



# Psychology Internship Training Brochure 2024-2025 Training Year

## Rocky Mountain Regional VA Medical Center

VA Eastern Colorado Health Care System



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## Program Information

### Contact Information:

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**Internship Program Website:** <https://www.va.gov/eastern-colorado-health-care/work-with-us/internships-and-fellowships/psychology-internship-residency-programs/>

**APPIC Directory Program listing:** <https://membership.appic.org/directory/display/638>

### APPIC Match Numbers:

<u>Track</u>	<u>Match Number</u>	<u>Total Positions</u>
General Track	117411	4
Primary Care-Mental Health Integration Track	117412	1
Geropsychology/GRECC Track	117413	1

#### Anticipated Interview Dates

**Tuesday, January 09, 2024**

**Thursday, January 11, 2024**

**Wednesday, January 17, 2024**

**INTERNSHIP START DATE:** The Rocky Mountain Regional VA Medical Center psychology internship starts the first week of the first federal pay period in July. During internship training years in which the Monday of the first federal pay period occurs on an observed holiday (Independence Day), the start date will be the Tuesday of the first federal pay period in July.

For the coming internship year, the start date is **Monday, July 1, 2024**.

**Application Deadline: 11/01/2023 11:59 PM EST**

**ACCREDITATION STATUS:**

The psychology internship at the **Rocky Mountain Regional VA Medical Center** (VA Eastern Colorado Health Care System) is fully accredited by the American Psychological Association Commission on Accreditation. The most recent site visit was completed in 2019 and resulted in the RMR VAMC psychology internship program being accredited for the maximum amount of 10 years (next site visit is set for 2029). For additional information regarding APA accreditation of this internship, please write or call:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE

Washington, DC 20002-4242

(202) 336-5979

[apaaccred@apa.org](mailto:apaaccred@apa.org)

<http://www.apa.org/education/grad/program-accreditation.aspx>

**PROGRAM DESCRIPTION:**

Located in Aurora, Colorado, the Rocky Mountain Regional VA Medical Center psychology internship is a full-time (40 hours per week), APA accredited, comprehensive doctoral-level psychology internship that lasts 52-weeks in duration. The internship is open to applications from clinical, counseling, or combined clinical-counseling doctoral students of APA, CPA, or PCAS accredited programs. The program serves to complement academic graduate training by providing doctoral interns with real-world knowledge and skills involved in practicing as a clinical psychologist in a large and complex medical setting.

The RMR VAMC psychology internship actively seeks to foster intern development in multiple domains, including professional identity, intervention and assessment skills, research and integration of evidence-based clinical decision-making, awareness of multiculturalism, and social and ethical responsibilities integral for full and effective professional practice. We actively seek to promote awareness of and sensitivity to individual and cultural diversity across multiple settings during the training year through supervision, seminars, group discussion and workshops.

RMR VAMC is staffed by over 70 doctoral level, licensed psychologists who work in the Mental Health Service or the Rocky Mountain Mental Illness Research, Education, and Clinical Center (MIRECC) for Suicide Prevention. A large portion of these psychologists support the internship through direct supervision, education, and didactics, and mentoring of interns. The RMR VAMC serves a multi-racial and diverse Veteran population that presents with a wide variety of psychiatric, medical, and sociocultural needs. Psychology faculty represent a variety of theoretical perspectives including, Behavioral, 2<sup>nd</sup> wave CBT, 3<sup>rd</sup> wave CBT and mindfulness-based approaches, Existential-Humanistic, Psychodynamic, and Systems-focused approaches. In addition to internship training, ECHCS also offers training for practicum and post-doctoral psychology trainees.

## **Training Model and Philosophy**

The Rocky Mountain Regional VA Medical Center psychology internship adheres to a Scientist-Practitioner training model. Within this model, interns are expected to integrate and utilize science to inform direct clinical practice, as well as other domains of professional work. Interns interested in greater exposure to clinical research may have additional opportunities to collaborate in ongoing research projects when common research interests and project timelines allow. Psychology training at the RMR VAMC is a sequential and cumulative process that is graded in complexity. Our developmental training model emphasizes the progression from graduate student to a professional ready for entry-level independent practice in psychology. More specifically, we view the internship year as a period of professional transition from the more narrowly defined roles and perspectives of the graduate student towards the more broadly defined roles and perspectives of a professional psychologist. During this year, we anticipate interns to experience an expansion and refining in their skill sets, perspectives, and professional identity.

The primary focus of the internship year is graduated experiential learning. Competencies in professional practice are developed through clinical practice, research, didactic training, supervision, and mentorship. Although interns are expected to be actively engaged in clinical work throughout the internship year, delivery of patient care is secondary to the educational mission of our training program, thus allowing training needs to take precedence over caseload sizes. It is our expectation that students who successfully complete the internship at the RMR VAMC will be able to think critically about clinical cases and make sound decisions rooted in current scholarly work. We strive to equip all internship graduates with the core competencies that will allow them to serve consumers from a wide range of backgrounds and know how to access resources to expand their knowledge base as needed.

Our internship seeks to foster intern professional identity and skills in an organized and systematic way. Students arrive for internship at different places in their professional development. Initial discussions with the Training Director about learning goals and objectives allow for the intern to clarify and individually tailor which areas of professional functioning will be a focus for the greatest growth, and which areas will require less intensive emphasis. Interns play an important role in selecting their own training opportunities and developing training plans to meet their specific needs. The training program measures intern progress over the course of the year against the APA-defined profession-wide competencies for psychology trainees, rotation-specific criteria, and intern-specific goals and objectives agreed upon by rotation supervisors and supervisees discussed at the outset of rotations. Students receive both structured and informal feedback regarding their progress in multiple forums throughout the internship year.

Throughout the course of each rotation, the intern has opportunities to observe and participate in team meetings and clinical activities. Teams are typically interdisciplinary in nature, providing the intern with an opportunity to develop a sense of the professional identity of a psychologist distinct from other health care providers. Typical clinical activities include assessment of personality, cognition, and emotional functioning; differential assessment of neurological and psychological conditions; psychotherapy with individuals, couples, families, and groups; development and delivery of patient educational materials; and consultation with team members

regarding patients' coping style and its effectiveness, decisional capacity, and most effective methods of communication with the specific patient. At the outset of each rotation, interns are assigned clinical responsibilities and provided with regular supervision to develop the skills and meet the goals and objectives outlined in initial meetings. The expectation is that interns will assume increasing autonomy for clinical services and function as an integral member of the treatment team.

In addition to the learning that occurs through clinical activities on the rotation, interns participate in required seminar and didactic activities to facilitate learning of skills related to rotations and general professional development topics, including assessment, diversity, health psychology, mental health, supervision, and professional issues. Training faculty model and instruct interns in using theory, literature, and critical thought to formulate clinical conceptualizations and hypotheses. As an internship program housed within a Department of Veterans Affairs medical center, it is especially important that our interns understand the various and distinct experiences of U.S. Veterans. Toward this end, instruction in issues specific to Veteran health care, military culture, and population-specific psychosocial needs are provided in didactic and supervision settings throughout the year. Interns are trained to be thoughtful consumers of research. Reading and discussing articles provided by supervisors is an integral part of the learning process. Supervisors may request that students explore specific areas of interest by reviewing the literature and incorporating their findings into clinical interventions.

As part of our commitment to training psychologists who are prepared to be both competent clinicians and disseminators of research, we require all interns to prepare and present a formal educational lecture on a specific clinical or research topic of interest. This facilitates skill-development in the psychologist competency domains of research, professional values, attitudes and behaviors, communication, and interpersonal skills. Interns are also required to lead at least one case conceptualization conference during the weekly group supervision hour during their internship year. The case conference reviews a current or recently completed psychotherapy or assessment case. During case conferences, psychological test data and other relevant information is used to construct the presentation and guide discussion.

### **Diversity, Justice, Equity, and Inclusion**

The RMR VAMC internship program strives to attend to issues of diversity, justice, equity, and inclusion throughout all components of the psychology training offered, as well as the intern experience during the training year and beyond. It is our hope that interns graduate from our program with a strong understanding of how systemic and cultural factors influence clinical practice, consultation, and research, and how one's own identities and experiences within those systems can manifest in various psychology settings. We hope that these understandings support robust conceptualization and intervention skills with diverse client populations and allow interns, as future psychologists, to serve as effective advocates and changemakers. To this end, in addition to the attention to cultural diversity woven throughout our program offerings, we offer several training opportunities that focus specifically on these topics (see TRAINING OPPORTUNITIES section of this brochure). Our training program is served by the Psychology Training DEI Advisory board, whose mission is to advocate for social justice, equity, and the

actualization of multiculturalism through outreach, education, innovation, and process improvement in service of the ECHCS psychology training programs.

**Program Goals and Objectives**

In training interns who are able to think critically about psychological issues and apply theory to practice, we adhere to APA CoA competencies with the expectation that interns will demonstrate ongoing development in each of these profession-wide competency domains. At the same time, we are aware that interns bring a unique array of individual skills and interests to the internship that may influence their progress over the course of a rotation. Whereas internship training expectations are rooted in specific competency goals in the areas delineated below, internship faculty help to tailor training plans to ensure developmentally appropriate growth and competency are achieved by the end of internship. We believe that training in these areas adequately prepares interns for entry-level practice. Each intern is evaluated twice within each rotation (mid/final evaluation) and receives two comprehensive evaluations during the year that integrate evaluation data across internship settings. Feedback is also provided to an intern’s graduate program in the middle and end of the internship year. All evaluations are grounded in the following nine APA CoA competencies:

- 1) Research
- 2) Ethical and legal standards
- 3) Individual and cultural diversity
- 4) Professional values, attitudes, and behaviors
- 5) Communication and interpersonal skills
- 6) Assessment
- 7) Intervention
- 8) Supervision\*
- 9) Consultation and interprofessional/interdisciplinary skills

**Program Training Structure**

The standard training sequence includes three, 17-week rotation blocks. Each block consists of a major rotation (20 hours/week) and a minor rotation (12 hours/week). Interns are also required to select one assessment-focused rotation as part of their year-long training plan (see rotation descriptions included below for which rotations fulfill this assessment requirement). The total number of hours required for completion is 2080.

<u>Block 1 (17 weeks)</u>	<u>Block 2 (17 weeks)</u>	<u>Block 3 (17 weeks)</u>
Major Rotation	Major Rotation	Major Rotation
Minor Rotation	Minor Rotation	Minor Rotation

There are six internship slots available at the Rocky Mountain Regional VA Medical Center. Four slots belong to the General track and do not have any predetermined rotations, other than the assessment-rotation requirement listed above. The fifth and sixth slots belong respectively to the

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\* Evaluated through the Supervision Seminar Didactic

Primary Care-Mental Health Integration (PCMHI) track and the Geropsychology/GRECC track. The intern in the PCMHI track will have Primary Care-Mental Health Integration for all three major rotations and can identify other elective rotations to fulfill their three minor rotations. The intern in the Geropsychology track will have Geropsychology-focused rotations for two of their three major rotations. The Geropsychology intern will have additional required didactics and a case conference for Geriatric Research Education and Clinical Center (GRECC) trainees. All other training activities are the same for the PCMHI and Geropsychology interns as for the general interns (didactics, research presentations, case conference, etc.).

The RMR VAMC internship strives to support intern well-being and quality of life while at the same time providing a high-quality and rigorous training experience. Our program monitors intern workload to ensure reasonable caseloads are maintained. We also support interns in working a 40-hour week and engage them in conversations throughout the year about self-care and work-life balance to encourage sustainable work habits based on professional and personal values. Although some minor variations in workload may occur given individual training goals and needs, the following are expected time allocations per week for training activities:

- Major rotation - 20 hours
- Minor rotation - 12 hours
- Didactics/presentations - 4 hours
- Admin, research, program development, and related activities - 4 hours

### **Supervision and Evaluation of Competencies**

Our program seeks to foster an environment of supervision that emphasizes trust, support and timely, ongoing feedback regarding the development of professional skills and competencies. Our program uses a diverse set of methods to support and observe our trainees' work. These methods include:

- Live observation of intern-client and intern-staff interactions
- Review and co-signature of all written material such as progress notes, reports and other additions to the electronic medical record
- Observation of intern case formulation and case presentation in team meetings, treatment planning conferences, and other interdisciplinary settings
- Review of progress notes and audio recording of psychotherapy and assessment sessions
- Review of psychological testing protocols and reports
- Feedback about the interns from professionals in other disciplines on the interns' rotations

Each rotation has an assigned primary supervising psychologist/faculty member that meets weekly with the intern. Through major and minor rotations interns receive at least two hours of individual supervision and four hours total supervision per week across the entirety of their training experiences. At the beginning of the rotation, rotation expectations are presented, and a supervision agreement is signed by both the supervisor and the supervisee. In addition, the supervisor and intern collaboratively develop training goals for the rotation, including specific experiences that would further the trainee's professional skills. The supervisor then endeavors to provide support and guidance appropriate for the intern's level of experience, as well as whatever specific learning experiences are required to meet the competency goals.



Based on intern performance, the supervisor performs a formal written rating at the mid-point of the rotation and again at the end of the rotation. Seminar leaders also evaluate the interns' participation and relevant information is integrated into formal and informal feedback. In addition to formal evaluation and feedback, provision of informal feedback to interns is provided in a frequent and ongoing manner by each faculty member. We encourage both trainees and supervisors to engage in frequent self-reflection about the supervisory process and provide each other with both formal and informal feedback.

It is expected that interns will assume increasing levels of responsibility and autonomy during their rotations as they develop skill and familiarity with new professional roles. It is also expected that supervisors' involvement will move from a more directive role to a less directive and more consultative one. By the end of rotation, interns generally show substantial gains in competency compared to their initial baselines. Successful completion of rotations and the internship is defined as demonstrated competency across all APA CoA Profession-Wide Competency domains listed above. Meeting these goals adequately prepares interns for entry-level practice across a wide range of professional settings and roles.

**APPLICATION & SELECTION PROCESS:**

**Eligibility Requirements**

1. **Doctoral student in good standing** at a graduate program in Clinical, Counseling, or Combined psychology that is **fully accredited** by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or the Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. **Approval to Attend Internship by Graduate Program Training Director:** Attestation by the graduate program Director of Clinical Training that the student is approved and ready to attend internship; this is required as part of the APPIC application.
3. **Completion of Comprehensive/Qualifying Exams AND Approval of Dissertation/Doctoral Research Project:** Applicants must verify in the APPIC application successful completion of the comprehensive/qualifying exams AND successful approval of their dissertation/doctoral research project by the application deadline.
4. **Minimum Clinical Hours & Experience:** Applicants must have accrued the following minimum numbers of hours and experiences to be eligible for the respective tracks below. Note that these are minimum requirements only. Please see the APPLICATION REQUIREMENTS AND CHECKLIST section of this brochure for further details about general characteristics of applicants who are a good fit with our internship program.

	Minimum Intervention Hours	Minimum Assessment Hours
General	350	75
PCMHI	350	75
GERO	250	100

5. **U.S. Citizenship:** All appointees must be a citizen of the United States. The VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
6. **U.S. Social Security Number:** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment and on-boarding process at the VA.
7. **Selective Service Registration:** By federal law, male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case-by-case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
8. **Fingerprint Screening and Background Investigation:** All Interns will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
9. **Drug Testing:** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Health Professional Trainees (including psychology interns) are not drug-tested prior to appointment; however, these trainees are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. VA conducts drug screening exams on randomly selected personnel as well as new employees. Drug screening is for substances that are illegal under federal statute, regardless of state law (e.g., cannabis). Please review the VA Drug-Free Workplace Program Guide for Health Professions Trainees for further information ([https://www.va.gov/OAA/onboarding/VHA\\_HPTsDrug-FreeWorkplaceOAA\\_HRA.pdf](https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf))
10. Doctoral level psychology interns, as VA Health Professions Trainees (HPTs), are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs 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 HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

The above information and additional details regarding eligibility for VA training are available at: [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

## Application Process

The Rocky Mountain Regional VA Medical Center psychology internship is a member of the Association of Psychology Postdoctoral and internship Centers (APPIC) and abides by all APPIC guidelines regarding intern recruitment and notification procedures. Internship applications are submitted *electronically*. To apply, please go to the APPIC website for instructions on how to complete the online APPIC Application for Psychology internships (AAPI).

Instructions and forms for the Applicant Agreement form required for the Match from the National Matching Program may be downloaded at [www.natmatch.com/psychint](http://www.natmatch.com/psychint). Applicants who cannot access the website should contact National Matching Service (NMS) directly to request instructions and registration forms. **Completed applications are due by the deadline noted above in this brochure.**

## Application Requirements and Checklist

Interested individuals who meet VA eligibility requirements must submit the following. (*Please note that all client-related information must be de-identified*):

- Completed APPIC Online Application for Psychology Internship (AAPI)
- Cover letter indicating rotation interests and a summary of background and experience relevant to fit with the RMR VAMC psychology internship's training opportunities.
- Curriculum Vitae
- Official graduate program transcript(s)
- 3 letters of reference addressing clinical and/or research experience, as well as professional strengths and areas for improvement
- Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online system
- Documentation of minimum doctoral intervention and assessment hours on the AAPI\*
  - General: 350 doctoral intervention hrs and 75 doctoral assessment hrs
  - PCMH: 350 doctoral intervention hrs and 75 doctoral assessment hrs
  - Gero: 250 doctoral intervention hrs and 100 doctoral assessment hrs

*\*Please note that the above hour requirements are the minimum required for applications to be considered for the internship program. Hours higher than this minimum threshold are not factored into our applicant review process. Rather, the program seeks to evaluate applicants based on competencies in core areas of psychology training (e.g., intervention experience, formal assessment experience, research and scholarly involvement, awareness of diversity, equity, and inclusion considerations). Successful General Track applicants typically have the following:*

- *Direct experience delivering 1 or more manualized evidence-based psychotherapies*
- *Direct clinical experience with multiple, distinct client populations and experiences in multiple clinical settings, some of which may include university counseling centers,*

*community mental health centers, medical centers, primary care or other medical clinics, Veterans Affairs, etc.*

- *Direct experience administering, scoring, and interpreting common intellectual (e.g., WAIS), personality (e.g., MMPI, PAI) and symptom-level instruments and combining these results into integrated reports*
- *An authorship role on at least one publication in a peer-reviewed scientific journal*

The Rocky Mountain Regional VA Medical Center provides equal opportunities in training for all qualified persons and does not discriminate on the basis of race, religion, sex, national origin or age.

### **Interviews**

The Rocky Mountain Regional VA Medical Center seeks to recruit internship classes that are capable, open to learning, and reflect a broad diversity of backgrounds and identities. The RMR VAMC psychology internship program is committed to the values of diversity, equity, and inclusion in our training program and selection process. In your application materials (e.g., essays, cover letter) you are invited and encouraged to make note of and/or discuss your personal and cultural identities, including but not limited to those identities that are underrepresented in the psychology workforce. All complete applications are evaluated and rated based on the quality of their application and fit with the training opportunities provided through the Rocky Mountain Regional VA Medical Center internship program.

To reduce unnecessary financial and travel burdens on applicants, interviews will be conducted in a fully virtual format through the Zoom platform. Applicants who do not have access to Zoom will be provided options to interview via phone or other virtual platforms. Notification of the offer to interview will occur on or before the date outlined by the program's APPIC directory listing.

We welcome any interviewees in need of audio, visual or other accommodations to inform our Training Director as soon as possible after interview offers have been extended so that appropriate accommodations can be made.

### **Selection**

The internship program at Rocky Mountain Regional VA Medical Center abides by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. A complete copy of APPIC policies and the computer matching program can be found at the APPIC website.

Candidates who successfully match with psychology internship at Rocky Mountain Regional VA Medical Center will be contacted by both phone and email following the successful match. Official notification of the internship match will be sent to both the candidate and graduate program within seven days of the official match.

Those candidates who match will be required to complete eligibility requirements that include:

- Pre-employment paperwork and a complete health trainees application <https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>
- A Trainee Qualifications and Credentials Verification Letter (TQCVL) to be completed by the intern's graduate program/academic institution. This form must verify the following:
  1. **Health Requirements:** The TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Also required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. VA also requires that interns be vaccinated against COVID-19. *Declinations are rare and only granted for approved exemptions.* If you decline a vaccine, you may be required to wear a mask while in patient care areas of the VA.
  2. **Verification of all prior education and training:** Ensures interns have the appropriate qualifications and credentials as required by the admission criteria of the training program in which they are enrolled.
- Fingerprinting at a VA medical center.
- Completion of a VA pre-employment physical at a VA medical center approximately 30 days prior to employment/start date.

#### **VACATION AND MEDICAL LEAVE:**

Per the U.S. Office of Personnel Management (OPM) regulations, interns accumulate 4 hours of vacation/annual leave and 4 hours of sick leave each pay period, for a total 13 days of vacation/annual leave and 13 days of sick leave over the course the internship year. They also receive up to 5 days of paid administrative leave for select professional activities (e.g., VA fellowship interviews, dissertation defense) and 11 paid federal holidays. Interns are provided with a secure office space, access to clinical/exam rooms for patient care, access to computers, direct telephone and videoconferencing equipment, online library, and psychological testing supplies for their use during internship.

#### **TELEWORK AND TELESUPERVISION:**

The Rocky Mountain VAMC Psychology internship program abides by the APA Commission on Accreditation (CoA) Standards related to telesupervision. During the COVID-19 pandemic, maximum telesupervision requirements were relaxed to allow for additional telesupervision opportunities. On 5/26/2023, the APA CoA published revised standards for public notice and comment that proposed permanently removing the timeline for and maximum amount of telesupervision that interns may receive. While awaiting the APA CoA's final decision on these revised standards, the internship program's current policy is to enable the maximum allowable telesupervision necessary to meet trainee needs and training goals.

The program also allows interns up to 2 full days of remote telework per week beginning after successful completion of their first rotation block. Approval for telework is contingent upon

appropriate fit for rotation setting, support from rotation supervisors and acceptable performance in core competency areas.

#### **ADMINISTRATIVE POLICIES AND PROCEDURES:**

The program collects no personal information from website visitors. Demographic information is collected from current interns and sent in a de-identified aggregate to the American Psychological Association as part of required annual accreditation reports.

#### **COVID-19 PRECAUTIONS AND PROCEDURES:**

VA ECHCS offers COVID-19 testing for employees, including interns, that may have been exposed to the virus while working or develop COVID-19 symptoms. The VA Eastern Colorado Health Care System continues to monitor COVID-19 and may enact changes in policy and procedures for staff in response to incidence levels in the community.

#### **TRAINING OPPORTUNITIES:**

##### **Rotation Selection**

Prior to the start of the training year, each intern meets individually with the Training Director to discuss preliminary training goals and develop training plan requests. Interns are provided with written information regarding available rotations, such as the setting, interdisciplinary team structure, training experiences, as well as specific requirements and competency goals. The Training Director and intern also discuss the intern's professional goals, prior exposure to various mental health settings and any identified areas for growth within the APA competency domains. In this discussion, the Training Director may offer suggestions of specific rotations that the intern might consider for meeting training goals and expanding their skill sets. In developing their rotation requests, interns are encouraged to identify rotations that provide experiences with new client populations, clinical settings (outpatient, inpatient, residential settings), treatment modalities (group, individual) and professional roles (psychotherapy, assessment, consultation, research). Except in select circumstances (i.e., MIRECC), interns are encouraged to request rotations and training experiences, rather than to work with specific faculty.

After each intern has organized their requested training plans, the plans are presented to the internship Training Committee for review. The committee reviews the requested rotations to ensure that gaps in training are adequately addressed while also supporting the intern's training priorities to the largest extent possible. If necessary, the training committee proposes adjustments to the requested plans and allows each intern time to review and provide comments on these changes before training plans are finalized by the committee. Over the course of the year, interns may request changes to their training plans to support shifts in career goals or other professional needs.

## **Internship Didactics, Seminars and Other Training Experiences**

Interns are provided a variety of seminars to promote a broad base of clinical knowledge. These seminars take place Monday mornings of each week and are provided by a range of psychology faculty from across the hospital.

### *Behavioral Health Seminar (1 hour/week, 3 weeks/month, 12 months):*

This seminar intends to provide a solid grounding in health psychology, with respect to theoretical topics such as disability and coping, grief and bereavement, and sexuality & disability; and illnesses and injuries such as brain injury, dementia, amputation, chronic pain, multiple sclerosis, and spinal cord injury. Scholarly review of literature is an important component of this seminar.

### *Mental Health Seminar (1 hour/week, 3 weeks/month, 12 months):*

This seminar covers topics in a variety of clinical areas, including treatment considerations pertaining to clinical syndromes such as PTSD, personality disorders, depression, anxiety, and serious mental illness; broad-spectrum issues in clinical intervention such as counter-transference and psychopharmacology; and models/methods of psychotherapy including crisis intervention, family therapy, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, trauma-focused therapies (i.e., Prolonged Exposure and Cognitive Processing Therapy) and evidence-based treatment in general.

### *Professional Issues Seminar (1 hour/month, 9 months):*

This seminar addresses ethical and practical issues related to professional practice in psychology. Guest speakers and psychology staff members provide didactic instruction in professional development topics such as professional self-care, navigating professional conflicts, preparing for fellowship applications, interviewing skills, and negotiating job offers.

### *Supervision Seminar (1 hour/month, 6 months):*

The supervision seminar is designed to help orient interns more fully to the issues they will face as a clinical supervisor and provide interns with references, resources, discussion, and experiential exercises that will help support this aspect of their professional development. Interns role-play real or fictionalized cases in a group setting, taking turns engaging as the supervisor and supervisee. This enables interns to gain some experience in providing supervision to peers and engaging in a consultation process. The seminar is facilitated by a staff member who provides feedback on the supervision process and offers supplemental education about the provision of supervision. The seminar is not meant to serve as replacement for a graduate course in clinical supervision, but rather is meant to provide interns with opportunities to have a contemplative process about making the transition from supervisee to supervisor.

### *Assessment Seminar (1 hour/week, 2 weeks/month):*

Interns will attend assessment seminars that cover a broad array of topics related to assessment. Topics may include foundational aspects of assessment, the assessment of various types of disorder disorders, domain-specific assessment approaches, and specific assessment instruments.

### *Identity & Systems Consultation series (ISC)*

The Identity & Systems Consultation series (ISC) is a component of the multicultural competence training provided over the course of the internship year. The ISC uses dyadic consultation and group discussion to help interns explore their own stimulus value in a professional setting and to understand how such dynamics manifest across (and interact with) the clinical relationships, teams, and systems within which you work. It focuses more on process than content, emphasizes critical thinking and open exploration of clinical and professional issues, and relies on intern engagement and investment in the process. The ISC's goal is to support intern development of self-reflective practice as a sustainable, ongoing professional skill, consideration of systemic and cultural influences on clinical and administrative work, and the intern's ability to serve as a consultant and advocate in current and future professional settings.

### *Diversity Mentorship Program*

The Diversity Mentorship Program is an optional professional development experience that pairs interested interns with psychologists with shared identities who have volunteered to serve as mentors. Interns who wish to participate share with the mentorship program coordinators the identity characteristic(s) that they are seeking in a mentor. The program coordinators make efforts to find a suitable mentorship match among VA psychologists, or, in some cases, among other disciplines or psychologists outside of VAECHCS. After the matchmaking process is complete, the intern and the faculty member are free to determine the frequency, format, focus, and duration of their relationship. The mentorship program aims to provide a supportive, non-evaluative forum for interns to discuss topics including but not limited to identity, intersectionality, cultural self-reflection, professional development, experiences of microaggressions, discrimination, or marginalization, and the intersection of the professional and the personal. All interns, including those who do not endorse marginalized identities, are welcome to participate. The training program does not solicit evaluative feedback regarding trainees from Diversity Mentors.

### *Racial Caucuses*

The term Racial Caucus refers to a process in which people of the same racial group meet on a regular basis to discuss dynamics of institutional racism, oppression, and privilege. The rationale behind this structure is based on the belief that people of different racial backgrounds may have different work to do in the shared pursuit of justice and equity. Numerous psychology training sites in the greater Denver area (Denver Health, Aurora Mental Health, Children's Hospital Colorado, CSUHN, CU-Boulder, CU SOM, Jefferson Center, UCCS, and others) jointly participate in an intern racial caucus series comprised of six 90-minute caucuses throughout the training year, and the internship training program is proud to offer this unique professional development opportunity to interns. While participation in the racial caucuses is considered a standard component of our training program, interns with concerns about participating or who wish to



request a change to this component of their internship training plan should feel free speak with the Training Director.

*Tiered-Supervision (Variable):*

The internship program allows trainees to participate in tiered supervision training model (sometimes known as “umbrella supervision”) wherein during a major or minor rotation interns receive secondary supervision from a more senior psychology trainee and a licensed supervising psychologist. The length and number of cases will vary based on rotation and the training goals of each trainee in the dyad. Such tiered supervision arrangements as always overseen by a licensed psychologist and supplement, rather than replace, core APA supervision requirements. In addition to expanding access to training in key evidence-based interventions, advantages of the tiered supervision model include the ability of interns to receive mentorship from other learners who are currently at the next stage of professional development.

*Optional Seminars:*

Interns may attend various elective seminars, Mental Health Service Grand Rounds, Child Psychiatry Rounds, Psychiatry Chief's Rounds, and other conferences, as their schedules permit. Some of these seminars are held nearby at the University of Colorado Health Sciences Center.

**Clinical Rotation Descriptions**

Each supervisor establishes the expectations and requirements appropriate to that rotation’s setting. Interns are encouraged to discuss questions about these criteria with the supervisor early in the rotation and as needed throughout the training year. The following descriptions are subject to change based on staff availability, program changes and adaptations due to hospital policies (including in response to COVID-19).

**ROTATION: Chronic Pain and Wellness Center (CPWC)**

SUPERVISOR(S): Kalon Eways, PhD (she/her/hers; Primary Supervisor)

Emily Schroeder, PsyD (she/her/hers; Secondary Supervisor)

AVAILABILITY: Minor Rotation

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: Yes

**DESCRIPTION:**

As part of an interdisciplinary treatment team, interns will develop competencies in assessment and conceptualization of pain syndromes in the context of co-occurring medical and mental health conditions, and behavioral treatment. Clinical activities include dual intakes with medical providers, individual pain psychology intakes, and the provision of individual and group therapy utilizing cognitive behavioral therapy and/or mindfulness-/acceptance-based therapies for chronic pain management. Interns will coordinate with other interdisciplinary CPWC team members and VA clinics (e.g., Primary Care, Substance Use Disorder clinic) to optimize treatment outcomes for the veterans they serve. Pending their availability, it is also recommended they attend our weekly

interdisciplinary CPWC case conference and team meeting (Thursdays at 12:30-2:30pm). Our CPWC team aims to prioritize diversity, equity, and inclusion (DEI) issues by tailoring treatment to veteran's unique identity variables (e.g., incorporating family support, offering group treatment for veterans who identify as female). We also frequently discuss DEI issues during our interdisciplinary team meetings to optimize patient care and improve access for historically marginalized groups, such as veterans of color, rural veterans, and those who identify as female.

**ROTATION: General Mental Health Clinic**

SUPERVISOR(S): Adrienne Franks, PsyD

Alexandra Chadderdon, PsyD

Dianne McReynolds, PsyD

AVAILABILITY: Major or Minor\*

MEETS ASSESSMENT REQ: Yes (if completing assessment expectations below)

TELEWORK POSSIBLE: Yes

**DESCRIPTION:**

The overall goal of the outpatient Mental Health Clinic (MHC) rotation is to provide interns the experience of delivering direct clinical care to veterans with a variety of mental health concerns, including mood disorders, schizophrenia and other psychotic disorders, personality disorders, adjustment reactions, and PTSD. The clinical rotation in the Mental Health Clinic provides the opportunity to work as part of an interdisciplinary treatment team offering consultation, assessment, and psychotherapy in both individual and group formats. Interns will gain experience integrating evidence-based techniques into clinical practice and experience utilizing specific treatment protocols (e.g., Cognitive Behavioral Therapy for Depression, Cognitive Processing Therapy, Prolonged Exposure, among others).

\*Interns who complete MHC as a major rotation have the option of focusing exclusively on either psychotherapy or assessment or having a combined psychotherapy-assessment focus. Interns who complete MHC as a minor rotation must select either a psychotherapy or assessment focus.

*Rotation Expectations:*

*Psychotherapy:*

- Facilitate and co-facilitate 1-2 groups per week (e.g., DBT, CBT for Depression, among others), some ability to select groups based on training interests and/or needs (3-4 hrs/wk).
- Attend weekly supervision meetings with psychotherapy supervisors (2 hrs/wk).

*Assessment:*

- Complete at least 3 comprehensive integrative assessments (i.e., self-report measures, personality assessment, cognitive assessment, semi-structured interview) over the course of the rotation and provide feedback to patients and treatment team.
- Average 12 hours of assessment related activity per week (including supervision and/or didactic instruction).

*Interprofessional Practice:*

- Participate in 1-2 interdisciplinary team meetings on a weekly basis.
- Maintain appropriate clinical documentation (e.g., Intake, Treatment Plan, Progress Notes, Evaluation Reports, etc.).

**ROTATION: Geropsychology Rotations (GeriPACT, Dementia Care, HPBC, GRECC)**

SUPERVISOR(S): Kristy Shoji, PhD, ABPP (she/her/hers)

Joleen Sussman, PhD, ABPP (she/her/hers)

Katherine Johanson, PhD (she/her/hers)

AVAILABILITY: Major or Minor (See below for details)

MEETS ASSESSMENT REQ: Yes (Dementia Care, GeriPact)

TELEWORK POSSIBLE: No

DESCRIPTION:

The information below relates to both the Geropsychology track intern as well as interns from other tracks who wish to complete geropsychology-focused rotations. Please note that there are four geropsychology-focused rotation options described below, which include GeriPACT, the Dementia Care Team, Home Based Primary Care and GRECC research (minor only).

*Geropsychology Track*

Geriatric Research Education and Clinical Centers (GRECC) internship rotation is offered to the selected GRECC geropsychology intern. The GRECC intern will participate in the Geriatric rotations (described below) for two of the three major rotations. The intern will be part of a larger group of interdisciplinary GRECC interns and fellows for regular didactics and other meetings.

The Geropsychology track is designed to be consistent with the Pikes Peak Model for Training in Professional Geropsychology and American Psychological Association's Guidelines for Psychological Practice with Older Adults. A major focus of the training will be gaining knowledge of normal aging, health complexities during the aging process, cultural considerations related to assessment and treatment of older adults and functional impairment due to neurocognitive disorders (NCD). Further, training will be focused on learning skills to deliver feedback and education to Veterans, Veterans' caregivers and to provide consultation/education to staff.

Through interdisciplinary collaboration, the intern will deliver a wide array of services to older adults and their caregivers including assessment, consultation, and psychotherapy.

The following three rotations focus on geropsychology. The GRECC intern will complete two major geropsychology rotations throughout the training year. Other interns are welcome to join as a major or minor rotation as available.

1) *The Geriatric Primary Care Clinic (GeriPACT):*

The Geriatric Primary Care Clinic (GeriPACT) is an interdisciplinary team of social work, pharmacy, medicine, nursing, audiology, and psychology who provide primary care services to older adults with complex medical problems. The intern will be available for consultation and warm hand offs during clinic hours. The intern will have opportunities to conduct joint sessions with other disciplines to provide patient centered care. Primary clinics are Tuesday, Thursday, and Friday afternoons. Intern must be present for pre-clinic huddles at 12:30-1:00 on Tuesdays and available for warm hand-offs from 1:00-4:00pm on the day(s) they are in clinic.

2) *Dementia Care Team:*

The Dementia Care Team is an interdisciplinary team of social work, psychology, and pharmacy. Interns on this rotation conduct biopsychosocial and neuropsychological assessments to identify, clarify and manage symptoms of Major Neurocognitive Disorders (Dementia) and Mild Neurocognitive Disorders (Mild Cognitive Impairment). Interns also provide caregiver coaching and education through individual and virtual group sessions. The Dementia Care Team serve as care consultants across ECHCS and there may be opportunities to be involved with consultation and interdisciplinary education.

3) *Home Based Primary Care:*

HBPC is an interdisciplinary primary care team that serves medically complex Veterans and their care partners in their homes. Psychology intern duties include assessment of Veterans' cognition, assessment of decision-making capacity, improving health behaviors, improving coping with illness, care partner education/support, and brief psychotherapy as indicated. Psychology is an integral part of the team and is looked to for consultation by other team members as well. Psychology attends weekly IDT care planning meetings on Tuesdays from 9AM – NOON.

4) *GRECC Research (Minor rotation only):*

For the second and third rotation blocks interns can choose a GRECC research minor. The intern will pair with a GRECC researcher with available project opportunities and either Dr. Shoji or Dr. Sussman as the supervising psychologist.

As part of the above teams, interns will receive training in completing functional biopsychosocial assessments, medical decision-making capacity assessments, NCD-related neuropsychological assessments, caregiver support, evidenced-based individual psychotherapy with older adults and

group psychotherapy with older adults. Interns will gain skill in providing difficult feedback to Veterans and their families (e.g., you are not safe to drive) as well as being part of family meetings with other disciplines.

Assessment opportunities include:

- Dementia Related Neuropsychological and Cognitive Exams
- Self-report mood measures + cognitive screening + functional assessment of daily living
- Medical Decision-Making Capacity Exams

*Rotation Expectations:*

- Carry a psychotherapy caseload of older adults and caregivers.
- Complete neurocognitive disorder-related neuropsychological evaluations; provide feedback to Veteran and family.
- Complete medical decision-making capacity evaluations; provide feedback to Veteran and staff referral source.
- Participate in interdisciplinary family planning and education meetings.
- Gather collateral information from outside sources as needed.
- Provide psychological consultation and education to interdisciplinary team members and hospital staff.
- Participate in one hour of weekly supervision, further supervision available as needed/requested.
- Complete relevant geriatric reading assignments provided by supervisor.
- Sit in on other disciplines (social work, medicine, psychiatry) sessions with Veterans as a learning experience.
- Attend and present at relevant geriatric journal club meetings and GRECC trainee didactics (GRECC intern).

### **ROTATION: Inpatient Mental Health**

SUPERVISOR(S): Geoff Smith, PsyD (Primary)

AVAILABILITY: Minor Rotation

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: No

DESCRIPTION:

This rotation is designed to offer training in conceptualization and treatment of veterans in acute psychiatric crisis. Conceptual elements include 1) Developing knowledge of this population and related systems of support (e.g., conceptualization of acute care needs and severe/remitting forms of mental illness, the roles of the various providers on the interdisciplinary team, community resources for residential placement, and VA Mental Health resources in the outpatient system of care for focused discharge planning); and 2) Program development (e.g., the recovery model focused on prizing the voice of the veteran, informed consent, and highlighting strengths;

program structure; philosophy of care and staff expectations of patients; and balancing patient safety and program flexibility such as legal status, certification process).

*Rotation Elements:*

- Group psychotherapy programming (student will practice process orientation versus psycho-education and be able to progress toward taking on choosing content and group facilitation with decreasing supervisor support over time; and exposure to evidence based practices including Illness Management and Recovery (IMR), Social Skills Training (SST), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Skills Training in Affect and Interpersonal Regulation (STAIR); and Motivational Interviewing (MI);
- Individual psychotherapy (referral questions may include focused skill-building, facilitating engagement to aftercare, or safety planning and suicide prevention).
- Psychological assessment (fast- paced and includes structured diagnostic interview, review of records, and consultation with treatment team as well as administration of formal measures; student provides informal testing feedback to treatment team on the day following collection of raw data when possible).
- Consultative collaboration with the interdisciplinary team (this includes Psychiatry, Nursing, Social Work, Occupation Therapy, Peer Specialists, and Volunteers informally and in the context of team meetings and Recovery Workgroup).

*Rotation Requirements:*

Precise weekly rotation schedule to be determined at the beginning of training (all aspects should comprise 12 hours per week). Testing and psychotherapy referrals should be actively sought with the assistance of the supervisor, and students should expect that a regular week would include at least two of the following direct patient services: individual psychotherapy, group facilitation, and/or psychological testing. Items with asterisks (\*) are mandatory each week.

- 1) Weekly group co-facilitation \*
- 2) Individual psychotherapy \*
- 3) Psychological testing
- 4) 2-3 inpatient staff meetings each week \* (8-8:30am weekdays)
- 5) Individual clinical supervision \*
- 6) Recovery Program Development Workgroup (11am-12pm Fridays)

*Additional Information About Assessment on the Inpatient Rotation:*

Given the nature of the setting, assessment on H2 is often fast paced. Throughout the assessment process, students are expected to collaborate/consult closely with the veteran's treatment team

### *Measures and Interpretation:*

- The specific measures selected will differ based on the referral question, but in addition to a chart review and clinical interview, assessments on IPU often consist of an objective measure and a projective. Commonly used measures include the PCL-5, BDI, Clinician Administered PTSD Scale and AAS
- During interpretation, students are asked to look for common findings/themes across tests, clinical observations, information from the team, etc.

### *Assessment Feedback:*

- Given the fast-paced nature of the unit, interns are encouraged to provide verbal feedback to the team and the veteran within a few days of the testing (sometimes as soon as the next day). It is important that the veteran and treatment team receive this feedback in a timely manner, so as not to delay medication changes, disposition planning, discharge, etc. After verbal feedback is given, the formal report can be written and finalized.

### *Overarching Themes Guiding Report Writing:*

- Describe the person, not the test
- Reports should be brief and targeted
- If someone were to read the report backwards (starting with the recommendations and summary), would it be clear that the conclusions/recommendations are supported by the data and that the referral question was answered?
- Recommendations should be detailed and individualized, and should speak to recovery, evidence-based treatments, VA and community resources, and the veteran's strengths

### *Assessment supervision:*

- We typically build on/emphasize a student's existing knowledge of assessment measures, rather than teaching new measures

## **ROTATION: Inpatient Rehabilitation Medicine**

SUPERVISOR(S): Laura Leach, PhD

AVAILABILITY: Minor Rotation

MEETS ASSESSMENT REQ: Yes

TELEWORK POSSIBLE: No

DESCRIPTION:

Interns selecting this rotation will have the opportunity to work with veterans who are coping with a wide range of medical problems including stroke, traumatic brain injury, amputation, spinal cord injury and multiple sclerosis. The inpatient multidisciplinary team includes psychiatrists, social workers, speech therapists, psychologists, dieticians, nurses, and occupational, recreational, and physical therapists. Interns assess veterans' adjustment to their illness/injury, coping style and its effectiveness, and the contribution of their medical condition to current

emotional functioning and vice versa. Interns provide recommendations to physicians, physical and occupational therapists, and nursing staff about effective methods of communicating with, obtaining optimum cooperation from, and responding to veterans. They assist medical staff in differential diagnosis between emotional and organic factors in veterans' behavior, and in developing treatment plans and recommendations for disposition. Interns conduct assessment of cognitive functioning using neuropsychological measures, with an emphasis on the implications of test results for a veteran's every day, real-world function. Assessment results also play a role in determining a patient's decisional capacity. Finally, interns provide brief, structured psychotherapy to veterans and family members and communicate with family members regarding their and the veterans' adaptation to the illness.

#### *Rotation Expectations:*

##### *Timeliness/Workload Criteria*

- Prompt (in most cases within one day of receiving case assignment) scheduling of appointments with patients, phone calls/visits with relevant family members. Accurately check out and schedule appointments in VISTA computer system.
- Patient notes written within one day of patient contact initially, and same day in most cases.
- Regular (at least once weekly) contact with rehab team members, especially nursing, OT and PT re: patient.
- Follow two-three patients, simultaneously.

##### *Clinical Skill Improvement Criteria*

- Show increased autonomy in the selection of assessment measures based on referral question.
- Accurately administer and score assessment measures.
- Incorporate feedback about test interpretation and report-writing, resulting in increased sophistication of conceptualization and written reports.
- Write patient notes with increased clarity and comprehensiveness.
- Demonstrate comfort/clarity in presentation of patients at team rounds.
- Identify "red flag" issues for patients (e.g., reports by staff that patient is not motivated, history of alcoholism) and to follow up on these.
- Develop effective working relationships with transdisciplinary team members, including ability to assist in treatment planning and provide co-treatment with other disciplines

The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing but will be offered at a minimum at the supervision following the second Monday of each month.



**ROTATION: Mental Illness, Research, Education and Clinical Center (MIRECC)**

SUPERVISOR(S): Bridget Matarazzo, PsyD, Suzanne McGarity, PhD\*

AVAILABILITY: Major Rotation

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: Yes

**DESCRIPTION:**

The clinical and research mission of the Rocky Mountain MIRECC is to study suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population. Towards this end, the work of the Rocky Mountain MIRECC is focused on promising clinical interventions, as well as the cognitive, behavioral, and neurobiological underpinnings of suicidal thoughts and behaviors that may lead to innovative prevention strategies. Specific populations of interest include Veterans with a history of traumatic brain injury, those who have experienced trauma (e.g., combat; military sexual trauma) and morally injurious events, and those experiencing impactful social determinants of health (e.g., homelessness, criminal justice involvement).

Interns rotating with the MIRECC will have the opportunity to engage in both clinical and research activities. Specifically, as part of the MIRECC Suicide Prevention Consultation Service, interns will have the opportunity to provide consultation to clinicians who are working with patients at elevated risk for suicide. This process varies from client to client; however, assessments typically include suicide-specific measures and may also include formal psychodiagnostic/personality/neuropsychological assessment. Interns are also provided with the opportunity to observe consultation calls provided by the national VA Suicide Risk Management Consultation Program. As part of the rotation, interns typically also co-facilitate the Crisis Survival Group, which focuses on safety planning on the H2-Inpatient Psychiatric Unit.

With respect to research, interns will be expected to participate in ongoing research projects or may have the opportunity to initiate a research focused activity. All interns will work closely with the MIRECC psychology research team which consists of supervising psychologists, graduate psychologists, and post-doctoral fellows, as well as faculty from various disciplines (e.g., neuropsychiatry, psychiatry, social work, emergency medicine, neuroscience). Several ongoing research projects are currently occurring at the MIRECC including those focused on understanding drivers of suicide, interventional trials, and implementation science.

\*Interns who select the MIRECC rotation will work with two supervisors over the course of the rotation: one for clinical services, one for research. Supervisors will be determined per rotation based on availability and current/selected research projects. Tiered supervision may also be provided in collaboration with MIRECC Advanced Psychology Fellows in Mental Illness, Treatment, and Research (MIRT).

Rotation Expectations:

- The intern will engage in the learning activities necessary to gain a basic understanding regarding the current state of Suicidology. This may include reading, attending lectures, or watching videos.
- The intern will complete at least 2 MIRECC Suicide Prevention Consults.
- The intern will complete a research related product (e.g., protocol submission, presentation abstract submission).
- The intern will co-facilitate the Crisis Survival Group which occurs every Thursday on the H2-Inpatient Psychiatric Unit. Interns are expected to be onsite Thursdays to support this training experience.
- Interns will attend lab (Tuesdays 1:00–2:00) and clinical consultation (Thursdays at 10:00-11:00) meetings and will participate in both individual and group supervision (at least one hour per week/per supervisor and research mentor).

**ROTATION: Neuropsychology**

SUPERVISOR(S): Stacy Belkonen, PhD, ABPP; Jason A. Kacmarski, PhD

AVAILABILITY: Major or Minor Rotation

MEETS ASSESSMENT REQ: Yes

TELEWORK POSSIBLE: Yes (for report writing only)

DESCRIPTION:

The Neuropsychology rotation provides interns with developmentally appropriate exposure to the sub-specialty of neuropsychology. Interns will have the opportunity to learn the basics of human neuropsychology and neuropsychological assessment from a practical clinical perspective with an emphasis on a fixed-flexible battery approach to assessment. This will typically include instruction on how to select, administer, score, and interpret a variety of neuropsychological instruments, as well as how to effectively convey neuropsychological assessment results in written reports. Interns will be taught the relationship between test performances and neuroanatomy and brain functions. Interns will be exposed to the nuances of responding to consults from hospital-wide providers, including neurology, mental health, primary care, and inpatient medical wards, including potential modifications of test batteries and report styles depending on the referral question. Additionally, interns will become proficient in medical chart reviews, including discernment of what information is critical for the neuropsychologist in their work with patients and other medical providers. Interns are also involved with providing verbal and written feedback regarding cognitive and psychological test results to patients, families, and others. There is a strong focus on the impact neuropsychological assessment (and the quality or style of feedback) can have on the individuals and the families with whom we work. Therefore, although competence in assessment techniques, scoring, and report writing are core goal of this rotation, effective, thoughtful, and constructive feedback is also emphasized. In addition to clinical work, interns are expected to attend a weekly didactic/case conference provided by site supervisors. There is also the option to attend a weekly V-Tel multi-site didactic with other VA medical centers.

*Rotation Expectations:*

- **Major** rotations will complete a minimum of 6 full neuropsychological evaluations, including report and feedback sessions. **Minor** rotations will complete a minimum of 3 full neuropsychological evaluations, including report and feedback sessions.
- Gather information from family members and outside sources with proper release of information.
- Complete thorough medical chart reviews to inform conceptualization and diagnosis of cognitive disorders.
- Complete chart notes in CPRS for each patient contact in a timely manner.
- Review suggested readings and other information, as appropriate.
- Attend supervision (at least 1 hour/week) with data scored (as much as possible) and questions prepared.
- The primary supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing.

**ROTATION: Palliative Care**

SUPERVISOR(S): Elizabeth Holman, PsyD

AVAILABILITY: Minor Rotation

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: No

DESCRIPTION:

The palliative care intern works closely with the interdisciplinary palliative care team, composed of physicians, a nurse practitioner, social workers, and chaplains as well as psychologist. The intern receives supervised experience through inpatient consultations throughout the medical center and outpatient therapy clients. Training objectives include development of skills in psychological evaluation and intervention with people who have life-limiting illness or are at end of life, as well as with their families and support systems. There is also a focus on working with medical and surgical teams as referral sources and collaborators. The intern will receive training in palliative care assessment and psychological treatment. The primary goal of the rotation is to provide the intern with an understanding of the varied diagnostic picture and psychosocial needs of the palliative care patient, and the varied roles of staff in an interdisciplinary approach to palliative care. As the palliative care psychologist has a facility dog, the rotation also includes experience seeing how animal-assisted therapy is incorporated into the work of psychology. Note that the work of the rotation is almost entirely in person in the medical center, with the exception of individual therapy clients.

Please note that this rotation is only offered in the 2<sup>nd</sup> and 3<sup>rd</sup> blocks of the year.

*Rotation Expectations:*

- Complete notes and reports in a timely fashion.
- Participate in team rounds two mornings per week, 9-12 AM, on a day to be arranged by the intern and supervisor.
- The intern is welcome but not required to participate in palliative care Team Care time on Fridays at 9 AM, a brief time of reflection and processing as a team.
- Learn and administer palliative care psychological screening and capacity assessment measures, interpret results, write up report, and provide feedback to the treatment team and the patient and/or family. Assessments will occur in the hospital.
- Weekly supervision for at least one hour. Come to supervision with tests scored (as much as possible) and questions prepared.
- Read and prepare to discuss assigned readings.

No required meetings for this rotation: Interns will attend team rounds two mornings per week (9-12 a.m.), to be arranged with Dr. Holman.

### **ROTATION: Primary Care – Mental Health Integration**

SUPERVISOR(S): Stephen Bensen, PhD

Seth Wintroub, PhD

Kelly Soberay, PhD

AVAILABILITY: Major rotation (Minor possible on case-by-case basis)

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: Yes

DESCRIPTION:

This rotation provides training in theoretical models of Primary Care – Mental Health Integration (PC-MHI) and the various skill sets required to practice independently in a primary care setting. Additional readings are presented so that interns can familiarize themselves with the broad range of PC-MHI models. In the next phase of training interns develop competency in care management, health psychology interventions, motivational interviewing and short-term Cognitive Behavioral Therapy. There is opportunity for intensive supervision and co-therapy with PC-MHI providers during this phase of training. Interns also hone their consultation skills and learn how to effectively communicate in writing, via telephone and in person with primary care treatment teams and the outpatient Mental Health clinic. The PC-MHI supervisor will negotiate each intern's clinical load based on their experience and training goals. Finally, PC-MHI interns have the opportunity to participate in the National PC-MHI Competency Training conference.

The PC-MHI receives warm hand offs (WHO's) or consults from primary care providers requesting evaluation and treatment for patients with symptoms of depression, PTSD, anxiety, grief and loss, family or relationship issues and substance misuse. The team also helps PCPs address chronic health conditions including diabetes, high blood pressure, obesity, chronic pain and insomnia. The PC-MHI team completes functional assessments for each patient and develops focused, functional treatment goals. The PC-MHI team partners with the primary care providers to treat veterans in the program. The primary care physicians prescribe the medications and the

PC-MHI care managers monitor patient adherence, side effects and treatment efficacy. This requires good communication and advocacy skills to provide the best care for PC-MHI patients. If patients require specialized mental health care, the PC-MHI team will refer patients to the appropriate outpatient MH clinic. Interns will learn the Behavioral Health Lab (BHL) software and use it to complete measurement-based care assessments and track the status of assigned cases. Interns will spend time embedded in primary care clinics and function as a PC-MHI provider. PC-MHI interns will receive training in delivering services in 30-minute appointments and delivering episodes of care in 4-6 session. PC-MHI clinicians schedule 30 sessions and then have 30 unscheduled for warm handoffs and curbside consultations with primary care providers.

PCMHI services are provided in person or via Veteran's Video Connect (VVC). Interns will develop skills to assess and treat veterans in all modalities. Interns also have the opportunity to participate in PC-MHI group clinics (e.g., insomnia clinic, tinnitus management group, ACT for chronic pain, brief CBT for chronic pain, anger management). There will be opportunities to create and participate in clinical services related to specific DEI needs for Veterans (e.g., Pride in All Who Served groups, healthy aging groups) . The PC-MHI team offers training in Cognitive Behavioral Therapy for Insomnia, Problem Solving Therapy, CBT skills for depression, anxiety, and chronic pain, and brief Written Exposure Therapy. The Interns will also develop skills in screenings (e.g., cognitive and ADHD screenings) to inform treatment planning, connection to resources, psychoeducation, and support in developing appropriate treatment goals.

The PC-MHI rotation requires interns to develop competency in suicide risk evaluations. Initially, each intern will observe supervisors while they complete suicide risk evaluations. In the next phase of training the intern will perform suicide risk evaluations under live supervision until they can perform these evaluations independently. The PC-MHI team averages 1-2 suicide risk evaluations per day.

The PC-MHI rotation provides multiple levels of supervision. There is a minimum of one hour of individual supervision each week. Interns have the option of attending a meeting with the PCMHI prescribers to review medication concerns/questions. There are also opportunities for observing sessions and for participating in co-therapy with your supervisor. Finally, urgent supervision for crises is always available. We strongly recommend interns choose PCMHI as a Major Rotation.

#### *Rotation Expectations:*

- Reading: Interns will read the PC-MHI manuals as well as other chapters and articles as assigned.
- Demonstrate competency in using the BHL software to complete MBC assessments and case management tasks.
- Maintain a PC-MHI caseload (number of cases negotiable based on intern's level of training and rotation goals.)
- Demonstrate competency in co-leading at least one of the PC-MHI group clinics.
- Help PC-MHI team complete suicide risk assessments.

- Attend PC-MHI team meeting (1-2 on the 2<sup>nd</sup> and 3<sup>rd</sup> Wednesdays) and optionally attend the psychiatry supervision (11-1200 every Wednesday).
- Demonstrate competency in using the PC-MHI "Toolkit" of health psychology interventions.
- Demonstrate competency in using brief EBP interventions appropriate to the primary care clinic.
- Demonstrate ability to effectively communicate in writing, via telephone and in person as you consult with the staff in the Primary Care, Outpatient Mental Health and PC-MHI clinics.
- Complete chart notes and check out in GUI within 24 hours of patient contact.
- Complete Clinical Reminders as appropriate.
- Come to supervision (minimum of one hour per week) prepared to discuss your cases and questions.

### **ROTATION: Psychology in Serious Illness and Symptom Management**

SUPERVISOR(S): Elissa Kolva PhD

AVAILABILITY: Minor Rotation

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: Yes

DESCRIPTION:

This health psychology rotation focuses on the role of the psychologist in the integrated oncology setting. Psycho-oncology focuses on addressing the psychosocial and psychobiological aspects of living with cancer. This rotation involves training in empirically supported interventions for patients with cancer. The intern may have the opportunity to co-lead support groups, group psychotherapy and workshops. The intern will attend interdisciplinary team meetings and offer consultation to medical providers and conduct co-assessments.

### **ROTATION: PTSD Clinical Team (PCT)**

SUPERVISOR(S): Nathalie Wagner, Psy.D.

Thomas Dodson, Ph.D.

Keighlynn Adlof, Psy.D.

AVAILABILITY: Major Rotation

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: Yes

DESCRIPTION:

The goal of the PCT rotation is to provide Interns the experience of delivering outpatient, evidenced-based treatment to veterans with military-related posttraumatic stress disorder. The clinical rotation in the PCT provides the opportunity to work as part of an interdisciplinary team offering assessment, psychotherapy, and consultation in both individual and group formats. Evidenced-based assessments will include structured clinical interviews, and

administration of the PCL, and either the PTSD Semi-Structured Interview (PSSI-5) or the Clinician Administered PTSD Scale (CAPS) along with other self-report measures. Interns will also receive training in evidence-based psychotherapy treatment options for PTSD, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).

#### *Rotation Expectations*

- Carry a general caseload of 5-8 psychotherapy patients (dependent on type of EBP) throughout the rotation.
- Complete 1-2 PCT Intakes per week with new patients
- Participate in one hour of weekly individual supervision, additional supervision PRN
- Attend weekly PCT Team Meetings (Thursdays from 11-12)
- Attend weekly PCT huddle (Tuesdays 11:30-12:00)
- Provide consultation and interventions with inpatient, residential, and outpatient staff as needed.
- Maintain and complete all appropriate PCT documentation on patients in a timely manner (i.e., Intake, Treatment Plan, Progress Notes, Evaluation Reports).
- Coordinate after-care treatment as needed for veterans who may have additional clinical concerns (i.e., Family Program, SATP)
- Potential opportunity to co-facilitate PTSD Education Group and/or MST-related skills groups

What a typical week may look like on the PCT:

#### *Major Rotation*

1-2 intakes = 2-4 hours

3-4 PE patients = 6-8 hours

3 CPT patients = 3 hours

Team meeting = 2 hours

Group Opportunity = 2 hours (MST, PTSD education)

Individual supervision = 2 hour (minimum)

Total: 20 hours per week

#### **ROTATION: PTSD Residential Rehabilitation Treatment Program (RRTP)**

SUPERVISOR(S): Mandy Rabenhorst, PhD

Steph Kleiner-Morrissey, PsyD

Lia Bishop, PhD

John Glazer, PsyD

AVAILABILITY: Combined Major and Minor Rotation (full-time)

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: Ad hoc (due to COVID-19)

DESCRIPTION:

*\*\*\*NOTE: The ASCEND Rotation's physical location is under construction and scheduled to open in time for the 2024-2025 training year. Further updates on the availability of this rotation will be provided to applicants during interview days\*\*\**

This rotation takes place within the Ascend Program, a recovery-oriented PTSD residential treatment program for Veterans with complex mental health and psychosocial needs. The objective of residential treatment in the PTSD RRTP is to reduce the impact of PTSD symptoms and to improve coping skills among Veterans who have not been able to achieve symptom reduction through traditional outpatient services. The PTSD RRTP supports recovery through:

- Increased understanding of PTSD and other mental health disorders, including depression and substance use disorders,
- Increased hope and motivation,
- Increased capacity for relatedness and reduced social isolation.

*Population:*

The PTSD RRTP is a 20-bed unit. Veterans seeking treatment in this setting have been diagnosed with PTSD related to military service, including combat (historically, about two-thirds of Vets in the program were from OEF/OIF and 5-10% active-duty soldiers), sexual trauma, and other military events. Veterans served in the PTSD RRTP often present with co-morbid conditions, including depression, alcohol/substance abuse, anxiety disorders, and personality disorders. Many are socially isolated. Veterans from a variety of cultural and ethnic backgrounds participate (historically, about half of Vets served in the program identified as Hispanic). Residential care is a “step up” in intensity from specialized outpatient care, for Veterans who benefit from increased structure and support. NOTE: All admissions are currently on hold pending construction of a new PTSD RRTP facility, however, we expect to be available for intern training during the 2023/2024 training year.

*Residential Program Structure:*

Because the PTSD RRTP has been temporarily closed for an extended period, first due to COVID-19 and now pending construction of the new facility, the program is in a transitional phase. The interdisciplinary, recovery-oriented team is growing, and program development is actively underway. When the program reopens (on track for January 2023), there will be 15 beds dedicated to male-identifying Veterans and 5 beds to female-identifying Veterans, with one of the female beds being available as a “flex” bed to serve Vets who do not identify as cisgender. The PTSD RRTP is an intensive treatment environment and Veterans are expected to participate fully in a variety of evidence-based group and individual treatment activities. There is a strong emphasis on group therapy and community integration. Evidence-based and evidence-supported treatments offered within the program are anticipated to include Cognitive Processing Therapy,



Cognitive Behavioral Therapy for Insomnia, Motivational Enhancement Therapy, Dialectic Behavior Therapy skills, Written Exposure Therapy, Acceptance and Commitment Therapy, family education, interpersonal process groups, psychoeducation, skills training, recreational therapy outings, yoga, and peer support. Prior to COVID, program residents were able to come and go freely on weekends (with an approved pass), evenings, and between treatment activities – this will likely be modified to ensure safety amidst the pandemic.

*Location:*

The PTSD RRTP will be located at the far north end of the Rocky Mountain Regional (RMR) VA Medical Center campus (near the staff parking garage). We anticipate that interns will spend Monday in training activities at RMR VAMC and the rest of the week on site in the program. Interns will be able to use “touch and go” cubicle space while on-site at the RRTP and can access a secure locker to store belongings. Interview rooms are available to sign out for private meeting space.

*Anticipated Psychology Intern Activities:*

- Attend morning report Tues – Fri
- Attend weekly staff meeting
- Attend one recovery planning meeting/week, with additional meetings as needed
- Co-facilitate at least one process therapy group/week
- Deliver 4-10 hours/week of EBTs (evidence-based treatments) for PTSD in individual or group format (e.g., CPT, PE, WET), with sessions being provided multiple times/week
- Co-facilitate 1-4 other weekly group treatment activities (depending upon involvement in CPT/Process Group), as selected by the intern. Interns also may have the opportunity to facilitate a group independently as/if appropriate.
- Write PTSD screening evaluations for one resident per week
- Conduct more detailed personality/cognitive evaluations as needed
- Attend patient graduation ceremonies
- Document group and individual interventions within 24 hours of clinical service.
- Provide team consultation, as appropriate, regarding treatment plans, behavioral observations, and team interventions with residents
- Act as care coordinator for 2-3 residents at any given time. In this capacity, conduct psychotherapy, assess residents’ progress in the program, provide brief interventions to set limits, assess functioning, and assess suicidal/homicidal ideation, plan, and intent as appropriate, in consultation with unit supervisor.
- Contact outpatient therapists as appropriate to exchange information about Veterans.
- Attend 1-2 supervision sessions per week
- Complete readings as assigned

- Competencies: By the end of this rotation, the intern will demonstrate competence in the following areas: Interpreting PTSD screening instruments and writing screening evaluations, providing time-limited group and individual psychotherapy to include delivery of EBTs for PTSD in a residential treatment setting, documentation of clinical services, writing treatment summaries with appropriate treatment recommendations, understanding and addressing barriers to recovery, providing strong interdisciplinary team consultation, and assessing safety issues, including suicide and homicide risk assessments.
- Interns may have the opportunity to engage with program evaluation.\*
- The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be continuous, with written evaluations at the midway point and end of the rotation.

*\*Negotiable based on intern's background and training needs*

**ROTATION: Spinal Cord Injury/Disorders (Inpatient)**

SUPERVISOR(S): Darryl Etter, PsyD (he/him)

AVAILABILITY: Major (Minor on case-by-case basis)

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: No

DESCRIPTION:

Interns who choose this rotation will work closely with the inpatient SCI/D team to enhance veteran wellbeing and ability to accomplish medical/rehabilitation goals. This involves both direct patient care as well as interdisciplinary collaboration and consultation. Interns assess veterans' adjustment to their illness/injury, coping style and its effectiveness, and the interaction of their medical condition and psychosocial functioning. They provide psychotherapy services to veterans and veterans' caregivers/family members, ranging from brief to longer-term and varying from supportive and existential to structured and skills based. Interns may also co-lead psychoeducational groups. Interns provide recommendations to the interdisciplinary SCI/D team about strategies for engaging veterans in their treatment, including through co-treats with other disciplines. Interns assess veterans' decisional capacity and provide recommendations about disposition considerations, including discharge setting. Interns may also conduct assessments of cognitive functioning using neuropsychological measures, with an emphasis on the implications of test results for a veteran's every day, real-world function.

Issues engaged with during this rotation often include disability, gender, aging, living with medical conditions, limitations and assumptions of health and social systems, and the existential and identity challenges associated with navigating these issues. Interns are encouraged to engage in

self-reflection around their own experiences and identities, including finding opportunities for humility, with a goal of expanding what populations, settings, and roles interns are prepared for.

SCI/D is recommended as a major rotation but may be available as a minor based on intern training goals.

*Rotation Expectations:*

- All inpatient work is done in-person at RMR. Although days of the week for the rotation are flexible, it is recommended that they be at least somewhat spread out through the week to accommodate the flow of inpatient care.
- Adhering to COVID-19-related precautions, as SCI/D is designated as a higher-risk population (e.g., regular surveillance testing for COVID). Inters rotating with SCI/D
- Complete consults for SCI/D inpatients in a timely manner
- Provide ongoing psychological assessment and therapy to veterans (and family/caregivers, as needed) while they are admitted
- Gather collateral information from family/caregivers and other staff
- Actively collaborate with interdisciplinary team
- Present patient updates, impressions, and recommendations at interdisciplinary rounds, or communicate these to supervisor if unable to attend rounds
- Complete cognitive assessments as needed and write complete reports for these assessments
- Participate in supervision – at least 1 hr/wk, with additional curbside supervision expected. The supervisors are responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above.
- Expected time allocation for major rotation:
  - Supervision: 2 hrs/wk
  - Interdisciplinary meetings: 2-3 hrs/wk
  - Direct patient care: 4-6 hrs/wk
  - Interdisciplinary collaboration/consultation: 1-3 hrs/wk
  - Documentation and chart review: 1-3 hrs/wk
  - SCI/D learning: 2 hrs/wk

**ROTATION: Substance Use Disorders**

SUPERVISOR(S): Gretchen Kelmer, PhD (she/her/hers)

AVAILABILITY: Minor

MEETS ASSESSMENT REQ: No

TELEWORK POSSIBLE: Yes

**DESCRIPTION:**

The Substance Use Disorders (SUD) Clinic is a multi-disciplinary outpatient clinic that offers a 3-week, 27-hour intensive outpatient program (IOP), relapse prevention groups, ACT- and

mindfulness-based recovery groups, as well as individual evidence-based psychotherapy for substance use disorders (SUD.) In addition, the SUD Clinic offers couples therapy for partnerships in which the Veteran partner has an SUD, integrated EBPs for co-occurring PTSD and SUD, and opioid replacement therapy and other medically assisted treatment for SUD. Given the diversity of the Veteran population served in this clinic and the SUD supervisor's commitment to diversity, equity, and inclusion, both the clinical work being supervised and supervision itself are delivered using a culturally responsive approach. Given the SUD Clinic's strong emphasis on interdisciplinary care, interns are provided with the opportunity to serve Veterans in collaboration with clinicians from a wide range of disciplines; our team is comprised of psychologists, board-certified addictions medicine psychiatrists, a clinical pharmacist, social workers, rotating medical and pharmacy residents, and a Veteran peer support specialist.

The cornerstones of the SUD minor rotation are: 1) focused training in Motivational Interviewing (MI,) and 2) leading structured SUD Intensive Outpatient Program (IOP) group interventions, which incorporate elements of CBT, ACT, MI, and Mindfulness-based approaches to SUD treatment. No prior SUD or MI experience are required, and advanced training is available for those with previous experience. Interested interns also have the option to deliver the VA's Motivational Enhancement Therapy (MET) protocol, which utilizes the VA's Assessment and Feedback Tool (AFT) to provide Veterans with individualized feedback regarding their substance use in an MI-consistent manner. MI training in the SUD Clinic involves collaborative review of session audio with close attention to the use of language to evoke and strengthen intrinsic motivation for change. Interns are likely to find that MI skills developed in the SUD Clinic MI rotation are broadly applicable in a wide range of clinical settings and contexts.

In addition to MI training and IOP group facilitation (the two required elements of the SUD rotation), training in empirically supported conjoint SUD treatment for couples (i.e., Behavioral Couples Therapy for SUD; BCT-SUD) is available to interns, as are the opportunities to facilitate or co-facilitate SUD Clinic mindfulness-based recovery groups, shadow SUD Clinic psychiatrists/pharmacists, co-facilitate MI-based groups on the inpatient mental health unit, or gain experience with CBT-SUD. If feasible and consistent with training goals, there is support for interns to be involved in ongoing program development (e.g., creating group content/curriculum/patient materials) or to develop and implement a time-limited group for SUD Clinic Veterans in an area or population of interest and/or expertise of the intern.

*Rotation expectations:*

- Engage in training and practice of Motivational Interviewing, to include readings, review of session audio recordings, role play, and intensive supervision
- Facilitate or co-facilitate at least 2 hours of SUD Clinic Intensive Outpatient Program groups per week
- Attend weekly team meetings with SUD staff, Thursdays 2:00 – 3:00pm and/or attend twice-weekly team huddles Tuesdays and Fridays 8:00-8:15am
- Carry a caseload of approximately 2-3 SUD therapy clients at a time
- Participate and collaborate as a member of interdisciplinary team

## Appendix A: Training Faculty Bio's

### Internship Training Faculty (Mental Health Service)

The following reflects a partial list of RMR VAMC Internship faculty members.

#### **Stacy Belkonen, PhD, ABPP Neuropsychology**

Position: Neuropsychologist  
Year of Hire: 2018  
Degree Program: Fuller Theological Seminary  
Research Interests: Neuropsychological assessment, aging, dementia, traumatic brain injury, cognitive rehabilitation  
Clinical Interests: Teleneuropsychology, dementia, traumatic brain injury  
Email: [Stacy.Belkonen@va.gov](mailto:Stacy.Belkonen@va.gov)

#### **Stephen Bensen, PhD**

Position: Program Manager, Primary Care-Mental Health Integration  
Year of Hire: 2008  
Degree Program: Fuller Theological Seminary  
Research Interests: Behavioral Medicine, Primary Care - Mental Health Integration, Anxiety Disorders  
Clinical Interests: Primary Care - Mental Health Integration, Interactive Voice Response Systems to improve Medical Care, Behavioral Medicine  
Email: [Stephen.Bensen@va.gov](mailto:Stephen.Bensen@va.gov)

#### **Alexandra Chadderdon, PhD**

Position: Staff Psychologist, BHIP 4 Women's Specialty Team  
Year of Hire: 2022  
Degree Program: Adler University  
Research Interests: The use of hypnosis in magnetic resonance imaging  
Clinical Interests: PTSD, post-deployment, pain psychology, clinical assessment  
Email: [Alexandra.chadderdon@va.gov](mailto:Alexandra.chadderdon@va.gov)

#### **Thomas Dodson, PhD**

Position: Staff Psychologist, PTSD Clinical Team  
Year of Hire: 2021  
Degree Program: The University of Memphis  
Research Interests: Post-trauma reactions like feelings of shame or disgust  
Clinical Interests: Training clinicians in EBPs for PTSD (e.g., PE and CPT)  
Email: [thomas.dodson1@va.gov](mailto:thomas.dodson1@va.gov)

#### **Darryl Etter, PsyD**

Position: Staff Psychologist, Spinal Cord Injury Clinic  
Year of Hire: 2015  
Degree Program: PGSP-Stanford PsyD Consortium  
Research Interests: Health Psychology, Integrated Care, Trauma  
Clinical Interests: Health Psychology, Trauma  
Email: [Darryl.Etter@va.gov](mailto:Darryl.Etter@va.gov)

## Appendix A: Training Faculty Bio's

### **Jake Farnsworth, PhD**

Position: Internship & Practicum Psychology Training Director  
Year of Hire: 2015  
Degree Program: University of North Texas  
Research Interests: Theory, assessment and treatment of moral injury; Acceptance and Commitment Therapy for Moral Injury (ACT-MI); the role of values and value conflicts in psychotherapy; neuroethics  
Clinical Interests: Moral injury, PTSD, Co-occurring trauma and substance use disorders  
Email: [Jacob.Farnsworth@va.gov](mailto:Jacob.Farnsworth@va.gov)

### **John Glazer, PsyD**

Position: Staff Psychologist, ASCEND PTSD Residential Rehabilitation Treatment Program  
Year of Hire: 2015  
Degree Program: University of Denver Graduate School of Professional Psychology  
Research Interests: All things PTSD and Moral injury  
Clinical Interests: PTSD, Moral injury, Anxiety disorders  
Email: [John.glazer@va.gov](mailto:John.glazer@va.gov)

### **Elizabeth Holman, PsyD**

Position: Staff Psychologist, Palliative Care  
Year of Hire: 2009  
Degree Program: University of Denver Graduate School of Professional Psychology  
Clinical Interests: Palliative care, oncology, survivorship, aging, animal-assisted therapy  
Research Interests: Animal-assisted therapy  
Email: [Elizabeth.Holman@va.gov](mailto:Elizabeth.Holman@va.gov)

### **Katie Johanson, PhD**

Position: HBPC Psychologist  
Year of Hire: 2022  
Degree Program: University of Colorado Colorado Springs  
Research Interests: Insomnia/diversity in sleep problems  
Clinical Interests: CBT-I/ACT for Insomnia, adapting insomnia treatment to special populations; adjustment/end of life; caregiver issues  
Email: [Katherine.Johanson@va.gov](mailto:Katherine.Johanson@va.gov)

### **Jason Kacmarski, PhD**

Position: Neuropsychologist  
Year of Hire: 2016  
Degree Program: University of Northern Colorado  
Research Interests: Neuropsychology, Polytrauma, Suicidality  
Clinical Interests: Neuropsychological Assessment, Traumatic Brain Injury  
Email: [Jason.Kacmarski@va.gov](mailto:Jason.Kacmarski@va.gov)

## Appendix A: Training Faculty Bio's

### **Gretchen Kelmer, PhD**

Position: Staff Psychologist, Substance Use Disorder Clinic  
Year of Hire: 2015  
Degree Program: University of Denver, Department of Psychology  
Research Interests: relationship development processes, relationship education interventions, social media and relationship development  
Clinical Interests: Motivational Interviewing, Couples Therapy, Cognitive Processing Therapy  
Email: [Gretchen.Kelmer@va.gov](mailto:Gretchen.Kelmer@va.gov)

### **Stephanie Kleiner-Morrissey, PsyD**

Position: Staff Psychologist, ASCEND PTSD Residential Rehabilitation Treatment Program  
Year of Hire: 2000  
Degree Program: California School of Professional Psychology - LA  
Research Interests: PTSD, EMDR  
Clinical Interests: PTSD, Interpersonal Process/Groups  
Email: [Steph.Kleiner-Morrissey@va.gov](mailto:Steph.Kleiner-Morrissey@va.gov)

### **Elissa Kolva, PhD**

Position: Staff Psychologist, Health Psychology Program  
Year of Hire: 2021  
Degree Program: Fordham University  
Research Interests: Psychological distress in cancer, psychotherapy interventions in psycho-oncology, young adult issues in cancer survivorship, decision-making capacity at the end-of-life  
Clinical Interests: Psycho-oncology, living with chronic illness, meaning-centered psychotherapy, capacity assessment  
Email: [Elissa.kolva@va.gov](mailto:Elissa.kolva@va.gov)

### **Laura Leach, PhD**

Position: Staff Psychologist, Inpatient Rehabilitation Psychology  
Year of Hire: 2018  
Degree Program: Alliant International University  
Clinical Interests: Rehabilitation psychology; forensic evaluations  
Email: [Laura.Leach@va.gov](mailto:Laura.Leach@va.gov)

### **Dianne McReynolds, PhD**

Position: Staff Psychologist, Outpatient Mental Health Clinic  
Year of Hire: 2015  
Degree Program: University of Denver  
Clinical Interests: Thought Disordered population; SMI; Ethical Practice  
Email: [Dianne.McReynolds@va.gov](mailto:Dianne.McReynolds@va.gov)

## Appendix A: Training Faculty Bio's

### **Mandy Rabenhorst Bell, PhD**

Position: Program Manager, ASCEND PTSD Residential Rehabilitation Treatment Program  
Year of Hire: 2013  
Degree Program: Northern Illinois University  
Research Interests: PTSD treatment outcomes  
Clinical Interests: PTSD, CPT, moral injury, shame  
Email: [Mandy.Rabenhorst-bell@va.gov](mailto:Mandy.Rabenhorst-bell@va.gov)

### **Eleni Romano, PhD**

Position: Staff Psychologist, Health Behavior Coordinator  
Year of Hire: 2014  
Degree Program: Seattle Pacific University  
Research Interests: Tobacco cessation, psychological evaluations for implantable pain therapies, Whole Health, pain psychology, Motivational Interviewing.  
Clinical Interests: Efficacy and outcomes of novel, chronic pain management.  
Email: [Eleni.Romano2@va.gov](mailto:Eleni.Romano2@va.gov)

### **Kristy Shoji, PhD, APBB Geropsychology**

Position: Geropsychologist  
Year of Hire: 2022  
Degree Program: University of Alabama - Tuscaloosa  
Research Interests: Cognition and aging; healthy aging  
Clinical Interests: Cognitive and capacity evaluations; end-of-life interventions; dementia behavior management  
Email: [Kristy.Shoji@va.gov](mailto:Kristy.Shoji@va.gov)

### **Kelly Soberay, PhD**

Position: Staff Psychologist, Primary Care-Mental Health Integration  
Year of Hire: 2022 (Psychologist); 2010 (MIRECC Project Coordinator)  
Degree Program: University of Colorado Denver  
Research Interests: Military suicide prevention and intervention, dissemination and implementation science, chronic pain community and their partners  
Clinical Interests: Primary care psychology, chronic health conditions, suicide risk assessment and interventions, improving access to affirmative and supportive care to historically marginalized Veterans (e.g., the LGBTQ+ community)  
Email: [Kelly.Soberay@va.gov](mailto:Kelly.Soberay@va.gov)

### **Joleen C. Sussman, PhD, ABPP Geropsychology**

Position: Program Manager, Geropsychology/Neuropsychology Program  
Year of Hire: 2015  
Degree Program: University of Iowa  
Faculty Appointments: Department of Geriatrics, University of Colorado Medical School  
Research Interests: Firearms and Dementia, Audiology and Dementia Diagnosis, Aging



## Appendix A: Training Faculty Bio's

Clinical Interests: Geriatrics, Neurocognitive Disorders, Decision Making Capacity,  
Interdisciplinary Care

Email: [Joleen.Sussman2@va.gov](mailto:Joleen.Sussman2@va.gov)

### **Seth Wintroub, PsyD**

Position: Staff Psychologist, Primary Care-Mental Health Integration

Year of Hire: 2009

Degree Program: Pepperdine University

Clinical Interests: Short-term therapy, depression, solution-focused therapy, panic disorder.

Email: [Seth.Wintroub@va.gov](mailto:Seth.Wintroub@va.gov)

### **Internship Training Faculty (Rocky Mountain MIRECC)**

The Rocky Mountain MIRECC mission is focused on understanding and reducing suicidal ideation and behaviors among Veterans by identifying cognitive, behavioral, and neurobiological underpinnings of self-directed violence. Multiple ongoing federally-funded projects are occurring in the spirit of this mission. These projects include clinical trials, large-scale epidemiologic and survey studies, and dissemination and implementation projects. Interns have the potential opportunity to work collaborative on these projects based on Investigator availability and current status of the project.

#### **Nazanin Bahraini, PhD**

Position: Clinical Research Psychologist  
Year of Hire: 2010  
Degree Program: University of Denver, Counseling Psychology  
Research Interests: PTSD, TBI and suicide prevention  
Clinical Interests: Acceptance and Commitment therapy, suicide prevention and consultation  
Email: [Nazanin.Bahraini@va.gov](mailto:Nazanin.Bahraini@va.gov)

#### **Sean M. Barnes, PhD**

Position: Clinical Research Psychologist  
Year of Hire: 2013  
Degree Program: University of Binghamton  
Research Interests: Suicide prevention, moral injury, depression, Acceptance and Commitment Therapy  
Clinical Interests: Suicide risk, suicide prevention, Acceptance and Commitment Therapy for suicide prevention (ACT for Life) and Moral Injury (ACT-MI), psychological flexibility  
Email: [Sean.Barnes2@va.gov](mailto:Sean.Barnes2@va.gov)

#### **Lisa M. Betthausen, MBA, PhD**

Position: Clinical Research Psychologist  
Year of Hire: 2016  
Degree Program: University of Colorado at Denver, Clinical Health Psychology  
Research Interests: Suicide prevention; complementary integrative health; trauma-informed care; rehabilitation psychology  
Clinical Interests: Upstream suicide risk and prevention in Service members and Veterans using mHealth technology; acceptability and feasibility of complementary integrative health modalities as adjunctive interventions for PTSD and TBI; intersection of rehabilitation psychology and suicide risk.  
Email: [Lisa.Betthausen@va.gov](mailto:Lisa.Betthausen@va.gov)

## Appendix A: Training Faculty Bio's

### **Lauren M. Borges, PhD**

Position: Clinical Research Psychologist  
Year of Hire: 2018  
Degree Program: Western Michigan University  
Research Interests: Moral injury, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, suicide prevention and consultation, personality psychopathology  
Clinical Interests: Acceptance and Commitment Therapy for Moral Injury (ACT-MI), contextual behavioral approaches to measuring responding to guilt and shame, contextual behavioral approaches to assessing and intervening on suicide risk  
Email: [Lauren.Borges2@va.gov](mailto:Lauren.Borges2@va.gov)

### **Bryann DeBeer, PhD**

Position: Clinical Research Psychologist  
Year of Hire: 2020  
Degree Program: University of Maryland, College Park  
Research Interests: Dr. DeBeer's work focuses on understanding risk factors for self-directed violence in Veterans, translating this information into novel interventions, testing these new clinical practices to create an evidence base, and leveraging implementation science to propel innovations into clinical practice. In particular, Dr. DeBeer is interested in understanding factors that are associated with suicide risk in Veterans, particularly in Veterans who experience posttraumatic stress disorder and other mental health disorders.  
Clinical Interests: Dr. DeBeer's clinical interests are focused on the intersection between posttraumatic stress disorder and other complex comorbidities experienced by Veterans, and suicide risk. Dr. DeBeer is also interested in how social support and social interaction improve recovery from mental health disorders, and act as a protective buffer from suicide risk.  
Email: [Bryann.DeBeer@va.gov](mailto:Bryann.DeBeer@va.gov)

### **Ryan Holliday, PhD**

Position: Director of Training  
Year of Hire: 2019  
Degree Program: University of Texas Southwestern Medical Center  
Research Interests: Understanding and conceptualizing psychosocial determinants of health (e.g., homelessness, justice involvement) on Veterans' mental health, role of prior interpersonal trauma on functioning, tailoring evidence-based treatments to these patient populations  
Clinical Interests: Impact of psychosocial stressors and trauma on functioning, evidence-based treatment, military sexual trauma treatment, PTSD  
Email: [Ryan.Holliday@va.gov](mailto:Ryan.Holliday@va.gov)

## Appendix A: Training Faculty Bio's

### **Bridget Matarazzo, PsyD**

Position: Director of Clinical Services  
Year of Hire: 2010  
Degree Program: University of Denver Graduate School of Professional Psychology  
Research Interests: Interventions aimed at engaging high risk Veterans in care;  
Implementation of national suicide prevention programs  
Clinical Interests: Suicide risk assessment and management; PTSD treatment  
Email: [Bridget.Matarazzo@va.gov](mailto:Bridget.Matarazzo@va.gov)

### **Suzanne McGarity, PhD**

Position: Clinical Research Psychologist  
Year of Hire: 2016  
Degree Program: The American University  
Research Interests: Dr. McGarity's research interests center on understanding and enhancing functioning after traumatic brain injury (TBI) in the Veteran population. She is also interested in the role of resiliency in this process and how evidence-based treatments can assist Veterans in developing pro-active coping skills to improve resiliency during transition from military to civilian life and in adapting to lifestyle changes after illness and injury.  
Clinical Interests: Suicide risk assessment and management; Traumatic brain injury  
Email: [Suzanne.Mcgarity@va.gov](mailto:Suzanne.Mcgarity@va.gov)

### **Lindsey Monteith, PhD**

Position: Clinical Research Psychologist  
Year of Hire: 2012  
Degree Program: University of Houston, Clinical Psychology  
Research Interests: Suicide risk and prevention in female Veterans and Veterans who have experienced interpersonal violence (e.g., military sexual trauma); gender differences; interpersonal and institutional risk factors for suicide following trauma; firearm-related suicide prevention efforts; qualitative methods.  
Clinical Interests: Suicide prevention; trauma-informed care; military sexual trauma.  
Email: [Lindsey.Monteith@va.gov](mailto:Lindsey.Monteith@va.gov)

### **Daniel Reis, PhD**

Position: Clinical/Research Psychologist  
Year of Hire: 2022  
Degree Program: University of Kansas  
Research Interests: Circadian rhythms and suicide prevention; sleep and mood disorders  
Clinical Interests: Sleep- and circadian-targeted interventions; suicide prevention and consultation  
Email: [daniel.reis2@va.gov](mailto:daniel.reis2@va.gov)

**INTERNSHIP PROGRAM TABLES**

Date Program Tables are updated: 8/8/2023

**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.

<b>Program Disclosures</b>	-
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
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
<b>Internship Program Admissions</b>	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:	-
<p>The VA Eastern Colorado Health Care System, Rocky Mountain Regional VA Medical Center Psychology Doctoral internship is fully accredited by the Commission on Accreditation. Psychology interns must be enrolled in an APA, CPA, or PCAS accredited clinical, counseling , or combined psychology program. Applicants must also be U.S. Citizens, and male applicants must be registered with Selective Service. As an equal opportunity training program, VA Eastern Colorado Health Care System welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability, or other minority status. We value applicants who have a wide range of backgrounds and experiences.</p> <p>Successful General Track applicants typically have the following:</p> <ol style="list-style-type: none"> <li>1. Direct experience delivering 1 or more manualized evidence-based psychotherapies</li> </ol>	-

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<p>2. Direct clinical experience with multiple, distinct client populations and experiences in multiple clinical settings, some of which may include university counseling centers, community mental health centers, medical centers, primary care or other medical clinics, Veterans Affairs, etc.</p> <p>3. Direct experience administering, scoring, and interpreting common intellectual (e.g., WAIS), personality (e.g., MMPI, PAI) and symptom-level instruments and combining these results into integrated reports</p> <p>4. An authorship role in at least one publication in a peer-reviewed scientific journal</p>	
<p><b>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:</b></p>	-
<p>Total Direct Contact Intervention Hours (General &amp; PCMH)</p>	Yes, Amount = 350
<p>Total Direct Contact Assessment Hours (General &amp; PCMH)</p>	Yes, Amount = 75
<p>Total Direct Contact Intervention Hours (GERO)</p>	Yes, Amount = 250
<p>Total Direct Contact Assessment Hours (GERO)</p>	Yes, Amount = 100
<p><b>Describe any other required minimum criteria used to screen applicants:</b></p>	-
<p><b>Eligibility Requirements</b></p> <ol style="list-style-type: none"> <li>1. <b>Doctoral student in good standing</b> at a graduate program in Clinical, Counseling, or Combined psychology that is <b>fully accredited</b> by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or the Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.</li> <li>2. <b>Approval to Attend Internship by Graduate Program Training Director:</b> Attestation by the graduate program Director of Clinical Training that the student is approved and ready to attend internship; this is required as part of the APPIC application.</li> <li>3. <b>Completion of Comprehensive/Qualifying Exams AND Approval of Dissertation/Doctoral Research Project:</b> Applicants must verify in the APPIC application successful completion of the comprehensive/qualifying exams <b>AND</b> successful approval of their dissertation/doctoral research project by the application deadline.</li> <li>4. <b>Minimum Clinical Hours &amp; Experience:</b> Applicants must have accrued the following minimum numbers of hours and experiences to be eligible for the respective tracks below. Note that these are minimum requirements only. Please see the APPLICATION REQUIREMENTS AND CHECKLIST section of this brochure for further details about general</li> </ol>	

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characteristics of applicants who are a good fit with our internship program.

Total Direct Contact Intervention Hours (General & PCMHI) = 350

Total Direct Contact Assessment Hours (General & PCMHI) = 75

Total Direct Contact Intervention Hours (GERO) = 250

Total Direct Contact Assessment Hours (GERO) = 100

5. **U.S. Citizenship:** All appointees must be a citizen of the United States. The VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
6. **U.S. Social Security Number:** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment and onboarding process at the VA.
7. **Selective Service Registration:** By federal law, male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case-by-case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
8. **Fingerprint Screening and Background Investigation:** All Interns will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
9. **Drug Testing:** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Health Professional Trainees (including psychology interns) are not drug-tested prior to appointment; however, these trainees are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. VA conducts drug screening exams on randomly selected personnel as well as new employees. Drug screening is for substances that are illegal under federal statute, regardless of state law (e.g., cannabis). Please review the VA Drug-Free Workplace Program Guide for Health Professions Trainees for further information ([https://www.va.gov/OAA/onboarding/VHA\\_HPTsDrug-](https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-)

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<p><a href="#">FreeWorkplaceOAA_HRA.pdf</a>)</p> <p>10. Doctoral level psychology interns, as VA Health Professions Trainees (HPTs), are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs 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 HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.</p> <p>The above information and additional details regarding eligibility for VA training are available at:  <a href="#">Resources for Health Professions Trainees Coming to VA   Eligibility and Forms - Office of Academic Affiliations</a></p>	
<p><b>Financial and Other Benefit Support for Upcoming Training Year*</b></p>	<p>-</p>
<p>Annual Stipend/Salary for Full-time Interns</p>	<p>36,897</p>
<p>Annual Stipend/Salary for Half-time Interns</p>	<p>NA</p>
<p>Program provides access to medical insurance for intern?</p>	<p>Yes</p>
<p><b>If access to medical insurance is provided:</b></p>	<p>-</p>
<p>Trainee contribution to cost required?</p>	<p>Yes</p>
<p>Coverage of family member(s) available?</p>	<p>Yes</p>
<p>Coverage of legally married partner available?</p>	<p>Yes</p>
<p>Coverage of domestic partner available?</p>	<p>Yes</p>
<p>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</p>	<p>104 hours</p>
<p>Hours of Annual Paid Sick Leave</p>	<p>104 hours</p>
<p>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?</p>	<p>Yes</p>
<p>Other Benefits (please describe):</p>	<p>Yes</p>
<p>Interns are eligible to enroll in a Federal Employee Health Benefits (FEHB) plan. They receive the same government contribution as full-time permanent employees, including Federal Dental and Vision Program (FEDVIP).</p>	<p>-</p>
<p><b>Initial Post-Internship Positions</b></p>	<p>-</p>
<p>(Provide an Aggregated Tally for the Preceding 3 Cohorts)</p>	<p>-</p>
<p>Total # of interns who were in the 3 cohorts</p>	<p>18</p>
<p>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</p>	<p>0</p>



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Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP =0
University Counseling Center	PD=0, EP =0
Hospital/Medical Center	PD=2, EP =0
Veterans Affairs Health Care System	PD=13, EP =0
Psychiatric facility	PD=0, EP =0
Correctional facility	PD=0, EP =0
Health maintenance organization	PD=0, EP =0
School district/system	PD=0, EP =0
Independent practice setting	PD=3, EP =0
Other	PD=0, EP =0
<p>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.</p>	