U.S. Department of Veterans Affairs
Veterans Health Administration
Sheridan Health Care System

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

Department of Veterans Affairs Health Care System
Sheridan,Wyoming

Clinical Psychology Internship Program

Sheridan VA Health Care System

Jessica Semler, Ph.D.

Director of the Psychology Internship Training

Sheridan VA Health Care System

1898 Fort Rd., Bldg 5, Room 102

Sheridan, WY 82801

Office: (307) 675-3640

VA Cell Phone: (307) 683-6787

Jessica.Semler@va.gov

Clinical Psychology Internship Training Program | VA Sheridan Health Care | Veterans Affairs

Application deadline: November 15

Match Number: 221411

Accreditation Status: The doctoral internship at the Sheridan VAHCS is a full-time (52-week 2080 hours) rurally-focused psychology internship training program that is funded by the Veteran Health Administration's Office of Academic Affairs. Our site is accredited by the American Psychological Association and we are a member of APPIC.

Questions regarding accreditation can be directed to:

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street, NE, Washington, DC, 20002

202-336-5979

apaaccred@apa.org
www.apa.org/ed/accreditation

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 2022

Internship Program Admissions

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

In addition to meeting the minimum requirements outlined in the Application and Selection Procedures section in the brochure, interns most suited to our program are interested in working with Veterans, rural and highly rural populations, interdisciplinary teams, medical centers, and/or a generalist experience in various therapeutic interventions. While assessment and intervention have historically been the cornerstones of psychological practice, we believe that experience and training in consultation, supervision, and program development and evaluation are also important. Prior supervised experience in any of these areas is of high benefit. We are committed to providing training that is sensitive to individual differences and diversity. Candidates seeking significant experience in doing research or extensive neuropsychological assessment are unlikely to find our program a good fit to their goals. Our program is based on the Practitioner-Scholar Model, with interns trained as practitioners and informed consumers of research. The training approach used at the Sheridan Veterans Affairs Health Care System (SVAHCS) is developmental in nature**.**

Application Requirements:

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	Y		Amount Combined: 500 hours
Total Direct Contact Assessment Hours	Y		

Describe any other required minimum criteria used to screen applicants:

- Applicant must be from an APA-accredited clinical or counseling psychology doctoral program, that has an Academic Affiliation Agreement with the VA Office of Academic Affiliations.
- Applicant must be a US citizen with a Social Security number. Upon on-boarding, two forms of identification are required. Other pre-employment forms will be completed upon arrival.
- A Trainee Qualifications and Credentials Verification Letter (TQCVL) must be completed and signed by an educational official at the university.
- A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a VA intern.
- Interns are subject to fingerprinting and background checks.
- VA conducts drug screening exams on randomly selected personnel as well as new employees. For information please see the VA Drug-Free Workplace Program Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs).
- For further details about VA requirements, please visit: https://www.psychologytraining.va.gov/eligibility.asp

VA interns are considered Health Professions Trainees (HPTs), and are appointed as temporary employees of the Department of Veterans Affairs. As such, interns are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for interns. If employment requirements change during the course of a training year, interns will be notified of the change and impact as soon as possible and options provided. The VA Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Program Disclosures:

As articulated in Standard I.B.2, programs may have "admission and employment policies that directly relate to affiliation or purpose" that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Program Disclosures		
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.		No

Financial and Other Benefit Support for Upcoming Training Year*		
Annual Stipend/Salary for Full-time Interns		$26,297
Annual Stipend/Salary for Half-time Interns		N/A
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
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	

Other Benefits (please describe): 11 Paid Federal holidays (on occasion extra days are granted in addition to the regular holidays).

Authorized Absence: Interns may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Authorized absence may be given for participation in professional psychology conferences, dissertation defense, and job interviews with any federal agency. Authorized absence is limited to a total of 5 days for the training year, and is subject to review by the Director of Training, Associate Chief of Staff for Mental Health, and the health system's Executive Leadership.

Liability Protection for Trainees: When providing professional services at a VA health care 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 (b)-(d).

* Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

Initial Post Internship Positions	**2018-2021**	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	**EP**
Academic Teaching	0	1
Community mental health center	0	0
Consortium	0	0
University counseling center	0	0
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	1	4
Psychiatric Facility	0	0
Correctional Facility	0	0
Health Maintenance Organization	0	0
School District/System	0	0
Independent Practice Setting	0	1
Other	0	0
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.		

The Training Setting

The Sheridan VA Health Care System is in a lovely location in north central Wyoming. The facility is at the base of the Bighorn Mountains, on a beautifully landscaped 298 acres, with resident wildlife including deer, pheasants, and turkeys. Our VA, also known as Fort Mackenzie, is on the National Register of Historic Places. In 1898 its grounds were set aside by President McKinley as a military fort. The first troops in 1901 were from the Army's 25th Infantry regiment, one of the all-Black regiments referred to as "Buffalo Soldiers." By World War I, the fort was closed and readied for demolition. After leaving office, however, President Taft transferred the fort to the Bureau of Health as a hospital for men coming home from World War I with battle fatigue, or what is known today as post traumatic stress disorder. Our hospital opened in April of 1922 as a 300 bed facility. By the end of World War II we had 900 beds. Today the Sheridan VA has 208 beds and serves nearly 12,000 Veterans annually, and we are the tertiary mental health facility for the Rocky Mountain region (VISN 19). VISN 19 is the largest geographic area in the 48 contiguous states, serving Veterans from Utah, Wyoming, Colorado, Oklahoma, most of Montana, and portions of Idaho, Kansas, Nebraska, Nevada, and the Dakotas.

One-hundred fifty of the Sheridan VAHCS's 200 beds are devoted primarily to mental health care. Mental Health service is currently comprised of 13 psychologists as well as psychology technicians, psychiatrists, psychiatric nurse practitioners, social workers, licensed professional mental health counselors, marriage and family therapists, peer support specialists, psychiatric nurses, RNs, LPNs, physician assistants, and addiction therapists. Our Chief of Staff is a psychologist. We have ambulatory and primary care units; an acute inpatient psychiatric unit; a Mental Health Residential Rehabilitation and Treatment Program with tracks for PTSD, substance abuse, co-occurring disorders and serious mental illness, and Domiciliary Care for Homeless Veterans (DCHV); a long-term care and rehabilitation Community Living Center; a geriatric-psychiatric living center (Eagle Living Center - ELC); and an outpatient mental health clinic.

The Sheridan VA Health Care System provides VA presence across the state of Wyoming through a series of community-based clinics located in Afton, Casper, Cody, Evanston, Gillette, Riverton, Rock Springs, and Worland. Wyoming has one state Veterans' homes (Veteran's Home of Wyoming- VHW) located in Buffalo, WY (approximately 40 minutes from Sheridan).

As a rural hospital, we have been able to greatly increase access to care by utilizing state-of-the art video conferencing for remote mental health consultations and treatment. We typically provide over 2,000 tele-mental health appointments per year and this has increased significantly due to COVID-19. We are committed to interdisciplinary care and have integrated psychology services into acute and outpatient primary care, the community living center, home-based primary care, and hospice and palliative care. We also serve a highly diverse psychiatric patient population; people with virtually every diagnosis in the DSM-5 are treated here. The majority of our patients are from rural areas and of lower socioeconomic status. While the majority are Caucasian, we are close in proximity to Native American reservations and provide treatment to many Native American Veterans. The SVAHCS is part of the larger Rocky Mountain region (VISN 19) which consists of 10 states, from which we work with Veterans who identify as ethnically diverse. We have served an increasing number of women Veterans and have considerably increased our programming for women. We are one of only 6 VA facilities to provide residential PTSD care for all-female cohorts, and one of 2 facilities serving LGBTQ+ cohorts. Interns have the opportunity to work with Veterans from various religious and cultural backgrounds and sexual orientations, and gender identities.

The internship training program is located within the Sheridan VAHCS's mental health service. Psychology plays an integral role at the Sheridan VA, providing assessment, consultation, and a wide range of psychological interventions and treatment modalities throughout the hospital. The Sheridan VA has offered practicum training for students in the University of Wyoming's Ph.D. program in clinical psychology for over 50 years.

Sheridan VA Health Care System Psychology Internship Program Overview

Psychology Training Staff

All psychologists at the Sheridan VA are members of the internship training committee. We have about 13 psychologists who are involved with the Internship program. The staff comes from diverse geographic, ethnic, and academic backgrounds. Staff are involved with a variety of patient care, education and training, and leadership activities throughout the medical center.

Mission Statement

The mission of the Sheridan VAHCS internship training program is to provide interns with a rigorous yet supportive training environment designed to help them develop the knowledge, skills and abilities necessary to enter the professional practice of psychology. We are particularly interested in developing psychologists who have an interest in working with Veterans in underserved rural areas, since folks from these areas tend to be over-represented in the armed forces. We believe that psychologists working in rural areas, and early career psychologists in general, need to have a strong generalist foundation. We train for the opportunity to work in a number of environments, providing our interns a strong foundation in the varied fields of psychology. We utilize interdisciplinary training and care models and teach interns about state-of-the-art health care delivery and the unique challenges associated with rural health care. While assessment and intervention have historically been the cornerstones of psychological practice, we believe that experience and training in consultation, supervision, and program development and evaluation are also important. We are committed to providing training that is sensitive to individual differences and diversity. Interns are expected to work reasonable hours as self-care expectations are valued within our system.

Program Aim

The Sheridan VAHCS's psychology internship training program is designed for interns to develop the knowledge, skills and abilities to enter the professional practice of psychology with aims and competencies that are consistent with APA accreditation requirements. Our overall goal is to prepare each intern for entry level practice. Entry level practice is defined as being fully prepared to begin the required period of supervision prior to licensure. It is the equivalent to a GS-11 psychologist in the Department of Veterans Affairs.

Training Progam Philosophy

Training Model and Philosophy: Our training program is based on the practitioner- scholar model. Good clinical practice should be influenced by the science of psychology and vice versa. We emphasize empirically supported treatments and best practices while acknowledging the complexities of patients and the multitude of variables that must be contended with in clinical settings. Effective clinical practice is built on knowledge of the theoretical and empirical literatures, critical thinking, and self-reflection. We train interns to implement and promote established, efficacious treatments and encourage them to draw upon theoretical and empirical literature to enhance the development of their professional skills.

Methodology: The training approach is developmental. Interns will move from close supervision, mentorship and intensive instruction to relatively autonomous functioning. Competencies will be developed through graduated supervised clinical experiences in a variety of treatment settings and programs over the course of the internship year. These are discussed in the Rotation Structure section below. Didactic seminars, grand rounds, case conferences, workshops, and interdisciplinary treatment team meetings will augment direct clinical experience. This combination of clinical experience, supervision, and didactic experience will be structured in such a way as to prepare interns to take increasing responsibility for treatment decisions as their knowledge and skill levels increase. Interns will receive training in empirically based psychotherapies such as Cognitive Processing Therapy for PTSD, Cognitive-Behavioral Acceptance and Commitment therapies for a wide array of anxiety and mood disorders, IBCT for couples therapy, and Social Skills Training for serious mental illness. Empirically supported treatments will be taught by VA-trained practitioners, and interns will be supervised by clinicians trained and experienced in those EBPs. The internship program will also offer training in other psychotherapies with solid empirical support, which might include: Interpersonal Psychotherapy for depression, Seeking Safety for co-occurring PTSD and

substance-use disorders, Time-Limited Dynamic Therapy for a range of anxiety, depressive, substance abuse and somatoform disorders, Dialectical Behavior Therapy and Transference-Focused Therapy for severe personality disorders, and integrative approaches for Veterans with complex co-morbidities.

Competencies

As applied to psychology the definition of competence involves understanding and performing tasks consistent with one's professional qualifications, which may include specialized training, sensitive to cultural and individual differences, and anchored to evidence-based practices (APA Presidential Task Force on Evidence-Based Practice, 2006). Upon completing the Sheridan VA Internship Program, Interns will be competent as entry-level psychologists, in providing effective, quality care to Veterans, to individuals from rural settings and to individuals seeking care through medical centers and outpatient clinics. As professional psychologists, they will function ethically with sensitivity to cultural issues. They will be competent clinicians and consultants and will be skilled in scholarly practice and self-reflection. Interns will learn how to function as a part of an interprofessional team and be receptive to feedback from supervisors and other professionals.

The following 10 Aims and Competencies are consistent with APA accreditation requirements:

Aim# 1: Entry level competence in psychological assessment, diagnosis, conceptualization, and report writing.

Objective(s) for Aim # 1: At the completion of training, interns should be able to appropriately assess, diagnose, conceptualize, and communicate important clinical findings across a broad range of patients, including those with complex presentations and co-morbidities. Selection of assessment instruments and evaluation methods should be appropriate to the clinical needs of the patient and treatment setting, and responsive to the needs of other health care professionals. Assessment should be practiced with an awareness of current cultural and ethical standards.

Competencies expected:

- Diagnostic interviewing skills.
- Differential diagnostic skills and knowledge of DSM-5.
- Selection of appropriate psychological tests for assessment.
- Administration and scoring of psychometric tests.
- Interpretation of psychological test data.
- Evaluates suicidal concerns and potential for violence when appropriate.
- Understands effects of medical conditions and medications on mental functioning.
- Demonstrates knowledge of developmental factors and brain-behavior relationships.
- Integrates behavioral observations, historical data, medical records, and other non-test based information.
- Clarity and conciseness of report writing.
- Case formulation skills.
- Quality and appropriateness of recommendations.
- Ability to communicate results to patients, family members, and referral sources.
- Demonstrates awareness of, and appropriately accesses, current literature, research and theory in assessment.

Relevant Activities:

- Attend seminars where a variety of neurocognitive, personality, and specialized diagnostic instruments (e.g., the CAPS for PTSD) will be covered.
- Interns will complete 6-10 psychological evaluations during the course of the training year and become competent in neurocognitive, personality, and diagnostic assessment.
- All reports will include DSM-5 diagnoses, formulations, and recommendations.
- All assigned assessments will be supervised by a licensed psychologist.
- Outpatient diagnostic intake evaluations through the mental health assessment and referral clinic.
- Interns will participate in interdisciplinary treatment teams during their major rotations where differential diagnoses and treatment plans will regularly be discussed.
- Attend bi-monthly case conference supervision in which interns present assessment cases, with attention to test administration and interpretation.
- Complete minor rotations in primary care psychology, assessment, and diagnostic interviewing.

Aim #2: Entry level competence in psychological interventions.

Objective(s) for Aim # 2: At the completion of training, interns should demonstrate the ability to work effectively with a wide range of presenting problems and treatment concerns, in a variety of treatment settings, and provide appropriate interventions. Interns are exposed to a variety of theoretical orientations, supervisors, and treatment modalities, with an emphasis placed on empirically supported treatments.

Competencies Expected:

- Formulates a useful case conceptualization from a theoretical perspective.
- Ability to establish and maintain therapeutic alliance.
- Ability to recognize and respond appropriately to patient crises.
- Utilizes flexible and effective intervention strategies.
- Maintains professional boundaries.
- Able to identify and manage transference and counter-transference effectively.
- Able to work effectively with resistance.
- Demonstrates awareness of personal issues that might interfere with therapy and takes appropriate steps to address them as necessary.
- Creates appropriate and effective treatment plans.
- Monitors and documents patient progress during therapy.
- Coordination of care with other providers.
- Works effectively with other professionals.

Relevant Activities:

- An effort will be made to assign each intern a diverse caseload so there is an opportunity to work with Veterans in different areas of the hospital, and Veterans with different mental disorders, ages, genders, races, ethnicities, religions, sexual orientations, cultural backgrounds, and socioeconomic status. Each intern will have major four-month long rotations in inpatient psychiatry, in residential and rehabilitation treatment, and in the outpatient mental health clinic.

- Each intern will have mandatory 4-month minor rotations in primary care psychology, assessment, and diagnostic interviewing.
- Each intern will facilitate and co-facilitate several different groups over the course of the year in different treatment programs (e.g., social skills and symptom management groups on the inpatient unit, PTSD and Substance Use Disorder groups on the residential unit or domiciliary, outpatient PTSD and anxiety groups).
- Minimum of 2 hours per week of individual supervision in major rotations and 1 hour per week in minor rotations.
- Bi-monthly case conference supervision in which interns present process notes from individual psychotherapy cases, improve skills in differential diagnosis, case conceptualization and treatment planning, regularly examine ethical and multicultural issues, and receive group supervision from a psychologist.
- Attend seminars in which a wide range of therapeutic approaches are covered, with an emphasis on empirically supported psychotherapies and empirically supported treatments.

Aim #3: Entry level competence in consultation

Objective(s) for Aim #3: At the completion of training, interns will be able to provide referral sources, colleagues, trainees and professionals from other disciplines with diagnostic and treatment information based upon clinical data, psychological theory, and empirical research.

Competencies Expected:

- Determines and clarifies referral issues.
- Selects appropriate assessment instruments and/or evaluation methods, or implements appropriate intervention strategies.
- Quickly and accurately translates complex bio-psychosocial issues in a manner that addresses the referral question(s).
- Effectively communicates assessment or intervention results to team, referral source, patient and/or family members.
- Completes consults within a reasonable time frame.
- Works effectively with interdisciplinary treatment team.

Relevant Activities:

- Observe psychology staff performing tele-mental health consultations via compressed video conferencing with the aim of having interns conducting supervised diagnostic evaluations with recommendations and referrals.
- Interns will be assigned a wide range of psychology consultation requests from psychiatrists, physicians, nurses, social workers, addiction therapists and other health care providers throughout the hospital. These will be completed with guidance from a psychologist.
- Seminars include consultation matters.
- Address consultation questions that arise during individual and group supervision.

Aim #4: Entry level competence in scholarly inquiry

Objective(s) for Aim #4: At the completion of training, interns should be skilled in the application of scientific reasoning for clinical problems, recognizing how to apply research findings and psychological theories to the practice of clinical psychology.

Competencies Expected:

- Demonstrates awareness of, and appropriately accesses, empirical literature, research and psychological theories for clinical assignments.
- Generates independent scholarly hypotheses.
- Independently integrates science and practice.
- Provides quality oral presentations.
- Demonstrates independent, critical thinking in clinical endeavors.
- Applies scientific methods of evaluating practices, interventions and programs.

Relevant Activities:

- Receive performance evaluations every four months as part of ongoing supervision.
- Use supervision and treatment team meetings to review treatment decisions and evaluate efficacy.
- Interns will be encouraged to participate in outcome evaluations of different treatment programs when opportunities exist.
- Present two comprehensive case presentations to the psychology staff. This will incorporate information from the literature, and have a rural mental health focus.
- Attend seminars, conferences, grand rounds, and workshops that discuss relevant research findings.
- Conduct at least one Grand Rounds presentation, with consideration of rural focus.
- Review applicable research articles provided in seminars and supervision.
- Access relevant journal articles through various on-line databases and internet resources.
- Interns may devote up to two hours each week toward completion of dissertation research.
- Interns may take paid time off for dissertation related meetings.
- Dissertation progress is discussed in the monthly intern administration meetings.

Aim #5: Entry level competence in ethical and legal standards

Objective(s) for Aim #5: At the completion of training, interns should be able demonstrate knowledge of the APA ethics code and behave in a manner that is consistent with professional standards and ethical guidelines.

Competencies expected:

- Overall knowledge of ethical/professional codes, principles, standards and guidelines.
- Overall knowledge of statutes, rules, regulations and case law relevant to the practice of psychology.
- General ability to critically analyze ethical/legal issues that arise in professional activities.
- Overall behavior is consistent with ethical/legal guidelines.

- Awareness of and adherence to APA ethical principles in assessments.
- Awareness of and adherence to APA ethical principles in interventions.
- Awareness of and adherence to APA ethical principles in consultation.
- Awareness of and adherence to APA ethical principles related to scholarly inquiry.
- Awareness of and adherence to APA ethical principles related to supervision.

Relevant Activities:

- Review of the APA Ethics Code during initial seminars and throughout training.
- Ethical issues are regularly attended to and addressed in supervision, didactic seminars, case conferences, and treatment team meetings.
- Ongoing psycho-education about managing multiple relationships in rural communities.
- Year-long intensive clinical experience serving Veterans in a rural community.
- Attending didactics on rural health care and rural Veteran populations.
- Becoming knowledgeable of the full array of rural mental health care delivery systems offered by the Sheridan VAHCS.

Aim #6: Entry level competence in individual and cultural diversity

Objective(s) for Aim #6: At the completion of training, interns should be able to demonstrate sensitivity to issues of cultural and individual diversity.

Competencies expected:

- Demonstrates sensitivity to and knowledge of issues of race, ethnicity, culture, age, gender, religion, social class, able-ness, sexual orientation, and gender identity as relates to psychological practice and scholarly inquiry, and as relates to self, colleagues, and the Veterans that are served.
- Demonstrates sensitivity to and knowledge of issues of cultural and individual diversity as regards supervision.
- Demonstrates sensitivity to and knowledge of issues of cultural and individual diversity as regards psychological interventions.
- Demonstrates sensitivity to and knowledge of issues of cultural and individual diversity as regards psychological assessment.
- Regularly attends to diversity issues when performing assessments, providing case formulations, and writing treatment plans.

Relevant Activities:

- Interns will be assigned patients of various ethnic and cultural backgrounds, and different ages, genders, religious backgrounds, and sexual orientations.
- Interns will be assigned patients with a wide as possible range of mental health diagnoses.
- Diversity issues will be regularly addressed in individual supervision and the weekly case conference supervision.
- Attend Diversity Lunch and Learn Seminars.
- Attend cultural diversity presentations in Grand Rounds
- We offer local cultural experiences as possible.

Aim #7: Entry level competence in supervision.

Objective(s) for Aim# 7: At the completion of training, interns should be able to develop knowledge and skills in supervision.

Competencies Expected:

- Makes good use of supervision.
- Receptive to guidance and constructive feedback.
- Effectively implements supervisor feedback.
- Learning generalizes.
- Effectively deals with ethical issues in supervision.
- Sensitive to issues of cultural and individual diversity.
- Creates safe atmosphere for supervision of practicum students and counseling interns.
- Provides practicum students and counseling interns with constructive feedback and appropriate guidance in supervision.
- Effectively deals with resistance in supervisee.
- Effectively deals with ethical issues inn supervision (including boundary issues).

Relevant Activities:

- Participate in year-long individual and group supervision.
- Participate in weekly case conference supervision.
- Attend supervision seminar during the second half of the year.
- Interns will be exposed to a variety of supervision styles by working with 4-6 different supervisors over the course of the training year.
- When possible, interns provide supervised supervision of University of Wyoming practicum students when students are on location, as well as counseling interns.
- Attend weekly supervision of supervision meetings while providing supervision to the University of Wyoming practicum students.

Aim #8: Entry level competence in professionalism and identity.

Objective(s) for Aim #8: At the completion of training, interns should be able to consistently demonstrate professional and ethical behavior and acquire knowledge and values central to the practice of psychology (e.g., integrating science and practice). They will also consolidate professional identities, including an awareness of their strengths and weaknesses, and arrive at realistic professional aims.

Competencies Expected:

- Demonstrates professional demeanor and behavior across settings and situations.
- Recognizes how personal characteristics impact clinical work and responds appropriately.
- Has realistic understanding of personal strengths and weaknesses as a psychologist.
- Has a well-integrated sense of self as a psychologist.
- Is respectful toward others and capably handles challenging interpersonal situations.

- Communicates effectively orally and in writing.
- Is accountable, dependable and responsible.
- Completes assignments and documentation in a thorough and timely manner.
- Demonstrates integrity.
- Shows initiative.
- Adaptively copes with stress and adversity.
- Consistently exercises good professional judgment.
- Actively participates in seminars and interdisciplinary treatment team meetings.
- Demonstrates self-reflection in the context of professional practice.
- Self-monitors issues related to self-care and takes appropriate action as necessary.
- Behavior reflects the attitudes and values of psychology.
- Possesses realistic career plans.

Relevant activities:

- Demonstrate ability to work collaboratively with others and communicate effectively both verbally and in writing.
- Year-long participation with interdisciplinary treatment teams. Collaboration with others and effective communication will be attended to in ongoing supervision and intern performance evaluations.
- Use supervision to discuss and work towards professional development goals and to receive feedback on professionalism and clinical style.
- Use monthly intern administrative meeting to discuss and work toward professional development goals, including finding post-doctoral positions.
- Use weekly intern support group to develop professional relationship and to connect, provide support, discuss concerns, share "wins," process internship experiences, discuss dissertation and job search, etc.
- Opportunity to pursue specialty training in an area of particular interest via major and minor rotations, including a possible elective rotation.

Aim #9: Entry level competence in theories and methods of empirically supported treatments.

Objective(s) for Aim # 9: At the completion of training, interns should be familiar with a range of empirically supported treatments; use the literature to help make informed decisions regarding treatment modalities to use; appropriately use empirically supported treatments; and evaluate efficacy of treatments during their use.

Competencies Expected:

- Has familiarity with a range of empirically supported treatments, e.g. Social Skills Training for SMI, Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy for Depression and Anxiety, Cognitive Behavioral Therapy for Insomnia, Mindfulness, Motivational Interviewing, Acceptance and Commitment Therapy, Interpersonal Therapy.
- Is familiar with methods of collecting quantitative outcome data of psychological services.

- Is conversant with the most common methods used to examine outcomes of therapeutic factors and interventions (e.g., efficacy studies; effectiveness studies; meta-analytic studies) and the conclusions drawn from this research.
- Uses no interventions known to be harmful or ineffective.
- Implements treatments that are cogently defined, supported by scientific evidence and consistent with the program's model.
- Implements empirically supported treatments as appropriate to the patients seen.

Relevant Activities:

- An effort will be made to assign each intern a diverse caseload so there is an opportunity to work with Veterans in different areas of the hospital, and Veterans with different mental disorders, ages, genders, races, ethnicities, religions, sexual orientations, cultural backgrounds, and socioeconomic status. The use of empirically supported treatments will be emphasized.
- Each intern will facilitate and co-facilitate several different groups over the course of the year in different treatment programs, and provide individual therapy, utilizing empirically supported treatments.
- Individual supervision and case conference supervision in which interns present individual psychotherapy cases, to improve skills in case conceptualization and treatment planning, as they implement empirically supported treatments.
- Attend seminars in which empirically supported treatments are covered.

Aim #10: Entry Level Competence in Communication and Interpersonal Skills

Objective(s) for Aim #10: At the completion of training, interns should be able to demonstrate effective communication and interpersonal skills in their relationships with staff, patients, and the greater organization in which they work.

Competencies expected:

- Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities.
- Effectively negotiates conflictual, difficult and complex relationships including those with individuals and groups that differ significantly from oneself.
- Seeks clarification in challenging interpersonal communications.
- Demonstrates understanding of diverse viewpoints in challenging interactions.
- Accepts, evaluates and implements feedback from others.
- Communicates clearly and effectively with patients as well as professional staff.

Relevant Activities:

- Active involvement with Veterans, treatment teams, and other personnel.
- Ongoing discussion in supervision regarding communication and interpersonal skills

Program Structure and Training Experiences

Our training program has been designed to provide breadth of training while still allowing for more in-depth learning in an area in which an intern has a particular interest. Each intern will participate in three major 4-month rotations, and three minor 4-month rotations. Interns will spend approximately 4 days per week at each major rotation setting, and 1 day per week at their minor rotation settings.

Major Rotations

Acute Psychiatric Unit: The inpatient rotation involves crisis stabilization, diagnostic evaluation, risk assessments, psychopharmacological interventions, psychological assessment, daily interdisciplinary team rounds, individual and group therapy, and treatment and discharge planning. This is an acute unit, designed for rapid stabilization, and often includes Veterans on mental health holds or involuntary hospitalizations. Interdisciplinary treatment teams are composed of a psychologist, psychiatrist, social worker, pharmacist, dietitian, and nursing staff.

Mental Health Residential and Rehabilitation Treatment Program: The residential treatment program has tracks for PTSD (CPT), PTSD and Co-occurring Disorders (PCOD), Substance Abuse Disorders (SUD), and Serious Mental Illness Recovery Program (SMIRP), and Co-Occurring Disorders (COD) other than PTSD. Residential treatment program tracks typically last 6-12 weeks, with SMI potentially lasting for a year. The Domiciliary for Homeless Veterans (DCHV) is also part of the MHRRTP. The rotation involves doing trauma-informed care on an individual and group basis, co-facilitating psychoeducational groups, a rotation in the Cognitive Processing Therapy tract and a rotation in PCOD. Interns will be responsible for individual therapy as well as case management and discharge planning. Each tract is an 8 week-long residential program for the Veterans. Interns on this rotation are expected to develop competencies in the assessment and treatment of PTSD and substance use disorders.

Mental Health Clinic: In the outpatient mental health clinic, interns will have the opportunity to work with Veterans from across the state of Wyoming with a wide range of diagnoses and to do telemental health with Veterans in our community based outpatient clinics located throughout Wyoming. Due to the rural nature of our state, interns regularly provide care through video conferencing (VVC) into the Veteran's home. Individual and group treatments are part of the experience, along with consultation with multidisciplinary team members. SUD specific experiences are also part of this rotation.

Minor Rotations

Assessment: This rotation includes performing assessments from throughout the medical center. These can include a broad array of neurocognitive, personality, and PTSD assessments, according to the consultation request. Less common assessments may be for such circumstances as appropriateness for organ transplant, gastric surgery, and gender affirmation surgery.

Diagnostic Intake: This rotation includes performing thorough diagnostic/bio-psychosocial intake assessments for Veterans who are new to our facility or who have not been seen in mental health for over two years. Given that Veterans present with a variety of mental health concerns and needs, interns will have an opportunity to improve and expand their diagnostic skills, learn how to do a thorough but efficient chart review, and expand their skill set in professional intake report writing. Upon completion of the diagnostic intake, interns will place appropriate consultation requests for care (i.e., psychotherapy, psychiatry services, substance use disorder treatment, etc.) or provide that care for those Veterans while on the outpatient mental health rotation.

Primary Care Psychology/Pain Clinic: This rotation is beneficial to any general psychological practitioner, and of particular use to those planning to work in rural areas where they will necessarily have to collaborate with a variety of health care practitioners. It also assists the intern who plans to work in a primary care, hospital, or health psychology setting. The rotation includes didactic meetings with various hospital staff addressing topics in clinical medicine, psychosomatic medicine, and selected conditions that have important behavioral and psychological facets (e.g., diabetes, heart disease, thyroid dysfunction, chronic pain, dementia). Working with a psychologist, the intern will develop the ability to communicate and collaborate with non-mental health practitioners regarding assessment and treatment interventions with persons who have a variety of conditions that either affect or are affected by mental disorders. Conducting assessments for the Pain Clinic is a major part of the rotation.

Elective Minor Rotation: If the intern feels proficient in one of the minor rotation areas, an elective minor rotation can be considered as a replacement. This can allow interns to broaden their clinical knowledge and skills while developing specific areas of interest. If requested, the Training Director will work with the intern to assess the individual's need for the required minor rotations. If knowledge and experience in those realms is deemed sufficient, the Training Director will work with the intern to develop an alternative rotation.

Supervision

Supervision is provided from multiple theoretical perspectives, and the case conferences offer an ongoing opportunity for interns to integrate the training they receive into a coherent clinical framework. Each intern receives a minimum of 2 hours of individual supervision per week in each major rotation, and 1 hour per week from their minor rotation supervisor. In reality, there are typically many more hours of supervision. All assessments are supervised by a psychologist. Interns meet regularly with the licensed clinician with whom they co-lead groups, and the biweekly case conference supervision and biweekly assessment case conference supervision are led by a psychologist. While our internship training program espouses no single theoretical orientation, we do require that all interns become thoughtful and knowledgeable about the evolution of their own professional identity and that they be able to fully conceptualize their own clinical decisions.

Supervision of Supervision: Interns typically supervise University of Wyoming Practicum students while these students are at the SVAHCS in the summer. Depending on the time placement for the practicum students, the interns are their primary supervisors for 6-10 weeks. During this time frame (late May through end of internship), the intern cohort meets weekly for one hour with a Psychology staff member for supervision of supervision. A consultation group format is utilized with a focus on development of interns' supervisory skills. Interns are asked to explore, through reflection upon both didactic and experiential learning, their assumptions about clinical supervision. Sup of sup covers the "nuts and bolts" of supervision at the SVAHCS as well as discussion of theories of supervision, the development of each intern's personal theory of supervision, multicultural considerations in supervision, and consultation on current supervisory experiences. The sup of sup leader guides the consultation process in a manner that encourages interns to reflect upon the ways in which their supervisory practices and consultation questions both implicitly and explicitly reflect their developing personal theories of supervision.

Case Conference Supervision: Case conference supervision is a central aspect of the training experience. Interns meet with psychologists throughout the year, for two types of case conceptualization supervision. For the bimonthly psychotherapy case conference supervision, they present individual therapy cases, discuss particularly complex and interesting cases, hone case conceptualization skills, address ethical dilemmas and diversity considerations, enhance their theoretical understanding of the therapeutic process, and sharpen their technical skills. Interns will also attend bimonthly assessment case conference supervision, in which they present assessments, including interviewing, testing and scoring, and results and conclusions. Interns will also present two case studies to the psychology staff during the year, incorporating issues regarding rural mental health.

Preceptor

A psychology staff member will serve as the Preceptor throughout the Internship year. The Preceptor's role is consultative and non-evaluative. The purpose of the Preceptor is to create an emotionally safe environment for Interns to ask a variety of questions, and to receive support and guidance if needed throughout the Internship year. The role of the Preceptor is to assist Interns in their transition from being a graduate student, to becoming an Intern, and finally a postdoctoral-level psychologist. Preceptors serve as mentors and are available to the Interns throughout the training year through teleconferencing or face-to-face meetings. The Preceptor meets with the Interns during orientation week, and then holds a quarterly formal meeting thereafter. Interns are encouraged to make any additional appointments to discuss any issues or concerns as needed. In addition to assistance with adjustment to the Internship, a mentor-mentee relationship may include discussions of dissertation, curriculum vitae feedback, licensure, professional goals, areas of interest, values and ethics, interpersonal concerns or conflicts, and postdoc or job placement after Internship. Though this relationship is non-evaluative and confidential, if the preceptor becomes aware of ethical or legal violations or other behaviors that would put the interns' standing in the program in jeopardy, the Preceptor would then notify the Training Director. At that point program staff would follow the appropriate policies under the "Problems, Due Process, Remediation, Appeal, and Grievances" section below.

Seminars

Interns attend a variety of seminars to increase their clinical knowledge and skills, and to facilitate professional development. Diversity and ethics issues are included throughout. We also visit local sites and attend cultural events as possible.

Didactic Seminars: These seminars focus on training in assessment, psychotherapy, and primary care, and other relevant topics. Some are mandatory, and the interns can choose among elective seminars.

The assessment topics include training with a variety of neurocognitive, personality, and diagnosis-specific measures to assess a wide range of conditions including dementia, traumatic brain injury, anxiety, mood, psychotic, and personality disorders. Emphasis is placed on test selection, administration, interpretation, and integrative report writing. Clinical interview and mental status examination are also covered.

The psychotherapy topics cover a range of mental disorders and psychotherapeutic approaches with an emphasis on empirically supported treatments.

The primary care seminars focus on assessing and treating psycho-physiological disorders and medical conditions that include some psychological symptoms or present as psychological disturbances and necessitate full differential diagnoses. Interns will learn about facilitating appropriate referrals, developing referral questions, collaborating with various health discipline practitioners, and will obtain a basic understanding of diagnostic methods.

Didactic Seminars Currently Offered; Subject to Change

- Case Conceptualization
- Ethics Code and Working with a Rural Veteran Population
- Primary Care Orientation and Consultation
- Understanding and Managing Suicidal Behavior
- Aggressive Behavior
- Risk Assessment
- Dementia
- Understanding Military Culture
- Orientation to Testing Materials
- Differential Diagnosis
- Acceptance and Commitment Therapy
- Prevention and Management of Disruptive Behavior
- Clinical Interview and MSE
- Professionalism Within Internship
- Recovery Oriented Approach to MH Care
- Psychopharmacology
- General Assessment and Integrative Report Writing
- Motivational Interviewing
- Group Psychotherapy
- Therapist Self Care
- Clinical Considerations with Native American Veterans
- PAI
- Clinician Administered PTSD Survey
- Working on Interdisciplinary Teams
- Working with Resistance
- Cognitive Processing Therapy
- Trauma Informed Care
- CV/Cover Letters and Fellowship Opportunities
- Recovery Practices and Principles
- Creating a Meaningful Life
- Prolonged Exposure
- Clinical Considerations with Elderly Veterans
- Couples Therapy
- Geriatric Assessments, Capacity Evaluations
- Dealing with Grief and Loss
- CBT for Depression and Anxiety
- Women Veteran Issues
- MMPI
- End of Life Issues: Palliative/Hospice Care
- Measuring and Assessing in Clinical Outcomes
- EMDR
- Pain Management, Interview and CBT-CP
- Personality Disorders in Trauma
- Moral Injury
- Transgender Care in the VA Population
- Self-harm and Gender Transition from a Veteran's Perspective
- Managing a Private Practice
- DBT for Personality Disorders
- Dissociation and Complex PTSD
- Phase Specific Therapy for Psychosis
- Neurobiology
- Modifying Maladaptive Defenses
- LatinX Culture
- Smoking Cessation
- Projective Assessment
- Military Sexual Trauma
- Sleep Hygiene and CBT for Insomnia
- Time Limited Psychodynamic Therapy
- Interpersonal Therapy
- Neuropsychological Screening
- LGBTQ +
- Early Career Psychology, EPPP, licensure
- Gender and Provider-Veteran Relationship
- African American Culture
- Personality Disorders
- Substance Use Disorders
- Complementary and Alternative Approaches to PTSD
- Multiracial Factors
- MCMI
- Motivational Interviewing
- CVs and Post-Doc Preparation

Elective Seminars: Interns can choose four or more of these options

- Eating Disorders
- Narrative Theory/Therapy
- Positive Psychology
- Cardiac Psychology
- Mindfulness for Pain Management
- Spirituality
- Chronic Illness Management

Intern Administrative Seminar: Interns meet at least monthly with the Training Director to discuss how the internship is progressing, exchange information, and receive support and guidance in negotiating the various challenges associated with internship. Professional development is emphasized. Guest speakers and psychology staff members dialogue with interns about various career paths. Staff who have recently taken the EPPP talk about how to prepare for, and successfully pass, the licensing exam. Support is provided in helping interns obtain post-doctoral fellowships or entry level psychology staff positions.

Supervision Seminar: (1 hour per month, January through June). This seminar is designed to help interns make the transition from supervisee to supervisor. Led by a psychologist, this seminar includes readings on different models of supervision, and discussion of the supervisory process. Interns are given the opportunity to discuss current cases with one another and begin thinking about the clinical material from the perspective of supervisor. Interns have the opportunity to provide supervised supervision to practicum students from the University of Wyoming's Ph.D. program in clinical psychology when the students are on location during the summer.

Diversity Lunch and Learn Seminar: This is a monthly seminar with some of our psychology and mental health faculty. Diversity Lunch and Learn meets monthly throughout the internship year. The goal of this seminar is to continue interns' development and growth as multi-culturally aware and competent practitioners. The seminar will be process focused and consist of exploration and discussion of each participant's identities and histories, with a focus on how these influence clinical work. Facilitators will also incorporate research articles, experiential activities, movie clips, etc. to facilitate learning and growth. We understand that most interns receive excellent training in multicultural theory and practice, and our program is in keeping with the applied focus of the internship year.

Mental Health Grand Rounds: Mental Health Grand Rounds is a weekly event for the mental health service. Clinical staff from throughout the medical center present a wide range of mental health topics, such as understanding military culture; depression; delirium and dementia; suicidality; crisis intervention; managing aggressive behavior; psycho-pharmacology; military sexual trauma; homeless Veteran programs; recovery models; and treatment considerations with Native American Veterans.

Other

Intern Support Group: Interns will meet for a mandatory support group every Friday from 12-1:00pm. Interns offices are scattered throughout the VA which means that there is little consistent opportunity for interns to connect throughout the day. The support group time is meant to be a time for interns to connect, provide support, discuss concerns, share "wins," process internship experiences, discuss dissertation and job search, etc. Where this happens is up to the intern cohort to decide (e.g. off station, in a break room). While it is often easy to schedule over self-care activities, this is not flexible administrative time and is a mandatory part of the internship. Lunch typically does not count in your overall internship hours, but the full 1 hour support time does count and should be protected accordingly.

Direct Clinical Services

At least 25% of each intern's time is spent providing direct psychological services to patients. On average this amounts to 12-15 hours per week, but there is some variation among rotations, such that there will be busier times during the internship where interns may spend closer to 20 hours per week providing direct care. Although it is understood that it may take some time to build up a case load, toward the end of the training year, Interns are expected to be proficient in organizing and managing their schedule to meet or exceed these requirements. Interns are required to track their training experiences throughout the year through the use of a system such as Time2Track. Please note that sitting in with a supervisor and observing their clinical work counts as direct service hours. The goal is for Interns to accumulate at least 500 direct contact hours by the end of the internship year.

Requirements for Internship Completion

In order to remain in good standing, interns are required to make progress toward competencies in all domains (see Training Program Aims and Competencies above); utilize supervision for professional growth and achievement of competencies; attend and participate in seminars and didactics; complete all assigned readings; consistently demonstrate ethical and professional behavior; complete on average 6-10 psychological evaluations; and demonstrate the ability to work effectively with others. At the middle and end of each major and minor rotation, interns will undergo formal performance evaluations. The results of the formal evaluation will be shared with the doctoral program training director. We may also contact the training director for other reasons; we view this as a collaborative relationship. Supervisors will assess competence levels in all domains using the following descriptions:

1. Evidence of gross negligence of responsibilities. Requires remediation plan; completion of skill evaluation not needed at this time.
2. Needs remediation due to significant deficiencies in competency skill. Requires remediation plan.
3. Operating as an entry to mid-year intern, needs supervision to improve and refine skills.
4. Operating as a highly functioning intern, good repertoire of skills.
5. Operating at a level of advance competence, needs less targeted supervision.
6. Operating with advanced skills comparable to autonomous, licensed practice.

   N/O - Not Observed

Competency aim for evaluations done at 8 months: At least 80% of rated items within this competency rated at 3 or higher.

Competency aim for evaluations done at 12 months: All rated items within this competency rated at 4 or higher.

The goal of the program is to successfully graduate Interns into a career in professional psychology and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If an Intern is not performing at the expected level at any point in the year, a learning plan will be developed with clear and specific expectations, will be discussed, and will be agreed upon by the Intern and supervisor to help the Intern gain the necessary competencies. If an Intern continues to under-perform a formal Probation and Remediation Process will be initiated in writing and agreed upon by the Intern, Supervisor, and Training Director. The Training Director retains the right to terminate and deny certification of Internship completion to any Interns who do not adequately remediate deficiencies documented in writing and written evaluations or who do not behave in a manner that is consistent with the American Psychological Association's Ethical standards for Psychologists (2002), Ethical Principles of Psychologists and Code of Conduct (2002, American Psychologist, 57, 1060-1073), or is convicted of a felony crime.

Grand Rounds Presentation

Weekly Mental Health Grand Rounds are held on Tuesdays 12-1pm. All mental health faculty at the SVAHCS are required to attend these presentations and many present a variety of topics. Interns are required to present a topic of their choice in at least one grand rounds presentation- this usually occurs toward the end of the training year (April-June). Interns often choose to present on their dissertation research, an area in which they are professionally passionate about, a project that they worked on while on internship, a diversity topic related to the local population (e.g. rural focus), etc. This requirement is in line with Aim #4 of the SVAHCS Internship competencies. This is a one hour presentation and is not evaluated by staff.

Mid-Term and Final Formal Case Conceptualizations

Interns are required to present a mid-term (January) and a final (June) comprehensive case presentation to the psychology staff. This will incorporate information from the literature, and have a rural mental health focus. These requirements are in line with Aim #4 of the SVAHCS Internship competencies.

Intern Feedback

Ongoing evaluations are an integral aspect of the Internship program. Evaluations have a quality assurance nature in order to establish a self-correcting culture. Quality assurance is an integral component of a training program. Measures are required to ensure that quality training is being accomplished. An important responsibility of each intern is to evaluate the training that he or she received through the Psychology Internship Program. Such feedback is valuable to us in determining the strengths and limitations of the Internship program and forms the basis for constructive, functional change. In addition, the activity is a valuable learning experience for interns. Frequently, a psychologist is in a situation in which he or she must give positive and/or negative feedback to someone. Sometimes, there is a power differential involved, and it is useful to have such experience. In general, interns evaluate each supervisor and the Internship program as a whole.

Interns are encouraged to provide feedback about the program through multiple formats. Meetings with the Training Director are called as needed. Interns provide written feedback about each major and minor supervisory experience . They are encouraged to provide feedback to their clinical supervisors and the Training Director as issues and concerns are raised. At the end of each didactic seminar the Interns provide written feedback about the didactic training. The Interns are asked to complete a feedback questionnaire about the internship program at mid-year and end of year, and they meet with the Preceptor at the end of the year for an exit interview to share suggested improvements. Program graduates are surveyed annually for improvement suggestions.

Facility and Training Resources

Interns have the same access to resources as clinical staff including scheduling assistance, computer help desk, and clerical staff. Sheridan VA Health Care System uses the Computerized Patient Record System (CPRS) which is available in all offices used by Interns. Interns also can be assigned VA encrypted laptops that allow for office flexibility. Secure teleconferencing equipment and teleconferencing support staff are available to Interns and can be used for tele-mental health services, didactics, and consultation.

Interns each have their own desk, computer, and access to phone. Computer access is available in most rooms used by the Interns and there is access to testing materials, including manuals in designated testing areas. Cognitive assessments, such as the Wechsler Adult Intelligence Scale-IV, Wechsler Memory Scale-IV, Repeatable Battery for the Assessment of Neurological Studies, Stroop Color and Word Test, Trail Making Test, Test of Memory Malingering, Wisconsin Card Sorting Test, and Boston Naming Test are readily available. Personality inventories including the Minnesota Multiphasic Personality Inventory-2, Millon Clinical Multiaxial Inventory-III, Personality Assessment Inventory and a range of other instruments are available on the Medical Center's network. The SVAHCS also have psychology technicians who administer and score a wide range of psychological tests. Interns have access to the medical center's library, as well as to full-text databases and PsychInfo via the library website. Interns have access to digital copies of VA training manuals stored on a shared drive (W drive- Mental Health- BHIP- Psychology Intern Documents) and can be printed in our copy room for their own use. Interns also have access to the VA intranet web page, which has tremendous resources related to evidence-based therapies, including full treatment manuals, brochures, research articles, and demonstration videos.

As a part of the Behavioral Health Team, Interns provide direct patient care in their own offices, group rooms, and in the milieu (e.g., SUDS consults, residential treatment). Interns are provided with an individual office that includes telehealth equipment, and other necessary office supplies (e.g., phone, computer). In addition, there are conference rooms in the Medical Center for didactics, team meetings, consultation, and group therapy. Lastly, Interns are encouraged to take advantage of the walking trails on the campus to facilitate self-care.

VA Psychology Internship Program Stipends and Benefits

For the 2023-2024 Internship year, Interns receive a stipend of $26,297, paid in 26 biweekly installments. Interns will receive health insurance benefits. *"Paid Health Professions Trainees are eligible for Federal Employee Healthcare Benefits. They are not eligible for benefits such as Vision, Dental, FMLA, paid parental leave, etc."*

Holidays and Leave: Interns are entitled to paid federal holidays (11 federal holidays a year). Occasionally, there will be an executive order granting federal employees last-minute, additional time off (e.g., Christmas Eve, Day of Mourning), for which interns without patients scheduled are also eligible. Interns will also accumulate 4 hours per pay period of annual and sick leave.

Authorized Absence: Interns may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Authorized absence may be given for participation in professional psychology conferences, dissertation defense, and job interviews with any federal agency. Authorized absence is limited to a total of 5 days for the training year. These hours must be approved in advance by the supervisors and Training Director prior to making any arrangements to use them (e.g., buying plane tickets).

Interns are appointed in accordance with Department of Veterans Affairs Regulations and federal laws. Interns are hired as temporary employees not to exceed three years. In practice, that translates to an appointment of 366 days. The time period is required in order to be eligible for benefits as an employee. The total number of hours is 2,080 to include holidays, annual leave, sick leave, and administrative leave. Interns are not accepted on Without Compensation (WOC) status.

Liability Protection for Trainees: When providing professional services at a VA health care 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 (b)-(d).

Malpractice Insurance:

The Veterans Health Administration (VHA), by which you are employed, does not provide malpractice insurance for its employees, including trainees. However, the law does provide that the Attorney General will defend a person who is sued for malpractice or negligence in accordance with the Federal Torts Claim Act if he or she was "acting in the scope of such person's employment in or for the VHA...". In any lawsuit under the Act, the United States will be named as the defendant. The law further provides that the Attorney General may compromise or settle such a claim. While we cannot say with certainty how the courts would rule in a given case or set of circumstances, it appears that you are reasonably protected against malpractice suits arising out of the normal performance of your duties at a VA facility, TO THE SAME EXTENT THAT ANY OF OUR PSYCHOLOGISTS OR PHYSICIANS ARE PROTECTED. What is not clear is the extent to which you might be subject to suit and damages if it were determined that the incident upon which the suit was brought was not related to the scope of your employment in or for VHA. Therefore, the decision that malpractice insurance is desirable or necessary is a personal matter that must be resolved by each individual concerned.

Administrative Policies and Procedures

Privacy Policy: We collect no personal information from you when you visit our website.

Statement of Nondiscrimination: The SVAHCS Psychology Internship Training program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If an Intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance process outlined in this document. In addition, the Intern may elect to utilize the VA EEO process. The Intern can request confidential assistance in accessing the EEO program from the Training Director, any member of the training committee, or an MSA.

Self-Disclosure: Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the SVAHCS Psychology Internship Training program are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, or relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The only exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience. For example, trainees may be invited to share their diversity story as part of the Diversity Lunch and Learn Seminar.

Intern Evaluation: During orientation, performance expectations and the performance evaluation process will be discussed in detail. Due process and grievance procedures will be provided to interns in writing. Throughout the year, interns will receive informal feedback from supervisors, instructors, and interdisciplinary treatment team members on an ongoing basis. Formal proximal training outcomes will be assessed every four months by supervisor ratings of behaviorally-anchored and observable performance ratings measuring aims and competencies rooted in APA benchmarks, and intern-specific aims and objectives agreed upon by their supervisors and the training director. Substandard performance will result in corrective feedback, including the option of a remediation plan. If that is unsuccessful, interns may be placed on formal probationary status. Interns will be encouraged to discuss with their supervisors and with the internship training director any concerns they have about the training program as they arise. Significant concerns will be discussed and addressed during training committee meetings. If there has been ongoing dialogue between supervisor and intern during the course of the evaluation period, the supervisor's ratings and comments should come as no surprise. Nevertheless, on rare occasions, an intern may object to some aspect of the evaluation. Negotiation between supervisor and intern

will most often resolve these conflicts. Where that is not possible, and the supervisor is unwilling to change the comments, the intern will be asked to sign the evaluation and submit an addendum to the report specifying the nature of the disagreement. This addendum will be reviewed by the Training Director and Training Committee. If the concern is something that will be forwarded to the intern's graduate program the intern can include a statement to accompany the formal evaluation.

Due Process for Problematic Intern Behavior or Performance:

Problem Identification and Resolution: Problems in intern performance may include, but are not limited to: 1) an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior, 2) an inability to acquire the clinical skills and knowledge necessary to reach an acceptable level of competency, 3) an inability to control personal stress or excessive emotional reactions which interfere with professional functioning, 4) repeated non-adherence to the rules and regulations of the training program and the VA Health Care System, 5) violation of APA or VHA professional or ethical standards, or 6) violation of state or federal law. If the identified problem does not change as a result of feedback, remediation, efforts or time, or is of a sufficiently serious nature, an intern may fail a specific rotation, the entire internship, or may be terminated from the program prior to completion. It is expected that these will be highly unusual events.

Due Process: Whenever a supervisor becomes aware of an intern problem area or deficiency that is not resolved by usual supervisory support and intervention, it will be brought to the attention of the Training Director. The Training Director will gather information regarding this problem including, if appropriate, an initial discussion with the intern. The Training Director will then meet with the Psychology Training Committee and a determination will be made as to whether the problem is sufficient to constitute 'Problematic Status' which implies possible termination from the internship. 'Problematic Status' is usually characterized by one of more of the following:
1) the trainee 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 didactic training, 3) the quality of psychological services delivered by the intern is significantly negative, 4) the problem is not restricted to one area of professional functioning, 5) a disproportionate amount of attention by training personnel is required, 6) the problem behavior involves a serious ethical, legal, or policy violation, and/or 7) the trainee's behavior does not change as a result of feedback, remediation, efforts and/or time. A determination about "Problematic Status" will be made after a thorough review of the intern's performance, and one or more meetings with the intern to hear the individual's point of view. If the intern is placed on "Problematic Status', a further decision is made by majority vote of the Psychology Training Committee to either construct a remedial plan which, if not successfully completed, would be grounds for termination; or, initiate the termination procedure. In accordance with the Guidelines for Communication between Doctoral Programs and Internship developed by APPIC and the Council of Chairs of Training Councils (CCTC), the faculty contact of the intern's graduate program will be informed when "significant problems arise that are not readily resolvable at the internship site, that are recurrent, or that may lead to the institution of due process procedures or an alteration of the intern's program." The communication will be done in a timely manner and a written record will be kept of the communications, and ongoing contact will be maintained until the problem is resolved.

Remediation plans will generally include, but are not limited to: increased supervision with the same supervisor or a different supervisor, specific readings and seminars, or reduction of the intern's clinical duties. The corrective plan will be based on input from the intern, relevant supervisor(s), Training Director, Psychology Training Committee, and faculty representative from the intern's graduate program. The relevant supervisor(s) will report to the Training Director regarding the progress of the remediation problem.

Formal actions that accompany "Problematic Status" include but are not limited to:

1. **Probation:** An intern who fails to meet or make satisfactory progress toward fulfilling the general expectations of the internship may be placed on probation. While on probation, the intern will operate under a remediation program for a specified period of time. At the end of that time, the intern will be re-evaluated by the Training Director to see if further remediation is needed and there is cause to believe the intern may benefit from same.

2. **Suspension of Clinical Duties:** An intern who is charged with a violation of the APA ethics code, state or federal laws, or VA policies, may be temporarily suspended by the Training Director from providing clinical services. Temporary suspension becomes effective immediately upon notification to the intern in writing. Notification will include the reason(s) for suspension. A remediation program may also be developed along with formal evaluation criteria to determine if the problem has been addressed. Following remediation, the Training Director and Psychology Training Committee will determine if the suspension should be lifted, continued, or other action should be taken.

3. **Notification of Academic Program:** In the event an intern is placed on "Probationary Status", the Training Director will notify the intern's academic program about the nature of the problem and, if relevant, the remediation plan. The intern will be asked to sign the document and will be able to add his/her own statement. A copy of this notification will be provided to the intern and placed in the intern's training record file.

4. **Termination of the intern from the training program.**

Procedures for Termination and Appeal:

1. **Termination:** The intern will be given an opportunity to present arguments against termination at a special meeting of the Psychology Training Committee. Direct participation by the academic program's Director of Clinical Training, or a suitable delegate, will be sought via conference call.

2. **Appeal:** Should the Psychology Training Committee recommend termination, the intern may appeal to the Associate Chief of Staff of Mental Health (ACOS). The ACOS will review the recommendation of the Training Committee and either support the recommendation, reject it, or re-open the investigation in order to render a decision.

Grievance Policy and Procedures

It is the aim of the Sheridan VAHCS's Psychology Internship Training Program to provide an environment that lends itself to congenial and professional interactions between staff and interns based on mutual respect. However, it is possible that a situation will arise that leads an intern to present a grievance. The following procedures are designed to assure that the grievance is resolved in a clear, timely, practical and responsible manner. Cause for grievance could include exploitation, sexual harassment or discrimination, religious harassment or discrimination, racial harassment or discrimination, capricious treatment or unfair evaluation criteria, and inappropriate or inadequate supervision and training. *The Preceptor*, is a good resource to consult with to decide how to proceed if these types of issues should arise.

Grievances will be addressed in the following steps:

1. The intern should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual, or seeking out a sympathetic third person willing to act as intermediary. When the grievance involves a psychologist, the intern should notify the Training Director, even if the issue is resolved.

2. In a situation in which it may be too difficult for the intern to speak directly with the individual, the Training Director should be involved to seek informal resolution of the matter.

3. If the steps taken above fail to resolve the matter adequately, the intern can file a formal written grievance with the Training Director. This grievance should outline the problem and the actions taken to try to resolve it. The Training Director has the responsibility to investigate the grievance, and will involve the Psychology Training Committee. In most instances the Training Director and Training Committee will decide how to resolve the matter.

4. If the grievance is against the Training Director, the Associate Chief of Staff of Mental Health will designate a member of the Psychology Training Committee to undertake the investigation and report findings back to that office.

If the intern is not satisfied with the decision of the Training Director and Training Committee, the matter can be appealed to the Associate Chief of Staff of Mental Health who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

Applicant and Selection Procedures

Intern Selection: In addition to the requirements for work in any VA, as detailed above, the following criteria apply for the SVAHCS site. Our internship seeks students from APA or CPA accredited Ph.D. or Psy.D. clinical/counseling programs who are in good standing. Applicants must have completed all of their graduate coursework, have completed their comprehensive or qualifying exams, accumulated a minimum of 600 doctoral level practicum hours, have, at minimum, proposed their dissertation, and have completed at least 500 combined clinical hours (assessment and intervention) during their doctoral program (we can consider exceptions due to COVID-19). Applicants who have a strong interest or background in rural mental health or interest in working with veteran populations will be a particularly good fit for this internship program.

Sheridan VA Health Care System encourages candidates from diverse backgrounds to apply. We welcome individuals who are members of underrepresented groups (e.g. sexual orientation, disability status). The selection of Psychology Interns must be consistent with equal opportunity and non-discrimination policies of the Sheridan VA Health Care System as well as the guidelines and policies of APPIC and APA's CoA. As an equal opportunity training program, the training program welcomes and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, gender identity or other minority status. Furthermore, we are committed to non-discrimination in employment of our staff on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

The Sheridan VA Health Care System Psychology Internship Program strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by SVAHCS to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. Our training program strives to make every effort to increase awareness, dispel ignorance, and increase comfort with multicultural experiences. The SVAHCS provides equal opportunity to all prospective staff and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, or any other factor that is irrelevant to success as an employee.

Application procedures at SVAHCS must be consistent with what is posted on the APPIC Psychology Training Program website. Applications for our doctoral training program are solicited nationally from APA- or CPA-accredited psychology doctoral training programs in clinical and counseling psychology. It is important to note that applicants for VA internships must be US citizens and if applicable, a certification of selective service registration are required to become a VA Intern. Potential applicants learn about the program from APPIC's online directory, direct emails to clinical and counseling doctoral program Directors of Clinical Training, and email postings on relevant psychology list serves. The TD and Training Committee have full responsibility for the selection of psychology trainees.

Selection Committee: An intern selection committee will be comprised of the Training Director and at least some of the training committee. SVAHCS seeks applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in standard assessment, intervention, and scholarly practice, interest in a generalist, interdisciplinary training experience, and the personal characteristics necessary to function well in this Internship setting. The selection criteria are based on a "goodness–of–fit" with our program aim and the Practitioner-Scholar model. As such, the program seeks Intern applicants whose training goals match sufficiently the training that is offered in our geographically rural and veteran focused training site. Consistent with the Ethical Code of the American Psychological Association, Sheridan VA Health Care System Psychology Intern applicants are not required to self-disclose sensitive topics during the application to the program or during the course of training;

however, we strive to create a learning environment that is welcoming, supportive, and rich in experience. Selection of candidates comes from different kinds of programs and theoretical orientations, different geographic areas, different ages, different ethnic backgrounds, and different life experiences which influences a greater breadth of experiences that may positively impact our program.

In the Intern selection process, all applications are initially reviewed by at least one member of the Training Committee. This process is completed by examining the Intern's cover letter, AAPI essays, letters of recommendation, review of practicum training, experience with Veteran populations, experience and interest in rural mental health, current dissertation status, and professional interests. Suitable applicants are identified to be invited for an interview. Virtual interviews with at least one member of the training committee will be conducted. Applicants who are not invited for interviews will be notified by the date advertised on the APPIC website and in our brochure.

To Apply: Applicants should complete the current AAPI form (available through the 'Applicant Portal' on the APPIC website [www.appic.org]) with autobiographical statement, essays about theoretical orientation, diversity, and research interests. Please also include the following materials:

1. A site specific cover letter describing your specific interest in our training program, and the reasons you believe you may be a good fit for our program.
2. A current curriculum vita.
3. Official graduate school transcripts.
4. Three letters of recommendation (one from faculty and two from clinical supervisors).
5. Your academic program's Verification of Internship Eligibility and Readiness form.

To obtain further information about the training program, please contact:

Jessica L. Semler, Ph.D.

Director of the Psychology Internship Training Program

Sheridan VA Health Care System

1898 Fort Rd., Building 5, Room 102

Sheridan, WY 82801

Office: (307) 675-3640

VA Cell Phone: (307) 683-6787

Jessica.Semler@va.gov

Please note: Our AAPI application due date is November 15th. *This internship site agrees to abide by APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.*

Sheridan VAHCS Psychology Training Faculty

Kaitlyn Card, Psy.D. is a psychologist who earned her doctorate in clinical psychology from the Chicago School of Professional Psychology in Washington, D.C. She completed her internship at the Sheridan VA. She approaches therapy through an integrative approach using psychodynamic and humanistic theories to inform treatment and facilitate patients' formation of meaningful connections with others. Her clinical interests include trauma, mindfulness, and addressing unhelpful coping skills learned in childhood.

Grant "Griffin" Boostrom, Ph.D. is a graduate psychologist who earned his doctorate in clinical psychology from Loma Linda University in Southern California upon the completion of his internship here within the Sheridan VA. His integrative treatment approach emphasizes humanistic, person-centered therapy and utilizes third-wave Cognitive-Behavorial and Motivational Interviewing strategies to empower Veterans and facilitate healthy habits, lifestyles, and behaviors. His clinical and research interests include primary care psychology, mindfulness-based stress reduction, therapeutic common factors, military culture, trauma, and post-traumatic growth. His recent employment here at the Sheridan VA has brought him into the residential PTSD and Co-Ocurring Disorders Program where he is able to apply his passion and enthusiasm for providing psychological services to military Veterans. Dr. Boostrom is the current Preceptor for interns.

Eric F. Crawford, Ph.D. earned his doctorate in clinical psychology from the Pacific Graduate School of Psychology (now Palo Alto University) in 2005 after interning at the Durham VA Medical Center, and completed a postdoctoral fellowship in PTSD and Stress-related disorders at the San Diego VA in 2006. Dr. Crawford serves as the Chief of Staff at our facility. Previously, he worked as an Assistant Professor at Duke University Medical Center and as Assistant Director of the Clinical Core of VA's Mid-Atlantic Region Mental Illness Research, Education and Clinical Center, where he developed a research agenda and clinical subspecialty emphasizing application of empirically supported treatments for PTSD and other post-deployment conditions to Veterans with traumatic brain injury and identification of factors that impact engagement with mental health services among returning Veterans. Dr. Crawford operated as a trainer and clinical consultant for the VA Office of Mental Health Services' and National Center for PTSD's dissemination of Prolonged Exposure therapy, assisting other VA providers to develop competency with this evidence-based treatment for PTSD.

Tamarra Crawford, Ph.D. received the doctoral degree from Pacific Graduate School of Psychology in 2006. She worked as a research assistant and practicum student at the Older Adult and Family Center at the Palo Alto VA prior to her internship at the psychiatric facility associated with Sharp Mesa Vista Hospital and returned to the Palo Alto VA to complete a post-doctoral fellowship with a dual emphasis in geropsychology and palliative care. After fellowship, she worked on the Home Based Primary Care team at the Durham, North Carolina VAMC until transferring to the Sheridan VA in 2015. She is assigned to the Community Living Center, Palliative Care and Hospice Service, and Home Based Primary Care team. Dr. Crawford is trained in CBT and was formally trained to adapt CBT protocols to older adults, caregivers, and adults with chronic pain, as well trained as in Motivational Interviewing. She utilizes developmental and multicultural models couched within a person centered approach in her primary duties with older adults. Dr. Crawford's interests include aging and illness, grief and loss, education on mild and major neurocognitive disorder, caregiver support, and psychologists serving healthcare teams.

Len A. Dannhaus, Psy.D. is a clinical psychologist who earned his doctorate in clinical psychology, military focus, from Adler University in 2018. He completed his internship at the Sheridan VA Medical Center and previously co-facilitated the Cognitive Processing Therapy cohort as a part of the PTSD residential program. He worked in private practice for a time in Chicago, then returned to us to facilitate the residential program for Veterans with serious mental illness. He is now working in the Acute Psychiatric Unit. Prior to his completing his education, he served for 15 years in the U.S. Army and holds two occupational specialties: Combat Medic, and Cavalry Scout Section Leader. He deployed twice in support of Operation Iraqi Freedom and has deployed to Bosnia-Herzegovina and Saudi Arabia in his military career. His primary interests include Cognitive Processing Therapy, Mindfulness, person-centered and psychodynamic approaches.

Tracey Geer, Ph.D. earned her doctoral degree in clinical psychology from the University of Arizona with a minor in Psychology, Policy and Law. She completed her clinical internship at the VA Palo Alto Health Care System. After completing internship, she was a Staff Psychologist at the Southern Arizona VA Health Care System (SAVAHCS) in Tucson, Arizona. While at SAVAHCS, Dr. Geer was the Military Sexual Trauma Coordinator and was the psychologist for the Women's Clinic, Ocotillo Primary Care Team, and the Mental Health Clinic. She later relocated to Santa Fe, New Mexico and was the psychologist at the Santa Fe Community Based Outpatient Clinic (New Mexico VA Health Care System). She started working in the Substance Use Disorder Clinic at the Sheridan VA in 2021. Her main clinical interests include trauma, co-occurring disorders, how culture impacts mental health treatment, and forensic psychology.

Margaret Legarreta, Ph.D. earned her doctoral degree in clinical psychology from Idaho State University in 2012, after completing her clinical internship at the Central Texas VA Health Care System in Temple Texas. From there she completed a two-year post-doctoral fellowship through the Rocky Mountain MIRECC (Mental Illness Research, Education, and Clinical Center) at the Salt Lake City VA. Dr. Legarreta developed a line of research focused on understanding the link between suicide risk and chronic pain in Veterans. She was a clinical psychologist in the MIRECC from completion of her fellowship until January of 2020 when she joined the Sheridan VA as a staff psychologist in the residential CPT program. She still maintains collaborations with the MIRECC and continues to hold an assistant professorship in the Department of Psychiatry at the University of Utah School of Medicine. Her clinical interests and research interest overlap and are centered around PTSD, how health conditions impact mental health functioning, and in suicide risk reduction. Currently, at the Sheridan VA, Dr. Legarreta serves as the Assistant Chief of Mental Health.

Robin Lipke, Ph.D. received her doctorate in clinical psychology from the University of Montana in 1995. Dr. Lipke is a clinical psychologist currently working in outpatient services. She provides assessment, consultation, and psychotherapy from a developmental, cognitive-behavioral, and interpersonal framework. She completed her M.A. degree in health psychology and her clinical internship at Spokane Community Mental Center, and has experience in rural community mental health and Indian health care and higher education (Associate Professor of Psychology, university counseling center). Her professional interests include traumatic grief, complex trauma, and medical/health psychology. In addition to current role as supervisor, she was a supervisor and clinical training committee member with the doctoral psychology internship training program at the VA's Black Hills Health Care System and in academia. Dr. Lipke is VA trained in several EBPs including CBT for Insomnia and Chronic Pain, Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), STAR-VA, Integrative Behavioral Couple Therapy (IBCT), and Cognitive-Behavioral Conjoint Therapy for PTSD, and has completed non-VA training in Eye Movement and Desensitization and Reprocessing Therapy (EMDR Therapy).

Leslie K. McGovern, Ph.D. earned her Doctorate in Clinical Psychology from the University of Wyoming in 1994. Her interests include working with PTSD and trauma and Mindfulness. She utilizes an integrated approach to treatment from her training in EMDR, embodied Gestalt and body-oriented psychotherapy, Psychodynamic, Humanistic, CPT, and Mindfulness Based Stress Reduction (MBSR). She also has a background in music performance and maintains strong interest in music, art, and exercise as keys to mental health and stability. An avid knitter, quilter, and runner, Dr. McGovern believes in helping people find their unique passions while encouraging meaningful connections to community.

Jessica Semler, Ph.D. earned her doctorate in counseling psychology from the University of North Dakota in 2010. She interned at the Iowa State University Student Counseling Services. She spent her early career at the University of Missouri Counseling Center (2010-2018). She joined the Casper CBOC (Sheridan VA) in 2019 and served as an outpatient therapist and as the psychologist on the Home Based Primary Care (HBPC) Interdisciplinary Team in Casper, WY. She accepted the new position of Training Director in fall 2021. (She is also the EBP Coordinator and remains an outpatient therapist). Her career goal was to become a Training Director and she is very excited to be heading the predoctoral training crew at the Sheridan VA! Her special interests include eating disorders, working with transgender/non-binary/gender expansive folx, women's issues, group therapy, and couples therapy. She identifies as an Interpersonal therapist and incorporates ecological systems theory and multicultural theories into patient conceptualization. Supervision and training are a passion for her and she loves any opportunity she can get to work with interns and trainees. She has received VA evidence-based training in Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) and Problem Solving Therapy for Home Based Primary Care (PST-HBPC).

Seth M. Tippin, Psy.D. earned his doctorate in clinical psychology from George Fox University in 2008, and completed his internship at the Salt Lake City VA. His primary clinical interests include cognitive testing, health psychology, consultation and liaison with interdisciplinary treatment team on our medical units, tobacco use cessation, and diabetes management. Dr. Tippin is VA trained in Cognitive Behavior Therapy for Depression, Pain Management, and Insomnia, as well as in Problem Solving Therapy in Primary Care.

Information about the Sheridan Area

The town of Sheridan is located in picturesque North Central Wyoming, midway between the Black Hills of South Dakota and Yellowstone National Park. Nestled at the foot of the dramatic Bighorn Mountains, Sheridan offers a wealth of recreational activities including hiking, fishing, biking, golfing, horseback riding, backpacking, rock-climbing, wildlife viewing and hunting, cross-country and downhill skiing, snowboarding, snowmobiling, and snowshoeing. Sheridan's historic downtown offers nearly a mile-long stretch of retail stores, fine restaurants, quaint coffee shops, bookstores, pubs and western style saloons, theatres, museums and art galleries. In the summer months, outdoor concerts are performed every Tuesday evening at Kendrick Park, and polo matches are held every Sunday at the Equestrian Center. The population for Sheridan and the surrounding bedroom communities is about 30,000. Sheridan was recently rated as the best western town in the United States. Sheridan has a community college and a small airport offering daily direct flights to Denver. The closest international airport is in Billings, Montana, an hour-and-a-half drive away. We like to think of Sheridan as Wyoming's best kept secret. For more information about our community, please check out the following websites:

www.sheridanwyoming.org

www.sheridanwyomingchamber.org.

VA

U.S. Department of Veterans Affairs

Veterans Health Administration

Sheridan Health Care System