



Postdoctoral Residency Program in Clinical Health Service Psychology

2020-21

VA New Jersey Health Care System

Applications due: December 20, 2019
Brochure Update: 8/31/2019

ACCREDITATION STATUS

The Postdoctoral Residency Program in Health Service Psychology at the VA New Jersey Health Care System was granted full accreditation by the American Psychological Association on July 22, 2018. The period of accreditation is for 10 years. The next accreditation site visit will be scheduled for 2028. The program is pleased to note that it is the first and only APA accredited postdoctoral residency program in the State of New Jersey. It is among only several APA accredited residency programs in the greater NYC Metropolitan area. The postdoctoral residency program at the VA New Jersey Health Care System began training its first residency class in August 2014 (2014-15). The program is organized to fulfill and maintain all requirements of the Standards of Accreditation (SoA) as set forth by the American Psychological Association.

Questions related to the program's 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 20002
Phone: (202) 336-5979
E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

PSYCHOLOGY POSTDOCTORAL RESIDENCY PROGRAM

The VA New Jersey Health Care System is currently recruiting for 2 Postdoctoral Residency Positions for the 2020-21 training year. Residents will choose rotations from outpatient, residential, and inpatient mental health and/or behavioral medicine/health psychology programs. The residency program aims to provide advanced preparation for practice at the postdoctoral level through the development of advanced clinical competencies. The residency program will provide a clinical, didactic, and experiential learning curriculum and program environment that promotes Advanced Competencies fundamental to the practice of health service psychology. The attainment of these advanced competencies will be achieved through the integration of practice (clinical rotations), didactics, and supervision in three profession wide competencies as

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specified by APA accreditation guidelines: 1) Integration of Science and Practice; 2) Individual and Cultural Diversity; 3) Ethical and Legal Issues.

Areas of specific profession wide advanced competencies which will be the focus of clinical, didactic, and experiential training will include: Intervention (group & individual); Assessment; Ethical & Legal Standards; Individual & Cultural Diversity, Professional Values, Attitudes; & Behaviors; and Supervision.

The residency program also includes two additional Program Specific Competencies as described below:

- 1) Interprofessional Collaborative Care: Residents will develop advanced subject matter expertise and skills in interprofessional collaborative care practices. At the completion of the residency, residents will:
 - demonstrate a thorough knowledge of the professional literature about interprofessional collaborative care, including research findings
 - integrate and apply an understanding of intercollaborative care models that contribute to effective functioning of interdisciplinary teams involving mental health, behavioral health, and medical care providers.
 - demonstrate a knowledge of multicultural & diversity factors that contribute to successful intercollaborative teams in VA medical centers and other public health settings.
 - successfully participate in and contribute skills to multiple interdisciplinary treatment teams during the year-long residency program.

Residents will be required to complete one project during the training year demonstrating advanced competency in Interprofessional Collaborative Care and/or its application in a clinical care setting or program. This project can include but is not limited to: a Grand Rounds presentation; CE workshop presented in our APA-Approved Psychology Continuing Education Program; presentation of a paper or poster at a professional conference; submission of a manuscript to a professional journal or other professionally-related publications.

- 2) Teaching in Health Service Psychology: Residents will demonstrate advanced skills in teaching, professional education, & leading professional seminars. At the completion of residency training, fellows will:
 - demonstrate knowledge and competency in preparing and leading professional education seminars and presentations.
 - develop and lead several seminars in the psychology internship seminar series on topics of professional interest
 - participate with supervising psychology faculty in the teaching and training of medical students & residents.

Residents will participate in specifically designed didactic seminars for a minimum of 2 hours per week throughout the training year. The development of advanced clinical competencies through the integration of the latest evidence-based treatments, scientific literature, and experiential learning (integration of science and practice) combined with the study of individual and cultural diversity and the understanding of ethical and legal issues in health service

psychology will form the basis of the seminar series. It is also anticipated that Residents will have the opportunity to supervise interns in our pre-doctoral psychology internship program.

The overarching aim of the Residency Training Program is the professional development of highly trained professional psychologists who are prepared to provide high quality clinical services, lead, and educate in specialty behavioral health care programs within VA or other similar public health care organizations.

Resident Recruitment & Selection Procedures

Eligibility Requirements

Applicants must be current U. S. Citizens from APA-accredited graduate programs in clinical or counseling psychology who have completed an APA-accredited internship. No applicants from programs awarding degrees in areas other than psychology will be accepted. All requirements for the doctoral degree, including dissertations, must be completed prior to starting. A certification of registration status, certification of U.S. citizenship, and drug screening are required to become a VA postdoctoral resident. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. VA conducts drug screening exams on randomly selected personnel as well as new employees. Postdoctoral Residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection for drug testing. Postdoctoral Residents are also subject to fingerprinting and background checks. Selection and hiring decisions are contingent on passing these screens. In addition to the above requirements, it is understood that applicants who are offered a residency position expressly agree that they are able to accept and fulfill a one-year, full-time training appointment.

Selection Criteria

The Postdoctoral Residency Program considers any applicant who meets the minimum requirement of successful completion of both an APA Accredited graduate program and an internship in clinical or counseling psychology as being qualified for admission to the program. As such, there are no further prerequisites required for application and admission to the program beyond standard doctoral program and internship preparation experiences. Selection criteria in terms of considering “best fit” will include the applicant’s statement of goals, interests, and objectives for residency training, and consideration of future professional goals. Review of the applicant’s prior training including settings, rotations, clinical and supervisory experiences, as they relate to the aims of the program and the rotations offered in the residency program will be considered. Applicant’s discussion of their clinical experiences and interests during interviews will be weighted heavily. It is also important that applicants demonstrate interest in gaining advanced competency in Interprofessional Collaborative Care and in the Teaching of Health Service Psychology.

Interested candidates who meet the above eligibility requirements may apply by providing the following information through the APPA CAS online application process:

1. A letter of intent which specifies your future professional goals, details of how the fellowship will contribute toward the achievement of your goals, and a goodness of

- fit between you and the NJVA Residency Program (include in the APPA CAS system)..
2. Curriculum Vitae (include in the APPA CAS application form)
 3. Three letters of reference from faculty or other professionals who are well-acquainted with you and your qualifications (include in the APPA CAS application).
 4. A letter from your internship Director of Training documenting your status as an intern, whether any probationary or remedial actions have been taken, whether you are on track to successfully complete your pre-doctoral internship, and your anticipated internship completion date (include in the APPA CAS system).
 5. One copy of all graduate school transcripts (include in APPA CAS application).
 6. If at the time of application your dissertation has not been completed, please submit a letter from your dissertation chair documenting the timeline for completion of the dissertation (include in APPA CAS application).

The deadline for applications is **December 20, 2019**.

Interviews

The application materials of candidates are reviewed in the order they are received. Applicants are strongly encouraged to submit materials as early as possible prior to the deadline. In-person interviews are highly recommended. For extremely strong candidates who are unable to travel to New Jersey, telephone and/or video-based (V-Tel or Skype preferred) interviews will be considered. Interviews will likely be scheduled 1/7/19 -2/14/19. Offers of interviews will be made by phone as soon after January 2nd as possible. Appointment offers will be made in accordance with APPIC uniform notification guidelines starting **Monday morning February 24, 2020**. The Psychology Postdoctoral Residency Program at NJVA strongly adheres to APPIC Postdoctoral Selection Guidelines.

Administrative and Financial Assistance

Psychology Residents will be paid a stipend of \$52,799 for the full-time, one-year training program (52 weeks/2080 hours). The tentative start date for the program is August 31, 2020, ending August 27, 2021. The VA provides for the accrual of 13 days of annual leave (vacation), up to 13 days of sick leave, 10 federal holidays, access to health and life insurance benefits, and release time for professional development. Upon beginning the residency, residents will be scheduled for a one-day orientation in the NJVA Human Resources Department where an election of health care benefits occurs, as well as a formal orientation and explanation of benefits and HR procedures. Residents are paid on a bi-weekly basis for 26 consecutive pay periods consistent with VA agency procedures. Residents will be contacted by the NJVA HR Department several months prior to their start date to begin the required formal on-boarding process including forms for background checks, fingerprinting, and a physical exam.

Requirements for Successful Resident Performance

Expected Competencies

The Residency Program is organized into clinical rotations which are 6 months in duration. Resident competencies will be formally assessed at the end of each rotation period which will occur in the 6th and 12th month of the training program (2 times per year). The following profession wide competencies are assessed: Psychotherapeutic Intervention; Assessment; Ethical & Legal Standards in Health Service Psychology; Individual & Cultural Diversity; Professional Values, Attitudes, & Behaviors; and Clinical Supervision. The following program

specific competencies are also assessed: Interprofessional Collaborative Care/Interdisciplinary Skills/Consultation; Teaching in Health Service Psychology.

Minimum Levels of Achievement for Completion

Competency ratings range along a Likert scale from 1 (Proficient) through 5 (Independent). It is the requirement for successful resident performance that at 6 months, 100% of all competency areas assessed will be rated at level of 3 (Advanced) or higher. At the end of 12 months, it is the requirement that 100% of competency areas will be rated at a competency level of 4 (Highly Advanced) or higher.

Resident Performance, Evaluation, Feedback, Retention, and Termination Decisions

Residents will receive formal written feedback from their clinical supervisors based on the results of the competency evaluations at the conclusion of each 6- month rotation. Residents are expected to maintain the residency program's minimum levels of achievement at the 6 and 12-month marks of the program for continued retention in and expected completion of the program. The process of clinical supervision in the residency program is expected to be an ongoing one that includes continuing feedback and dialogue regarding the resident's performance, continuing progress toward training goals, and developing professional competencies. It is the expectation that any identified deficiencies in the resident's clinical performance (competencies) or professional conduct (professional values, attitudes, & behaviors) will be identified and addressed in supervision as early as possible in the rotation/training year. The Director of Residency Training contacts each supervisor at the mid-point of each rotation to inquire about any perceived or identified deficiencies in performance or professional conduct. It is the expectation that any identified deficiencies can be remediated informally in the context of the clinical rotation with supervisory input and direction. If the problem(s) is sufficient to trigger a formal management plan, the Residency Program has a formal policy outlining the steps in the identification, management, and remediation of deficient or problematic behaviors. A formal Postdoctoral Remediation Plan Template has also been developed to assist in the remediation of identified deficiencies. Please see Appendix 2 (Sections I & II) for the written policy of the management of deficient or problematic behavior and Appendix III for the remediation plan template.

Grievance Procedures & Due Process for Residents

Residents who receive a Notice of Counseling or Probation or who otherwise disagree with any Training Committee decisions regarding their status in the residency program are entitled to challenge the decision(s) by initiating a formal grievance procedure. Please see Appendix II (Section III) for the formal program policy and steps addressing Resident Grievance Procedures & Appeal Processes. Every effort is made to protect the rights and due process privileges of Psychology Residents in the training program.

It is also possible that a Resident may have some dissatisfaction about the training program or a supervisor within the training program. Although it is the expectation and hope that any reasonable dissatisfaction would be resolved informally in conjunction with the Director and Associate Director of the program. The residency program has made provision for this possibility by developing a formal policy to further protect resident's rights and ensure that any serious concerns are treated with the utmost respect and fairness. Please see Appendix II (Section IV).

Nondiscrimination Policies

The NJVA Postdoctoral Residency program supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. **Applications from candidates of diversity are strongly encouraged.** No applicant will be discriminated against on the basis of race, color, creed, religion, sex, place of national origin, or age. The NJVA Psychology Residency Program strictly adheres to the nondiscrimination policies of the VANJ Health Care System along with the nondiscrimination policies of the U.S. Department of Veterans Affairs Office of Diversity and Inclusion which those policies are based.

Please see Appendix I attached to this document for a summary of NJVA's EEO, Diversity, and No Fear Policies. The NJVA policies are consistent with the U.S. Department of Veterans Affairs Office of Diversity and Inclusion's (ODI) EEO, Diversity and Inclusion, No FEAR, and Whistleblower Rights and Protection Policy Statement: (<http://www.diversity.va.gov/policy/statement.aspx>).

Supervision Requirements

Per APA accreditation guidelines, a minimum of 2 hours per week of individual supervision occurs focused on the Resident's clinical and professional activities. Generally, the amount of supervision hours per week exceeds these minimum requirements. Primary supervisors maintain clinical responsibility for the cases in which they provide supervision. It is the expectation that each Resident will have no less than 2 doctoral level licensed psychologists providing supervision during each 6 month rotation period. In accordance with New Jersey State Psychology licensing laws, it is the practice of the residency program to ensure that clinical supervisors will have been licensed for a period of not less than 2 years in order for the resident's supervision hours to qualify toward New Jersey Licensing. In most cases, Residents will receive additional "supervision of supervision" each week when supervising psychology interns' clinical work.

Maintenance of Records

The Director of Psychology Residency Training is responsible for maintaining all pertinent records of training that are accumulated during the postdoctoral training year including competency evaluations and records relating to supervision hours, clinical rotations, and other relevant professional related training activities. It is the responsibility of the Director of Residency Training to maintain these records for the purposes of verifying Residents' professional activities for licensing boards and other credentialing agencies such as health care privileging boards and other related employment requirements. The records will be appropriately transferred to succeeding Psychology Residency Training Directors.

For additional information, please email or call:

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FELLOWSHIP SETTING

The VA New Jersey Health Care System is one of the largest integrated Clinical Referral Level 1b VA teaching facilities in the country, providing a broad range of inpatient and outpatient health care services for Veterans, the VA New Jersey Health Care System has an annual budget of \$474 million; 3,100 employees; over 56,000 Veterans treated; 744,000 outpatient visits; and over 5,400 inpatient admissions per year. The facility consists of two Veterans Health Administration facilities located in East Orange and Lyons, New Jersey. The VA New Jersey Health Care System also has ten Community Based Outpatient Clinics (CBOCs) located throughout the state. The CBOCs are located in Brick, Elizabeth, Hackensack, Hamilton, Jersey City, Morristown, Newton, Paterson, Piscataway, and Tinton Falls, New Jersey. The 34-acre East Orange tertiary care facility opened in 1952, and the 365-acre Lyons long-term, mental health and primary care facility opened in 1930. The East Orange Campus is the site of one of three VA War-Related Illness and Injury Study Research Centers looking at ways to care for active duty service members and Veterans with war-related illnesses.

NJVA is affiliated with Rutgers University with active training programs for over 130 interns, residents, and fellows in all areas of medicine, dentistry, and podiatry. Other associated health care programs train students including social work, dietetics, physician assistants, and nursing. The East Orange campus houses extensive research programs in addition to the war-related illnesses research center mentioned above. The Lyons Campus is located 22 miles west of the East Orange Campus and is categorized as a specialty referral facility with the mission of providing psychiatric and long-term care. The Lyons Campus is affiliated with both the Robert Wood Johnson and Rutgers Medical Schools. Psychology residents are typically assigned to both of these medical centers during their fellowship training year. The resources at the VA New Jersey Health Care System are vast and fully provide for the aims of the program. The hospital system supports multiple and varied outpatient, inpatient, and residential mental health and behavioral medicine/health psychology treatment programs. There is a large and diverse patient population which provides for rich clinical opportunities for residents during the training year. As a large teaching hospital, VA New Jersey provides an interdisciplinary environment where our program specific (Level 2) competency goal of training in Interprofessional Collaborative Care is well supported.

The Psychology Postdoctoral Residency Training Program is an integral part of the Psychology Section of the Mental Health and Behavioral Science Service (MH&BS). Administrative supervision of the Postdoctoral Program and psychology staff is coordinated by the Associate Chief, MH&BS for the Psychology Section. The Director of Psychology Postdoctoral Residency Training, along with the Associate Director of Training, coordinates the day-to-day operation of the residency program. The Psychology Section currently employs over 60 psychologists based primarily in our two hospital campuses in East Orange and Lyons. The large psychology staff has a long and rich tradition of supervision and training in health service psychology and eagerly participate in the Postdoctoral Residency Program.

Program Structure and Rotations

It is our expectation that interns will apply to our program looking to develop advanced competencies in any number of specialty clinical areas. Opportunities to focus on trauma,

substance abuse, behavioral medicine (including wellness/primary care; pain management, and specific physical disorders such as cancer/oncology & spinal cord dysfunction), and outpatient mental health treatment are available. The size of our program allows residents flexibility to combine different areas of training; this opportunity is not often offered in residency training programs. For example, residents past who have been primarily interested in trauma and/or substance abuse treatment have often elected to do some work in behavioral medicine during the training year. We see this opportunity to provide diverse clinical training at the postdoctoral level as a strength of our program. We identify our residency program as one that offers both specialty (population/disorder) and generalist training in clinical health service psychology. Residents will define their unique goals for the training year in collaboration with our program directors, clinical supervisors, and training committee.

Advanced training in Interprofessional Collaborative Care is required of all residents and runs throughout all clinical rotations and didactic programming.

Residents will have an orientation period at the beginning of the training year sufficient to meet with each potential supervisor on all the rotations identified below. In collaboration with the Director and Associate Director of Residency Training, a rotation specific training plan will then be developed, incorporating the resident's training goals, clinical interests, plus the residents' longer-term career goals. Selection of clinical rotations for the coming year will be guided by this training plan, incorporating the compatibility of residents with individual supervisors.

BEHAVIORAL MEDICINE & HEALTH PSYCHOLOGY

Oncology

The rotation in Oncology offers opportunities to gain experience in providing psychological services to individuals undergoing cancer treatment and their family members. The Psychology Resident will function as a member of an interdisciplinary treatment team that includes physicians, medical residents, nurses, clinical social workers, and a wide range of allied health professionals. Oncology Psychology services are offered across the continuum of care of the comprehensive cancer center at VA NJ, including Radiation Oncology, Hematology/Medical Oncology, Surgical Oncology, and Inpatient Oncology care. Oncology Psychology also supports the Medical Center's Palliative Care and Hospice programs. Veterans are provided services at various stages of their illness and treatment process, including during initial diagnosis and treatment planning, active treatment, advanced disease, end-of-life care, and post-treatment follow-up/survivorship.

Services provided by Oncology Psychology include psychological evaluations and psychodiagnostic assessments, individual, couples, family, and group psychotherapy, interventions addressing symptom management, interventions for caregivers, crisis intervention, treatment team consultation, and liaison/consultation with other medical center services and programs. Oncology Psychology actively participates in medical center and regional/national clinical and educational conferences, including Tumor Boards, Psychosocial Oncology Rounds, and VA Cancer Care and Psycho-Oncology national education calls. Individual and group supervision within the rotation includes a focus upon psychotherapeutic interventions developed for cancer patients, including adaptations of Cognitive-Behavioral Therapy, Dignity Therapy and Meaning-Centered Psychotherapy, and Psycho-educational and Supportive Interventions. In addition to clinical training and educational activities, the Oncology rotation includes opportunities to participate in and contribute to program development and program evaluation

projects, quality of care studies, and research. Residents will have the opportunity to supervise psychology interns who are rotating in the radiation/oncology program.

Pain Management/Pain Psychology

Located within the Pain Management Clinic and the Center for Health and Wellness at VA New Jersey East Orange Campus. As one of 18 Flagship Hospitals for Whole Health this facility has been charged with developing innovative programs and services to change the model of healthcare. The resident on this rotation will work closely with the Pain Psychologist and Pain Management Team consisting of two physicians, one medical resident, two nurse practitioners, two nurses, and a chiropractor. The primary treatment modality for the Pain Psychology Intern will be co-facilitating and leading groups such as CBT-Chronic Pain, CBT-Insomnia, ACT-Chronic Pain, Women's Pain Group, and Biofeedback and Hypnosis for Chronic Pain. The Pain Team is also developing a Suicide Prevention treatment group to address the crisis of veteran suicides. Additionally, the intern will participate one day each week of Behavioral Health Integration working closely with the medical providers in the outpatient pain management clinic where providers are challenged with managing and reducing opioid medications, and introducing innovative non-opioid based medical interventions. Residents will have the opportunity to conduct initial assessments for patients referred to group and may have the opportunity to perform brief individual psychotherapy sessions (≤ 6 thirty-minute sessions) as veterans with primary mental health issues will typically be followed by a primary MH/BS provider. The resident on this rotation will also learn about the integrative and adjunctive interventions offered in the Center for Health and Wellness (CHW) such as acupuncture, yoga, dietary and healthy eating strategies, as well as Mindfulness Based Stress Reduction.

Spinal Cord Injury/Dysfunction (SCI/D)

The Spinal Cord Injury/Disorders (SCI/D) Center is a regional center that provides comprehensive medical services to eligible Veterans in New Jersey, Eastern Pennsylvania and Delaware so as to enable them for healthy, independent community living. The Center is also the VA Multiple Sclerosis (MS) Center of Excellence East – NJ region and includes an Amyotrophic Lateral Sclerosis (ALS) Seamless Care program. The SCI/D interdisciplinary team consists of psychologists, neuropsychologists, physiatrists, nurse practitioners, wound care specialists, nurses, dietitians, occupational, physical and recreation therapists, social workers, other medical, support and volunteer staff, as well as Veteran caregivers and family members. The SCI/D Resident is a true member of the team, which fosters development of interprofessional collaboration skills, an increased understanding of how each discipline contributes to coordinated care and an ability to clinically practice in an integrated manner. The SCI/D Center provides inpatient, outpatient and virtual care services.

Trainees participate in grand rehabilitation rounds, interdisciplinary patient care conferences, treatment team meetings, and work with families and caregivers. Clinical Video Technology (CVT) is used to conduct visits with those who may be homebound, in remote areas or at other VA facilities. Individualized mental health services include health-focused interviews as a part of comprehensive annual evaluations by the SCI/D team. Psychotherapeutic interventions are offered as warranted. Trainees are instructed in evidence-based approaches to address emotional distress and adjustment issues in response to acute or chronic illnesses, lack of engagement in treatment or self-care regimens, and help identify personality &/or cognitive

issues that may adversely impact a Veteran's rehabilitation and overall functioning. Neurocognitive and neurobehavioral issues related to aging, TBI, and progression of MS and ALS are common, and so evaluations of decision making capacity, cognitive screening and/or neuropsychological evaluations may be performed by trainees throughout the rotation.

Behavioral Medicine/Consultation-Liaison

The Behavioral Medicine rotation involves provision of assessment and intervention services to help patients cope with the sequelae of serious physical disorders. Referrals most commonly derive from the inpatient Medicine & Surgery units, outpatient Medical & Radiation Oncology units, Neurology, and Renal Disease Services. Referrals typically entail requests to address acute emotional distress experienced by inpatients in medical units; motivational enhancement interventions to engage patients in rehabilitation services such as physical therapy; completion of the mental health evaluations for organ transplant candidates; and determination of patients' decision-making abilities with respect to choosing medical and surgical interventions or discharge to home vs. residential programs. Instruction in focused neuropsychological testing to determine the presence of cognitive disorders most pertinent to an elderly population is provided. (E.g., distinguishing delirium vs. dementia; impact of substance abuse & affective disorders.)

Polytrauma/TBI

Trainees assigned to the Polytrauma team would help conduct the Comprehensive TBI Evaluations of OEF/OIF/OND veterans (service members who completed Iraq & Afghanistan combat deployments), and participate in an interprofessional team comprised of Psychiatrists, Speech Pathologists, Occupational Therapists, Physical Therapists, Social Workers & Nurses who provide physical and cognitive rehabilitation services. Neuropsychological screening and evaluations are provided by the psychologist who coordinates the team.

General Rehabilitation

General Rehabilitation services are offered, often in the context of physical or occupational therapy sessions. The psychologist can observe veterans undergoing gait training or restoration of adaptive skills, and offer guidance to the PT or OT about motivational issues (e.g., depression, anxiety, & cognitive dysfunction) that may be hampering veterans' rate of learning or adherence to a treatment regimen.

Center for Health & Wellness Rotation

The Center for Health and Wellness, located on the East Orange campus, is a highly integrative program that provides collaborative health, wellness, and mental health services by an interprofessional team within a healing environment. The Center is staffed by physicians, 3 psychologists, social workers, pharmacists, nurses, yoga instructor, and acupuncturist and supplemental services (e.g., chef/culinary expert). Mental Health plays a vital function in the "Center" providing traditional and innovative behavioral health treatments and interventions, not just for traditional mental health problems but also for adjunctive health-related services—improving the overall care of patients suffering from a variety of chronic conditions including pain and diabetes. A psychologist functions as both the program manager for the Health Promotion Disease Prevention Program (HPDP) and the Mental Health Lead for Primary Care Mental Health Integration in the Center for Health & Wellness. HPDP team activities also include assisting/training medical providers to improve doctor-patient relationships and increase patient motivation. The center also includes an active Health Coaching team which focuses on

helping providers assist patients in quitting smoking, limiting alcohol use, increasing exercise, and adhering to medical regimens.

Mental Health Primary Care Integration Clinic

The MH/PC Triage Clinic is located within the primary care medical service on the East Orange and Lyons Campuses and provides same day mental health access to veterans. The purpose of the clinic is to enhance access to mental health services for veterans, provide co-located integrative care, and serve as a mental health consultant to medical providers. Primary responsibilities for residents will include same day triage assessment, provision of time-sensitive individual psychotherapy, suicide risk assessment, and mental health liaison. There will also be the opportunity to provide brief interventions focused on enhancing health behaviors and conducting wellness related groups. Residents will be able to refine their interviewing and differential diagnostic skills as well as learn the skills necessary for successful application of mental health services within a medical setting.

TRAUMA / SUBSTANCE ABUSE / OUTPATIENT MENTAL HEALTH SERVICES

Traumatic Stress Disorders Programs

Outpatient PTSD Rotation

The Post Traumatic Stress Disorders Treatment Program is a large interdisciplinary program which has outpatient clinicians on both campuses. The outpatient program has a cohesive interprofessional staff including psychiatry residents, social work and psychology interns. PTSD treatment teams are accustomed to integrating trainees into their teams and providing collaborative professional oversight and supervision. Psychologists working in the outpatient program have longstanding experience in providing clinical supervision. The outpatient PTSD program is directed by a psychologist. Most supervisors in the outpatient PTSD program have been trained in and provide the latest VA-supported evidence-based treatments.

PTSD Residential Rehabilitation Program (PRRP)

A 25-bed, 45-day residential treatment program unit is available for veterans presenting with post-traumatic stress disorder (PTSD). This program serves veterans who manifest enduring anxiety disorders, impairments in social relations, and physiological disturbances associated with combat exposure in Vietnam and the Persian Gulf. Many of these patients present with concurrent substance abuse disorders. A therapeutic community approach is emphasized, entailing cognitive-behavioral, exposure, and dynamic approaches. The unit psychologists are extremely active in leading the program's groups, providing individual therapy, assessment and crisis intervention services.

The resident on the unit is responsible for conducting screenings for admission to the unit and focused neuropsychological assessments on PTSD-related cognitive impairments. The resident is also responsible for facilitating twice-weekly trauma processing groups, weekly psychoeducation groups (ACT, Cognitive Processing Therapy), as well as manage a caseload of individuals clients. Training in evidence based treatments for PTSD will occur. Residents will have the opportunity to offer adjunctive supervision to the interns on the unit.

Substance Abuse Programs

Residential & Outpatient Substance Abuse Treatment Units

The VANJ Healthcare System offers a comprehensive and integrated series of substance abuse treatment and rehabilitation services. The programs offer a wide spectrum of care to veterans, including an inpatient medical management unit and extensive outpatient programming (East Orange), plus residential treatment/vocational rehabilitation services for homeless veterans (Domiciliary at Lyons). In addition, psychiatric and specialized medical care is offered concurrently as many patients manifest serious psychopathology (i.e., residual psychotic disorders or PTSD), as well as chronic physical disorders. Assignment to the inpatient or outpatient units is guided by the American Society for Addiction Medicine (ASAM) criteria. The program has an integrative orientation, incorporating cognitive-behavioral, psychodynamic and family systems perspectives. In addition, 12-Step Programs such as AA & NA are regarded as a valuable adjunctive approach. The scope of programming allows veterans entering treatment to receive the level of intervention required for their mix of psychological and social needs.

Services are offered by an interdisciplinary treatment team composed of psychologists, a consulting psychiatrist, physician, nurses, social workers, and substance abuse counselors. Activities such as psychoeducation and group therapy are conducted seven days a week in the residential units. Outpatient services (including evening programming) are offered three to five days each week. Individual and marital therapy (when possible) is an integral part of the programming as well. Lectures and time-limited therapy groups are offered on specific issues such as anger management, impact of parental substance abuse and trauma-induced disorders. Attendance at AA/NA meetings, educational and vocational counseling, and recreational therapy reintroduce patients, many of whom are chronically unemployed and estranged from friends and family, to positive, re-socialization activities in the community.

A Psychology Resident choosing to rotate in the Substance Abuse units has the opportunity to provide a broad array of psychological services including comprehensive clinical interviews, assessments, and active participation in treatment team meetings. They provide individual, group, and psycho-educational therapies to both outpatient and residential patients (depending upon rotation assignment). Beyond these traditional approaches to substance abuse treatment, the SATP incorporates advanced motivational enhancement and relapse prevention techniques. Treatment approaches are tailored to match the “stage of change” of the patient. Residents learn ways of managing resistance and facilitating motivation for treatment that can be applied to a wide variety of psychological problems.

The multiple physical, mental, and behavioral consequences associated with alcohol and drug abuse compound, and can be quite difficult to distinguish from preexisting psychopathology. The residential and outpatient SATP programs, plus the Dual Diagnosis Transitional Intensive Case Management (DDTIC) program, provide residents an opportunity to assess and treat veterans who manifest concurrent serious psychopathology and substance abuse disorders. Emphasis is placed upon facilitating patients’ understanding of their dual disorders, addressing psychosocial stressors and enhancing medication compliance, as well as replacing maladaptive and dysfunctional activities with behaviors that maintain sobriety and psychiatric stabilization. Further, as diagnostic clarification is a key factor in establishing appropriate treatment regimes. Assessment of psychiatric patients with varying degrees of abstinence elucidates the impact of chronic substance abuse upon cognitive processes and personality dynamics. Thus, residents learn the unique and interactive features of these co-morbid disorders. It is the expectation that Residents rotating in the substance abuse programs will develop advanced competency in the area of substance abuse treatment.

For Residents seeking advanced specialty competence in substance abuse treatment it is likely that a rotation(s) combining residential and outpatient treatments will occur. It also possible that electing a rotation in primarily outpatient substance treatment is an option as well. Please see below for a description of the outpatient substance abuse rotation.

Outpatient Substance Rotation

The outpatient substance use disorders program is a well-established and highly cohesive treatment team which provides state-of-the-art evidence-based treatments to a wide range of addicted veteran patients. The interprofessional treatment team provides a welcoming environment for trainees. The Director of Substance Abuse Services in VA New Jersey is a psychologist who is committed to professional supervision, teaching, and all aspects of professional education and training. Addiction and psychiatry residents as well as medical students regularly rotate through the substance abuse program. Postdoctoral applicants seeking advanced training in substance abuse treatment are encouraged to apply to the fellowship program. Due to the comprehensive organization of the milieu treatment program, the Outpatient Substance Abuse Treatment rotation lends itself to a more uninterrupted time commitment per week than many of our other outpatient rotations. This contributes to an in-depth clinical learning environment in Substance Abuse Treatment. The resident will have the opportunity to supervise psychology interns who are rotating in the substance abuse rotations.

Outpatient PTSD/Substance Use Disorder Rotation (PTSD/SUD Specialty)

VA New Jersey is fortunate to have two psychologists, one assigned full-time to each medical center campus, who are SUD specialists. Postdoctoral Residents can choose to work in this outpatient rotation under the supervision of these supervisors who specialize in the treatment of co-occurring (dual) diagnoses of PTSD and substance use disorders. These specialists are embedded within the PTSD and substance abuse outpatient programs. Residents would participate as members of their SUD supervisor's treatment team.

Mental Health Clinic Rotation

Both campuses of VA New Jersey have Mental Health Clinics (MHC) staffed by supervisory psychologists. Like the other rotations offered for this residency program, these MHCs have fully integrated and highly collaborative interdisciplinary treatment teams. The MHCs are welcoming of trainees and have multiple trainees from a variety of disciplines working within them including psychiatry residents, social work interns, and psychology interns. This rotation would expose psychology residents to a wide range of patients who represent many diagnostic groups including anxiety, depression, and psychotic disorders.

RESEARCH TRAINING

The VANJHCS postdoctoral training program also includes opportunities for research. There are several active, grant-funded research programs at VANJHCS. Residents who elect to participate in research training will have the opportunity to devote one day per week on an active research project. In addition, they will be provided with mentoring devoted to research career development. This can include support for generating a peer-reviewed publication, planning an early stage study, or other steps towards research career development.

There are also a number of ongoing, externally-funded clinical trials in mental health being conducted by Dr. Alejandro Interian. One examines the efficacy of Mindfulness-based Cognitive Therapy for preventing suicide among Veterans. Another trial is examining the use of Cognitive

Behavioral Therapy that is delivered through telehealth to reduce depression among Veterans with Parkinson's disease.

SEMINARS & DIDACTICS

A minimum of 2-3 hours per week of didactic seminars are included in the residency training program. The seminars are organized to fulfill the APA accreditation requirement that postdoctoral residency training include learning experiences that promote the development of advanced profession wide competencies. The didactic seminars are organized specifically to fulfill the learning requirements at the postdoctoral level of: 1) The Integration of Science and Practice; 2) Individual & Cultural Diversity; 3) Ethical & Legal Standards in Health Service Psychology. In addition, our 2 program specific competencies are also organized according to these 3 profession wide competencies. Recurring and individual seminars have been developed to contribute to each area of professional development and learning.

The Integration of Science & Practice

- Recurring seminar on the science & practice of individual psychotherapy including case conceptualization
- Recurring seminar on the science & practice of group psychotherapy
- Recurring seminar on the evaluation and integration diverse psychotherapy methods
- Various seminars on the selection, application, and interpretation of assessment instruments including current research, professional standards and guidelines
- Recurring seminar on the methods, applications, and current research in clinical supervision
- Selected seminars on topics of evidence-based treatments including ACT, DBT, Meaning Centered Therapy, Mindfulness, CBT treatment of anxiety disorders
- Recurring seminar on the knowledge base and application of interprofessional collaborative care including leadership and managing sideways in health service psychology settings
- Selected seminars on effective organization and teaching methods in health service psychology
- Selected seminars on the various topics in behavioral medicine including including pain, oncology, and methods of Consultation & Liason
- Day-long annual Seton Hall University clinical supervision conference

Individual & Cultural Diversity

- Recurring seminar examining and applying the theoretical and empirical application of several multicultural models, along with current APA multicultural guidelines. Application of these models to current cases, increasing sensitivity toward individual and cultural diversity in health service psychology settings, and increasing awareness of the residents' own multicultural history and attitudes will be discussed.
- Individual multicultural seminars on selected topics and diverse populations will be presented
- Annual Columbia University Winter Round Table on Multicultural Psychology and Education (2-day program)
- Annual Rutgers University Cultural Conference (day-long program)

Ethical & Legal Standards in Health Service Psychology

A recurring seminar held throughout the training year that ensures that residents:

- are knowledgeable about and can apply the APA Ethical Principles and Code of Conduct
- have knowledge of applicable laws, regulations, and policies governing health service

- psychology at all levels
- recognize ethical dilemmas and be able to apply ethical decision-making processes
 - can discuss clinical interventions through an ethical lens including boundaries, dual relationships, and confidentiality
 - understand issues and considerations in conducting oneself in an ethical manner
 - have knowledge of specialty guidelines in health service psychology

Professional Workshops

The residency training program is pleased to be able to augment our didactic education each year by supporting our residents in attending the following APA approved C.E. Workshops:

- Day-long Annual Seton Hall University Supervision Seminar
- Day-long Annual Rutgers University Cultural Conference
- 2-day Columbia University Winter Roundtable on Multicultural Education

INTERPROFESSIONAL COLLABORATIVE CARE EDUCATION

The training program has developed a number of opportunities to enhance the knowledge, competencies, and application of interprofessional collaborative care practices during the residency. Residents are typically involved in some or all of the following training experiences:

Shared Decision Making Simulation Laboratory

An interdisciplinary training program has been initiated to improve training clinicians' skills in Shared Decision Making (SDM). The SDM model entails fostering collaborative interactions between patients and clinicians in planning clinical care. This involves a discussion of factual information about a patient's physical and emotional status, plus an examination of a patient's values pertinent to available choices about treatment services.

Training is held in a Simulation Laboratory adjacent to the Center for Health and Wellness. A team of physicians and psychologists, including post-doctoral psychology residents, observe Medical residents engaging with 'simulated patients' (trained volunteers) around a clinical scenario. Residents share in the process of rating the interviews and provide direct feedback to the clinicians. Sessions are videotaped and are available for review by training staff and participants.

Expansion of the program is anticipated and may entail inclusion of additional medical specialties, psychology interns, and/or direct instruction in clinical interventions such as Motivational Interviewing & Values Clarification. The SDM program offers an opportunity for program development as well as clinical research for Postdoctoral Residents.

Planetree

VA New Jersey is a long-time Planetree Model Affiliate Medical Center. Our residents will attend Level I & Level II Planetree training workshops on Patient Centered Care and Interprofessional Collaborative Care. There will be additional training opportunities in Planetree throughout the year.

Schwartz Rounds

Schwartz Rounds, held throughout the year, are moderated discussions about complex clinical cases and ethical issues that confront interdisciplinary providers in the Medical Center. Schwartz rounds are well-attended by many professional disciplines and are highly intercollaborative. Fellows will participate in Schwartz Rounds under the supervision of the Mental Health (psychology) representative to the Committee

Interprofessional Educational Rounds

The following interprofessional collaborative clinical/educational opportunities occur on a weekly or bi-monthly schedule. Fellows may participate based upon their rotation assignments and interests.

- Inpatient Oncology Rounds
- Outpatient Oncology Rounds
- Inpatient Spinal Cord Injury Service Rounds
- Neurology Seminars
- Radiology Rounds
- Psychiatry (PMRS) didactic seminars and case presentations

FACILITY and TRAINING RESOURCES

The VA New Jersey Health Care System has ample resources to support the Psychology Postdoctoral Residency Training Program. Residents have private offices with personal computers that are fully integrated with the internet, the VA Central Office intranet, and the Medical Center's electronic patient record system (cprs). Residents have access to frequently used computerized psychological assessment instruments. NJVA has medical libraries located on both campus with the latest professional periodicals and online resources including a large inter-library loan system. Both libraries are staffed with professional medical reference librarians happy to assist residents in all aspects of research and professional development.

TRAINING STAFF

Program Administration

Norman R. Mosley, Ph.D., Fairleigh Dickinson University. Director of Psychology Postdoctoral Residency Training Program; Administrative/clinical oversight of residency program; Interprofessional Collaborative Care; Ethics & Legal Issues; Teaching in Health Service Psychology.

Lawrence Weinberger, Ph.D., Fordham University. Associate Director of Psychology Postdoctoral Residency Training. Neuropsychology Consultation & Assessment; TBI/Polytrauma Program; Behavioral Medicine/Health Psychology; Interprofessional Collaborative Care; Outpatient assessment, diagnosis, and competency determinations; Shared Decision Making Simulation Laboratory.

Sam Spinelli, Ph.D., New School for Social Research. Director of Substance Treatment Services VA New Jersey. Associate Chief, MH&BS for Psychology Section. Clinical supervision & education in substance use disorders; professional education, & mentorship; Group & Individual Psychotherapy Seminar; Program administration & evaluation.

Supervisory & Teaching Faculty

Adrienne Abramowitz, Ph.D., University of Illinois Champagne-Urbana. Clinical supervision & education for SUD specialty rotation; PTSD/SUD assessment; Interprofessional Collaborative Care.

Mia Downing, Ph.D., Fairleigh Dickinson University; Residential Post-Traumatic Stress Disorders Program

Monica Clement, Ph.D., Ohio State University; Neuropsychology Assessment; Outpatient Spinal Cord Injury/Disorder Program; Assessment Seminar; Geriatric outpatient assessment, diagnosis, and competency evaluation.

Norman Eisenstein, Ph.D., New School for Social Research. Neuropsychology Consultation & Assessment; Outpatient assessment including assessment, diagnosis, and competency.

Brian Farran, Ph.D., Fordham University. Clinical supervision & education in Outpatient Substance Use Disorders; Geriatric Assessment & Intervention; Interprofessional Collaborative Care; Evidence Based Treatments.

Nancy Friedman, Ph.D., Adelphi University. Director of PTSD Treatment Services VA New Jersey. Outpatient PTSD clinical supervision & education; Program administration & evaluation.

Christopher Gates, Ph.D., Seton Hall University; Inpatient Substance Abuse Treatment Program

Alejandro Interian, Ph.D., St. John's University. Director of Dual Diagnosis Development Unit; Integration of Science & Practice; Principal Investigator in applied externally funded research trials; Research mentor

Tonisha Joanis, Ph.D., Seton Hall University. Outpatient Mental Health Clinic. Clinical Supervision & education in MHC; Individual & Cultural Diversity Seminar; Clinical Supervision Seminar.

Salma Khshaiboon, Ph.D., Seton Hall University; Substance Abuse Treatment Programs; Individual & Cultural Diversity Seminars

Miriam Latorre, Psy.D., University of Denver. Outpatient Health Psychology; Biofeedback; Individual & Cultural Diversity education; Research In Evidence Based Treatment of PTSD.

Timothy Lomauro, Ph.D., St. John's University. Radiation Oncology; Palliative & Hospice Care; The Center for Health and Wellness. Clinical supervision & education in oncology, health psychology, & behavioral medicine; Interprofessional Collaborative Care; ACT Seminars.

Ricardo Martinez, Ph.D., Fordham University. Bloomfield Vet. Center. Outpatient PTSD; Military Sexual Trauma; Marital & Family Treatment; Education in Diversity & Multiculturalism

Mariam Rothfritz Omivale, Psy.D., Long Island University-Brooklyn Campus; Mental Health Clinic. Clinical supervision & education in MHC.

Kris Stankiewicz, Psy.D., ABPP, Lehigh University. Extended Care/HBPC Rural Health Program; Integration of Science & Practice. Assessment.

Marc Tonkin, Ph.D., University of Tennessee. Outpatient Substance Abuse Program; Hackensack CBOC; Integration of diverse Psychotherapy Models; Integration of Science & Practice; Assessment.

Christopher Wainman, Ph.D., Fairleigh Dickinson University; Residential Post-Traumatic Stress Disorders Program

Ira Wisotzek, Ph.D., Georgia State University; Geriatric Outpatient Adaptations including assessment, diagnosis, competency, & intervention; Teaching in Professional Psychology.

POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, & INITIAL PLACEMENT DATA

Date of Fellowship	Internship Program	Doctoral Program
2019-20	VA New Jersey Health Care System	Rutgers University
2019-20	VA Miami Health Care System	University of Miami
2018-19	VA New York Harbor-Brooklyn Campus	Roosevelt University
2018-19	VA New Jersey Health Care System	Long Island University-Brooklyn Campus
2017-18	VA Connecticut Health Care System-West Haven	University of Vermont
2017-18	VA New Jersey Health Care System	Long Island University-Brooklyn Campus
2016-17	Cambridge Health Alliance/ Harvard Medical School	City University of New York
2016-17	VA New Jersey Health Care System	Fairleigh Dickinson University
2015-16	VA New Jersey Health Care System	Seton Hall University
2015-16	VA New York Harbor-Manhattan Campus	Yeshiva University
2014-15	VA New Jersey Health Care System	Fairleigh Dickinson University
2014-15	VA New York Harbor-Brooklyn Campus	Graduate School of Applied & Professional Psychology-Rutgers University

POST-DOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are updated: 8/31/2019

Postdoctoral Program

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 resident selection and practicum and academic preparation requirements:

The Postdoctoral Residency Program considers any applicant who meets the minimum requirement of successful completion of both an APA Accredited graduate program and an APA approved internship in clinical or counseling psychology as being qualified for admission to the program. As such, there are no further prerequisites required for application and admission to the program beyond standard doctoral program and internship preparation experiences. Selection criteria in terms of considering "best fit" will include the applicant's statement of goals, interests, and objectives for residency training, and consideration of future professional goals. Review of the applicant's prior training including settings, rotations, clinical and supervisory experiences, as they relate to the aims of the program and the outpatient rotations offered in the residency program will be considered. Applicant's discussion of their clinical experiences and interests during interviews will be weighted heavily. It is also important that applicants demonstrate interest in gaining advanced competency in Interprofessional Collaborative Care and in the Teaching of Health Service Psychology.

Describe any other required minimum criteria used to screen applicants:

In person interviews are highly recommended but not required.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents : \$52,799.00

Annual Stipend/Salary for Half-time Residents: Not Applicable

Program provides access to medical insurance for resident?	<u>Yes</u>
If access to medical insurance is provided	
Trainee contribution to cost required?	<u>Yes</u>
Coverage of family member(s) available?	<u>Yes</u>
Coverage of legally married partner available?	<u>Yes</u>
Coverage of domestic partner available?	<u>No</u>

Hours of Annual Paid Personal Time Off (Vacation): **13 days (104 hours)**

Hours of Annual Paid Sick Leave: **13 days (104 hours)**

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** (consistent with APA & APPIC guidance)

Other Benefits

(please describe): 10 Federal holidays; Release Time for Professional Development.

Initial Post-Residency Positions

(Provide An Aggregated Tally for the Preceding 3 cohorts): **2016-2019** (3 cohorts)

Total # of residents who were in the 3 cohorts: **6 Residents**

Total # of residents who remain in training in the residency program: 0

	<u>Postdoc Position</u>	<u>Employed Position</u>
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		2
Military health center		
Academic health center		2
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		1
Independent practice setting		
Not currently employed		1
Changed to another field		
Other		
Unknown		

APPENDIX I

Summary of the VANJHCS’s EEO, Diversity, and No FEAR Policies

The VA New Jersey Healthcare System is committed to ensuring equal employment opportunity (EEO), promoting diversity and inclusion, and constructively resolving workplace

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

EEO and Prohibited Discrimination

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

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

While sexual orientation, gender identity, genetic information, parental status, marital status, and political affiliation are not listed as protected bases in Title VII of the Civil Rights Act, discrimination on these bases is strictly prohibited by VA. Complaints of discrimination filed on these bases will be processed according to the aforementioned Federal EEO complaint process up to and through the investigation stage of the EEO process. The VA Office of Employment Discrimination Complaint Adjudication will issue a Final Agency Decision on the merits of the claim within 60 days of its receipt of the complaint file. Complaints filed solely on this basis will not proceed to the U.S. Equal Employment Opportunity Commission. Other avenues of redress available to raise a claim of discrimination based on sexual orientation, gender identity, genetic information, parental status, marital status, and political affiliation include the Negotiated or Administrative Grievance Process, both of which permit claims of discrimination, and if otherwise appealable, raising the matter with the U.S. Office of Special Counsel and/or the Merit Systems Protection Board if the claim of discrimination is coupled with adverse impact and/or prohibited personnel practices. While a discrimination allegation may be raised with these avenues, it does not constitute initiation of a complaint through this internal complaint process and it does not extend the 45 calendar-day time limit to initiate such complaint with the Office of Resolution Management.

Accommodations

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

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

Alternative Dispute Resolution

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

Workplace Harassment

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

Sexual harassment is a form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or

condition of one's employment, or (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or (3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment.

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

No FEAR/Whistleblower Protection

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

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

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

Toward Diversity and Inclusion

To be an exceptional Federal agency, we must cultivate an inclusive work environment that reflects the diversity of our global community. Diversity and inclusion in the workplace are more than legal imperatives; they are business imperatives in this millennium. This begins with eliminating barriers on the legally protected bases, yet does not end there. To be fully inclusive, we must define diversity broadly and leverage the diverse talents of all our human resources. Our Nation's Veterans are best served when we create an environment that is free of barriers to full participation, values diversity of perspectives, and empowers every individual to contribute to his or her fullest potential. Each one of us bears the responsibility to ensure that discrimination is not tolerated and that diversity is valued. We all share the responsibility to ensure we promote the complementary principles of equity, diversity, inclusion and respect in the VA workplace.

APPENDIX II

The Management of Deficient or Problematic Postdoctoral Resident Performance & Grievance Procedures

I. General Principles

Issues pertaining to unsatisfactory performance by a postdoctoral fellow with respect to clinical performance and/or personal attitudes and behaviors are discussed below. Remedial strategies, possible sanctions, and due process/grievance procedures are delineated. Procedures for postdoctoral fellows to register complaints about staff members or the program are outlined.

Deficient Clinical Performance

It is anticipated that in most instances deficient clinical functioning or a lack of skills based competencies derive from deficits in the fellow's knowledge base or prior training, i.e., lack of exposure or training.

Supervising faculty in the postdoctoral training program will alert the fellow and training director when problematic skills based deficits are identified. The program director will also contact each rotation supervisor at the mid-point of each rotation to ensure that any skills-based competencies that are below expectations will be identified as quickly as possible. Skills based deficits will be identified and documented on the Postdoctoral Competency Evaluation Form at the end of each 6 month rotation as well.

Deficient Professional Conduct: Professional Values, Attitudes, & Behaviors

In contrast to a skill deficit, impaired performance resulting from problematic behaviors or poor judgment is regarded as:

1. An inability or unwillingness by the fellow to acquire and integrate professional standards into his/her repertoire of professional behavior;
2. An inability to acquire professional skills at an acceptable level of competency;
3. An inability to control personal stress, strong emotional reactions, or psychological dysfunction that interferes with professional functioning;
4. An inability to recognize and adhere to ethical principles for psychologists in daily practice;

5. An inability to engage in self-reflective practice and take personal responsibility for professional activities and behaviors.

Although it is a matter of professional judgment when a fellow's professional conduct has become significantly deficient or risen to the level of impairment, the following features are considered in the assessment of the problematic behavior(s):

1. The fellow does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training and additional supervision.
3. The quality of services delivered by the fellow is negatively affected and below expected standards.
4. The problem is not necessarily restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel may be required.
6. The fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Procedures for Addressing Deficient Skills and/or Deficient Professional Conduct

When supervisors' observations and evaluations indicate that a fellow's skills, professionalism, or personal functioning are inadequate, the Training Committee will initiate the following procedures:

1. The Training Director will review the negative evaluation in the context of the fellow's prior academic training record, previous clinical experiences including internship and practicums, and all current program supervisor evaluations. The Training Director will meet with the fellow to discuss the evaluation and gather information from the fellow pertinent to the issues identified.
2. The fellow will be notified in writing that a comprehensive review of his/her performance is occurring and asked to provide the Training Committee in writing with any information relevant to the identified issues. The Training Director may request permission from the fellow to contact previous training programs including internship and doctoral program for additional information which may contribute to an understanding of the identified issues.

After reviewing all available information, within ten working days, the Training Committee will make a determination and apprise the fellow in writing that it plans to adopt one or more of the following steps, or take other appropriate action:

1. The Training Committee may elect to take no further action.
2. The Training Director may issue a written **Notice of Counseling** which states the Training Committee is aware of and concerned about the negative evaluation and may recommend, but is not limited to, the following interventions:
 - a. Increased supervision with the fellow's current and/or additional clinical supervisors.
 - b. Didactic instruction and focused reading assignments.
 - c. Modification of the current clinical assignments to remediate deficits.
 - d. Recommendation of personal therapy or counseling around the identified issues of personal conduct, including identification of sources of stress or interpersonal difficulties.

A written Remediation Plan will be completed (see attached remediation plan template) in which specific problems, responsibilities, time lines, and achievable outcomes will be identified. A specific time frame for resolution of these issues (usually three months) will be established, at which time the Committee will review the fellow's progress and suspend, continue, or modify the remedial program. Alternately, a Notice of Probation may be issued.

3. The Training Committee may issue to the fellow a written **Notice of Probation** that specifies that the fellow's skill deficiencies or unsatisfactory behaviors are significant and of sufficient magnitude that more intensive action may be warranted. The Notice of Probation to the fellow will include the following:
 - a. A description of the problematic performance or behaviors.
 - b. Specific recommendations for rectifying the problems.
 - c. A time-frame for the probation period during which the problem would be expected to be ameliorated or considerable progress has been achieved toward resolving the deficit/behaviors.
 - d. Systematic procedures to assess whether the problem has been appropriately rectified.

Possible remedial steps may include (but are not limited to) the following:

- a. Increased supervision, either with the same or additional supervisors.
- b. Changes in rotations, rotation format, clinical emphasis, and/or focus of supervision.
- c. A recommendation and/or requirement that personal therapy is undertaken with a clear statement about the issues which such therapy should address.
- d. In extreme circumstances, recommendation of an unpaid leave of absence could occur.

Following the delivery of a Notice of Counseling or Probation, the Training Committee will meet with the fellow within 10 working days to review the issues and the recommended interventions. A written Remediation Plan will be completed (see attached remediation plan template) in which specific problems, responsibilities, time lines, and outcomes will be identified. The fellow may elect to accept the conditions of probation or may grieve the Training Committee's actions as outlined below.

Failure to Correct Problem as Specified in the Remediation Plan

Should the interventions adopted not rectify the deficient or problematic performance within a reasonable period of time, or when the fellow seems unable or unwilling to alter his or her behavior, the Training Committee may need to take further formal action. If a fellow on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Notice of Probation and outlined in the formal Remediation Plan, the Training Committee will conduct a formal review. The Training Committee will inform the fellow in writing that the conditions for revoking the probation have not been met and that additional actions are proposed. The Training Committee may then elect to take any of the following steps, or other appropriate actions:

1. It may continue the probation for a specified period of time with any accompanying modifications noted in the written Remediation Plan.
2. It may suspend the fellow from engaging in certain professional activities for a limited time until there is evidence that the identified problematic performance has been rectified. Suspension beyond a specified period of time may result in termination from the fellowship program if satisfactory progress toward completion of the program's requirements and goals would not be achievable in a reasonable time frame.

3. It may warn the fellow and the Psychology Practice Leader (Chief) that the fellow will not successfully complete the program if his/her problematic performance has not improved sufficiently to satisfy the criteria specified in the Remediation Plan. If by the end of the training year, the fellow has not successfully completed the training requirements as outlined in the program brochure and training plan, the Training Committee may recommend that the fellow not be graduated. The fellow would then be informed that he/she has not satisfactorily fulfilled the requirements of the fellowship program.
4. The Training Committee may recommend to the Psychology Practice Leader that the fellow be terminated immediately from the internship program. The Psychology Practice Leader retains ultimate authority to terminate the fellow from the program.

Fellow Grievance Procedure & Appeal Process

A fellow who receives a Notice of Counseling or Probation, or who otherwise disagrees with any Training Committee decision regarding his/her status in the program, is entitled to challenge the Training Committee's actions by initiating a grievance procedure. Within 10 working days of receipt of the Training Committee's notice, the fellow must inform the Training Director in writing that he/she disagrees with the Training Committee's action, and provide information as to why the fellow believes the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the fellow's grievance, the following actions will be taken:

1. Upon receipt of the written notice of grievance, the Training Director will convene a Review Panel consisting of three psychology staff members who are not members of the Training Committee and have no direct involvement in the grievance process. Both the fellow and Director of Training can recommend members for the Review Panel. The fellow retains the right to hear all allegations and is given the opportunity to dispute them and explain his/her behavior relevant to the identified deficiencies.
2. The Review Panel will convene within 5 working days to hear from all interested parties and examine all relevant documentation. Within 10 days of completion of the review hearing, the Review Panel will prepare a report documenting the reasons for its decision and recommendations to the Psychology Practice Leader. Copies of the report will be provided to the Training Committee and fellow.
3. Once the Review Panel has submitted its report, the Training Committee and fellow have 5 working days to review the panel's report and to submit final comments about the grievance process and any actions recommended by the Review Panel.
4. The Psychology Practice Leader will review all documents submitted and render a written decision within 10 working days. The Psychology Practice Leader may either accept, reject, or modify the Training Committee's or Review Panel's recommendations. The decision of the Psychology Practice Leader will be final.
5. Once a final and binding decision has been made, the fellow will be informed in writing of the actions taken.

IV. Fellow Complaint or Grievance about a Supervisor, Staff Member, or the Training Program

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

Informal Mediation

Either the fellow or staff member may request the Training Director to act as a mediator, or to select a mediator who is acceptable to both the fellow and the supervisor. It is hoped that such mediation will result in a positive resolution of the concern. Alternatively, mediation may result in a recommendation for changes within the fellow's clinical rotation, a recommendation for a different clinical rotation, or some other alteration in their training plan. Changes in rotations and training plan must be reviewed and approved by the Director of Training.

Formal Grievances

In the event that informal mediation is not successful, or in the event of a serious grievance, the fellow may initiate a formal grievance process by sending a written request for intervention to the Training Director.

1. The Training Director will notify the Psychology Practice Leader of the grievance and call a meeting of the Training Committee to review the complaint within 10 working days. The fellow and all identified supervisory staff will be notified of the date of the review and given the opportunity to provide the Committee with any information regarding the grievance.
2. Based upon a review of the grievance and any relevant information, the Training Committee will determine the course of action that best supports the fellow's training experience and professional development. This may include recommending changes within the rotation itself, a change in supervisory assignment, or a change in clinical rotation. Such a decision will be provided within 5 working days of the grievance hearing.
4. The fellow will be informed in writing of the Training Committee's decision, and asked to indicate whether he/she accepts or disputes the decision. If the fellow accepts the decision, the recommendations will be implemented. If the fellow disagrees with the decision, he/she may appeal to the Psychology Practice Leader. The Director of Psychology will render a decision regarding the appeal within 10 working days to the fellow and the Training Committee.
5. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will excuse him/herself from serving on the Training Committee during the grievance/appeal process. A grievance regarding the Training Director may be submitted directly to the Psychology Practice Leader for review and resolution in consultation with the Training Committee.

APPENDIX III

Postdoctoral Resident Remediation Plan

Date of Remediation Plan Meeting:

Name of Resident:

Training Director:

Associate Training Director:

Names of Training Committee Members Present:

Primary Supervisor:

Names of All Persons Present at the Meeting:

All Additional Pertinent Supervisors/Faculty:

Is this a Notice of Counseling or Notice of Probation:

Description of the problem(s) identified for which remediation is sought:

Date(s) the problem(s) was brought to the resident's attention and by whom:

Steps already taken by the resident to rectify the problem(s) that was identified:

Steps already initiated by the supervisor(s)/faculty to address the problem(s):

Remediation Plan

<u>Competency/ Skills Deficits Identified</u>	<u>Problem Behaviors Identified</u>	<u>Expectations for Acceptable Performance</u>	<u>Resident's Responsibilities/ Actions</u>	<u>Supervisors'/ Faculty Responsibilities/ Actions</u>	<u>Time-frame for Acceptable Performance</u>	<u>Assessment Methods</u>	<u>Dates of Evaluation</u>	<u>Consequences for Unsuccessful Remediation</u>

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I, _____, have reviewed the above remediation plan with my primary supervisor, additional supervisors/faculty, Training Committee, and the Director of Training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

Resident

Training Director

Date

Date

Resident's comments (Feel free to use additional pages):