



Wilmington VA Medical Center
PSYCHOLOGY INTERNSHIP



Psychology Internship Program
Wilmington Veterans Affairs Medical Center
1601 Kirkwood Highway
Wilmington, Delaware 19805
(302) 994-2511
<http://www.wilmington.va.gov/>

MATCH NUMBER: 230311

Application Deadline: November 16, 2016
Interviews: Mid-January 2017
Internship Start Date: Mid-August 2017

Accreditation Status

The psychology internship at the Wilmington VA is newly established and therefore not yet accredited by the American Psychological Association. We are pursuing accreditation. Graduates of this internship program prior to accreditation are eligible to apply for postdoctoral fellowship positions and employment within the VA.

Questions related to the program's accredited status should be directed to:

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>

Training Director

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Training Setting

The Wilmington VA Medical Center is a member of Veterans Integrated Service Network (VISN) 4 and provides a full range of patient care services at the main facility and affiliated Community Based Outpatient Clinics (CBOCs) in Delaware and southern New Jersey. Our dedicated staff never lose sight of the privilege and responsibility we have for representing the nation's profound gratitude when caring for veterans and their families.

For nearly sixty years, the VA has worked in partnership with the country's medical and associated health professions schools to provide high quality healthcare to America's veterans and to train new health professionals to meet patient care needs within the VA. In accordance with the Office of Academic Affiliation's mission, "To educate for VA and for the Nation," the Wilmington VA supports training in the areas of medicine, nursing, dental technology, dietetics, social work, and pharmacy. The Wilmington VA is affiliated with Jefferson Medical College of Thomas Jefferson University and with the University of Maryland. More than 200 medical residents receive part of their training at this facility every year. The facility maintains its accreditation by the Joint Commission on Accreditation of Healthcare Organizations, reflecting Wilmington's commitment to quality care.

The Psychology Internship Program is an integral part of the Psychology Service within Behavioral Health Services, an interdisciplinary department which also includes psychiatry, nursing, and social work professionals. The Psychology Service is headed by a service chief and consists of eleven full-time psychologists, one marriage and family therapist, three peer support specialists, and one psychology technician. Clinical and administrative support is provided by a department secretary and administrative officer. Staff psychologists are well-trained in evidence-based methods and provide comprehensive, patient-centered care in several settings. As members of interdisciplinary treatment teams, psychologists collaborate with other professionals throughout the hospital to offer assessment and psychotherapy services.

We strive to train psychology interns to become professional psychologists with the capacity to meet the needs of a wide range of patients within a variety of settings. Interns have the opportunity to provide care in several areas to ensure a well-rounded training experience. The outpatient mental health clinic provides assessment; individual, group, and marital/family psychotherapy; case management; and pharmacotherapy. Patients are assigned to an interdisciplinary treatment team comprised of a psychologist, psychiatrist, social worker, and nurse. Theoretical approaches to treatment center on the use of evidence-based interventions including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Interpersonal Therapy (IPT), Cognitive-Behavioral Therapy (CBT), and Social Skills Training (SST). The above services are also made available to veterans living in rural areas through the use of telehealth technology. Crisis assessment is available in the emergency room and walk-in clinic to patients presenting with a variety of concerns including suicidal and homicidal ideation, substance abuse/intoxication, psychotic disorders, and adjustment reactions.



Training Model & Program Philosophy

The vision of the Wilmington VA Medical Center Psychology Internship Program is to develop entry-level clinicians with strong professional identities as clinical psychologists who are skilled in the provision of evidence-based treatments.

The Psychology Internship Program is based on a practitioner-scholar model of professional psychology. Interns are trained to utilize critical thinking and analytical skills in applying empirical knowledge and relevant theoretical frameworks to the veterans they are treating. The training model provides supervised experiences in assessment, intervention, and other professional skills that are sequential, cumulative, and graded in complexity. The internship prepares interns to function as generalists within a medical center setting, with opportunities to develop skills in specialty areas. We expect our graduates to provide comprehensive assessments of behavioral, cognitive, and emotional problems, to deliver a wide variety of therapeutic interventions tailored to the needs of various clinical settings, to function effectively as consultants in health care settings and as members of treatment teams, and to practice in a highly ethical and professional manner, acknowledging cultural and individual differences and using scientific literature to inform clinical decisions.

Treatment is provided by interdisciplinary teams with a biopsychosocial model as an overarching framework. Consideration of psychological and social functioning in addition to biology improves the understanding of health and disease, as well as the ability of the team to align with and assist veterans. As a member of an interdisciplinary treatment team designed to treat the whole person, interns learn about the perspectives and contributions of other professionals.

The training program is committed to the provision of patient-centered care that maximizes individual strength, promotes human dignity, and values individual difference. The Wilmington VA Behavioral Health Services strives to empower veterans through education regarding their diagnosis and treatment options. Veterans are treated as educated consumers and work

collaboratively with the treatment team to develop an individualized treatment plan that reflects their preferences, needs, and values.

Training Goal & Objectives

The primary goal of the Psychology Doctoral Internship program at the Wilmington VAMC is to produce entry level psychologists who have the requisite knowledge and skills required to practice as a generalist in multiple clinical settings. The program trains for competency in six objective domains listed below.

Objectives:

1. Demonstrate competence in psychological assessment and diagnosis
2. Demonstrate competence in therapeutic intervention, specifically knowledge and skills in evidence-based treatments
3. Demonstrate competence in consultation and supervision
4. Demonstrate awareness of professional developmental issues and knowledge of ethical issues in psychology practice
5. Demonstrate competence in the use of scholarly inquiry
6. Demonstrate knowledge about the role of cultural and individual diversity in psychological phenomena

Required Competencies:

Assessment and Diagnosis

1. Proficiency in clinical interview and record review
2. Knowledge of DSM-5
3. Appropriate selection, administration, and interpretation of psychological test instruments
4. Clear and timely completion of reports that answer the referral question and provide appropriate recommendations
5. Integration of data from multiple sources
6. Provision of clear and useful feedback to referring provider, patient and/or family members
7. Awareness of the role of individual and cultural differences and diversity in assessment

Therapeutic Intervention and Evidence-Based Treatments

1. Establishment and maintenance of therapeutic rapport with patients
2. Identification of therapy goals and development of individualized treatment plans in collaboration with patients
3. Selection of appropriate interventions based on case conceptualization
4. Appropriate assessment and management of patient risk
5. Knowledge of evidence-based treatments and skill in their use
6. Awareness of how personal issues can impact therapy
7. Awareness of the role of individual and cultural differences and diversity in treatment
8. Development and facilitation of group therapy
9. Management of termination of therapy

Consultation and Supervision

1. Appropriate use of interdisciplinary consultation
2. Contribution of clinically meaningful information to patient treatment team meetings
3. Provision of sensitive and appropriate feedback and guidance to colleagues and other trainees (e.g., in group supervision, case conferences)
4. Awareness of supervision theories and APA ethical guidelines in supervision
5. Ability to utilize supervision and mentoring regarding professional development and growth
6. Openness to receiving feedback in collaborating with other professionals

Professional and Ethical Development

1. Awareness of APA ethical guidelines
2. Demonstrated behavior that is consistent with ethical guidelines
3. Recognition of ethical dilemmas and issues in clinical practice and effective resolution of conflicts
4. Awareness of need for supervision/consultation and use of supervision/consultation as needed
5. Demonstrated professional behavior, including accountability, dependability, and responsibility
6. Timely and effective documentation of patient contacts
7. Active participation in didactic seminars and case conferences
8. Recognition of how personal characteristics impact clinical work
9. Commitment to continuing developmental professional goals
10. Awareness of self-care issues

Scholarly Inquiry

1. Ability to apply current scientific literature – empirical and theoretical – to clinical practice
2. Ability to critically evaluate professional literature for its clinical utility based on methodology, external validity, and other important factors

Cultural and Individual Diversity

1. Sensitivity to the impact of cultural and individual differences on the therapeutic relationship, treatment and assessment
2. Willingness to address cultural and individual differences with patients in a sensitive manner
3. Utilize culturally-informed rapport building strategies tailored to the individual diversity needs of each case



Program Structure

The Psychology Doctoral Internship program appointment is for 2080 hours, which is equivalent to full-time status for one year. Interns work Monday through Friday from 8:00 am-4:30 pm. Interns provide 12-14 hours a week of individual and group psychotherapy to veterans in the outpatient mental health clinic and 2 hours a week of assessment and psychotherapy via Clinical Video Telehealth (CVT) to veterans in the CBOCs. In addition to maintaining an outpatient therapy caseload, interns complete Psychological and Neuropsychological assessments throughout the training year. Interns will also participate in rotations in the Primary Care-Mental Health Integration and Substance Use Disorders clinics. There is a possibility for the development of additional rotations dependent on intern interest and supervision availability. In each training experience, interns are trained in recovery-oriented, interdisciplinary care and develop treatment plans that are veteran-centered and collaborative.

Training Experiences

Outpatient Psychotherapy

Interns maintain an outpatient caseload within the Mental Health Clinic throughout the internship year. They treat a diverse veteran population with a wide range of disorders to include PTSD and trauma-related disorders, mood disorders, anxiety disorders, OCD and related disorders, adjustment disorders, psychotic disorders, and personality disorders. Interns work with high-risk patients requiring risk assessment, crisis stabilization, and safety planning. Interns are trained in a variety of theoretical orientations with a strong emphasis on the use of evidence-based psychotherapies to include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Interpersonal Therapy (IPT) and Cognitive-Behavioral Therapy (CBT). In addition to individual psychotherapy, interns also facilitate and/or

co-facilitate several groups throughout the training year. A large selection of groups are offered to veterans in the Mental Health Clinic and interns select groups based on their interest.

Telemental Health

Some veterans live many miles from a VA Medical Center, making therapy visits an all-day event. VA's telehealth provides greater access to health care through the use of telecommunications and videoconferencing. The Veterans Health Administration is the nation's leader in telehealth technologies, allowing providers and patients to meet for health services without physically being in the same place.

Interns receive training in the provision of assessment and psychotherapy through Clinical Video Telehealth (CVT). They provide two hours per week of assessment and psychotherapy through CVT while stationed at the Wilmington VA Medical Center to veterans located at one of the five CBOCs in Delaware and southern New Jersey. Education is provided about the VA's Tele-Mental Health (TMH) infrastructure in addition to topics of interest specific to telemedicine (e.g., considerations of ethics, culture, research, and legal issues). There is an emphasis on providing evidence-based psychotherapy for PTSD and depression (e.g., CPT, PE, CBT), as well as providing education to veterans on diagnosis, treatment options, and realistic outcomes of treatment.

Assessment

Interns complete training in psychological and neuropsychological assessment throughout the year. Interns may evaluate neurocognitive functioning in patients with traumatic brain injury, stroke, seizure disorders, dementia, and attention disorders. Psychological testing referrals are typically for diagnostic clarification and/or treatment recommendations. Interns complete an average of two evaluations per month and have time built into their schedules for interpretation and report writing. They also receive one hour a week of group assessment supervision.

Rotation: Primary Care Mental Health Integration (PCMHI)

During this rotation, interns work directly with the medical staff in the Primary Care Clinic and serve as internal resource for Primary Care providers to help address psychosocial and behavioral concerns that can be managed without additional referral to a specialty mental health clinic. Interns develop knowledge and skills in brief assessment and treatment of patients seen in the Primary Care Clinic. They provide time-limited individual treatment, including supportive counseling, education, motivational interviewing and cognitive-behavioral interventions. Interns will be available for scheduled appointments, but will also provide Primary Care patients' with same day access to behavioral healthcare. Interns will review cases with Primary Care team members and encourage the team to use and reinforce effective interventions. Interns will learn clinical and practice management skills, enhance consultation and team performance, and receive instruction in documentation and administrative practices that are needed for successful and effective practice in a Primary Care Clinic setting. Interns will be supervised by a licensed psychologist during this rotation.

Rotation: Substance Use Disorders

During this rotation, interns provide treatment in the intensive outpatient program (IOP) to veterans with substance use disorders. Treatment approaches include group and individual

psychotherapy. Interns facilitate and/or co-facilitate coping and motivation enhancement groups as well as learn about 12-step support and pharmacotherapy. The training experience provides interns with an understanding of the dynamics of substance abuse in the dually-diagnosed and dually-addicted patient, as well as the techniques involved in their treatment.

Educational Activities

Supervision

The culture within the Psychology Service is supportive and cooperative. Our training approach reflects this collegial environment and values mentorship and intensive supervision. The training faculty provide four hours per week of formal supervision, including two hours of individual and two hours of group supervision. Informal consultation, with or without the patient present, is also encouraged as needed, as supervisors will be available on-site. Training is consistent with a developmental model of transferring knowledge and skills: interns may begin a rotation observing supervisors' clinical work, then receive feedback based on direct observation of their own clinical work, followed by increasingly independent practice. Interns receive feedback with regard to the direct patient care they provide. Interns are typically required to audiotape sessions for supervision purposes. Supervision may also include conjoint treatment sessions, video recordings, and role-playing.

Case Conference

Interns participate in monthly case conferences to sharpen case conceptualization skills. Staff psychologists and interns present patient cases characterized by various challenges in diagnosis or treatment. This learning activity affords interns the opportunity to re-examine their clinical work in a supportive and collegial environment.

Didactics

Interns attend weekly didactic seminars which cover a range of clinical topics relevant to the practice of psychology. The didactic series includes seminars on psychological assessment, psychotherapy, ethics, and multicultural issues, among other topics. In recognition of the importance of interdisciplinary care, several didactics are taught by professionals from other disciplines, and trainees from other disciplines are invited to attend didactics together at times to encourage respect for the contributions of other medical professionals. Arrangements are made for interns to attend some didactics at nearby VA training sites, providing them with an opportunity to socialize with other VA interns as well as receive training from highly regarded experts on the presented topics.

Journal Club

Consistent with the practitioner-scholar training model, interns are expected to present at journal club quarterly. Interns identify an article of interest from a peer-reviewed journal and facilitate a collegial discussion and review of the article.

Diversity Seminar

Interns attend a diversity seminar each quarter and will be expected to participate in a year-long project focused on increasing cultural competence at the facility.



Stipend & Benefits

Interns receive a stipend paid in 26 biweekly installments. Interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance.

When providing professional services at a VA healthcare facility, VA-sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679.

Interns receive paid time off for 10 annual federal holidays and accrue 4 hours of sick leave and 4 hours of annual leave each pay period. Interns may be granted up to 5 days of administrative leave to attend trainings and/or conferences. It should be noted that this leave accumulates over time, so interns should not plan on taking extended leave early in the training year.

Administrative Policies & Procedures

Intern Evaluation and Completion Requirements

Interns meet with the Training Director at the beginning of the year to review their training needs and interests. Supervisors provide feedback to interns throughout the year to aid the intern in developing competencies. The Psychology Training Committee meets monthly to discuss each intern's progress. A midpoint evaluation is completed halfway through the training year and is based on input from supervisors across training experiences. The evaluation is discussed with the intern and training adjustments are made as needed to support successful completion of the program. At the end of the year, a final summative review of all training activities for each intern is conducted by the Psychology Training Committee. The intern also provides input regarding her/his assessment of performance during this process. Each of the program's six training objectives are linked to specific behavioral competencies on the intern evaluation form. Acceptable progress by the midpoint evaluation is defined as receiving a rating score indicating an "intermediate level of competency" on at least 80% of the items within each competency area.

In order to successfully complete the program, interns must receive a rating score indicating an “intermediate to advanced level of competency” on all of the items within each competency area.

Program Evaluation

The Wilmington VA Medical Center Psychology Internship Program is a new program and highly values feedback from interns to help the program identify what is working well and those areas that could be improved. Feedback from interns will be solicited during regularly scheduled meetings with the Training Director. Several mechanisms allow for more formal feedback: interns complete an evaluation form at the completion of each didactic training and are asked to complete an evaluation for each of their supervisors and rotation training experiences. At the end of the year, interns complete a summary evaluation of the internship as a whole. The Psychology Training Committee meets near the end of the training year to review the feedback and develop a plan to strengthen the program for subsequent interns. The Training Director also surveys former interns of the program to identify progress toward additional professional development (e.g., licensure, job placement).

Policy on Psychology Trainee Self Disclosure

Consistent with the Ethical Code of the American Psychological Association, psychology trainees are generally not required to self-disclose sensitive topics during application to the program or during the course of training. The only exception is in situations in which an intern’s personal problems or condition could reasonably be judged to put patient care, the intern, or clinical and educational operations at risk.

Intern Right to Due Process

See Appendix A

Intern Grievance Procedures

See Appendix B

Application & Selection Procedures

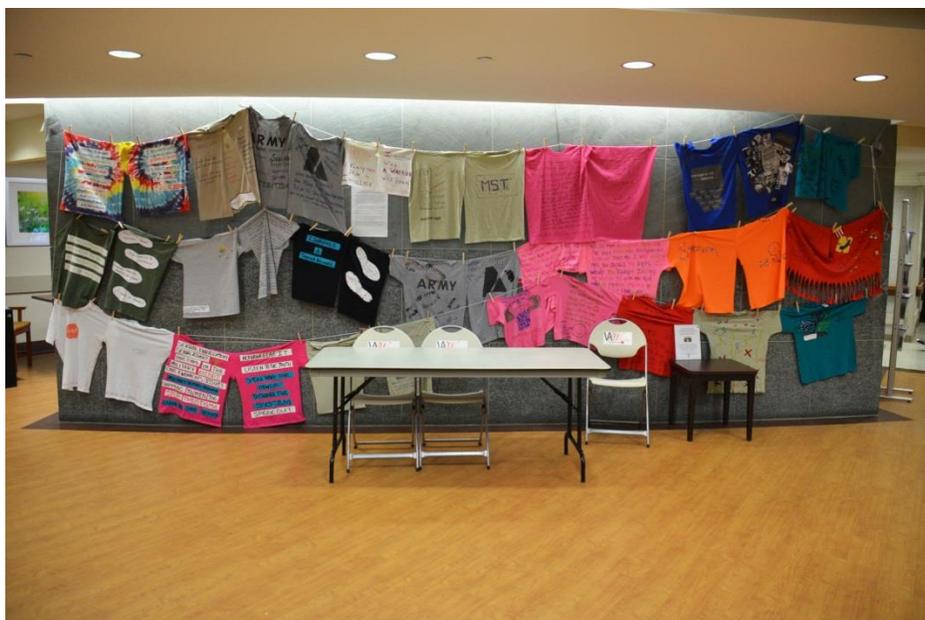
The Wilmington VAMC Psychology Internship accepts two interns each training year. Applicants must be enrolled in good standing at an APA-accredited clinical or counseling psychology program. Applicants are required to have 500 or more assessment and intervention hours. Applicants are evaluated individually on their clinical experiences, academic performance, letters of recommendation, interests, and dissertation progress. The program seeks applicants who demonstrate an interest in working with a veteran population, as indicated in their personal statement or evidenced by previous training experience with veterans. As an equal opportunity training program, the internship welcomes and strongly encourages applications from qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or minority status. The Psychology Training Committee reviews APPIC applications to determine goodness-of-fit with our program and interviews qualified applicants. Our site receives applications from all over the country. We adhere strictly to the selection process guidelines established by APPIC and rely on the APPIC website for all application materials; we do not request additional information beyond what is required in the APPIC application. Interns will be notified by email by in mid-December as to whether or not they have been invited to interview. Interviews will be held in mid-January 2017.

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 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 U.S. 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 U.S. Office of Personnel Management; exceptions are very rarely granted.
3. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees.

Match Process

We will follow the match policies established by APPIC. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services.



Faculty Biographies

Cori-Ann Feiner-Escoto, Psy.D. – Dr. Feiner-Escoto received her master’s in clinical psychology from Fairleigh Dickinson University and her doctorate in clinical psychology from Nova Southeastern University. She is licensed in the state of New Jersey. She completed her internship at Ulster County Mental Health in NY. Dr. Feiner-Escoto worked for well over a decade in the New Jersey state prison system, first as a staff psychologist at the Adult Diagnostic and Treatment Center and then as the lead psychologist at Wagner Youth Correctional Facility. She is now a staff psychologist at the Northfield CBOC where she specializes in the treatment of PTSD through individual and group therapy. Her primary orientation is cognitive behavioral.

Victoria Franz, Ph.D. – Dr. Franz received her Ph.D. in clinical psychology at The Catholic University of America in Washington, DC and her B.A. in psychology and art history at La Salle University in Philadelphia, PA. She completed her predoctoral internship at the VA New Jersey Healthcare System and postdoctoral training at Sheppard Pratt Trauma Disorders program in Baltimore, MD. Dr. Franz’s clinical and research interests are in trauma-related disorders and psychotherapy integration. She serves the Wilmington VA as a staff psychologist, local evidence-based psychotherapy coordinator, and internship training director.

Jennifer Genthner, Ph.D., ABPP – Dr. Genthner is board certified in clinical psychology and has been Chief of the Psychology Service since 2014. Prior to that she served as the psychologist for the Cumberland County CBOC for eight years. Her tenure at the VA has allowed her to become certified in Prolonged Exposure therapy to treat PTSD and Cognitive Behavioral Therapy for depression, as well as to receive training in Cognitive Processing Therapy and Motivational Interviewing. She has also provided psychological services via clinical video telehealth technology for the Kent County and Sussex County clinics for the past three years. Her past experience includes two years on staff of an inpatient psychiatric hospital in Hawaii and 18 months as the ship’s psychologist for the aircraft carrier USS Kitty Hawk stationed in Yokosuka,

Japan. She received her Ph.D. in Clinical-Community Psychology from the University of South Carolina.

Samantha Kane, Ph.D. – Dr. Kane received her Ph.D. in Clinical Psychology from Virginia Commonwealth University and completed a Postdoctoral Fellowship in Forensic Psychology at the University of Virginia. She is licensed in both Maryland and Virginia. Dr. Kane has worked in a variety of settings, including inpatient and outpatient mental health, as well as corrections. Prior to coming to the VA, she specialized in psychological assessment and completing psychological evaluations for the court system, including assessments of competency to stand trial and criminal responsibility, as well as comprehensive risk assessment and sex offender evaluations. Dr. Kane currently works at the Sussex County CBOC providing outpatient therapy to veterans. In addition to individual therapy, she co-facilitates PTSD groups. Her theoretical orientation is primarily cognitive behavioral and interpersonal, with an emphasis on providing EBPs for PTSD.

Jenette Mack-Allen, Psy.D. - Dr. Mack-Allen received her doctorate of psychology from Widener University in 2005 and completed a Postdoctoral Fellowship in Forensic Psychology at Northern Virginia Mental Health Institute in 2006. From there she went on to be a Unit Psychologist at that facility, and later the Forensic Coordinator, guiding clients in an inpatient psychiatric unit who had been found not guilty by reason of insanity through the graduated release process. Following a move to Delaware, she worked as the Mental Health Director at James T. Vaughn Correctional Center. She is currently licensed in Delaware and works at the Kent County CBOC providing outpatient therapy. She is trained in both Prolonged Exposure and Cognitive Processing Therapy for PTSD and runs a Seeking Safety group for veterans suffering from PTSD and substance use disorders.

Susan Needham, Ph.D. – Dr. Needham has been with the Wilmington VAMC since 2007 and served for 9 years as a psychologist on the home-based primary care team and now serves on the Primary Care-Mental Health Integration team. Her primary theoretical orientation is cognitive-behavioral. Dr. Needham received her doctorate in clinical psychology from Northwestern University Medical School and holds a master's degree in general/experimental psychology from Villanova University. She completed her internship at the Boston VAMC. With over twenty years of experience in clinical practice, health education, and advocacy, Dr. Needham has served on a number of national committees and workgroups developing policy and education related to behavioral health and has served as a mentor to psychologists new to the practice of psychology in home-based primary care.

Kristin Salber-Black, Ph.D. – Dr. Salber-Black serves the Wilmington VA as a staff psychologist and Military Sexual Trauma (MST) Coordinator. She received her Ph.D. in clinical psychology, with a concentration in health psychology, from Drexel University and her B.A. in psychology from Villanova University. She completed her predoctoral internship at the Syracuse VA, and a postdoctoral fellowship in Primary Care Mental Health Integration at the Philadelphia VA. Dr. Salber-Black's clinical and research interests include mood and trauma-related disorders, adjustment to chronic illness, the provision of interprofessional care, and the use of evidence-based psychotherapies including Problem Solving Therapy, Cognitive Processing Therapy, and Prolonged Exposure.

Tristan Robinson, Ph.D. – Dr. Robinson is a licensed clinical psychologist who specializes in assessment and treatment of PTSD. She earned her Ph.D. from the University of Missouri-St. Louis and completed specialized training in Cognitive Processing Therapy (CPT) at the Center for Trauma Recovery in St. Louis, MO. Additional areas of clinical experience include treatment of eating disorders, substance abuse, and military sexual trauma. She completed her pre-doctoral internship at the Pittsburgh VAMC and a postdoctoral fellowship in Eating Disorders and Psychology and Religion programs at the St. Louis Behavioral Medicine Institute. Her primary clinical orientation is cognitive behavioral.

Jenna Tedesco, Psy.D. – Dr. Tedesco is a licensed clinical psychologist in NY, DE, and PA. She holds a School Psychologist Certification in PA. A graduate of both Rutgers and Widener Universities, she was trained in Mindfulness Based Stress Reduction at the University of Pennsylvania with Michael Baime, M.D., and later completed a Practicum in Teaching at Jefferson University with Diane Reibel, Ph.D. Theoretically, Dr. Tedesco practices from the humanistic school, integrating mindfulness practices into her work. Additionally, case conceptualization is heavily informed from the psychodynamic and psychoanalytic schools of thought. In long-term therapy cases, consideration of transference and countertransference is an aspect of care, as is exploration of armoring per body-centered treatments as in Reichian therapies.

Michelle Washington, Ph.D. – Dr. Washington received her doctoral degree from Texas A&M University. She completed her pre-doctoral internship at Dutchess County Department of Mental Hygiene. Additionally, she holds a Neuropsychology Postdoctoral Certificate from Fielding Graduate University. She is a licensed psychologist in Virginia and Washington, DC. Dr. Washington specializes in the assessment and treatment of PTSD and is a member of the Polytrauma Team. She is certified in Prolonged Exposure and Cognitive Processing Therapy for the treatment of PTSD. She is also a national trainer/lecturer in Dialectical Behavior Therapy. Prior to working at the VA, Dr. Washington served as a forensic inpatient psychologist and Director of Psychology Services at St. Elizabeth's Hospital in Washington, DC as well as a clinical research therapist with Yale University studying dual-diagnosis treatments.

Drew Wallace, Ph.D. – Dr. Wallace joined the staff of the Wilmington VAMC in March of 2016 as the Local Recovery Coordinator. Dr. Wallace began his VA career at the West Palm Beach VAMC where he served six years as a Home Based Primary Care psychologist and two years as Chief of Psychology. Prior to his VA career, Dr. Wallace was the director of training in child and family services for a community based care center. Past experience includes academics, forensics and private practice. Areas of expertise include geropsychology, couples and family therapy, behavior health management and medically complex patient care. Currently, Dr. Wallace is interested in matching recovery oriented care to meet the access needs of veterans and how organizational principles can be applied to improve veteran experience. Dr. Wallace received his Ph.D. in clinical-community psychology from the University of South Carolina.

Joseph Wright, Ph.D. – Dr. Wright is a licensed psychologist who specializes in evidence-based treatments for mood and anxiety disorders. Prior to joining the staff of the Wilmington VA, Dr. Wright served as a psychologist for 16 years in the Department of Psychiatry at the University of

Pennsylvania's School of Medicine. He holds a Ph.D. in clinical psychology from Virginia Tech and a master's degree in general/experimental psychology from Villanova University. Dr. Wright completed his pre-doctoral internship training at the University of Virginia's School of Medicine and a post-doctoral fellowship in cognitive therapy at the University of Pennsylvania. He is a Diplomat in the Academy of Cognitive Therapy (ACT).

Appendix A

Wilmington VA Medical Center Psychology Internship Program Intern Right to Due Process

1. **Purpose:** To provide procedural guidelines when an intern is seen as lacking the ability to provide competent psychological services in this setting due to a serious deficit in skill and knowledge, or due to problematic behaviors that significantly impair their professional functioning. The internship program will help interns identify problematic areas and provide remedial experiences or recommend resources in an effort to improve the intern's professional functioning to a satisfactory degree. In rare cases, the problem identified may be of sufficient seriousness that the intern would be put on probation or terminated. Serious intern impairment will be defined as interference in professional functioning due to, but not limited to, serious emotional/psychological disorders, chemical abuse or dependence, sexual intimacy with patients, conviction of a felony, or negligent, unethical, or unprofessional conduct.
2. **Policy:** When an intern exhibits problematic behaviors that interfere with professional functioning, the Training Director will initiate steps to assess the presence and degree of impairment and to effect remediation when necessary. The intern will be informed of any allegations of such impairment and be given the opportunity to address the allegations. The intern and involved supervisory staff will meet with the Psychology Training Committee to address the concerns. The Director of Clinical Training (DCT) of the intern's graduate program will be notified in writing of the concerns and consulted regarding his/her input about the problem and its remediation
3. **Procedures:**
 - a. An intern identified as having a serious deficit or problem will be placed on probationary status by the Psychology Training Committee, should the Psychology 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 complete particular clinical experiences in order to remedy such a deficit.
 - c. The intern, the intern's supervisor, the Training Director, and the Psychology Training Committee will produce a remediation plan specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem.
 - d. The intern and supervisor will report to the Psychology Training Committee on a regular basis, as specified in the plan regarding the intern's progress.
 - e. The DCT of the intern's graduate program will be notified of the intern's probationary status and will receive a copy of the remediation plan. It is expected that the

- internship Training Director will have regular contact with the academic DCT, in order to solicit input and provide updated reports of the intern's progress. These contacts should be summarized and 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 Psychology Training Committee that involve discussion of the intern and his/her status in the internship.
- f. The intern may be removed from probationary status by a majority vote of the Psychology 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.
 - g. If the intern is not making progress, or if it becomes apparent that it will not be possible for the intern to receive credit for the internship, the Training Committee will inform the intern at the earliest opportunity.
 - h. The decision for credit or no credit for an intern on probation is made by a majority vote of the Psychology Training Committee. The Psychology Training Committee vote will be based on all available data, with particular attention to the intern's fulfillment of the remediation plan.
 - i. An intern may appeal the Psychology Training Committee's decision to the Chief of Psychology. The Chief of Psychology will render the appeal decision, which will be communicated to all involved parties including the Psychology Training Committee and the DCT of the intern's graduate program.
4. **Procedures regarding illegal or unethical behavior:** Illegal or unethical conduct by an intern should be 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.
- a. The Training Director, the supervisor, and the intern may address infractions of a minor nature. A written record of the complaint and action become a permanent part of the intern's file.
 - b. Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the intern and the DCT of the intern's graduate program of the complaint. Per the procedures described above, the Training Director will call a meeting of the Psychology Training Committee to review the concerns. All involved parties will be encouraged to submit any relevant information that bears on the issue and may be invited to attend the Psychology Training Committee meeting(s).

- c. 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 Counsel.
- d. Following a careful review of the case, the Psychology Training Committee may recommend either probation or dismissal of the intern. 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 Wilmington VAMC.

Appendix B
Wilmington VA Medical Center Psychology Internship Program
Intern Grievance Procedures

1. **Purpose:** To provide procedural guidelines for interns who may have a grievance against supervisors or the internship program's policies and procedures. These guidelines should not be interpreted as a substitute for other applicable policies that have been established by the Wilmington VA to handle grievances. In addition, this policy does not address grievances with more general VA institutional policies.

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

3. **Procedures:**
 - a. **Informal mediation:**

Many problems can be resolved through face-to-face interaction between interns and supervisors (or other staff), as part of the ongoing working relationship. Interns are encouraged to first discuss any problems or concerns 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 of the concern, a number of additional steps are available to the intern. 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 in order to maximize their learning experience. Interns may also request a change in rotation assignment. Changes in rotation assignments must be reviewed and approved by the Psychology Training Committee.

 - b. **Formal grievances:**

In the event that 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.

 1. The Training Director will notify the Chief of Psychology of the grievance and call a meeting of the Psychology Training Committee to review the complaint. The intern and supervisor will be notified of the date that such a review is occurring and will be given an opportunity to provide information regarding the grievance. The parties may be asked to appear in person before the Psychology Training Committee to provide additional information or clarification. The Director of Clinical Training (DCT) at the intern's graduate school will be informed in writing of the grievance and kept apprised of the review process.

2. Based upon a review of the grievance and any relevant information, the Psychology Training Committee will determine the course of action that best promotes the intern's training experience. This may include but is not limited to: recommended changes within the placement itself; change in supervisory assignment; change in rotation placement; revision of a performance rating; and revision of training policies and procedures.
3. The intern will be informed in writing of the Psychology Training Committee's decision and asked to indicate whether they accept or dispute the decision. If the intern accepts the decision, the recommendations will be implemented and the DCT of the intern's graduate program will be informed of the grievance outcome. If the intern disagrees with the decision, they may appeal to the Chief of Psychology. The Chief of Psychology will render the appeal decision, which will be communicated to all involved parties and to the Psychology Training Committee. The intern's graduate program will be informed of the appeal and appeal decision.
4. In the event that the grievance involves any member of the Psychology Training Committee (including the Training Director), that member will excuse himself or herself from serving on the Psychology Training Committee due to a conflict of interest. A grievance regarding the Training Director may be submitted directly to the Chief of Psychology for review and resolution.
5. Any findings resulting from a review of an intern grievance that involves unethical, inappropriate, or unlawful staff behavior will be submitted to the Chief of Psychology for appropriate personnel action.
6. These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanism available to VA employees, including EEO, or under the mechanism of any relevant professional organization, including APA or APPIC. Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of a licensed psychologist by contacting the office of the Examining Board of Psychology.