

# **Southern Arizona VA Health Care System**

## **Predoctoral Psychology Internship**

### **Internship Program**

Our doctoral Internship is fully APA accredited. Our last site visit occurred in October 2021 and awarded 10 years of accreditation. The Southern Arizona VA Health Care System Predoctoral Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) with information included in the APPIC directory. The Southern Arizona VA Health Care System Internship abides by all APPIC policies as well as matching policies and procedures.

### **Diversity**

The Southern Arizona VA Health Care System is an Equal Opportunity Employer. The Psychology Internship Program places a high value on diversity and cultural competency. We welcome interns from a diverse group of geographic areas, background, and experiences. VA policy ensures all personnel actions are free from discrimination based on race, color, religion, gender, national origin, or disability. This is in compliance with Title VII of the Civil Rights Act of 1964— Section 717 and The Rehabilitation Act of 1973—Section 501.

### **Psychology Internship Training Model and Philosophy**

The internship is committed to the practitioner scholar model of professional psychology. Education involves the accumulation of theoretical, empirical, and experiential knowledge. The clinical psychology internship at SAVAHCS provides a professional setting in which training is pursued primarily within the experiential sphere. This training can be conceptualized as the highest level of the applied aspect of doctoral training. The emphasis of the internship is therefore upon the development of clinical skill through supervised experience in the application of theoretical and empirical knowledge.

Although the experiential component of professional education is emphasized, theoretical and empirical issues are not neglected. Psychology Training Seminars and Mental Health Continuing Education presentations occur approximately weekly throughout the year. Other seminars and symposia occur throughout the year at SAVAHCS, the University of Arizona, and the Arizona Health Sciences Center.

### **Psychology Internship Aims**

The ultimate aim of the internship is to produce clinicians who are prepared to provide independent psychological services, show clear professional identity and behavior, and demonstrate a commitment to the integration of clinical skills with the scientific foundation of applied psychology.

### **Psychology Internship Expected Competencies**

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- Science and practice Integration
- Ethical and legal standards
- Individual and Cultural Diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Intervention
- Assessment
- Supervision
- Consultation and interpersonal/interdisciplinary skills

### **Clinical Rotations (General program)**

The internship is comprised of four quarters. Rotations from the following offerings make up the training. These can be combined in a number of ways in order to meet the intern's training goals.

- **Half-Time, Three-Month:** Chronic Pain, Southwestern Blind Rehabilitation, Community Living Center (Hospice, Long-term care)
- **Half-Time, Six-Month:** Integrated Behavioral Couples Therapy, Home Based Primary Care, Community Living Center (Hospice, Long-term care), Primary Care-MH Integration
- **Full-Time, Six-Month:** Mental Health Clinic, MH RRTP-PTSD, Acute Inpatient Mental Health Clinic, Chronic Pain, Mental Health RRTP-PTSD, Neuropsychology

### **The rotations we are currently offering:**

- Chronic Pain
- Primary Care – Mental Health Integration
- Southwestern Blind Rehabilitation
- Integrated Behavioral Couples Therapy
- Home Based Primary Care
- Acute Inpatient Mental Health
- Mental Health Residential Rehabilitation – PTSD
- Neuropsychology
- Community Living Center (Hospice, Long-term care)
- Mental Health Clinic
- Polytrauma

### **Rotation Descriptions**

The Southern Arizona VA Psychology Internship offers both breadth and depth of clinical experiences. Interns can have input into their training program, with a focus that will augment strengths, explore new

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areas, and prepare for postdoc and career.

Rotations are half-time or full-time, and typically six months in duration. Some rotations are limited in how they are offered. Interns list their preferences, and the training committee works to ensure each intern's training experience is optimized.

### **Chronic Pain Management Clinic**

The psychology section of the Chronic Pain Management Clinic utilizes an integrative approach to interventions. Interns will gain extensive knowledge in the evaluation of chronic pain conditions from a biopsychosocial perspective. They will be intricately involved in group-based interventions, conduct initial evaluations and health assessments for treatment considerations and interventions, and train in pre-surgical evaluations for patients considered for spinal cord stimulators. Additionally, interns will have the opportunity to work with members of other disciplines on the team and within the clinic including anesthesiology, nursing, acupuncture, chiropractic, social workers, physical therapists, physiatrists, pharmacists, and psychiatrists.

### **Requirements of the Rotation**

**Assessment.** Interns will conduct several initial psychological evaluations to assess need for participation in behavioral health intervention options in the clinic. Pain-specific objective assessment instruments are utilized. Additionally, interns have the opportunity to conduct psychological assessments of patients being considered for spinal cord stimulator implants.

### **Psychotherapy**

**Individual.** Individual therapy in the Pain Clinic entails short-term, goal directed interventions using various third-wave therapies (e.g., ACT, CFT, MBCT, Schema therapy) from a humanistic and integrative approach.

**Group.** The Pain Clinic rotation provides a variety of group therapy experiences. These include the Pain Management Psycho-educational class, ACT-Chronic Pain group, and a program consisting of two structured groups per week of various topics (e.g., trauma, sleep, grief/loss) and their relationship to pain.

**Consultation.** Consultation is an integral part of this rotation. As part of a multidisciplinary and interdisciplinary team, the intern will be involved in the interdisciplinary team treatment meetings and will work with other team and hospital providers, including anesthesiology, nursing, acupuncture, chiropractic, social workers, physical therapists, physiatrists, pharmacists, and psychiatrists .

**Supervision.** A minimum of one hour of regularly scheduled individual supervision occurs weekly. In addition, supervision is provided while modeling treatment during group therapy sessions and on an unscheduled basis as needed (e.g., drop-by, phone, e-mail).

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*This is a 3- or 6-month, full- or half-time rotation. This rotation will be available when the pain psychologist position is filled.*

### **Primary Care - Mental Health Integration**

The Primary Care-Mental Health Integration (PCMHI) rotation offers psychology interns an opportunity to provide psychology services to Veterans who are part of the primary care clinics and do not require specialty mental health clinic services (e.g., PTSD, SUDTP, MIHCM). Upon referral from primary care providers and allied PACT members, the PC-MHI psychologist provides brief functional assessments using assigned templates, brief intervention, education and consultative services regarding a wide range of mental health and behavioral medicine concerns. The PCMHI psychologist uses population-based practice management strategies to include conducting brief assessments, based on 30-minute appointments, referring to Mental Health care services as appropriate, and routinely using brief screening tools to track progress and inform care (e.g., PHQ-9, PCL, AUDIT C, etc.). PCMHI psychologists see patients for an average two to three sessions for a broad range of concerns including, but not limited to, mild to moderate depression and anxiety, grief/bereavement, pain, tobacco cessation, alcohol misuse, weight management, coping with chronic illness, stress management, sleep hygiene, relaxation training, and non-adherence to treatment.

### **Requirements of the Rotation**

**Psychotherapy.** Interns conduct empirically supported interventions using population-based practice management strategies including conducting brief assessments, based on 30-minute appointments, referring to Mental Health specialty care services as appropriate, and using brief screening tools to track progress and inform care routinely (e.g., PHQ-9, PCL, AUDIT C, etc.).

**Consultation.** Consultation is an integral part of this rotation. The intern is involved in interdisciplinary team treatment meetings and works alongside other mental health team and primary care medical providers. In collaboration with the supervising psychologist, interns provide consultation regarding behavior management, communication with patients, assessment of mental health disorders, and application of interventions.

**Documentation.** Progress notes are required for patient contacts to include calls that are clinically relevant.

**Supervision.** Interns will have scheduled individual supervision along with unscheduled supervisory contact as needed. In PC-MHI, the intern will be observed conducting select assessments and therapy sessions, which includes the use of videotaped sessions.

*This is a 3-month to 6-month, half-time rotation.*

### **Southwestern Blind Rehabilitation Center (SWBRC)**

This is a half-time, 3-month rotation that takes place at the Southwestern Blind Rehabilitation Center

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(SWBRC), which is a 31-bed inpatient unit. Alternatively, it may be combined with the Home Based Primary Care rotation, for a half-time 6-month rotation. SWBRC offers experience with an interdisciplinary team of rehabilitation specialists (Optometrist & Optometry Residents, Nursing, Social Work, and Instructors) and “Students” with legal blindness or debilitating vision loss. The average age of the Students is 80 years old and the most common diagnosis is age-related macular degeneration. The Psychologist and Psychology Intern provide initial and on-going evaluation of the Students for learning/memory/mood issues. This information is relayed to the Students and Blind Rehab staff, who, in light of this data, develop/implement a training program that focuses on the Student’s identified needs. Psychology also provides short-term adjustment therapy as needed, as well as group therapy focusing on adjustment and relaxation strategies. Psychological assessment includes brief cognitive and mood testing. The intern works closely with the training teams to identify barriers to successful rehabilitation and to recommend strategies to maximize the Student’s experience of success in the program.

### **Requirements of the Rotation**

**Assessment.** Intake assessments are completed on patients who have been admitted to the SWBRC. Interns will conduct two to three weekly intake assessments. This involves gathering relevant background information, conducting a structured interview and administering and scoring standardized cognitive/memory/mood assessments.

**Psychotherapy.** Individual. Interns will follow up on SWBRC Students, as appropriate. Treatment may involve sleep therapy, anger management, CBT/ACT for depression/anxiety, biofeedback and other techniques. Family. Intern will be involved in the Family Training Program with Students for whom he/she has completed an intake. Intern will meet and discuss issues of adjustment and reintegration into the family situation after the Student has successfully completed the Blind Rehab program. Group. Intern will be involved in co-facilitating both the Relaxation Class and the Adjustment Class, as the intern’s schedule allows. These classes meet once per week.

**Consultation.** Consultation is an integral part of this rotation. The intern is involved in interdisciplinary team treatment meetings and will work with other team providers, including social worker, nurses, an optometrist, recreation specialists, and instructors.

**Documentation.** Progress notes are required for each intake and each individual and group therapy contact. The intern shares responsibility for writing group notes with the supervisor.

**Supervision.** A minimum of one hour of regularly scheduled individual supervision occurs weekly. In addition, supervision is provided by the staff psychologist modeling treatment during group therapy sessions and on an unscheduled basis as needed (e.g., drop-by, phone, e-mail).

*This is a 3-6 month, half-time rotation. (It may alternatively be combined with Home Based Primary Care for a 6-month full-time rotation.)*

### **Integrated Behavioral Couple Therapy (IBCT)**

Description. Integrated Behavioral Couple Therapy (IBCT) is a couple’s therapy focusing on increasing emotional closeness, satisfaction, effective communication and improved interactional behavior by increasing acceptance, understanding and empathy between relational partners. There is an emphasis

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on; increasing the understanding of differences, emotional sensitivities and stressors that affect each partner and the relationship. It is an evidenced based model of couple psychotherapy that has been used for 10+ years at the VA. The treatment does not prescribe a fixed number of sessions. Episodes of treatment range from 11 to 26 sessions.

### **Requirements of the Rotation**

**Training.** Trainees will be required to attend a two-day training when offered and read material supplied to them prior to the training. They are encouraged to purchase and read Integrative Behavioral Couple Therapy: A Therapist's Guide to Creating Acceptance and Change, 2<sup>nd</sup> Edition, Christensen, Doss, & Jacobson.

**Psychotherapy Individual.** Trainees will have opportunities to provide assessment and treatment to couples using the IBCT model. Sessions will be recorded and made available for supervision. Supervision for this rotation will be layered in order to meet psychology licensing requirements. The rotation training and supervision will be provided by Ken Dunlap, LCSW with psychologists familiar with the model providing note signatures and additional supervision as needed.

**Documentation.** Trainees will be responsible for documenting the therapy sessions using the IBCT note templates sessions and for sharing responsibility for group notes with group facilitators. Trainees will also be required to complete and update treatment plans for any couples they are seeing.

**Supervision.** This rotation provides weekly group supervision as well as individual supervision as needed.

*This is a 6-month half-time rotation and may not always be offered pending training availability. If this work is of particular interest to an intern, we will accommodate if at all possible.*

### **Home-Based Primary Care**

**Description.** The Home-Based Primary Care rotation offers psychology interns an opportunity to provide psychology services to the most medically complex Veterans. This includes experience with the growing geriatric field of psychology that is in great need of specialization. Professional development occurs as interns learn to navigate the experience of providing therapy in the home, or unconventional environments. Additionally, learning opportunities include working closely with a truly interdisciplinary team, as well as family members and/or care givers. Other possibilities include: telehealth, MI trainings for providers, or capacity screenings.

### **Requirements of the Rotation**

**Assessment.** Interns will conduct cognitive assessments in response to HBPC, patient, or family requests for clarification of a patient's diagnosis and/or prognosis. Assessments will include, but are not limited to, measures such as the Saint Louis University Mental Status Examination (SLUMS) or the Repeatable Battery for the Assessment of Neuropsychological Status (RBANDS). Based on assessment, the intern will make recommendations for treatment and/or management of cognitive impairment. Interns will

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conduct psychosocial assessments as assigned by the supervising psychologist to facilitate treatment planning and/or resolve questions of differential diagnosis and treatment recommendations.

### **Psychotherapy**

**Individual.** Interns will conduct individual therapy with at least four patients and at least one family member, using empirically supported methods and principles adapted to the HBPC population, such as, Motivational Interviewing, CBT, Problem-Solving Therapy, Life Review, and Acceptance and Commitment Therapy.

**Family.** Interns will conduct marital or family therapy and/or psycho-education with at least one patient family in HBPC.

**Consultation.** Consultation is an integral part of this rotation. The intern is involved in interdisciplinary team treatment meetings and will work with other team providers, including social workers, Occupational Therapists, Registered Dietitians, RN Case Managers, Pharmacists, Nurse Practitioners, the Geriatrician/Medical Director and medical residents.

**Documentation.** Progress notes are required for each individual and family therapy contact as well as phone calls that are clinical in nature.

**Supervision.** A minimum of one hour of regularly scheduled individual supervision occurs weekly. Frequent unscheduled supervisory contact occurs as needed. In HBPC, the intern will be observed conducting assessments at least once and therapies on at least three occasions within the first month of the rotation. The intern will go on visits together with the psychologist until both determine that the intern can provide services independently. With patient and family consent home visits can be videotaped and reviewed by the intern and the supervisor.

*This is a 6-month, half-time rotation*

### **Acute Inpatient Mental Health Unit**

**Description.** The Acute Inpatient Mental Health Unit (1 West) is a 31-bed facility that provides brief recovery-oriented care for Veterans experiencing mental health crises (e.g., suicidal ideation and/or recent attempts, homicidal ideation, psychosis, acute withdrawal, etc.). Most Veterans on the unit present with severe co-occurring mental health diagnoses, psychosocial stressors, and medical comorbidities. The primary goals of the unit are to offer Veterans intensive treatment and then connect them with resources that will support their recovery post-discharge.

Training opportunities for interns on the unit include provision of psychotherapy, psychoeducation, assessment, treatment planning, and consultation.

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## **Requirements of the Rotation.**

**Assessment.** Assessments of personality, symptom intensity, and global functioning (e.g., MMPI2-RF, PAI, SSF, etc.) are routinely used to clarify diagnostic impressions and assist with treatment planning. Interns will incorporate these assessments into their interventions as often as clinically indicated.

**Psychotherapy.** Individual and group treatments draw from evidence-based psychotherapies (e.g., Seeking Safety, Collaborative Assessment and Management of Suicidality, Dialectical Behavior Therapy, and Cognitive Behavioral Therapy). Interns will have the opportunity to co-facilitate and independently lead groups of this nature and observe groups run by other disciplines. Group is the primary treatment modality on 1 West; however, individual therapy is also offered to Veterans. The Collaborative Assessment and Management of Suicidality is the primary model for individual treatment. The Suicide Status Form is used in these sessions to guide the exploration and understanding of what drives and maintains the patient's wish to die. Interns will have the opportunity to provide brief individual therapy.

**Consultation.** Consultation with 1 West interdisciplinary treatment team members (i.e., groups that include psychologists, psychiatrists, social workers, recreational therapists, nutritionists, chaplains, and nurses) occurs throughout each day. Interns will have the opportunity to participate in daily interdisciplinary treatment team meetings with staff from psychiatry, nursing, and social work.

**Documentation.** Progress notes are required for ethical documentation of all clinical care.

**Supervision.** A minimum of two hours of scheduled individual supervision occurs weekly. Live supervision will be available during group therapy sessions and unscheduled supervision is available as needed (e.g. drop-in, phone, email).

*This rotation will be available when psychologist position is filled. This is a 6-month, full-time rotation.*

## **Community Living Center**

The Community Living Centers (CLCs; formally known as Nursing Home) are extended care facilities providing medical, nursing, rehabilitation and other supportive services for a limited or longer-term stay. The CLC rotation provides intensive experience for the intern in assessment and treatment of patients who have significant medical illness or trauma requiring long-term rehabilitation. The intern also provides services to individuals who are terminally ill and/or engaged with end-of-life services. Caseload varies depending on census, but averages 3 to 4 patients a week.

## **Requirements of the Rotation**

**Assessment.** The intern will conduct psychological assessments that may involve psychological testing, clinical interview, and/or collateral information as needed.

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Psychotherapy. The intern will provide treatment and clinically supportive services. Services typically involve brief supportive, ACT and CBT depending on the condition and the patient's situation. At times, the intern will provide support to involved family members as well.

Consultation. Consultation is an integral part of this rotation. Psychology staff work in a multidisciplinary team of medical professionals. The intern will provide ongoing consultation to fellow medical teammates as well as education and support to family members of patients.

Documentation. Assessment results and progress notes are required.

Supervision. A minimum of one hour of regularly scheduled individual supervision occurs weekly. In addition, supervision is provided by the staff psychologist sitting in on evaluations or sessions or reviewing recordings in addition to on an unscheduled basis as needed (e.g., drop-by, phone, e-mail).

*This is a 3- to 6-month, half-time rotation.*

### **Lesbian, Gay, Bisexual and Transgender (LGBTQ+) Supplemental Experience**

The Department of Veterans Affairs (VHA) is committed to providing quality care to all Veterans inclusive of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) Veterans. Excellent care has no boundaries. LGBT refers to lesbian, gay, bisexual and transgender identities. The 'Q' refers to queer identities, as well as those who are questioning their sexual orientation and/or gender identity. The + sign is meant to be inclusive of sexual orientations and gender identities beyond LGBT, including pansexual, asexual, agender, gender non-conforming, gender diverse, nonbinary, gender neutral and other identities.

Southern Arizona VA Health Care System seeks to promote the health, welfare, and dignity of LGBTQ+ Veterans and their families. We are committed to making sensitive and high-quality health care accessible. Our employees are prepared to provide personalized, patient-centered care in a safe, affirming, and welcoming environment.

Psychology staff work in a multidisciplinary team of medical professionals providing service to LGBTQ+ Veterans.

As a supplemental experience, interns may elect to participate with the Transgender E-Consult Interdisciplinary Team, discussing and helping craft responses to consults as requested. SAVAHCS handles about half of the national VHA e-consults regarding affirmative care for transgender and gender diverse Veterans. The experience includes attending monthly meetings and working with providers open to assistance in responding to the consult.

*This is a supplemental experience.*

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## **Inclusion, Diversity, Equity, and Access (I\*DEA) Consultation and Interprofessional/Interdisciplinary Supplemental Experience**

Interns perform outreach, consultation, and program development services through the Inclusion, Diversity, Equity, and Access (I\*DEA) program to the Southern Arizona VA Health Care System (SAVAHCS). Activities may include:

- Tabling events;
- Presentations and workshops for employees;
- Providing coaching to employees;
- Developing, conducting, analyzing assessments and audits to determine patterns, strengths, and areas of highest priority for organizational cultural health and health care operations;
- Providing consultation, develops interventions, programs, tools, and provides training to improve Veteran and employee engagement and belonging;
- Promoting quality improvement projects and research focused on organizational cultural health and barriers to engagement in healthcare;
- Identifying existing problems that impede the full realization of I\*DEA principles.

Outreach activities are performed on an as-needed basis and are not consistent from week to week. In addition to outreach activities, interns may also be called upon to consult with the Executive Leadership Team (ELT) or other facility Manager/Supervisors to develop new policies/practices or assess the quality of existing policies and practices. These consultations might be assigned to interns, or they might be designed and implemented by interns themselves, with approval.

*This is a supplemental experience.*

## **Mental Health Clinic**

The purpose of the Mental Health rotation is to provide the intern with intensive experience in an outpatient mental health clinic. The patient population is ethnically diverse with a variety of Axis I and II disorders. The clinical setting of the rotation includes multidisciplinary providers that address a variety of disorders in a brief setting. Interns receive education and training in the use of evidence-based clinical interventions, primarily Cognitive Behavioral Therapy for depression and anxiety and Acceptance and Commitment Therapy. There is an equal emphasis on group and individual psychotherapy. This experience may be provided at the main VA campus or by a Community-Based Outpatient Clinic.

## **Requirements for the Rotation**

### **Psychotherapy**

**Individual.** Throughout the rotation, the intern carries a psychotherapy caseload of outpatients from the Mental Health Clinic. The intern will be provided with texts/articles/books regarding empirically supported treatments. A full time (6 month) rotation is required in order to have time to complete evidence-based protocols and groups.

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**Group.** As part of the rotation, the intern will participate in multiple groups for a variety of problems including depression, anxiety, skills training, insomnia, etc. Interns will have the opportunity to participate in several different empirically supported treatment groups including Acceptance and Commitment therapy for depression, Cognitive-behavior therapy for depression and anxiety, DBT skills training, Mindfulness-based stress reduction, and Anger management among others.

**Consultation.** Interns may have the opportunity to provide feedback to providers who have requested consultation regarding appropriate treatment placement. This feedback is communicated electronically, telephonically, or personally.

**Documentation.** Progress notes are required for each individual and group therapy contact. The intern learns and performs computer entry of diagnostic codes, current procedural terminology (CPT) codes, clinical reminders, suicide assessment and safety planning and appointment information.

**Supervision.** The pattern of supervision varies according to the phase of the rotation, but a minimum of two hours of regularly scheduled individual supervision is provided throughout the rotation. Additional supervision occurs on an unscheduled basis as needed and on a regular basis when the intern is a participant-observer in therapy. Interns may receive supervision from other disciplines based upon the current staffing of the Mental Health Clinic.

*This rotation will be available when psychologist position is filled. This is a 6-month, half or full-time rotation.*

### **Mental Health Residential Rehabilitation and Treatment Program, PTSD Track**

The Mental Health Residential Rehabilitation and Treatment Program (MH RRTP) is a 25-bed residential facility on the SAVAHCS campus with two treatment tracks. Substance Use Disorders (SUD; 18 beds) and Posttraumatic Stress Disorders (PTSD; 7 beds). The PTSD track employs a structured cohort model, in which Veterans receive evidence-based group and individual therapy as a small class with a 7-week length of stay. Therapeutic exposure is an emphasis of the PTSD track, and the following evidence-based treatments are offered: DBT-based skills groups, Mindfulness-Based Approaches (MBCT, MBRP), Prolonged Exposure (PE) or STAIR/NST modified PE, Cognitive Processing Therapy (CPT), and In Vivo Exposure groups. Additional therapies are offered and tailored to cohort needs as assessed at intake. Programming for both tracks is administered by interdisciplinary treatment team with representation of psychiatry, psychology, pharmacy, nursing, social work, recreational therapy, and peer support specialists. Residents receive a minimum of four hours of therapeutic programming daily during their stay in the MH RRTP.

Psychologists' and trainees' primary roles in the MH RRTP are in program development and evaluation, education and training, case conceptualization and treatment planning, individual assessment and therapy, and group therapy. Psychologists also participate in occasional outreach and education within the community, particularly interfacing with military and community referral sources for the PTSD track.

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## Requirements of this Rotation

**Assessment.** Trainees will be involved with individual pre- and post-assessment of Veterans on the PTSD track utilizing the Clinician Administered PTSD Scale for DSM 5 (CAPS-5), and with progress monitoring of both symptoms (using the PCL-5, PHQ-9,) and treatment mechanisms (e.g., Distress Tolerance Scale, Acceptance and Action Questionnaire). An emphasis of programming is on the continued assessment of progress and provision of feedback to Veterans to guide interdisciplinary treatment and discharge planning.

## Psychotherapy

**Individual.** Dependent upon prior training/experience in treating trauma, trainees may have opportunities to provide individual therapy to residents in the MH RRTP PTSD Track, primarily massed (twice weekly) delivery of manualized exposure-based EBT protocols. Given the diagnostic and psychosocial complexity of the patients admitted to the program, interns will also integrate skills coaching and case management in sessions if they conduct individual therapy.

**Group.** The MH RRTP offers a wide variety of group programming, ranging from psychoeducational groups and peer/community reinforcement approaches to evidence-based and protocol driven approaches (CPT, DBT, and some materials from Seeking Safety, STAIR, and IPT approaches). Trainees will have opportunities to co-facilitate and independently lead groups, and to participate in the development of and delivery of elective groups based on the needs of the cohort (e.g., insomnia [CBT-I], moral injury, guilt/grief).

**Consultation.** Trainees will be involved in interdisciplinary staffing meetings in which admissions and discharge decisions are made as well as in weekly interdisciplinary treatment team meetings for the planning and coordination of care for individual Veterans. Interns will develop skills to concisely present their own cases, request team and milieu-based interventions, and provide feedback to other disciplines to coordinate patient care.

**Documentation.** Trainees will be responsible for documenting their individual sessions and for sharing responsibility for group notes with group facilitators. Trainees will also be required to complete and update treatment plans and write treatment summaries for any MH RRTP Veteran for whom they assume the care coordinator/primary therapist role.

**Program Development.** Trainees will assist in collecting progress data, maintaining data files to guide treatment for current residents, and analyzing data to assess program effectiveness over time. Trainees may also have opportunities to collaborate with the supervisor on performance improvement initiatives, ongoing evaluation of MH RRTP administrative and clinical processes, and involvement in national data collection and evaluation efforts.

**Supervision.** This rotation provides a minimum of two hours of weekly, regularly scheduled individual supervision. The trainee will also receive live supervision via co-facilitation of groups with the supervisor. Over the course of the rotation, it is expected that the intern will take on greater leadership in group treatment, such that supervisor co-facilitation or live observation will be replaced by consultation.

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*This is a 6-month full-time rotation.*

### **Military Sexual Trauma (MST) Clinic and/or PTSD Clinical Team (PCT) Clinic**

The Military Sexual Trauma (MST)/PTSD Clinical Team (PCT) Rotation allows interns to become familiar with the clinical presentation of Veterans impacted by PTSD and MST, to develop expertise with the assessment and treatment of PTSD/MST, and to learn about the administrative component of the PTSD/MST Coordinator role through participation in program development, staff education and training, and informational outreach to Veterans and community partners. Interns will receive education regarding the impact of (sexual and/or combat) trauma, including cultural factors related to stigmatization of sexual trauma survivors and barriers to care, common trauma reactions, and related disorders. They will participate in clinical activities including intake interviewing, psychological assessment, treatment planning, consultation, and individual and group psychotherapy. Interns will learn a trauma-informed, phased approach to PTSD/MST treatment, including stabilization through providing DBT-based coping skills treatment and exposure-based trauma processing treatment utilizing PE or CPT (in individual or group format). Interns will have the opportunity to implement other treatment modalities based on interest and need. Interns will participate in staff education through creating and delivering PTSD and/or MST related presentations, engaging in community outreach, and developing strategies for outreaching to Veterans. For example, interns will be involved in awareness raising activities for Sexual Assault Awareness month.

#### **Requirements of the Rotation**

**Assessment.** The intern will complete one assessment per week, typically involving about 1 ½ hours of structured interviewing. When appropriate, the intern will administer objective questionnaires to evaluate outcomes, such as the PTSD Check List or Beck Depression Inventory-II.

#### **Psychotherapy**

**Individual.** The intern will be provided with education and training regarding empirically supported treatments for traumatized individuals. The intern will provide individual therapy to Veterans impacted by PTSD and/or MST, with a variety of clinical presentations. Treatment modalities used will include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Dialectical Behavior Therapy (DBT)-based skills training.

**Group.** The intern will have the opportunity to co-lead CPT, DBT-based skills and/or STAIR groups. The intern will receive education and training in regard to group formation, cohesion, and process, as well as outcome measurement. The intern will have the opportunity to develop and implement other groups based on interest and need.

**Consultation.** Interns may have the opportunity to provide feedback to providers who have requested consultation regarding PTSD or MST. This feedback is communicated electronically, telephonically, or personally. The intern may participate in a weekly one-hour Prolonged Exposure Consultation Group

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designed to enhance his/her understanding and delivery of this EBT. There will be opportunity to participate in the DBT program based upon interest.

**Documentation.** Progress notes are required for each individual and group therapy contact, and reports are prepared for assessments. The intern learns and performs computer entry of diagnostic codes, current procedural terminology (CPT) codes, clinical reminders, and appointment information.

**Supervision.** The intern will receive a minimum of one hour of regularly scheduled individual supervision. Additional supervision occurs on an unscheduled basis as needed or on a more regular basis when the intern is a participant-observer in therapy or assessment.

*This is a half-time, 6-month rotation.*

## **Outpatient Neuropsychology**

A board-certified neuropsychologist staffs this clinical rotation within the Mental Health Service. This rotation offers wide-ranging training in neuropsychological assessment of adults and geriatric Veterans. Interns will gain extensive experience in the administration and interpretation of a flexible battery approach, including training in empirically based neuropsychological procedures for diagnostic, treatment, and rehabilitation purposes. Interns on this rotation will develop skills necessary for differential diagnosis, making practical treatment recommendations, and providing feedback to Veterans and their families.

Veterans are seen on a referral basis for neuropsychological evaluations. Referrals are typically received from the Physical Medicine and Rehabilitation Service (PM&RS), Neurology/Neurosurgery, Primary Care, Substance Use Disorder (SUD) team, Posttraumatic Stress Disorder programs, Mental Health Clinic, and the Residential Rehabilitation Treatment Programs.

Whether a novice in mental status examinations or an advanced neuropsychology student, skill development goals are specifically suited to the abilities of each intern. No prerequisite experience or training is required for this rotation. For those interns on the Neuropsychology rotation who are interested in future board certification, the rotation will be suited to meet the requirements of Houston Conference Guidelines.

If the dissertation is complete, neuropsychological research for publication or presentation at national conferences may be supported through time allowance, statistical support, manuscript editing, and/or mentoring.

## **Requirements of the Rotation**

**Training.** Interns on this rotation are required to attend the weekly neuropsychology didactics offered. Readings, via book chapters and articles, are assigned throughout the rotation to enhance learning as well.

**Assessment.** Neuropsychological assessment will be utilized to increase the understanding of behavioral

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expression of brain dysfunction, assist in diagnostic clarification, and provide recommendations for treatment and recovery-oriented interventions.

**Documentation.** Progress notes are required for patient contacts to include calls that are clinically relevant. Neuropsychological assessment reports will be generated by the intern.

**Consultation.** Consultation is an integral part of this rotation. The intern will be expected to discuss finding with referring providers, answer questions, and offer suggestions as indicated.

**Supervision.** A minimum of one hour of regularly scheduled individual supervision occurs weekly. In addition, supervision is provided while observing testing skills and on an unscheduled basis as needed (e.g., drop-by, phone, e-mail).

*This is a 6-month, full-time rotation, with other structure possible.*

### **Substance Use Disorder Clinic-PTSD**

The purpose of the SUD-PTSD rotation is to provide the intern with intensive experience in the assessment and treatment of trauma with co-occurring substance use disorders. On this rotation, trauma exposures may include both simple (e.g., combat) or complex trauma (e.g., a history of maltreatment in childhood plus combat) as well as a history of, or current, active, substance use disorders. The clinical settings for the rotation are with multidisciplinary programs in the Substance Use Disorders Treatment Program (SUDTP), which target Veterans struggling with PTSD and substance use disorders.

Interns receive education and training in the clinical psychology of trauma-related disorders, including etiology, diagnosis, and treatment. They participate in intake interviewing, psychological assessment, team treatment planning, consultation, and individual and group psychotherapy. The rotation utilizes Evidence-Based Treatment (EBT) including: Cognitive Processing Therapy (CPT, individual therapy), Prolonged Exposure (PE, individual therapy), and Seeking Safety (group therapy).

### **Requirements of the Rotation**

**Assessment.** The intern may be asked to conduct interviews for differential diagnosis in the context of substance use disorders or trauma. In addition, the intern administers objective questionnaires to evaluate therapy outcomes relevant to their group and individual therapy cases (e.g., PTSD Symptom Checklist, CAPS-5, depression or anxiety symptom scales, coping skills inventories, etc.)

### **Psychotherapy**

**Individual.** Throughout the rotation, the intern carries a psychotherapy caseload of outpatients from the SUDTP program with co-occurring substance use disorders and history of trauma or PTSD. The intern will be provided with education and supervision in empirically supported

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treatments for traumatized individuals with co-occurring substance use disorders (e.g., Motivational Interviewing, PE, CPT, and Seeking Safety).

**Group.** The intern will co-facilitate at least two groups and can choose from the following groups: Seeking Safety, PTSD psychoeducation, or a DBT skills group.

**Consultation.** Interns may have the opportunity to provide feedback to providers who have requested consultation regarding trauma. This feedback is communicated electronically, telephonically, or personally.

**Documentation.** Progress notes are required for each individual and group therapy contact, and reports are prepared for assessments.

**Supervision.** A minimum of one hour of regularly scheduled individual supervision is provided throughout the rotation. Additional supervision occurs on an unscheduled basis as needed or on a more regular basis when the intern is a co-facilitator in therapy groups.

*This rotation is not currently available pending staffing.*

## **Internship Program Structure**

### **Clinical Rotations (General program) as listed above**

#### **Assessment**

Psychological Assessment is integrated into the training activities. Once a month, the didactic is focused on assessment. Assessments may include cognitive screening, neuropsychological screening, clearance for transplants or other medical treatments, intake assessments, evaluation of readiness for hormone therapy, and psychological assessment for diagnostic clarification. Each intern is expected to complete at least six integrated assessments in the course of the training year.

#### **Outpatient Psychotherapy Cases**

In addition to the principal rotations, each intern carries a caseload of two clients in outpatient psychotherapy for 6 months of the internship year. These cases are independent of the primary rotations. Staff psychologists share primary supervision of the two ongoing outpatient psychotherapy cases. This is an important component of training because the VA population is inherently complex and trainees who are planning on continuing in the VA benefit from knowing how to individualize treatment and manage longer-term therapy relationships. These longer-term experiences allow the opportunity to see cases that are difficult, with presenting issues that are complex and require some flexibility with protocols/principles. This experience also allows interns to work more and in different ways on their development as therapists.

#### **Meetings & Didactics**

Interns attend the regularly-scheduled Psychology Training Seminar, which meets weekly, and Mental Health Continuing Education Forum, which meets approximately every 2 weeks. Presentations are by psychologists, other professionals and academicians. Monthly, interns participate in the National

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Diversity Seminar, where we participate with 11 other VAs and discuss a variety of issues. Also monthly, the Psychology Postdoctoral Fellow presents a Lunch and Learn didactic, often related to trauma (not offered in 2022-2023 due to not having matched with a post-doc this year). When available, interns are also encouraged to attend colloquia, medical school conferences and teaching rounds at SAVAHCS, the University of Arizona Health Sciences Center, and the University of Arizona. Interns meet as a group with the Director of Psychology Training approximately every month. Time in these meetings is devoted to specific problems or issues related to the internship program in general, and priority in the agenda is given to the concerns of interns. Professional development may also be addressed. Finally, interns attend other meetings according to the requirements of the various rotations.

### **Supervision**

A minimum of four hours of scheduled supervision occurs weekly throughout the internship year. Each intern is assigned to one principal staff psychologist supervisor for each rotation. Additional supervision is received from other staff psychologists as arranged by the Director of Training. Details of supervision during each of the standard rotations are presented in the descriptions of rotations. Approximately one hour of individual supervision is provided for every three to six hours of direct patient care. In addition to the expertise of psychologists, that of members of other disciplines is drawn upon for supervision in special interest activities. An additional two hours per week occurs in the Supervision Training Seminar.

### **Group Supervision Seminar**

A weekly Group Supervision Seminar is attended by all interns. In the Group Supervision Seminar, interns learn the practice of supervision by supervising each other on one psychotherapy case (assigned through the group) and, when available, supervising a psychology extern or clinical social work intern. This training is conducted under the guidance of the postdoctoral fellow (when available) and one of the psychology staff.

## **SUCCESSFUL COMPLETION OF INTERNSHIP**

Interns are expected to meet the following requirements:

**2080 Hours:** The internship training program requires one year of full-time training to be completed in no less than 12 months. Interns must complete 2080 hours of supervised on-duty time during the internship year.

**Patient Contact:** Each intern is expected to average 10-12 hours each week in direct patient contact. It is expected these minimums typically will be exceeded. For this requirement, direct patient contact includes only "face-to-face" contact with patients for any type of group or individual therapy, psychological testing, assessment activities or patient education. Successful completion of the internship requires a minimum of 500 hours of direct patient contact. Direct patient contact will also include virtual visits via VVC and telephone visits, although the latter is the least desirable.

**Psychological Assessment:** Interns must complete a minimum of six comprehensive psychological evaluations. These assessments must be based on data integrated from multiple sources and must include written reports with diagnostic impressions and recommendations. Assessments based solely on interviews or single tests do not meet this requirement.

**Didactic Training:** Interns are required to attend the required didactic seminars on a weekly basis. Required seminars include: Didactics; Supervision Seminar, Professional Development meeting monthly,

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and monthly National Diversity Seminar. Rotations may require specific didactics in addition to the above.

Competence in Clinical Activities: These are the minimum thresholds for Achievement for Expected Competencies.

## **THE EVALUATION PROCESS**

Intern progress is evaluated formally with ratings completed by supervisors and informally through frequent verbal feedback from supervisors. Interns formally evaluate their supervisors and the quality of their experiences during each clinical training rotation. Psychology supervisors formally evaluate the performance of each intern. A copy of the Mid-term and the Final evaluation is sent to the Director of Clinical/Counseling Training at each intern's university, and a copy is given to the intern.

### **Initial Informal Evaluation**

Prior to the beginning of the internship, each intern completes a short self-assessment regarding their knowledge and practice of empirically supported/based treatments, strengths, weaknesses, and goals for internship. Then, at the beginning of internship, performance is observed by the supervisors in order to assess training needs. Areas of strength are also identified. Supervisors then share these observations informally, utilizing a checklist to ensure accuracy, with each other in a staff meeting approximately one month after commencement of the first rotation and make recommendations to interns as indicated.

### **Rotation Evaluation**

The Competency Assessment is completed during the two last weeks of each rotation. It involves written evaluation of the intern's progress and performance during the rotation. The intern also evaluates the supervision received as well as the rotation itself. Both intern and supervisor exchange evaluations in order to improve the quality of supervision and facilitate the professional development of the intern. This also provides specific feedback about how well the rotation is meeting expectations for training. Interns can give these evaluations to the Director of Training, if preferred.

### **Mid-Term Evaluation**

At the end of the first six months, the entire staff meets to formally evaluate each intern's progress according to specific criteria that have been provided in written form to interns during the first week of internship. The Psychology Training Director communicates the results of this evaluation to each intern individually. The evaluation serves to establish goals for the second half of the internship. A copy of this evaluation is sent to the academic director of clinical or counseling training.

### **Final Evaluation**

This follows the same format as the mid-term evaluation and occurs during the final month of the internship. The Psychology Training Director compiles final written evaluations of each intern, and, after the results have been discussed with the intern, a copy of this is sent to the academic director of clinical/counseling training. Each intern completes a written evaluation of his or her internship experiences as well, including recommendations for change, and this may be submitted anonymously to the Director of Psychology Training. Results of this are discussed with staff, after the intern completes the internship

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## **BENEFITS**

Benefits include all federal holidays (11), 13 days of vacation, up to 13 days of sick leave/family care leave, up to five days of administrative leave for attendance at educational or professional meetings, eligibility for family health insurance coverage at subsidized rates, and medico-legal liability coverage for clinical activities performed in the course of fulfilling internship requirements at SAVAHCS. Please note you may qualify for the childcare subsidy program (check with HR about this). Salary is subject to update and estimated to be \$33,921 for the year.

Up to five working days of Authorized Absence will be granted for approved professional activity including attendance at educational events, conferences, dissertation defense, and interviews at VA postdoctoral sites. To be approved, educational events or conferences must be relevant to practice or research in clinical or counseling psychology and considered to be of “substantial benefit to the VA in accomplishing its general mission or one of its specific functions, such as education and training.” The professional relevance of the activity is judged by the Director of Psychology Training, after consultation with other staff psychologists if necessary. Please note that non-VA job and other post-doctoral interviews do not qualify for Authorized Absence. Please note that you cannot request more than 3 days at one time.

## **INTERN DISSERTATION RESEARCH**

The internship at SAVAHCS is a clinical internship, and training in clinical activities takes precedence over intern research interests, including work on dissertations. Interns are encouraged to pursue their research interests in the time remaining after their clinical responsibilities have been met. This includes meeting expected rotation hours, documentation, and all clinical training activities. As a rule, an intern who efficiently meets the minimal clinical demands of their rotation(s) can expect to have about four hours per week available to engage in additional professional interests, including research. Applicants who have not completed their dissertation are strongly encouraged to use this time for that purpose. Interns are encouraged to block time in their calendar, in at least two-hour increments to work on their dissertation while at SAVAHCS. Interns are encouraged to bring their dissertation materials to work on during those times they have blocked for this purpose.

Interns who have completed their dissertation prior to internship are encouraged to engage in program development in areas of interest during the remaining four hours. This option will be discussed with the Training Director on an individual basis.

## **APPLICATION INFORMATION**

MATCH Number (General Program): 111211

Applications due: **November 7**

### **Accreditation Status**

The predoctoral psychology internship at the **Southern Arizona VA Health Care System** is accredited by the Commission on Accreditation of the American Psychological Association. The last site visit was completed in October 2021 and accredited our program for another 10 years.

Any questions on accreditation status of the internship may be addressed to the Commission on Accreditation (COA):

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Office of Program Consultation and Accreditation Education Directorate  
American Psychological Association  
750 First Street NE  
Washington, D.C. 20002-4242  
202-336-5979  
[APA Accreditation](#)

## **Application & Selection Procedures**

### **The Application Process:**

We follow APPIC rules and processes. The deadline for receipt of completed application materials is **November 7, 2023**.

### **The following materials must be submitted:**

- A completed APPIC Application for Predoctoral Psychology Internship (AAPI). The AAPI is available for completion at the [APPIC Web site](#). The APPIC Verification of Internship Eligibility needs to be verified by your Director of Clinical or Counseling Training. The AAPI should include:
  - A curriculum vitae.
  - Official transcripts of your graduate academic records.
  - Three letters of recommendation from faculty in your academic department or from practicing clinicians who know your work in psychology (e.g. externship agency, etc.).
- For additional questions please contact the Director of Training at the e-mail and address below.
- The internship observes strictly the guidelines regarding the computerized internship matching program adopted by APPIC and the Council of University Directors of Clinical and Counseling Programs. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Please go to the [APPIC website](#) for the latest information about the application process. For more information or clarification, contact the Director of Training.

Michelle Melton, PsyD  
Director of Psychology Training  
Southern Arizona VA Health Care System (11-116)  
3601 S Sixth Ave  
Tucson AZ 85723  
Phone: 520-792-1450 x 11039  
[Email Tucson Psychology Training Director](#)

## **Administrative Policies and Procedures**

The policy of the Psychology Internship Program on Authorized Leave is consistent with the national standard. Applicants are welcome to discuss this with the Psychology Training Director. All documents are available, in advance, by request.

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Due Process - All Interns are afforded the right to due process in matters of problem behavior and grievances. A due process document is distributed to and reviewed with all interns during their first week of orientation at the Southern Arizona VA Health Care System. Human Resources (HR) policies and procedures may apply in different circumstances.

Privacy Policy - We collect no personal information from potential applicants who visit our website.

Self-Disclosure - We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the intern's performance and such information is necessary in order to address these difficulties.

## **Internship Program Admissions**

### **Eligibility requirements for internship:**

- Enrollment in good standing in a doctoral training program in clinical or counseling psychology accredited by the American Psychological Association, Canadian Psychological Association, or Psychological Clinical Science Accreditation System.
- Completion of at least three years of graduate study in psychology.
- Sufficient academic progress that completion of the doctorate degree within two years of the beginning of the internship is feasible in the opinion of the Director of Training.
- United States citizenship. See section below on **Eligibility Requirements for All VA Programs**.

### **Minimum Number of Hours and Assessment Reports at Time of Application:**

- 500 hours of a combination of intervention and assessment hours (including proposed hours for current year)
- Five integrated psychological assessment reports with adults

## **Eligibility Requirements for All VA Programs**

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

- **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
- **Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
- **Selective Service Registration.** 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 or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [Selective Service System web page](#). Anyone who was required to register but did not register before the age of 26 will need to

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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.

- **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: [National Archives - Office of the Federal Register](#).
- **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however, 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. See item 8 below.
- **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [Affiliate Resources - Office of Academic Affiliations \(va.gov\)](#) (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
- To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility.
- **Health Requirements.** Among other things, 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. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* Please be aware that this position is required to participate in the seasonal influenza and Coronavirus Disease 2019 (COVID-19) Vaccination programs and are a requirement for all Department of Veterans Affairs Health Care Personnel (HCP). It is a requirement that all HCP receive the COVID-19 vaccination and annual seasonal influenza vaccination or obtain an exemption for medical or religious reasons. Wearing a face mask is required when an exemption has been granted. HCP in violation of these directives may face disciplinary action up to and including removal from federal service.
- **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
- **Additional Onboarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [Find A VA Form | Veterans Affairs](#). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
- **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match.

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### **Additional information regarding eligibility requirements (with hyperlinks)**

Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.

[Selective Service website](#) where the requirements, benefits and penalties of registering vs. not registering are outlined.

### **Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

#### **Specific factors**

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

1. Misconduct or negligence in employment;
2. Criminal or dishonest conduct;
3. Material, intentional false statement, or deception or fraud in examination or appointment;
4. Refusal to furnish testimony as required by § 5.4 of this chapter;
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
6. Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
7. Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
8. Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

#### **Additional considerations**

OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- The nature of the position for which the person is applying or in which the person is employed;
- The nature and seriousness of the conduct;
- The circumstances surrounding the conduct;
- The recency of the conduct;
- The age of the person involved at the time of the conduct;
- Contributing societal conditions; and
- The absence or presence of rehabilitation or efforts toward rehabilitation.

### **Previous Internship Classes**

2023-2024      University of Memphis (Clinical PhD)  
Northern Arizona University (Clinical PsyD)

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Carlos Abizu University (Clinical PsyD)  
Pacific University (Clinical PsyD)

2022-2023      Fielding University (Clinical PhD)  
New Mexico State University (Counseling PhD)  
Palo Alto University (Clinical PhD)  
University of Arizona (Clinical PhD)

2021-2022      Clark University (Clinical PhD)  
Palo Alto University (Clinical PhD)  
University of Colorado (Clinical PhD)  
University of Montana (Clinical PhD)

2020-2021      Catholic University of America (Clinical PhD)  
Central Michigan University (Clinical PhD)  
Pacific University (Clinical PsyD)  
University of Southern Mississippi (Counseling PhD)

## **INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT**

### **DATA/PROGRAM TABLES**

#### **Internship Program Admissions**

**Date Program Tables are updated: 3/27/2023**

**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:**

- **Enrollment in good standing in a doctoral training program in clinical or counseling psychology accredited by the American Psychological Association, Canadian Psychological Association, or Psychological Clinical Science Accreditation System.**
- **Completion of at least three years of graduate study in psychology.**
- **Sufficient academic progress that completion of the doctorate degree within two years of the beginning of the internship is feasible in the opinion of the Director of Training.**
- **Interests that fit well with the rotations and training we offer.**
- **United States citizenship.**

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



Total Direct Contact Intervention Hours	Yes **	No	Amount: 500 including assessment
Total Direct Contact Assessment Hours			

\*\* Must include five integrated psychological assessments with adults

<b>Describe any other required minimum criteria used to screen applicants:</b>
The VA has eligibility requirements that must be met. Detailed in this brochure.

### Financial and Other Benefit Support for Upcoming Training Year \*

Annual Stipend/Salary for Full-time Interns	\$33,921	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for Intern?	Yes	
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sic Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Federal holidays, Medico-legal liability coverage for clinical activities performed in the course of fulfilling internship requirements; may qualify for childcare subsidy		

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

### Initial Post-Internship Positions

2018 – 2022		
Total # of interns who were in the 4 cohorts	16	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center		
Federally qualified health center		

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Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	6	4
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department	2	1
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		1
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		1

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.