/or faculty members.
2) Assessment
Interns will be required to satisfactorily complete at least 10 comprehensive psychological assessments by the end of the internship year as well as establish a minimum of 50 hours of direct assessment contact with clients. These assessments will take place within each rotation. Interns may be assigned additional assessments throughout the internship year. Therefore, even if the intern is not in a formal assessment rotation, they are still completing assessments in each of their rotations or at the very least throughout the training year. These cases are assigned by the Major and Minor rotation supervisors. Interns spend approximately 4-6 hours per week in assessment activities, including 1.5 hours of group supervision per week. Assessment supervisors provide supervision for 3-month periods, on Wednesdays from 1-2:30p. Interns adhere to specific deadlines when completing assessments. Specifically, interns are assigned testing cases during the supervision time. Following the completion of the Veteran’s clinical interview and psychological testing, interns provide an initial draft of the evaluation report within one week (5 working days) to their supervisor. Interns complete each evaluation report within two weeks of the initial assessment appointment. The completed assessments are reviewed and approved by the supervisor.

Each integrated psychological evaluation should contain, at minimum, the administration of a clinical interview and two to three assessment measures. By the end of the internship, each intern is required to complete the following:

a) At least five clinical interviews.

b) At least five objective personality assessments (e.g., MMPI-2, MMPI-2-RF, PAI, MCMI-III, etc.).

c) At least one achievement scales (one comprehensive achievement test & one screener).

d) At least three WAIS-IVs (one may be a partial WAIS-IV administration).

e) At least three brief self-report measures (e.g., BDI-II, BAI, PCL-5, etc.).

Please note that interns may also administer projective instruments such as the TAT or Sentence Completion Test. However, inclusion of projective testing is optional.

3) Case Presentation
Interns will present a case from their Major and Minor Rotation at a case presentation. These will be scheduled at the start of internship and occur during the didactic seminar time. Interns are expected to have a total score of 24, with no items below a 3 by each rater during this experience.

4) Journal Club Requirement
Successful completion of the Journal Club activity requires the intern to attend 90% of all scheduled Journal Club meetings. Any missed meetings must be made up by scheduling with one of the Journal Club faculty members. Interns are required to present an article two times during the internship year.
5) Didactic Seminar Requirement
Successful completion of the didactic seminars requires 90% attendance of seminars and a rating form completed. If a seminar is missed, the intern is expected to furnish a report on the readings contained in the abstract for the seminar, which will be graded on a pass/fail basis by the seminar instructor.

6) Administrative Requirement
Interns are expected to adhere to all internship attendance and leave expectations. Interns need to complete a minimum of 2080 hours on site to successfully complete the internship. Interns are expected to be on site for the first and last days of internship.

7) Need for Disciplinary Action
Any intern whose performance or conduct is substandard will be notified of the observed deficits as early as possible in the internship year. Determination of dismissal is made by the Training Committee in accordance with the Due Process Guidelines.

Policy for Problem Identification and Resolution:
Due Process Regarding Intern Evaluation and Grievance Procedures

This policy sets forth guidelines for the management of interns’ problematic performance or conduct and the program’s grievance procedures. This policy emphasizes due process and assures fairness in the program’s decisions about interns and provides avenues of appeal that allow interns to file grievances and dispute program decisions. The program uses the same procedures to evaluate all interns. These procedures are discussed with interns during orientation.

Due Process Guidelines
1. Evaluation procedures are clearly stipulated in the training manual, including when and how evaluations are conducted.
2. The procedures and actions for making decisions about problematic performance or conduct are outlined in the internship training manual.
3. Remediation plans are instituted for identified inadequacies and include time frames for remediation and consequences for failure to rectify the inadequacies.
4. All interns receive a written description of procedures they may use to appeal the program’s actions, and procedures they may use to file grievances. These procedures are outlined in the training manual.
5. Interns are given a specified time frame to respond to any action (i.e., addressing a deficiency or respond to an identified problem) rendered by the program.
6. Decisions or recommendations regarding the intern’s performance or conduct are based on input from multiple professional sources.
7. Program actions and rationale are documented in writing and distributed to all relevant parties.

8. In all instances, performance or professional conduct issues are discussed with the interns' Director of Clinical Training. The program is kept informed in an ongoing and timely manner of any significant problems, steps engaged to resolve problems, subsequent outcomes, and program decisions.

Definitions of Problematic Performance and/or Conduct

Throughout the year, interns are expected to make adequate progress toward their training goals as outlined in their exit competencies. Adequate progress is indicated by ratings of "Average" (at average intern level) or higher ratings on 80% of items in each competency area on all general clinical competencies and rotation-specific competencies.

Problematic behaviors are defined by supervisors who determine that an intern's behaviors or attitude are disrupting the quality of his or her clinical service provision; his or her relationships with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior including, but not limited to, violation of the ethical standards of psychologists, violation of Department of Veterans Affairs regulations, and violation of laws and regulations governing the practice of psychology. It is the professional judgment of the Training Committee that determines whether an intern's problem behaviors are serious enough to define 'problematic' performance or conduct.

The program defines problematic performance and/or problematic conduct as present when there is interference in professional functioning that renders the intern unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior; unable to acquire professional knowledge and/or skills that reach an acceptable level of competency relative to internship training goals; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning. More specifically, problem behaviors are identified as problematic performance and/or problematic conduct 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 knowledge or skill deficit that can be rectified by academic or didactic training in the typical course of supervision.
- The quality of services delivered by the intern is significantly negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.
- The intern’s behavior does not change as a function of feedback, remediation efforts, and/or time.

Faculty, Staff and Intern Complaints and Grievance Process

Most problems are best resolved through face-to-face interaction between intern and supervisor (or
other staff), as part of the on-going working relationship. Supervisory staff and/or trainees are encouraged to seek informal redress of minor grievances or complaints directly with the other party. Interns are encouraged to first discuss any problem or concern with their direct supervisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the intern, and to seek appropriate consultation. If intern-staff discussions do not produce a satisfactory resolution, or if the intern is uncomfortable in directly addressing the issue with the supervisor, additional steps are available and described below.

1. Informal mediation

Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the intern and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the intern change rotations to maximize their learning experience. Interns may also request a change in rotation assignment, following the procedures described in a previous section. Changes in rotation assignments must be reviewed and approved by the Training Committee.

2. Formal grievances

If informal avenues of resolution are not successful, or in the event of a serious grievance, the intern may initiate a formal grievance process by sending a written request for intervention to the Training Director.

a. The Training Director will notify the Chief of Psychology of the grievance and call a meeting of the Training Committee to review the complaint. The intern and supervisor are notified of the date that such a review is occurring and given an opportunity to provide the Committee with any information regarding the grievance. The Director of Clinical Training at the intern's graduate school are informed in writing of the grievance and kept apprised of the review process.

b. Based upon a review of the grievance, and any relevant information, the Training Committee determines the course of action that best promotes the intern's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in rotation placement.

c. The intern is informed in writing of the Training Committee's decision and asked to indicate whether they accept or dispute the decision. If the intern accepts the decision, the recommendations are implemented, and the intern's graduate program is informed of the grievance outcome. If the intern disagrees with the decision, they may appeal to the Chief of Psychology, who is familiar with the facts of the grievance review. The Chief of Psychology renders the appeal decision, which will be communicated to all involved parties, and to the Training Committee. The intern's graduate program is informed of the appeal and appeal decision.

d. If the grievance involves any member of the Training Committee (including the Training
Director), that member is recused from discussions by the Training Committee that address the grievance issues. A grievance regarding the Training Director may be submitted directly to the Chief of Psychology for review and resolution.

e. Any findings resulting from a review of an intern grievance that involve unethical, inappropriate or unlawful staff behavior will be submitted to the Chief of Psychology Service for appropriate personnel action.

f. All documents related to a formal grievance are maintained in a separate, locked file cabinet in the Training Director’s office.

g. These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanisms available to Tomah VAMC employees, including EEO (included in orientation materials), or under the mechanisms of any relevant professional organization, including APA or APPIC. Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists by contacting the Wisconsin Board of Psychology.

**Probation, Remediation, and Termination Procedures**

**Insufficient knowledge and/or competence**

The primary objective of the internship program is to develop professional competence. If an intern is identified as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning, the internship program assists the intern in providing remedial training experiences or recommended resources, to improve the intern’s performance. In very rare cases, the problem identified may be of sufficient seriousness to warrant that the intern not attain internship program credit.

Should this ever be a concern, the problem must be brought to the immediate attention of the Training Director in order to allow the maximum time for remedial efforts. The Training Director informs the intern of staff concerns and requests a meeting of the Training Committee. The intern and involved supervisory staff are invited to attend and encouraged to provide any information relevant to the concern. The Director of Clinical Training of the intern’s graduate program will be notified in writing of the concern and consulted regarding his/her input about the problem and its remediation.

a. An intern identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the intern from fulfilling the expected learning outcomes, and thereby, not receive credit for the internship.

b. The Training Committee may require the intern to participate in prescribed rotation or may issue guidelines for the type of rotation the intern should choose, to remedy such a deficit.

c. The intern, the intern’s supervisor, the Training Director, and the Training Committee produces
a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem within a specified timeframe.

d. Once an intern has been placed on probation, and a learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment assists the intern's remediation. The new placement is carefully chosen by the Training Committee and the intern to provide a setting amenable to addressing the identified problems. Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement. If so, both may petition the Training Committee to maintain the current assignment.

e. The intern and the supervisor reports to the Training Committee on a regular basis, as specified in the contract (not less than twice during the rotation) regarding the intern's progress.

f. The Director of Clinical Training at the intern's graduate program is notified of the intern's probationary status and receives a copy of the learning contract. It is expected that the Training Director provides updated reports of the intern's progress to the program. All contact with the program is placed in the intern's file. The intern may request that a representative of the graduate program be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the intern and his/her status in the internship.

g. The intern may be removed from probationary status by a majority vote of the Training Committee when the intern's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship.

h. If the intern is not making progress, or, if it becomes apparent that it is not possible for the intern to receive credit for the internship, the Training Committee informs the intern and their Director of Clinical Training at the earliest opportunity.

i. The decision for credit or no credit for an intern on probation is made by a majority vote of the Training Committee. The Training Committee vote is based on all available data, with attention to the intern's fulfillment of the learning contract.

j. An intern may appeal the Training Committee's decision to the Director of the Psychology Service. The Chief of Psychology renders the appeal decision, which is communicated to all involved parties including the Training Committee and to the Director of Clinical Training of the graduate program.

Notification Procedures for Problematic Behavior or Inadequate Performance

In cases involving problematic behavior or poor performance, direct verbal contact must be first be established by the relevant supervisor(s) and Training Director. If more serious action is required, a written noticed is provided by the Training Director. If the problematic behavior persists a second written
notice is provided to the intern. In this notice, the Training Director identifies the issue, remediation action and timeline, possible sanctions, and clarification of the appeals process.

*Procedures for Appeal*

Interns who receive a Performance Notice or Probation Notice, or who otherwise wish to contest any Evaluation Committee or Training Director actions or decisions regarding their status in the program, are entitled to challenge these actions and decisions by initiating a grievance procedure. Within five working days of receipt of the Evaluation Committee’s notice or other decision, the intern must inform the Training Director in writing that she or he is challenging the decision. The intern then has five additional working days to provide the Training Director with information as to why the intern believes the Evaluation Committee or Training Director’s action is unwarranted. Failure to submit a written challenge within 10 days will be taken as assent to the supervisory actions and decisions. Once a written challenge is received, the following steps will occur:

1. The Training Director convenes a Review Panel consisting of the Training Director, two faculty members selected by the Training Director, and two faculty members selected by the intern.
2. If the Training Director is the intern’s supervisor, the problem should be brought directly to the attention of the Psychology Chief who will serve in the Training Director’s role of guiding the appeal process further outlined below. The Chief of Psychology may, at his/her discretion, appoint another psychology staff member to serve in this role.
3. A review hearing will be conducted, chaired by the Training Director, in which evidence is heard from the faculty supervisor, who has the right to be present at the hearing. The intern retains the right to be present at the hearing, to hear all facts, and to dispute or explain his or her behavior.
4. Within 15 days of the completion of the review hearing, the Review Panel files a written report, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote of the five panel members. The intern is informed of the recommendations by the Training Director and through receipt of a copy of the panel report.
5. If the Review Panel finds in favor of the intern, no further action against the intern is taken. The Training Director will consult with the faculty supervisor concerning the decision.
6. If the Review Panel finds in favor of the faculty supervisor, the original supervisory action is implemented.
7. The Review Panel may, at its discretion, find neither in favor of the supervisor nor the intern. It may instead modify the original supervisory action or issue and implement its own action. In this instance, the Training Director will consult with both the faculty supervisor and the intern concerning the decision.
8. Decisions of the Review Panel may be appealed to an Appeal Committee consisting of the Chief of Psychology and one or more psychologists appointed by the Chief of Psychology to
assist in responding to the appeal. These psychologists would not have supervised the intern. If the Chief of Psychology is the intern’s supervisor, the problem should be brought directly to the attention of the Associate Chief of Mental Health, or his/her designee, who will guide the appeal process outside of the Psychology Service. Appeals to this decision should be made to the Chief of Staff of the Tomah VAMC.

9. The training program will abide by the decision of the appeal process.

**Illegal or Unethical Behavior**

Illegal or unethical conduct be tolerated. Illegal or unethical conduct by an intern is brought to the attention of the Training Director in writing. Any person who observes such behavior, whether staff or intern, has the responsibility to report the incident.

- The Training Director, the supervisor, and the intern may address infractions of a minor nature. A written record of the complaint and appropriate action become a permanent part of the intern's file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who notifies the intern of the complaint. Per the procedures described above, the Training Director calls a meeting of the Training Committee to review the concerns, after providing notification to all involved parties, including the intern and Director of Clinical Training of the graduate program. All involved parties are encouraged to submit any relevant information that bears on the issue and invited to attend the Training Committee meeting(s).
- In the case of illegal or unethical behavior in the performance of patient care duties, the Training Director may seek advisement from appropriate Medical Center resources, including Risk Management and/or District Legal Counsel.
- Following a careful review of the case, the Training Committee may recommend either probation or dismissal from the internship program. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in the above section pertaining to insufficient competence. A violation of the probationary contract would necessitate the termination of the intern's appointment at the Tomah VAMC.

**Problem Consultation**

APPIC has established both informal and formal complaint processes for interns, directors of training, and graduate departments. The goals of the Informal Problem Consultation (IPC) process are to provide confidential guidance, consultation, and assistance in resolving the broad array of problems and challenges that may be encountered by concerned parties in the internship or postdoctoral context. At times, serious problems cannot be adequately handled through the APPIC IPC process. For these situations, a formal complaint may be filed with the APPIC Standards and Review Committee (ASARC) -- http://www.appic.org/Problem-Consultation. In addition, questions can also be directed to an assigned
mentor, or other training directors personally or through the listserv. The APA Office of Consultation and Accreditation also provides informal discussion and guidance, and can be reached at:
http://apa.org/ed/accreditation/contact.aspx

Requirements for Program Completion

Minimal Standards
Supervisors evaluate intern performance on the Intern Evaluation Form at the middle and end of each rotation, which provides a rating scale for the nine core competencies and their specific skill areas. They rate interns on 5-point Likert scales.

Supervisors meet monthly to review and to discuss intern progress in the Psychology Training Committee. Supervisory level 4 is the expected exit level for interns graduating from the internship program, except for some specialized areas of practice. At this level of supervision, the intern needs occasional supervision; competency is attained at the entry level psychologist position with continued supervision recommended; documentation of supervision on site is required while in training status; direct observation is not required.

Minimal Levels of Achievement (MLA)
Supervisors completing evaluations in the last semester are aware of the implication of an intern not meeting the required MLA’s. If an intern was at risk for not meeting the program’s MLA by program completion, it would be brought to the attention of the training director and training committee so that intervention/ remediation could occur. In addition, the supervisors and Training Director would review evaluations to ensure that MLA are met by all interns in order to maintain good standing in the program as well as ensure completion of the program.

The program’s MLA’s are directly linked to the program’s Objectives, Goals and Competencies. The MLA’s are embedded into the rating scale on each individual evaluation item. Since these forms are completed and stored in a shared electronic file, program administrators and supervisors can access any intern’s evaluation at any point. In addition, intern progress is reviewed in the monthly Training Committee meeting. On occasion when an intern is not meeting MLA, supervisors immediately schedule a meeting with the Training Director (this discussion would not be delayed until the next Training Committee meeting). Interns not meeting the MLA’s will be placed on a formal remediation plan as described above.

Exit Criteria
To complete the internship program successfully, an intern must meet the following minimum requirements:

- Completion of 2080 hours of internship training.
- A minimum of 250 hours of patient care.
- A minimum average of 4 hours of supervision per week, at least
3 hours of which will include individual supervision.
- A minimum of 50 direct contact hours of assessment services including 10 reports
- Completion of all rotation and supervisory assignments
designated by the Psychology Training Committee.
- Achievement of standards expected of an intern in this program on the competency-based evaluations of the Intern Evaluation Form.
- Satisfactory resolution of all remedial training plans.
- Completion of a multicultural diversity project.
- Attainment of requirements for functioning in an entry-level psychologist position as a generalist practitioner.
- Employee’s Clearance of Indebtedness – There are several departments that you will call or visit in-person.

**Records Maintenance**

The majority of records (i.e., all performance and conduct evaluations) are completed electronically and saved on an electronic shared-drive which are managed by the internship Training Director. All other paper documents are kept in a locked file cabinet in the Training Director’s office.

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

The VA is committed to ensuring EEO, promoting workforce diversity, workplace inclusion, and constructively resolving conflict to maintain a high-performing organization in service to our Nation’s Veterans. We will vigorously enforce all applicable Federal EEO laws, executive orders, and management directives to ensure equal opportunity in the workplace for all VA employees. This document summarizes VA’s EEO, diversity and inclusion, and No FEAR-related workplace policies. EEO and Prohibited Discrimination VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

The VA’s Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of
employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361. The regulations governing the Federal EEO complaint process are found in 29 CFR Part 1614. Employees seeking redress under this process must contact an EEO counselor in person, by phone, or in writing within 45 calendar days of the date of the alleged discrimination. Employees may also report allegations to their immediate local facility EEO program manager or a management official in their chain of command, or they may raise discrimination issues through the Negotiated or Administrative Grievance Process or the Merit Systems Protection Board (MSPB) as appropriate. While an allegation of discrimination may be raised through these additional avenues, this action does not constitute initiation of an EEO complaint with an EEO counselor through the Federal sector EEO complaint process, and it does not extend the 45 calendar-day time limit to initiate an EEO complaint with ORM. Complaints of discrimination filed on the basis of marital status or political affiliation may be investigated as prohibited personnel practices and are under the jurisdiction of the MSPB or the Office of Special Counsel (OSC). Complaints filed on the basis of parental status may be processed through VA’s internal complaints process. Employees seeking to file complaints based on sexual orientation may have multiple avenues to consider. If an employee believes that he or she has been discriminated against based on sexual orientation, he or she should contact an ORM EEO counselor for more information.

**Conflict Management and Alternative Dispute Resolution**

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

**Prohibited Personnel Practices The Civil Service Reform Act of 1978**

This amended Act, protects Federal Government applicants and employees from "Prohibited Personnel Practices" including discrimination, coercion, intimidation, preferential treatment, and other prohibited practices in violation of merit systems principles. Under the law, OSC will investigate and take action to correct prohibited conduct. Injured persons may bring actions before the MSPB, if OSC declines to act. Individuals interested in more information should visit: [http://osc.gov/ppp.htm](http://osc.gov/ppp.htm).
Reasonable Accommodations

The VA is committed to the employment and retention of individuals with disabilities. To that end, VA will vigorously enforce Sections 501, 504, 505, and 508 of the Rehabilitation Act of 1973 as amended, which mirror the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendments Act of 2008. This includes maintaining accessibility of electronic and information technology to individuals with disabilities. All Federal employees and members of the public with disabilities must have access to and use of information and data, comparable to that of employees and members of the general public without disabilities, unless an undue burden would be imposed on the agency. An important component in hiring and retaining individuals with disabilities is the provision of reasonable accommodations to employees and applicants on the basis of disability in accordance with law. For individuals with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to perform the essential functions of their jobs and enjoy equal benefits and privileges of employment. Individuals who believe they need such accommodation should request accommodation from immediate supervisors. The procedures for requesting and processing requests for reasonable accommodation are contained in VA Handbook 5975.1. VA has also established a centralized reasonable accommodations fund to support requests for accommodation that may not be otherwise funded. Individuals interested in more information should contact the Office of Diversity and Inclusion. 28 In accordance with Title VII of the Civil Rights Act of 1964, VA also provides religious accommodations to employees unless doing so imposes an undue hardship on the organization. Accommodations may include adjustments to work schedules to accommodate religious observances, allowances regarding religious attire, allowances to be excused from compulsory activities that conflict with the employees sincerely held religious beliefs or practices, and other modifications. Individuals who believe they need a religious accommodation should request the accommodation from their immediate supervisors. Religious expression and exercise are permitted in the VA workplace provided that such expression does not suggest government endorsement or preference for one faith over another, interfere with efficient working of government VA operations, or intrude upon the legitimate rights of other employees.

Workplace Harassment Workplace

Harassment is a form of unlawful employment discrimination, and will not be tolerated. Workplace harassment is defined as any unwelcome, hostile, or offensive conduct taken on the bases listed above, which interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Harassment by or against VA employees, applicants, contract employees, clients, customers, and anyone doing business with VA is prohibited. Title VII prohibits offensive conduct, such as ethnic slurs, that creates a hostile work environment based on national origin. Employers are required to take appropriate steps to prevent and correct unlawful harassment. Likewise, employees are responsible for reporting harassment at an early stage to prevent its escalation.
Sexual harassment is a form of workplace harassment that is prohibited and will not be tolerated in VA. Analogous to other forms of workplace harassment, it involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of one's employment; (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or (3) such conduct interferes with an individual’s performance or creates an intimidating, hostile, or offensive work environment. Unlawful harassment extends to harassing comments posted on social media, such as Internet sites. It is the duty of an employer to protect its employees from unlawful harassment, if there is a nexus with the workplace. This duty is unaffected by the location where harassment occurs, on or off the worksite, including in cyberspace. The duty remains the same—supervisors must intervene and take prompt and effective corrective action to end the harassment. Supervisors and employees bear responsibility in maintaining a work environment free from discrimination and harassment. Employees must not engage in harassing conduct, and all employees should immediately report such conduct to their supervisor, another management official, collective bargaining unit, Employee Relations (ER), Labor Relations (LR) Specialists, or ORM, as appropriate. If an employee brings an issue of harassment to a supervisor's attention, the supervisor must promptly investigate the matter and take appropriate and effective corrective action. Allegations of discrimination and harassment will be taken seriously and appropriate corrective action—up to and including termination—will be taken, if allegations are substantiated. Supervisors are strongly encouraged to seek guidance from their local EEO manager, ORM, ER and LR staff, or the Office of General Counsel when addressing issues of discrimination or harassment.

**Workplace Violence and Bullying**

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

**Office of Occupational Safety and Health under the Office of Administration**

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

Language Usage

The VA recognizes and respects the right of employees who speak languages other than English in the workplace, outside of the performance of their work duties. Employees may speak another language when the conversation is not related to the performance of their duties; for example, when they are in the break room or making a personal telephone call. Circumstances in which an English-only rule may be justified include: communications with customers or coworkers who only speak English; emergencies or other situations in which workers must speak a common language to promote safety; cooperative work assignments in which the English-only rule is needed to promote efficiency. Even if there is a need for an English-only rule, Supervisors may not take disciplinary action against employees for violating the rule unless VA notified workers about the rule and the consequences of violating it. The Equal Employment Opportunity Commission has stated that rules requiring employees to speak only English in the workplace violate the law unless they are reasonably necessary to the operation of the business. A rule requiring employees to speak only English in the workplace at all times, including breaks and lunch time, should be limited to the circumstances in which it is needed for the employer to operate safely or efficiently.

No FEAR Act/Whistleblower Protection

It is imperative that all VA employees, supervisors, and officials understand the protections afforded by The Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act) and the Whistleblower Protection Act. The No FEAR Act protects Federal employees from unlawful discrimination and reprisal for participation in protected EEO and whistleblowing activity. The Whistleblower Protection Act prohibits retaliation against public employees or applicants for employment for reporting a violation of law, rule, or regulation; gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and special danger to public health or safety. Retaliation against individuals for whistleblowing, opposing discrimination, or participating in the discrimination complaint process is unlawful and will not be tolerated. This includes complainants, witnesses, and others who provide information concerning such claims. The Whistleblower Protection Enhancement Act of 2012 amended the law regarding whistleblowers' rights by: (1) making a whistleblower's oral disclosures legally sufficient; no longer must a disclosure be in writing; (2) making disclosures that fall within the whistleblower's job duties an eligible basis of a whistleblower claim; (3) strengthening anti-retaliation restrictions; (4) allowing damages that could be obtained by a whistleblower to include consequential damages such as emotional distress; and (5) establishing a 2-year trial period for these provisions. Avenues of redress available to address claims of reprisal for whistleblowing include local Congressional representatives, the MSPB, and the OSC. VA will not tolerate violations of the spirit or letter of these Federal statutes. Every VA employee is responsible for safeguarding the privacy of Veterans and other individuals served by VA and for complying with laws that protect patient
health information and other sensitive personal information. Be advised that a whistleblower disclosure of information is protected only if the release is specifically permitted by all applicable confidentiality provisions. Wrongful disclosure of sensitive personal information, such as medical or personnel records, may be subject to civil and criminal penalties as well as disciplinary or other adverse action.

**Uniformed Services Employment and Reemployment Rights Act of 1994**

An employee has the right to be reemployed in his or her civilian job, if he or she leaves a civilian job to perform service in the Armed Forces, Reserves, National Guard, or other “uniformed services” as defined by the Uniformed Services 31 Employment and Reemployment Rights Act of 1994 (USERRA, 38 U.S.C. §§ 4301 – 4335). USERRA ensures that persons who serve or have served in the uniformed services: (1) are not disadvantaged in their civilian careers because of their service; (2) are promptly reemployed in their civilian jobs upon their return from duty; and (3) are not discriminated against in employment based on past, present, or future military service. Individuals interested in more information should visit: [http://www.osc.gov/outreach.htm](http://www.osc.gov/outreach.htm).

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

The VA is committed to educating its workforce on its EEO-related policies and protections on a regular basis to maintain a discrimination-free workplace. To that end, VA requires that all employees take mandatory Workplace Harassment Awareness/No FEAR Act training in the Talent Management System (TMS Item No. 8872) within 90 days of their initial hire and every 2 years thereafter. This training is available to all employees through VA’s TMS. Managers and supervisors are also required to take mandatory EEO, Diversity, and Conflict Management Training (TMS Item No. 1328672) every 2 years. This training is mandatory for all senior executives, managers, and supervisors. Both courses are available online at the following link: [https://www.tms.va.gov/learning/user/deeplink_redirect.jsp](https://www.tms.va.gov/learning/user/deeplink_redirect.jsp).

**Diversity and Inclusion**

The VA must cultivate an inclusive work culture and create an environment that reflects the diversity of our increasingly global community. We must leverage the diversity of our workforce and empower all of our employees to contribute to VA’s noble mission. Inclusion is the means by which we drive employee engagement and empower all of our human resources by enabling their full participation in the mission and protecting their voices. Diversity and inclusion are the cornerstones of a high performing organization. They are more than legal or social imperatives in this millennium; they are business imperatives essential to providing the best public service. We all share the responsibility to ensure we embed the complementary principles of equity, diversity and inclusion throughout VA. I encourage all VA employees to actively embrace these principles in all that we do to deliver the best care and services to America’s Veterans.
References and updates to the diversity policy can be found here: http://www.diversity.va.gov/policy/statement.aspx

Administrative Policies and Procedures

Identification and Management of Intern Problems or Impairment

The Intern Training Manual provides interns and faculty with a definition of impairment, a listing of possible sanctions, and an explicit discussion of due process procedures. Also included in these due process procedures are important considerations for remediation of problems or impairment, as well as detailed appeal and grievance procedures. The Training Director covers these issues during orientation. The documents are available upon request.

Privacy Policy

We will not collect any personal information from you when you visit our website.

Self-Disclosure

In the supervision of interns, the faculty believes that forming a positive working alliance is an indispensable ingredient in any professional relationship. We encourage interns to explore and understand those qualities and characteristics that they bring to each interpersonal encounter. We expect interns to recognize, improve, and employ personal qualities that will assist them in forming effective working relationships with patients, peers, faculty, staff, and other members of the community.

The faculty is committed to promoting intern development, respecting intern privacy, and avoiding the misuse of interpersonal power that can arise from dual relationships. Toward these ends, the faculty supervisors respect the ability of interns to choose what personal information is appropriate for disclosure to faculty. There are exceptions to this general rule. In some situations, it is necessary for faculty to evaluate or obtain assistance for interns whose personal problems prevent them from performing their training activities or professional duties in a competent manner or whose behavior may pose a threat to themselves or others. In these situations, the faculty may ask for personal information to make a responsible decision and remedial plan. In so doing, the faculty will follow guidelines for remediation and due process described in the program manual. Although the faculty recognizes that interns may need or benefit from psychotherapy, supervisors do not establish therapeutic relationships with interns or with anyone with whom such an arrangement would create a potentially harmful or exploitative dual relationship.

Training Philosophy

The doctoral internship program in psychology offers broad education and training with a focus on the specializations of Counseling and Clinical Psychology. The structure of the program is consistent with APA's definition of training in Health Service Psychology, by providing experience in the delivery of
preventive and therapeutic interventions that address psychological and physical health. It is the expectation that by the end of the training year, interns are capable of practicing at an independent level.

Our program is based on a scholar-practitioner philosophy of training responsive to the multicultural setting within our rural community, with an emphasis on empirically-based psychotherapies. We provide generalist training with opportunities for areas of specialty that facilitate growth and competence, integrating the application of current scientific knowledge, principles, and theories in the provision of professional services. Interns integrate science and professional practice sufficient to demonstrate assessment and intervention skills with diverse individuals and populations. Thus, the program prepares broadly trained professional practitioners to offer quality and ethical services that are preventive, developmental, and therapeutic. Training related to ethical, legal, and multicultural/diversity issues are integrated throughout the program.

While we offer general training experiences, interns are able to also individualize their training experience; creating training and career goals based on their needs assessment and discussion with faculty. Interns create a training plan in collaboration with their supervisors that assist them in meeting their goals. Training, including personal selection of Major and Minor rotations, is structured around these goals and increases in complexity and responsibility over the course of the training year.

Faculty insure that interns have a psychologically safe, supportive and constructive training environment. The program recognizes the rights of interns and faculty/staff to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns’ learning experiences, all interactions among interns, training supervisors, and faculty/staff are ethical, collegial and conducted in a manner that reflects the highest standards of the profession (see the current APA Ethical Principles of Psychologists and Code of Conduct). The program has an obligation to inform interns of these principles and of their avenues of recourse should unforeseen barriers/problems arise.

Program faculty/staff are accessible to interns and provide them with a level of guidance and supervision that encourages successful completion of the internship program. Faculty/staff members serve as appropriate professional role models and engage in actions that promote interns’ acquisition of knowledge, skills, and competencies consistent with the program’s training aims.


Cultural Diversity

The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation (APA, 2017) defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program makes systematic, coherent, and long-term efforts to attract and retain interns and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging...
learning environment appropriate for the training of individuals are diverse and the provision of training opportunities for a broad spectrum of individuals. Multiple didactic sessions will address an array of diversity issues.

The program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate weight upon personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Therefore, this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, interns, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision is administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, our program prepares interns to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity. These values and actions are continuously reviewed by the Tomah VAMC's Equal Opportunity Officer who serves on the Psychology Internship Training Committee.

Although the faculty is cognizant of the relatively homogenous ethnicity of the population in Western Wisconsin, we strive to address diversity issues and have made self-education and staff education in diversity awareness a formal part of our program efforts. As the area continues to diversify, the staff has made efforts to increase access for mental health services to more traditionally stigmatized populations to include female veterans, those with cognitive deficits, and those identifying as LGBQ and/or transgender. In addition, interns have a variety of opportunities to work with veterans and other local populations with physical limitations, homelessness, low socioeconomic status, and limited education/literacy.

The Office of Diversity Management and Equal Employment Opportunity (DM&EEO) provides leadership in creating and sustaining a diverse workforce free of discrimination at the Department of Veterans Affairs. For more information, visit the Web site at Office of Diversity and Inclusion, U.S. Department of Veterans Affairs. The Office of Diversity and Inclusion offers guidance to VA facilities on implementing activities for special observances at https://www.diversity.va.gov/calendar/default.aspx.

Learning Elements

Our program adheres to the American Psychological Association’s Standards of Accreditation (SoA). The primary learning elements are as follows:

1. The program's primary training method is experiential (i.e. service delivery in direct contact with service recipients). It includes sufficient observation and supervision by psychologists to facilitate interns' readiness to enter general independent practice upon training completion.

2. The program follows a logical and progressive training sequence that builds on the skills and competencies acquired during doctoral training.

3. Training for practice is sequential, cumulative, and graded in complexity in a manner consistent with the program's training structure.

4. The program demonstrates that intern service delivery tasks and duties are primarily learning-oriented and training considerations take precedence over revenue generation.

Interns’ clinical abilities and scholarly skills are assessed at the beginning of the training year; intern skill levels, experience, interests and goals are considered in formulating a training plan for the year. This plan consists of selecting and sequencing rotations and other core training experiences so that skill acquisition is optimized. Individualized training plans can be modified throughout the year, depending on an intern’s needs and changing or emerging interests. All training activities are structured according to a developmental model, with interns initially being provided close and detailed supervision as appropriate, with opportunities to master fundamentals in assessment, interventions, supervision/consultation, and ethics. As the year progresses, additional time is allocated to more focused skills and approaches. Additionally, interns are progressively exposed to opportunities to provide each other with feedback and guidance, and experience in consultative roles.

In all training experiences, interns are challenged to build upon their past experiences and think autonomously. As the year progresses, interns are encouraged to develop supervisory relationships that become increasingly consultative in nature. The program faculty are aware that some interns may require very close supervision for a longer duration than other interns, and there may be interns who begin the year more able to function independently. Our system is flexible enough to allow for these types of variation, as supervisors continuously assess interns’ needs and adjust the intensity, duration and frequency of supervision accordingly.

Program Structure
Interns will spend the first week of internship in orientation of the Tomah VAMC MHSL, and to the Psychology Internship program. Interns will meet with the Director and be provided with the overview of the program and a list of competencies required for successful completion of the internship. Each intern will also complete a self-assessment of their current interests, theoretical orientation, and experience in the field of psychology, which will help inform rotation choices and provide a baseline for gauging progress and growth over the year. Interns will have the opportunity to discuss potential Major and Minor rotation placements with each of the supervising psychologists. At the end of the week, interns will meet with the Training Director and make their respective placement choices.

Supervisors assist in selecting patients, making referrals, facilitating intern participation in multi-disciplinary case management meetings, and providing weekly individual and group supervision. Interns will obtain a minimum of four hours per week of supervision with at least two of those hours in direct face-to-face individual supervision. Interns’ experiences and opportunities will follow a step-wise progression with increasing clinical complexity as their exposure, education, supervision, and ability demonstrates.

Interns will participate in weekly Didactics Seminar -- two hours of instruction and discussion intended for professional development in a wide variety of areas related to mental health. Interns will also participate in other pertinent clinical and educational opportunities including guest lectures, case conferences, journal club, complex multi-disciplinary case management meetings, Mental Health provider meetings, and psychology staff meetings. Interns will present a minimum of two formal presentations to the Mental Health Provider teams, one of which is focused on demonstration of knowledge and integration of current research in the clinical assessment and/or treatment of an actual patient. The second presentation will be in an area of clinical interest, staff training, or program development.

Weekly meetings will also be conducted that are meant to provide interns with time to collaborate and discuss internship issues, concerns, challenges, and successes. There is no formal format to these meetings. In addition, each intern will serve a six-month term as a training committee intern representative. The training committee representatives communicate intern feedback to the training committee and provide input on programmatic changes.

Interns will be formally evaluated quarterly throughout the internship by the Training Director. They will also be evaluated by their supervisors at the midterm and end of each rotation. In addition, intern progress is continuously reviewed over the course of the internship by the intern's clinical supervisors in Major and Minor rotations. Interns will receive continuous feedback through supervision as well as formal assessment at the midterm and end of each rotation as well as a formal quarterly assessment by the Training Director. Successful completion of the internship will indicate competence for continued work in professional psychology as well as potential opportunities in VHA (Veterans Health Administration).

Interns will be asked to complete an evaluation of their rotation experience at the mid-term and end of each rotation; estimate their overall performance in the internship each quarter; and an assessment at the end of each journal club meeting and didactic session. An exit interview will also be scheduled with the interns and the Training Director. Interns will be asked to participate in an alumni program that will provide
information to the internship about post-internship professional employment and other professional experiences (i.e., organizational membership).

**Training Program Synopsis**

**Training Rotations, Assessment, Didactics, and Administrative Sessions**

Overall, interns are expected to provide direct service to Veterans for a minimum of 15 hours per week. Interns are expected to have 500 hours of face-to-face patient contact hours by the end of the internship. Each intern is assigned two Major rotations and three Minor rotations.

**Major Rotations:** Rotation supervisors work with interns to accommodate training needs and reasonable requests for training experiences offered on that specific rotation. Interns will select two Major rotations for the year. The first, of two, Major rotations begins July 1, 2019 and ends December 30, 2019. The second Major rotation begins January 2, 2020 and concludes June 24, 2020. The final day of the internship is June 24, 2020. Interns can expect to spend approximately 20 hours per week in Major rotation activities, including 1.5 hours of individual supervision each week with their rotation supervisor (a licensed psychologist).

**Minor Rotations:** Rotation supervisors work with interns to accommodate training needs and reasonable requests of training experiences. Each Minor rotation lasts for 4 months. The first Minor rotation begins July 1, 2019 and concludes October 31, 2019. The second rotation starts November 1, 2019 and ends March 2, 2020. The third Minor rotation begins on March 3, 2020 and ends June 24, 2020. The interns spend approximately 8-10 hours per week in their Minor rotation, including one hour of individual supervision each week with their rotation supervisor; a licensed psychologist.

**Supervision Consultation:**

Interns are required to participate in supervision consultation. This two-hour meta-supervision meets every other month with licensed psychologists to learn and practice models of supervision. Interns have an opportunity to engage in role-playing with fellow interns. Interns are provided with research articles or other reading materials for discussion during the initial part of the consultation experience. These sessions also include one intern acting as the supervisee and another as the supervisor. The supervisee intern provides a video of a psychotherapy session and uses this as a supervision session. The intern in the role of the supervisor practices supervision skills. The final section of this consultation experience includes feedback and instruction from the licensed psychologist to the intern in the role of supervisor. Each intern serves as the role of supervisee and supervisor six times during the internship year.

**Didactic Seminars:**
Interns attend one weekly training conference which is on Fridays from 8 AM to 10 AM. The first hour of the conference focuses on seminars (some may last longer). The second hour of the conference involves consultation regarding clinical cases. These conferences are conducted July 2019 through June 2020 in Building 405/ rm. 1204. Below is a sample of some of the didactic topics that will be featured:

- Hypnosis
- Forensics from a Psychiatry Perspective
- Biofeedback
- A.C.T. Theory and Treatment
- Post-Doctoral VA Job Search
- Military Culture
- Intimate Partner Violence
- LGBTQ Issues in Psychotherapy
- Suicide Risk Assessment and Safety Planning
- Ethics of Clinical Practice
- Psychopharmacology

**Clinical and Administrative Forums and Meetings**

Interns will be expected to attend the following meetings:

1) Intern Class Meeting
   
   There is a one-hour meeting of the intern class once per month. The Director of Training attends this meeting upon request; the fourth Monday of the month from 8:00 AM until 9:00 AM from July 2019 through June 2020 in Building 405/ rm. 1204.

2) Behavioral Health Staff Meeting
   
   Interns attend Behavioral Health staff meetings every Wednesday from 8:00 AM until 9:00 AM in Building 405/ rm. 1412.

3) Team Huddle Session
   
   Interns attend Team Huddles Monday through Friday from 8:00 AM until 8:30 AM in Building 404/ rm. 1430.

4) Behavioral Health Staff Self-Care and Wellness Session
   
   Interns attend Staff Wellness meetings every Thursday from 8:00 AM until 9:00 AM in Building 405/ rm.1412.

5) Mental Health Service Line Meeting
   
   Interns attend MH Service Line meetings the second Wednesday of the month from 3:00 PM until 4:00 PM in Building 407/ rm. 1012.

6) Journal Club Session
   
   The Journal Club meets the third Friday of the month from 1:00 PM until 2:00 PM in Building 405/rm. 1412. A licensed psychologist proctors this club. Interns read, prepare, and present research paper
analyses. This is in partial fulfillment of the Scholarly Activity requirement. Interns must attend 90% of all scheduled Journal Club meetings to successfully ‘pass’ this area. Any missed meetings must be made up by scheduling with one of the Journal Club faculty members. Performance ratings will be completed twice for each intern by the Journal Club faculty members. Interns are required to present an article four times during the internship year. To ‘pass’ the Journal Club, the interns are expected to obtain a total score of 12 with no ratings below a 3 on each of the domains listed in the Journal Club rating form.

7) Chief of Staff Professional Meeting
   Interns attend the Chief of Staff meetings the first Wednesday of the month from 1:00 PM until 2:00 AM in Building 407/ rm. 10012.

8) Didactic Seminar
   Interns attend didactic instruction every Friday from 8:00 AM until 10:00 AM in Building 405/ rm. 1412.

Rotation Assignments

Assessing Training Needs

During orientation week, interns are asked to reflect upon their strengths as well as areas needing additional development to discern their internship training needs. In addition, each intern meets individually with supervisors to discuss his/her goals as well as strategies to accomplish these goals. The Training Director and supervisors are valuable resources for identifying placements that assist the intern in augmenting their training experience.

At the beginning of each rotation, interns complete an Individualized Training Plan with their rotation supervisor. The original form is provided to the Training Director for placement in the intern’s e-file. At the mid-point of each rotation, interns and supervisors engage in a formative evaluation process which enables them to adjust training goals as needed. This evaluative process is measured in the context of the intern's stated goals, the standard of practice in the clinical setting, and the expected competencies for the rotation. Mid-term progress is reviewed by the training committee which may make recommendations to interns regarding future training experiences based on supervisor evaluations.

If an intern is identified as having a serious deficit in knowledge or skills in a fundamental area of knowledge and/or practice, the Training Director and Training Committee recommends specific remedial training experiences to ensure that all training competencies are fulfilled. The Training Committee would make these decisions after considering input from the supervisors and the intern.

Sources of Information About Training Program

Interns have access to as much information as possible before they select a rotation. There are numerous sources of information available regarding the various placements; Internship Manual, Internship Brochure, staff presentations during orientation week, and optional individual appointments with supervisors and/or the Training Director.
Interns may choose rotations solely on their interest in the content area. However, interns should note that all rotations provide training in fundamental and non-specific professional skills, exposure to overlapping patient populations, as well as experience in approaches and interventions common in all psychological practice. Furthermore, the internship training experience is geared toward broad and general training that provides a solid foundation for entry-level practice or post-doctoral training.

**Rotation Placement and Formal Approval**

Supervisors' input regarding expectations of interns, their supervisory workload, anticipated changes in the rotation placement, personal preferences, or other important factors are solicited and considered in making the final decision regarding rotation selection.

Interns meet with the Training Director to review rotation placements. The training plan must be consistent with the training program guidelines described in the manual and meet the approval of the participating supervisors. Formal approval of the plan is made by majority vote of the Training Committee.

**Rotation Selection Constraints**

While there is considerable freedom in the rotation selection process, there are also important constraints:

- If an intern has a significant deficit in an important area of knowledge or skill, the Training Committee may require a specific training experience.
- Each supervisor can have only one full-time intern working in a placement at any given time. This limitation is intended to ensure that each intern receives intensive and accessible supervision.
- Due to staff turnover, extended absence of supervisory staff, administrative reorganizations, and other unanticipated events, some placements may have to be temporarily suspended and therefore, unavailable to interns.

**Rotation Closures**

Rotation placements are closed if they no longer offer appropriate learning opportunities. This may occur when a supervisor plans a prolonged absence, there is an administrative reorganization occurring on a unit, the psychologist position is vacant, a new psychologist has just arrived on a unit and needs time to acclimate to the setting prior to providing supervision, or when interns find that a placement does not provide an adequate training experience.

When a rotation is closed, the participating supervisor makes the request for rotation closure. However, under some circumstances, the Training Committee, the Training Director, the Psychology Chief, or the intern group may request the closure of a rotation. The Training Committee considers all requests for rotation closure.

If a rotation is closed in response to a formal complaint, the Training Committee’s recommendation for rotation closure are provided in writing. The supervisor of that rotation has the responsibility to formulate a plan to remedy those problems with the assistance of the Training Director. Evidence of correction or
sufficient improvement must be presented to the Training Committee before the rotation is reopened.

**Rotation Placement Changes**

In rare instances, an intern may need to change rotation placements during the rotation period. This may occur, for example, when there are unanticipated personnel or administrative changes on a unit that negatively impact an intern's learning opportunity. Alternatively, it might be the case that an intern and their supervisor conclude that the present rotation does not provide a good learning climate for the intern. With the consultation of the Training Director and current supervisor, the intern may change rotation placements. After appropriate consultation with a new supervisor, the intern requests Training Committee approval of the new rotation placement.

**Specific Rotation Structure**

The internship year is divided into two Major and three Minor rotations. This division of time is designed to allow for breadth of experience, while providing sufficient time to achieve depth of experience.

Major rotations are assigned by the Training Committee and these assignments are based on intern preference and assessment of intern needs. We encourage all interns to choose rotations that augment their experience and skill sets.

**Major and Minor Rotations**

(Interns may select the following clinic areas as Major or Minor rotations)

1) **General Outpatient Mental Health (GOMH)**

Setting: General outpatient Mental Health Clinic  
Primary competencies: Diagnosis, assessment, and individual and group therapy.  
Secondary competencies: Consultation and treatment planning.  
Direct patient contact hours/week: 16 (Major Rotation); 8 (Minor Rotation)  
Supervisors: Sara Dahl, PhD and Kendra Holzer, PhD

The Mental Health Outpatient Clinic provides a wide range of outpatient mental health services to Veterans reflecting a broad spectrum of MH diagnoses and concerns. The most frequently seen diagnoses include anxiety, trauma-related, and depressive disorders, followed by substance use and other serious psychiatric disorders (i.e., bipolar disorder). The GOMH is comprised of a multidisciplinary team consisting of psychiatrists, psychiatric nurse practitioners, social workers, clinical pharmacists, nurses, nurse case managers, and medical support assistants. The GOMH team huddles daily throughout the week for case consultation. Interns engage in individual and group psychotherapy, psychological and cognitive assessment, and consult with other professionals within the facility as well as receive exposure to evidence-based treatments.

2) **PTSD Clinical Team (PCT)**

Setting: Outpatient Mental Health Clinic
Primary competencies: Diagnosis, assessment, and individual and group therapy.
Secondary competencies: Consultation and treatment planning.
Direct patient contact hours/week: 16 (Major Rotation); 8 (Minor Rotation)
Supervisor: Nadia Teale, PhD

The PCT provides evidence-based treatments to clients presenting with PTSD. The PCT huddles throughout the week for case consultation. Interns are trained in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) in individual and group formats. Trainees also gain experience with assessments that include administration and scoring of the Clinical Administered PTSD Scale (CAPS-5).

Interns participating in the PTSP clinic can expect to learn more about the wide range of PTSD-related clinical presentations by conducting PTSD intakes using the CAPS-5, utilizing other assessment measures, and writing intake reports. Interns will also be given the opportunity to learn Evidence-Based Treatments (e.g., Cognitive Processing Therapy) by co-facilitating group CPT-C and by utilizing this modality with individual patients. Interns may have the opportunity to observe and receive training in other modalities (i.e., Prolonged Exposure) pending patient needs represented in the clinic at that time. Other psychotherapy group facilitation opportunities are available, including: Moral Injury, PTSD 101 (psychoeducation), Partners (for partners of Veterans diagnosed with PTSD), Anger Management for PTSD. Interns will also participate in weekly PTSD interdisciplinary (psychiatrist, nurse practitioner, nurse, social worker, psychologists) staff meetings.

3) Primary Care Mental Health Integration (PCMHI)
Setting: Outpatient Primary Care Clinic
Primary competencies: Brief psychotherapy, rapid assessment, and interdisciplinary consultation.
Secondary competencies: Health & Behavior assessment and intervention.
Direct patient contact hours/week: 16 (Major Rotation); 8 (Minor Rotation)
Supervisors: Lisa Drexler, PsyD

Interns function as key members of the interdisciplinary Patient Aligned Care Team (PACT) working alongside medical staff in Primary Care clinics. In this role, they assess and triage Veterans who are seeking same-day services as well as conduct curbside consultation and meet with scheduled patients. Interns work with several different providers as part of the rotation with the goal of having an immersive experience as a Primary Care-Mental Health embedded clinician. Interns develop skill with rapid assessment and brief treatment models. PCMHI clinicians and interns provide same-day access to clinical assessment and treatment for those experiencing mental health symptoms and behavioral health issues utilizing a co-located, collaborative model of care. They complete brief functional interviews and provide feedback directly to the referring provider, triage and refer to appropriate specialty mental health clinics, provide individual short-term problem/solution-focused interventions targeted to reduce symptoms and improve health and quality of life, and provide longitudinal follow-up using structured, measurement-based assessment of progress. PCMHI providers often complete initial screenings for patients new to seeking MH services. As such, interns are exposed to a wide variety of presenting MH concerns ranging from mild adjustment issues to urgent/emergent crises. Interns are trained in multiple treatment modalities including
Problem-Solving Therapy, Motivational Interviewing, and Brief CBT. Opportunities to shadow physicians and other staff are also available in Urgent Care.

4) RRTP PTSD
Setting: Residential Treatment Program
Primary competency: Psychological assessment, individual and group therapy, case conceptualization, and treatment planning.
Secondary competency: Program evaluation and research, team consultation, assessment, and case management.
Direct patient contact hours/week: 16 (Major Rotation); 8 (Minor Rotation)
Supervisor: Jessica Pierzina, PhD and Robert Campbell, PsyD

The PTSD RRTP and SA RRTP manage 11 beds and 19 beds, respectively. The Veteran populations are comprised of a culturally diverse population from both rural and urban backgrounds. The vast majority are Veterans with co-occurring diagnoses. Interns are trained in evidence-based treatment models including: PE, CPT, and ACT. Interns complete consults which involve a clinical interview, review of pertinent records, psychological testing, psychological report writing, and provision of treatment options. Both the SA and PTSD RRTPs are therapeutically structured programs. Group treatment is a large component of the RRTP and interns participate in PTSD/SA Cognitive Resiliency, Art Therapy, WRAP, and Seeking Safety. Interns design and facilitate one psychoeducational class.

5) RRTP SA
Setting: Residential Treatment Program
Primary competency: Psychological assessment, individual and group therapy, case conceptualization and treatment planning.
Secondary competency: Program evaluation and research, team consultation, assessment, and case management.
Direct patient contact hours/week: 16 (Major Rotation); 8 (Minor Rotation)
Supervisor: Patrick Finn, PhD and Robert Campbell, PsyD

The Substance Use Disorders Program (SUDP) offers comprehensive training for a variety of populations suffering from substance use disorders. It is a multidisciplinary residential and outpatient treatment program for Veterans with substance use disorders. SUDP, under the supervision of Dr. Cook, comprises two segments. Treatment is based on empirically supported interventions including Cognitive-Behavioral Coping Skills and Twelve-Step Facilitation therapies. Cognitive-Behavioral Coping Skills structured group therapy offers treatment based on identification and practice of skills for avoiding relapse, such as refusal skills, problem-solving, crisis planning, etc. Twelve-Step Facilitation structured group therapy emphasizes familiarization with twelve-step recovery program principles and encouraging participation in Alcoholics Anonymous/Narcotics Anonymous. In addition, group lectures provide information to Veterans on a wide range of alcohol and drug education topics. Segment II begins a transitional aftercare phase in which Veterans continue to address substance abuse issues while integrating a recovery program with work therapy, recreation therapy, and ongoing individual and/or group therapy.
Additional group interventions are offered, such as CBT for Depression, Stages of Change, and SMART Recovery orientation are utilized to help Veterans identify psychological and emotional determinants to their addictive disorders. Individual training in Motivational Enhancement Therapy (a motivational interviewing approach to substance use) and contingency management is also available. Intern duties will include group and individual psychotherapy, screening, diagnostic assessments, readings/self-study, and learning to function as an interdisciplinary team member in a residential/outpatient substance abuse treatment environment.

6) Health Psychology (HP)

Setting: Outpatient Primary Care Clinical and Outpatient Mental Health Clinic
Primary competency: Individual assessment, diagnosis and intervention as well as psychoeducational group therapy.
Secondary competency: Team consultation, assessment, and case management.
Direct patient contact hours/week: 16 (Major Rotation); 8 (Minor Rotation)
Supervisor: Michael Brandt, PhD

Interns work closely with a wide array of health professionals; physicians, physician assistants, nurse practitioners, nurses, pharmacists, dieticians, social workers, physical therapists, occupational therapists, chiropractors, and medical support assistants. The intern completes psychosocial evaluations for organ transplant and bariatric surgical candidates, which provides opportunities to integrate information related to family support, substance abuse, mental health, medication compliance, and cognitive impairment. Other responsibilities may include working as a co-facilitator with a dietician in the VA’s Weight Management Program (‘MOVE’) and working closely with nursing and pharmacy in addressing tobacco use disorders and chronic diseases such as diabetes. Interns also be able participate in Tomah VAMC’s Pain University which offers a significant curriculum of interventions and education for Veterans experiencing chronic pain.

Minor Rotations (ONLY)

All Major rotations are also offered as Minor rotations as well as the following two additional Minor Rotation clinics:

1) Compensation and Pension (C&P) Examination Clinic
Setting: Outpatient Mental Health Clinic
Primary competencies: Diagnosis and assessment.
Secondary competencies: Consultation and report writing.
Direct patient contact hours/week: 8
Supervisors: Angela Schroedle, PhD

Interns are introduced to the literature regarding the C&P process in the VA. They provide a brief presentation on the research literature. At the beginning of the rotation, trainees will complete online Compensation and Pension Examination Program (CPEP) certification courses. At the conclusion of this rotation, trainees will demonstrate a working knowledge of relevant legal statutes that guide the VA’s
Compensation and Pension system; competence in using structured clinical interviewing; and proficiency with differential diagnoses using DSM-5 criteria. Trainees will use VA’s electronic CAPRI system to complete integrated reports. They are supervised in scrutinizing the 'C-File' and other military and medical records in preparation for the examination. Interns become versed in the appropriate selection of psychological tests and receive further training on test administration and interpretation. Interns will conduct the interview process and generate a final report. Compensation and Pension evaluations (C&Ps) are forensic assessments conducted with a veteran in to determine if he/she has a functional impairment which is: a) interfering with his/her ability to work, b) affecting his/her family/social relationships and c) is related to his/her military service. A C&P examiner also makes recommendations concerning the degree of impairment found. The intern has an opportunity to see a variety of clients and diagnoses. Psychometric testing is done as needed. This minor rotation is an excellent opportunity to hone diagnosing skills as well as learn to write a clear, concise forensic report within a relatively short time period.

2) Acute Inpatient Mental Health
Setting: Tomah VAMC Hospital
Primary competencies: Diagnosis, assessment, group, and individual therapy. Secondary competencies: Consultation, neuropsychological screening, and treatment planning.
Direct patient contact hours/week: 8
Supervisor: David Pelo, PhD

An 11-bed inpatient mental health unit for Veterans who are experiencing a mental health crisis. Length of stay on this unit ranges from one day to a month for patients with higher acuity levels. The treatment goals are stabilization, crisis resolution and thoughtful transition to the next appropriate level of care. The patient population is diverse in terms of culture, socioeconomic status, and rural and urban backgrounds. Veterans present with an array of diagnoses, including Schizophrenia, Schizoaffective Disorders, Substance Abuse, Bipolar Disorders, Depression, PTSD and many have personality disorders. Interns will review the medical records of newly admitted patients and present a treatment history to the treatment team the day following admission, conduct psychological testing and psychological screenings, co-facilitate psychotherapy groups, provide individual psychotherapy on selected cases, facilitate psychoeducational groups on symptom management and social skills, and have the opportunity to develop new groups consistent with their areas of specialization/expertise.

Time Allocation
A minimum of 250 hours must involve direct patient intervention. Formal supervision will account for at least 200 hours of the training experience but possibly as much as 300 hours (approximately 15%). This will entail a minimum of 4 hours of supervision per week. The allocation of formal supervision time is as follows:
- 1 hour per week individual supervision in Major rotation
- 30 minutes per week of individual curbside supervision in Major rotation
1 hour per week individual supervision in Minor rotation
30 minutes per week of individual curbside supervision in Minor rotation
1 hour of group supervision per week with Training Director

Another 250 hours should be devoted to didactic training (12%). Research/reading, staff meetings, and administrative duties may comprise 250 hours (12%) of the interns’ time. Administrative duties unrelated to patient care are not generally assigned to interns.

Program Goals, Competencies and Skills

Internship provides a year of intensive, supervised clinical training, intended to bridge graduate school with entry into the profession of psychology. Training at the Tomah VAMC is designed to accomplish critical training goals (see below). As a foundation for independent professional practice, interns should demonstrate competence in the areas listed below by the completion of the internship year. Many of these goals, objectives and competencies are built upon knowledge and skills already acquired during doctoral training. All internship placements have opportunities for further develop these 'cross cutting' competencies, though placements may emphasize some competencies more than others. Additionally, other program components (including didactics and scholarly endeavor) provide added challenge and opportunities for integration. When viewed in context of the entire sequence of training that begins with the first year of doctoral education, the internship year is a capstone experience providing interns with opportunities to augment their competencies. The following competency areas will be addressed:

a. Research
b. Ethical and legal standards
c. Individual and cultural diversity
d. Professional values, attitudes, and behaviors
e. Communication and interpersonal skills
f. Assessment
g. Intervention
h. Supervision
i. Consultation and interprofessional/interdisciplinary skills

Research

Ability to critically evaluate research, integrate research knowledge into professional activities, disseminate research or other scholarly activities, show awareness of potential sources of bias, design and/or implement program evaluation.

Ethical and legal standards

Ability to demonstrate knowledge of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; demonstrate knowledge of and act in accordance to relevant laws, standards, regulations, and policies governing health service psychology in the Tomah VAMC as well as the organizational, state, and federal levels; demonstrate the ability to recognize and
articulate ethical dilemmas as they arise with patients; apply ethical decision-making processes to resolve dilemmas; exhibit professionalism and ethical behavior in all activities.

**Individual and Cultural Diversity**

Ability to be generally sensitive and responsive to issues of individual and cultural diversity; understand how personal/cultural history, attitudes, and biases may affect understanding and interaction with patients, staff and faculty; demonstrate knowledge of current theory and research related to addressing diversity across all professional activities (scholarly awareness); integrate self-reflectivity and scholarly awareness of diversity in the conduct of all professional roles; work effectively with individuals whose diversity creates conflict with worldviews; apply knowledge and demonstrate effectiveness in working with a range of diverse individuals.

**Professional values, attitudes, and behaviors**

Ability to demonstrate concern for the welfare of others and their general well-being in all professional contexts; develop and maintain effective relationships with a wide range of individuals; appropriately manage boundaries in professional activities; receptive to supervision and ongoing learning and actively seek feedback in a professional manner; demonstrate awareness of own areas of competence and appropriate level of confidence in working with patients; demonstrate awareness of areas of limitations; recognize how personal characteristics impact clinical work; integrate self-knowledge into clinical practice; demonstrate ability to assess consequences of own actions; accountable, dependable, responsible, and shows initiative; respond professionally to increasingly complex situations with a greater degree of independence commensurate with training.

**Communication and interpersonal skills**

Ability to clearly communicate orally and in writing; reflect thorough grasp of professional language and concepts; develop and maintain productive and respectful relationships with clients, peer/colleagues, supervisor, and other professional disciplines; demonstrate non-verbal communication to further develop effective relationships; manage difficult and/or conflictual interpersonal processes with respectfulness, appropriate boundary-setting, and assertive communication.

**Assessment**

Ability to discern referral questions; select appropriate assessment methods based on best available empirical literature, appropriateness of referral questions, and diversity characteristics of patient; effective uses of interview techniques; competence in test administration; interpret assessment findings to guide case conceptualization, diagnostics, and recommendations; effectively communicate findings in written format; provide oral feedback to patients and/or referral source in effective and sensitive manner.
Selection and use of assessment tools and/or evaluation methods should be appropriate to the clinical needs of the patient and the clinical setting, and responsive to the needs of other professionals. Assessment should be practiced in a culturally competent manner and conducted with an awareness of current ethical and professional standards. The intern may demonstrate advanced skill in assessment by providing consultation and/or instruction to other providers. Interns will have a minimum of 50 direct contact hours with clients requiring assessment. Interns should develop skills in evaluating the outcome of treatment interventions with individual patients.

**Intervention**

Ability to establish and maintain effective relationships with recipients of psychological services; develop evidence-based case formulation and intervention plans specific to service delivery goals; demonstrate competence in assessing risk factors and utilize appropriate procedures with at-risk patients; implement intervention informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables; implement specific interventions taught; manage cases and apply relevant research literature and program goals to clinical decision making; modify and adapt evidence-based approaches effectively; evaluate therapy content, process, and intervention effectiveness and adapt goals and methods consistent with ongoing evaluation. Interns will have a minimum of 250 direct contact hours with clients requiring intervention.

**Supervision**

Ability to demonstrate knowledge of supervision theories and models from the scientific literature; provide constructive feedback/guidance; address boundary and power-differential issues in the supervisory relationship; appropriately address resistance and other challenges; integrate awareness and knowledge of individual and cultural diversity in supervision; demonstrate awareness of and adherence to ethics in supervision.

**Consultation and interprofessional/interdisciplinary skills**

Ability to discern referral source and question; develop evidence-based case formulation; utilize knowledge of consultation models and practices to select appropriate consultation strategy; demonstrate knowledge of and respect for the roles and perspectives of other professions; implement consultation through intentional collaboration with individuals and their families, other health care professionals, interprofessional groups, and health systems; make concise documentation with timely feedback to the referral source; actively participate in clinic and interdisciplinary meetings.

**Supervision and Mentorship**

Supervisors are the internship program's most important training resource. They provide professional
role modeling, instruction, and feedback regarding professional and clinical functioning. Supervisors facilitate interns' relationships with other personnel and ease interns' transition into their healthcare professional role. Because all supervisors have patient care responsibilities, interns are afforded the opportunity to develop skills and knowledge by working with experienced staff members. Interns can expect intensive supervision during the early stage of training and the opportunity to take on more advanced and autonomous professional responsibility as their knowledge and skill levels increase. Styles of supervision and techniques utilized may vary from rotation to rotation. Psychologists holding a license for two years or longer and with hospital privileges are eligible to be primary supervisors. Staff psychologists who are not yet licensed may provide adjunctive supervision; however, this supervision will not be included in the required four hours per week.

Supervisors meet with the interns at the beginning of each rotation to describe the learning opportunities, to discuss learning needs, and to identify training targets specific to the rotation. Supervisors schedule regular times for supervision and provide additional supervision as needed. A minimum of four hours of supervision is provided each week. The allocation of formal supervision time is as follows:

- 1 hour per week individual supervision in Major rotation
- 30 minutes per week of individual curbside supervision in Major rotation
- 1 hour per week individual supervision in Minor rotation
- 30 minutes per week of individual curbside supervision in Minor rotation
- 1 hour of group supervision per week

- Supervisors co-sign all progress notes, treatment plans, assessment reports, correspondence and any other intern entries into the medical record.
- When the supervisor is away from the Medical Center, he/she arranges for appropriate coverage.
- Midway through each rotation, the supervisor and intern informally review progress toward training goals, adjusting training goals as needed. Working from the Individualized Training Plan, the supervisor shares his/her evaluation of the intern's progress and areas requiring further development with the intern and Training Committee
- At the end of each rotation, the supervisor prepares a final written evaluation of the intern's experiences on the unit and progress toward developing the expected competencies. The supervisor and intern discuss the evaluation and the supervisor provides the final evaluation to the Training Director prior to the end of the rotation. This evaluation is signed by the supervisor, intern, and the Training Director, and is placed in the intern's file. A summary of progress is sent to the Director of Clinical Training of the intern's graduate program. Additional information regarding evaluation policies and procedures are discussed below.

**Supervisory Feedback**
Interns receive supervisory feedback at the midterm and end of each rotation, at the end of each didactic and journal club meeting, as well as a rating of their overall performance by the Training Director at the end of each quarter. Feedback is linked to the program's expected minimal levels of achievement for profession-wide competencies and any program-specific competencies. Such feedback will include:

a. identification of constructive progress and goal attainment

b. timely written notification of all problems that have been noted and the opportunity to discuss them;

c. guidance regarding steps to remediate all problems (if remediable);

d. substantive written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern;

e. documentation that the intern evaluation was reviewed and discussed by the intern and the supervisor.

Mentors

Interns are provided the opportunity to work with two mentors (one mentor/six-month period) over the training year. Mentors function as advisors for interns regarding any aspect of training and/or professional development. They offer information and professional support. The mentor will not be involved in the formal evaluation of the intern.

- At the end of the first month of the internship, interns may select a mentor from the available MH staff. After obtaining the mentor's agreement, the intern notifies the Training Director of his/her selection. Requests for mentors are reviewed during the next scheduled meeting of the Training Committee. At the mid-program or six-month period in the program, interns select a different mentor.

- Interns may elect to change mentors at any time for any reason. They should first notify the Training Director to discuss and attempt to resolve any issues that may be evident. If the request to change mentors is accepted by the Training Director, is changed, the previous mentor is notified of the change and a new mentor is identified.

- The Training Director and the Chief of Psychology are not available as mentors.

- Interns are expected to schedule a meeting with their mentor at least once per month. Additional mentor-intern meetings are encouraged but optional.

- If a mentor becomes an intern's supervisor, the mentor role is terminated. The intern then chooses a new mentor.

Criteria for Completion of the Internship

The following are the requirements for an intern to successfully complete the internship.

1) Major and Minor Rotations
There are multiple critical skill areas listed on the evaluation form (see Internship Manual), along with the behavioral objectives necessary to demonstrate acquisition of each target skill. Successful completion of the rotations requires the intern to achieve the following on the performance evaluations in both Major and Minor rotations:

3. In each goal area, absent of level 0 or 1 ratings on the mid-rotation evaluations (half-way point of each rotation) and quarterly evaluations.
4. Absent of level 0, 1, or level 2 ratings on the final evaluations.

Behavioral objectives will be rated on the following scale:

\[ N: \] No opportunity to observe this skill.

\[ \text{Level 0:} \] Intern is performing at a substandard level. Remediation for this skill is required.

\[ \text{Level 1:} \] The skill is new and intern works with close supervision, such that competency is at the level expected at the beginning of the rotation.

\[ \text{Level 2:} \] Intern adequately performs this skill. Continued skill acquisition through regular, systematic supervision. Competency for this skill is at the level beyond the start of the rotation, but below that expected at the end of the rotation.

\[ \text{Level 3:} \] Intermediate to advanced mastery of this skill is achieved. Supervision for this skill is minimal for routine cases, with closer supervision for complex cases. The intern’s competency level for this skill is what is expected at the end of the rotation.

\[ \text{Level 4:} \] Performance of this skill is at an advanced level; displays specific strengths and/or competencies in this area with minimal supervision for routine and complex cases. Competency for this skill exceeds expectations and is at a postdoctoral level.

\[ \text{Level 5:} \] Performance is significantly above expectations for this skill in all situations with occasional consultation. Competency for this skill greatly exceeds expectations and the intern has achieved mastery appropriate for independent functioning.

In addition, interns will be expected to demonstrate successful completion of a case conceptualization presentation based on the long-term psychotherapy experience at the end of the internship. Interns must obtain a total score of at least 24 (per rating form) with no ratings below a 3 on the Evaluation of Intern Case Conceptualization forms completed by the Training Director and/or faculty members.

2) Assessment

Interns will have a minimum of 50 direct contact hours with clients requiring assessment and be required to satisfactorily complete at least 10 comprehensive psychological assessments by the end of the internship year. These assessments will take place within each rotation. Interns may be assigned additional assessments throughout the internship year. Therefore, even if the intern is not in a formal assessment rotation, they are still completing assessments in each of their rotations or at the very least throughout the training year. These cases are assigned by the Major and Minor rotation supervisors. Interns spend approximately 4-6 hours per week in assessment activities, including 1.5 hours of group supervision per week. Assessment supervisors provide supervision for 3-month periods, on Wednesdays from 1-2:30p.
Interns adhere to specific deadlines when completing assessments. Specifically, interns are assigned testing cases during the supervision time. Following the completion of the Veteran’s clinical interview and psychological testing, interns provide an initial draft of the evaluation report within one week (5 working days) to their supervisor. Interns complete each evaluation report within two weeks of the initial assessment appointment. The completed assessments are reviewed and approved by the supervisor.

Each integrated psychological evaluation should contain, at minimum, the administration of a clinical interview and two to three assessment measures. By the end of the internship, each intern is required to complete the following:

f) At least five clinical interviews.

 g) At least five objective personality assessments (e.g., MMPI-2, MMPI-2-RF, PAI, MCMI-III, etc.).

 h) At least one achievement scales (one comprehensive achievement test & one screener).

i) At least three WAIS-IVs (one may be a partial WAIS-IV administration).

 j) At least three brief self-report measures (e.g., BDI-II, BAI, PCL-5, etc.).

Please note that interns may also administer projective instruments such as the TAT or Sentence Completion Test. However, inclusion of projective testing is optional.

3) Case Presentation
Interns will present a case from their Major and Minor Rotation at a case presentation. These will be scheduled at the start of internship and occur during the didactic seminar time. Interns are expected to have a total score of 24, with no items below a 3 by each rater during this experience.

4) Journal Club Requirement
Successful completion of the Journal Club activity requires the intern to attend 90% of all scheduled Journal Club meetings. Any missed meetings must be made up by scheduling with one of the Journal Club faculty members

5) Didactic Seminar Requirement
Successful completion of the didactic seminars requires 90% attendance of seminars. If a seminar is missed, the intern is expected to furnish a report on the readings contained in the abstract for the seminar, which will be graded on a pass/fail basis by the seminar instructor.

6) Administrative Requirement
Interns are expected to adhere to all internship attendance and leave expectations. Interns need to complete a minimum of 2080 hours on site to successfully complete the internship. Interns are expected to be on site for the first and last days of internship.

7) Need for Disciplinary Action
Any intern whose performance or conduct is substandard will be notified of the observed deficits as early as possible in the internship year. Determination of dismissal is made by the Training Committee in accordance with the Due Process Guidelines.

**Administrative Information**

**Financial Support**

VA Central Office (VACO), Office of Academic Affiliations (OAA) in Washington DC, provides funding for the program in the form of Intern stipends. We receive notification on a yearly basis from VACO regarding the number of internship positions that are available for the upcoming training year. Such formal notification is received typically in mid-January and precede APPIC’s final deadline for listing the number of positions available to the internship matching program. There is line-item budgeting to pay for yearly accreditation dues, other membership fees as well as supplies and equipment for mental health service delivery. The anticipated intern annual stipend as of July 2018 is $26,166. The intern must arrange to have their pay deposited directly to their bank account. Deposits are credited to the intern’s bank every other Friday.

**Health Insurance**

The Tomah VAMC covers health care benefits for interns on a matching basis (i.e., trainees pay a portion of the premium for the insurance program selected from a wide array of options and Tomah VAMC pays the other portion of the premium). Health insurance is also available to interns married opposite-sex spouses and dependent children. Details of health insurance plans are made available by Human Resources during orientation. Interns are required to select an insurance plan at that time.

**Contract Commitment**

The program is one-year in duration, full-time, beginning in June per annum. Interns typically work 40 hours per week. No part-time or non-stipend positions are offered. Each intern is required to complete a minimum of 2080 hours over the course of one year. Stipends are paid in 26 bi-weekly installments.

**Tour of Duty**

Interns work a 40-hour week, with a standard work day (tour of duty) from 8:00 AM to 4:30 PM (with 30 minutes for lunch and two 15-minute breaks), resulting in an 8-hour day. They arrive at their duty station ready to begin work at 8:00 AM. Interns are also expected to leave their work station at 4:30 PM each work day unless otherwise specified by the Training Director and/or Chief of Psychology.

**Leave**

Interns accrue four hours of annual leave and sick leave per pay period, in the same manner as other
Medical Center employees, for a total of 13 days of annual leave and 13 days of available sick leave during the year. In addition, interns receive 10 paid federal holidays. Interns are required to use all their annual leave prior to the end of internship. Under no circumstances is an intern able to complete internship before June 24, 2020. Except in an emergency, annual leave and authorized absence must be negotiated in advance with clinical supervisors and the Training Director. The Mental Health Service Line Support Assistant (or designee) is the official time-keeper who assist interns in the leave process.

**Leave Approval**

Interns are accountable for their time and are responsible for self-monitoring their leave usage. Regarding anticipated leave, interns are expected to identify coverage for their clinical duties using the same procedures followed by VA Medical Center staff (typically one month in advance of proposed leave). Prior to computer entry in the VA Time and Attendance (VATAS) software, annual leave should be planned with clinical supervisors and the Training Director to ensure that their leave is not problematic for Veterans and/or staff. Approval must be granted from clinical supervisors, the Chief of Psychology, and the Training Director in advance of annual leave or authorized absence. Leave requests are initiated informally with an email request and when approved, leave requests should be entered in VATAS at least four weeks before the leave is to occur (except in special circumstances). For sick leave, interns must call in to their clinical supervisors, Training Director, the MH Service Line Support Assistant, and timekeeper to report their absence. As soon as possible, after returning from sick leave, they must enter the leave in VATAS. Annual leave cannot be used until it is earned, except in cases of hardship; such requests must be approved by the Training Director and Chief of Psychology.

Sick leave should only be used for periods of illness or documented medical appointments. If an intern needs/requests more days for illness than s/he has earned up to that point, advanced sick leave can be requested. However, in this case, the intern is required to provide documentation from their medical provider stating that s/he was incapable of working due to illness. Alternatively, earned annual leave can be used. Requests for sick leave of more than 3 days at a time require written documentation from a treating physician. Use of sick leave without illness is considered fraud and can result in disciplinary action or termination from the internship. Trainees should note that unused sick leave can be credited to future federal government positions for a period of three years.

In limited cases, authorized absence (leave that does not count against Annual Leave or Sick Leave) may be granted for attendance at conferences, workshops, professional meetings, and the doctoral oral exam or dissertation defense at the discretion of the Training Director and the Chief of Psychology. Authorized absence is limited to five days per year except under unusual circumstances. Authorized absence is at the sole discretion of the Training Director and Psychology Chief. It must be requested at least two weeks prior to the requested absence and must be approved by clinical supervisors as well. Once approved, email notification must be sent to the MH Program Support Assistant.
Liability Coverage

Interns working under the supervision of psychologists at the Tomah VAMC or at facilities with whom the Medical Center is providing contractual work are protected by the Federal Tort Claims Act, which provides for the Federal Government assuming the liability for professional practice of one's duties within the scope of employment.

Administrative Support

The program Support Specialist orders clerical supplies and assist interns in navigating administrative and physical environment resources. Computer assistance is provided by a designated Computer Assistance Specialist. The offices used by trainees each have webcams that are used to record clinical sessions for review by clinical supervisors.

Program Support: A full-time Administrative Support Assistant (Mental Health Service Line) is allocated to the internship program at .20 full-time employment equivalency.

Training Materials and Resources

Computer access is available in every room used by the interns. The available test kits include RBANS, WAIS-IV, and WMS-IV. Other testing materials are available as needed. The MMPI-2-RF and a range of other psychometric instruments are available on the medical center’s computer and VA’s national network. Administrative support is also available for each of the training rotations through the Psychological Testing Center which is staffed by a psychometrist. The medical library is readily accessible to staff and trainees. It has a full range of psychology, psychiatry, gerontology, and related journals consonant with the needs of staff and the training program. Internet access codes for Medline and Psych Info and multiple other online searchable databases are available to interns. Library staff are available to assist trainees with literature searches and ordering articles that are not available online. A $20 key fee will be charged to the intern for each key they receive throughout the year which is refundable upon their return at the end of the year.

Administrative Organization

Training Director

The Training Director is Dr. Michael Brandt (michael.brandt@va.gov; ext. 66432) who was appointed by, and reports to, the Chief of the Psychology Service, Dr. Tamara Woods (tamara.woods@va.gov ext. 66431). Dr. Brandt is responsible for the overall functioning of the psychology training program and chairs the Training Committee. In the Training Director’s absence, Dr. Woods will assume all necessary duties.

The Training Director is granted 0.5 full-time employment equivalency for the internship program. The Training Director and Chief Psychologist meet weekly to discuss the management of the program and trainees’ progress. Additional meetings with the Chief Psychologist and Training Director are scheduled as needed. A Training Committee is established under the Training Director and is comprised of all faculty
supervisors, two didactics representatives, an intern representative, an external stake-holder, and an EEO officer. Each rotation and adjunctive training experience is represented in the monthly Training Committee meeting to discuss training issues and review progress of trainees. Intern representatives are part of that committee and are included in all matters other than discussion of trainee evaluations which occurs at the end of the meeting. The Training Director meets with Rotation and Adjunctive supervisors as needed. Staff supervisors are aware that the Training Director and Chief Psychologist have an open-door policy regarding all training issues or concerns.

Faculty Biographies

Michael Brandt, MS Ed., PhD. University of Wisconsin-Milwaukee (Master’s in Educational Psychology), Illinois Institute of Technology (Doctorate, Clinical Psychology), University of Chicago (Post-Doctoral Fellow, Health Psychology). Dr. Brandt is currently the Psychology Internship Training Director and Health Promotion Disease Prevention Coordinator. He managed a private practice for 11 years in the Greater Milwaukee area where he specializes in Health Psychology before coming to the Tomah VA 14 years ago. He has provided clinical care in the Outpatient Clinic, MOVE program, ICCM clinics, Caregiver Support Program, Compensation and Pension Clinic, and RRTP-PTSD. He has held the following administrative roles; Employee Assistance Program POC, MH Lead (La Crosse CBOC), Chief of Psychology, and MH Service Line Manager. He serves at the rank of Major (O-4) in the WI Army National Guard as the Chief of Behavioral Health; 64th Troop Command Medical Detachment. He deployed to Afghanistan in 2011 as the BH OIC with C. Co./179/45th IBCT. He completed evidence-based VA training in Prolonged Exposure and Cognitive-Behavioral Therapy for Chronic Pain as well as facilitator certification in TEACH (Tune-In, Explore, Assist, Communicate and Honor) and Motivational Interviewing. He primarily practices from a cognitive-behavioral orientation. His clinical interests include mindful-based approaches within mental health treatments as well as interpersonal motivation, clinical supervision, and philosophical psychology.

Robert Campbell, PsyD, M.Div., MA, MBA. Adler University (Doctorate, Clinical Psychology), Adler University (MA, Counseling Psychology), Garrett-Evangelical Theological Seminary (M.Div.), Amos Tuck School of Business at Dartmouth College (MBA, Finance), Harvard College (AB, Economics). Dr. Campbell is currently the Director, Mental Health Residential Rehabilitation Treatment Program (MH RRTP) at the Tomah VAMC, an ordained United Methodist pastor, and the Co-Director of the Willow Wellness Center in Park Ridge, IL. The RRTP includes program tracks in Combat PTSD, Substance Abuse, General Psychosocial (GPS), Military Sexual Trauma (MST), and Non-combat PTSD. At the Tomah VA he serves on the Whole Health University Steering Committee, Education Committee, and Mental Health Policy and Procedures Committee. Dr. Campbell chairs the Professional Psychology Standards Board, and the MH RRTP Surge on Safety Committee. Dr. Campbell has completed post-doctoral training in Cognitive-Behavioral Therapy, hypnosis, couples counseling, and ACT. His clinical interests include trauma psychology, anxiety related to cancer and other significant health issues, hypnosis, and spirituality.

Karen D. Corrigan, MPH, Ph.D., LCSW, LMFT. Master’s in Social Work and Master’s in Public Health from Saint Louis University; Ph.D. in Counseling and Family Therapy from Saint Louis University School of Medicine. Dr. Corrigan has been a part of the VA Health Care System for over 13 years. She began at the VA in St. Louis, MO, and recently transferred to the Tomah VA. From 2010 to 2012, Dr. Corrigan worked for the Department of Defense (DoD) and was stationed at Fort Leonard Wood, MO. The DoD trained Dr. Corrigan in three treatment modalities to address trauma: Cognitive Processing Therapy,
Prolonged Exposure and Eye Movement and Desensitization and Reprocessing (EMDR). She is a Certified Therapist in EMDR. Dr. Corrigan currently works in the Mental Health Clinic, as a psychotherapist. She approaches clients and therapy from a feminist and systems viewpoint, and practices from an experiential and cognitive-behavioral perspective. Her professional interests include research and education in the area of diversity and members of the LGBTQ community.

Sarah Dahl, Ph.D. completed her Clinical Psychology Doctorate at the University of North Dakota. Dr. Dahl is currently an outpatient clinical psychologist and Military Sexual Trauma Coordinator at the Tomah VA. She has worked for the VA for the past 1 ½ years, and previously completed her postdoctoral residency at the University of Wisconsin-La Crosse Counseling and Testing Center. Dr. Dahl provides clinical care for the general mental health program of the Outpatient Mental Health Clinic, which includes intake assessments, individual therapy, and group therapy. Dr. Dahl is completing evidenced based VA training in Cognitive Processing Therapy for PTSD. She has pursued additional VA training in providing transgender mental health care and is a member of Tomah VA's interdisciplinary transgender care team. Dr. Dahl is also a member of the Women Veterans Advisory Board and the VISN 12 Women's Mental Health Team. Her orientation is a balance of acceptance and commitment therapy, cognitive behavioral therapy, and person-centered approaches. She has clinical interests in women’s issues, sexual trauma, transgender care, clinical supervision, and interpersonal process group therapy.

Dr. Chelsie Heesch, PharmD is a Board Certified Psychiatric and Neurologic Pharmacist. Dr. Heesch graduated from the University of Wisconsin Madison School of Pharmacy in 2012, completed post-graduate year 1 (PGY1) training at the Southern Arizona VA in Tucson 2012-2013, and PGY2 training in psychiatric pharmacy at the Audie L Murphy VA in San Antonio 2013-2014. She has been employed as a psychiatric clinical pharmacist at the Southern Arizona VA from 2014-2016 and at the Tomah VA since 2017. She completed a Teaching Certificate at the University of Texas at Austin College of Pharmacy in 2014. Dr. Heesch is a Clinical Instructor for the University of Wisconsin Madison School of Pharmacy.

Kendra Holzer, M.S. Ph.D., LP received her Master's Degree in Community Counseling from Winona State University and her Doctorate Degree in Counseling Psychology from University of North Dakota. Dr. Holzer is currently a psychologist within the Outpatient Clinic at the Tomah VA Medical Center, with responsibilities that include diagnostic assessments, therapy and consultation with other providers. Prior to this experience, she worked in two Community Mental Health Centers located in rural Minnesota, providing therapy to individuals who presented with a wide variety of clinical issues. Other positions have involved outpatient therapy and outreach with four college counseling centers, teaching at two universities, and case management with social service agencies. Dr. Holzer utilizes a strength-based, mindfulness-oriented approach grounded in person-centered philosophy. Clinical interest areas include trauma, grief and loss, disordered eating/poor body image, lack of self-worth, academic/work issues, self-injury, suicidal ideation, relationship conflict/communication issues, mild substance abuse concerns, identity development, social justice concerns, parenting stressors, and SPMI.

David K. Pelo, PhD completed his doctorate at Fuller Theological Seminary Graduate School of Psychology in 2005, where he specialized in Neuropsychology and Child Clinical Psychology. He also earned an M.A. degree in Theology while at Fuller. He completed his internship at the Louis Stokes Cleveland Department of Veterans Affairs Medical Center with a specialization in Neuropsychology and Geropsychology. He completed postdoctoral training at the Marshfield Clinic Department of Psychiatry and Behavioral Health in 2009 with specialized training in Child and Adolescent Psychology. He’s worked for the Veterans Administration since 2009, initially working with the Iron Mountain VA Medical Center in the Menominee, MI CBOC. Dr. Pelo has worked in two CBOC’s here at Tomah VAMC, in Primary Care & Mental Health Integration, and is currently serving as the unit psychologist on the Acute Inpatient Mental Health Recovery Unit at Tomah main campus. His clinical orientation is “responsible eclecticism” that
incorporates a foundation of Rogerian Psychotherapy combined with Cognitive Behavioral therapy techniques, Acceptance and Commitment Therapy techniques, within a broad Psychodynamic and Object Relations Framework. Dr. Pelo has clinical interests in PTSD, psychological assessment, and group psychotherapy.

Jessica Pierzina, Psy.D., completed her doctoral degree at University of St. Thomas. She offers supervision for the Residential Rehabilitation Treatment Program - Combat PTSD rotation. Dr. Pierzina has been providing supervision to students for 10 years and prides herself on providing trainees with a quality and challenging experience. She specializes in the areas of trauma, chemical dependency and personality disorders. Dr. Pierzina has had in-depth training in Dialectical Behavior Therapy - Group Skills Training, Eye-Movement Desensitization and Reprocessing, Cognitive Processing Therapy, and Motivational Interviewing. She honed her chemical dependency treatment skills while working at Hazelden Foundation. Dr. Pierzina is also a 200-hour Registered Yoga Teacher and a Trauma Center Trauma-Sensitive Yoga Therapist. She frequently relies on Interpersonal and Cognitive Behavioral perspectives to guide supervision.

Angela Schroedle, Psy.D., Illinois School of Professional Psychology-Schaumburg (Doctorate, Clinical Psychology). Dr. Schroedle currently conducts Compensation & Pension disability examinations and responds to inpatient mental health referrals for the facility. Prior to this she completed her internship and post-doctoral training at the Wisconsin Department of Corrections before working at the Biloxi Veteran’s Affair Healthy System for one year providing clinical care in an outpatient clinic, including telehealth, psychological testing, and anger management groups. Dr. Schroedle’s dissertation was on current sleep trends in returning war Veteran’s; a portion of which is published in When the Warrior Returns (Tews, Grover, Getkin, King, & Schroedle, 2012). Clinical interests primarily include psychological assessment and forensic psychology.

Nadia Teale, PhD received her doctorate in Clinical Psychology from Florida State University in 2010. She served on active duty in the United States Air Force from 2009 to 2016 and competed her clinical internship at Malcolm Grow Medical Center, Joint Base Andrews, MD in 2010. Dr. Teale managed the outpatient mental health clinic at Grand Forks Air Force Base, ND from 2010-2014 and served as the Flight Commander for behavioral health services at Cannon Air Force Base, NM from 2014-2016. She is currently the evidence-based practice provider for Posttraumatic Stress Disorder (PTSD) at the Tomah VAMC.

Tamara Woods, Ph.D. University of Iowa (Doctorate, Counseling Psychology), Iowa City, IA VAMC (APA-Accredited Pre-Doctoral Internship), Columbia, MO VAMC (APA-Accredited Post-Doctoral Fellowship, PTSD/TBI). Dr. Woods is currently the Mental Health Outpatient Clinic Program Manager and Chief of Psychology. She has worked at the Tomah VAMC since 2013 and has served in her current Manager/Chief position since 2016. Dr. Woods previously provided clinical care in the Tomah Outpatient Clinic as a PTSD specialist and Military Sexual Trauma Coordinator. Dr. Woods has completed evidence-based VA training in Prolonged Exposure and Cognitive Processing Therapy. She has also completed the local Leadership Development Program and the National Behavioral Health Leadership Training Program. Dr. Woods primarily practices from a cognitive-behavioral theoretical orientation. Her clinical interests include trauma, anxiety disorders, assessment, as well as clinical supervision.