



MONTANA VA
Health Care System

PSYCHOLOGY INTERNSHIP PROGRAM
2024/2025



General Track Match Number: 2300-11
Neuropsychology Track Match Number: 2300-12
Applications Due: 11/05/2023 at 11:59 PM EST

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MONTANA VA HEALTH CARE SYSTEM PSYCHOLOGY INTERNSHIP PROGRAM

Montana VA HCS
Fort Harrison Medical Center
3687 Veterans Drive
P.O. Box 1500
Fort Harrison, MT 59636

General Track APPIC/NMS Matching Code: 2300-11
Neuropsychology Track APPIC/NMS Matching Code: 2300-12
Applications Due: 11/05/2023 at 11:59 PM EST
2024-2025 Training Year Begins: 07/15/24
Website: <https://www.va.gov/montana-health-care/work-with-us/internships-and-fellowships/psychology-internship-program/>

ACCREDITATION STATUS

The **Montana VA Health Care System Psychology Internship Program (MTVAPI)** is currently accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) as of December 6th, 2016. The next site visit is anticipated to be in 2025.

Questions related to our accreditation status can be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979/E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation*

All other questions about the internship program may be directed to **Joanna McCormick, Ph.D.**, Training Director, at Joanna.McCormick@va.gov or 406-447-6000.

APPLICATION AND SELECTION PROCEDURES

APPLICATION REQUIREMENTS

Our internship seeks students from APA, CPA, or PCSAS accredited Ph.D. or Psy.D. clinical or counseling programs who are in good standing. Applicants must have completed at least 3 years of academic study, have completed their comprehensive or qualifying exams, and have proposed their dissertation. In addition, applicants must have completed a minimum of 300 intervention hours and 50 assessment hours during their doctoral program. Applicants who have a strong interest or background in rural mental health or in working with veteran populations will be a particularly good fit for this internship program.

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

The Montana VA Healthcare System Psychology Internship Program strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its Interns. Diversity among Interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by Montana VA Health Care System to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. Our training program strives to make every effort to increase awareness, dispel ignorance, and increase comfort with multicultural experiences.



ADDITIONAL VA REQUIREMENTS

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens.
2. **U.S. 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.
3. **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. Male, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>.

4. **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: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.

5. **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. Be aware that the VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who is found to use illegal drugs on the basis of a verified positive drug test (even if a drug, such as marijuana or CBD, for example, is legal in the state



where training); or refuses to be drug tested. VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **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 <https://www.va.gov/oaa/affiliation-agreements.asp> (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.

7. **TQCVL.** 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 Intern's institution must complete and sign this letter. Intern's VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

a. **Health Requirements.** Among other things, the TQCVL confirms that the Intern is 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 the Intern, 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.* If you decline the flu vaccine you will be required to wear a mask while in patient

care areas of the VA. Much like the Influenza vaccine, all HPTs in a VA facility must be fully vaccinated for COVID-19 or have an exemption filed (medical or religious) with the Designative Education Officer (DEO) and final approval determined by the facility director. <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

- b. **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.
8. **Additional On-boarding 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 <https://www.va.gov/oaa/hpt-eligibility.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **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. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

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 Montana VA Psychology Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

APPLICATION PROCEDURES

We are members of APPIC and will be participating in the National Matching Service. Please be sure to obtain an Application Agreement Package from the National Matching Services, Inc to register for the Match. For applications to be considered complete, the following materials must be received through APPIC by 11/05/2023 no later than 11:59PM, EST:

- Online APPIC Application for Psychology Internship (AAPI), at www.appic.org.
- Curriculum Vita
- Three letters of recommendation
- Official Transcript of graduate work sent directly by your university
- Academic Program Verification of Internship Eligibility and Readiness form - submitted by the Director of Clinical Training
- Cover Letter

COVID-19 IMPACT ON SELECTION

We recognize that various diversity factors, to include race, health status, and age, may increase the risk of COVID-19 for some applicants. We acknowledge that not all applicants will have had the same training opportunities typically expected due to the consequences of the pandemic. As a Training Program we will collaborate with prospective applicants and matched Interns to meet your needs as much as we are able.

SELECTION AND INTERVIEWS

Montana VA Health Care System is offering *four* internship slots for the 2024-2025 internship class, with 3 general track and 1 neuropsychology track positions. Applications for the Psychology Internship Program at Montana VA Health Care System will be reviewed for completeness and goodness of fit. Our program seeks trainees who can demonstrate an interest in working with veterans, as well as individuals who are interested in



working with rural and highly rural/frontier populations. Previous VA experience is a plus, although not necessary. We are seeking candidates who have strong academic backgrounds and are skilled in diagnostic assessment and intervention.

Selection Committee: The selection committee is comprised of the Training Director, the Associate Training Director, and at least two other psychologists involved in the training program. MTVAPI seeks applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in standard assessment, intervention, and scholarly practice, and the personal characteristics necessary to function well in this internship setting. The selection criteria are based on a "goodness-of-fit" with the Scholar-Practitioner model, and the program seeks Intern applicants whose training goals match sufficiently the training that is offered in our geographically rural and veteran-focused training site. Consistent with the Ethical Code of the American Psychological Association, Montana VA Health Care System Intern applicants are not required to self-disclose sensitive topics during application to the program. Selection of candidates for our Psychology Internship Program comes from different kinds of programs and theoretical orientations, different geographic areas, different ages, different ethnic backgrounds, and different life experiences.

In the Intern selection process, all applications are initially reviewed by at least one member of the Selection Committee and suitable applicants are identified to go to the next round. This process is completed by examining the Intern's cover letter, AAPI essays, letters of

recommendation, review of practicum training, experience with Veteran populations, experience and interest in rural mental health, current dissertation status, and professional interests.

Interviews: Montana VA plans to hold remote interview days for the 2024-2025 selection year. Participation in a 6 hour remote interview is preferred of all applicants who make the final selection. Remote interview days will involve a live informational session with the Training Director and relevant training staff, an opportunity to meet current interns, a virtual tour of our facility, and at least two one-on-one interviews with training staff. Candidates for the Montana VA Psychology Internship (MTVAPI) are encouraged to attend the full remote interview. However, occasionally and due to unique circumstances, remote interviews on other days will be considered. These shorter interviews would involve meeting for 45 minutes with two training psychologists. Please note that due to issues of equity no in-person site visits will be granted. Applicants who are not invited for interviews will be notified via email by December 15th, 2023.

Tentative Interview Dates for 2024-2025 Training year

Wednesday, January 10th, 2024 ~ 8:00am-2:30pm MST

Thursday, January 18th, 2024 ~ 8:00am-2:30pm MST



ADDITIONAL QUESTIONS

If there are additional questions regarding the application procedure, please contact the Associate Training Director:

Gretchen Lindner, Ph.D., Associate Training Director

Montana VA Health Care System

Travis W. Atkins Clinic (Bozeman CBOC)

1101 East Main Street, Bozeman, MT 59718

(406) 582-5352 direct

gretchen.lindner@va.gov

STIPEND AND BENEFITS

STIPEND

For the 2024-2025 internship year, interns will receive a stipend of \$33,469, paid in 26 biweekly installments.

BENEFITS

Interns will receive full health insurance benefits. Interns are entitled to holiday pay (11 federal holidays a year) and they will accumulate 4 hours per pay period of annual and sick leave, amounting to 13 days of sick and vacation leave. Occasionally, there will be an executive order granting federal employees last-minute, additional time off (e.g., Christmas Eve, Day of Mourning) for which interns without patients scheduled are also eligible. Interns are also allotted up to 5 days per year for administrative absence, available for use for professional development needs such as conference participation, post-doc interviews, dissertation defense, etc.

The national VA website has additional information regarding Psychology Training:

<https://www.psychologytraining.va.gov/index.asp>

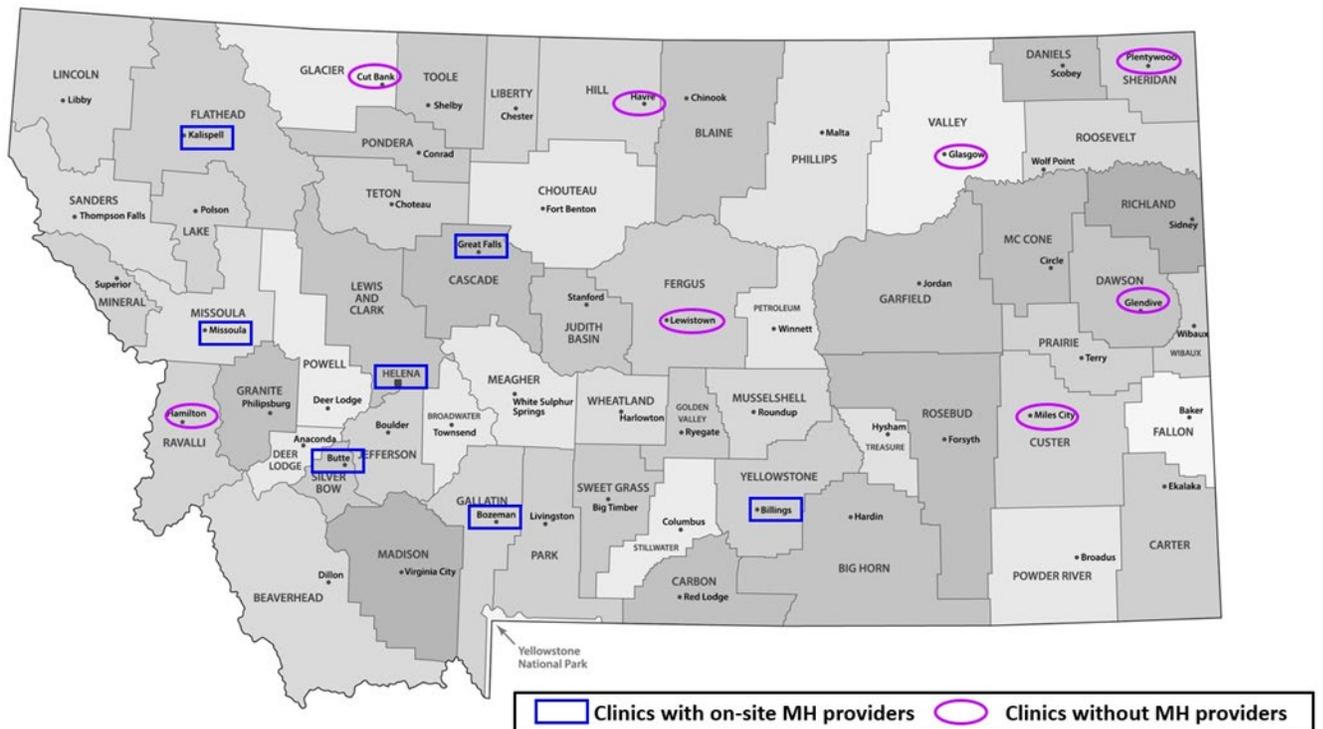
INTERNSHIP SETTING

The Psychology Service at the Montana VA Health Care System (MTVAHCS) is comprised of approximately 35 psychologists, under the leadership of the Chief of Psychology Service, Dr. Robert Connell, Psy.D., ABPP. The MTVAHCS is also in the process of hiring numerous additional psychologists, that are anticipated to be on board prior the 2024-2025 internship year. While the majority of the psychologists maintain a primary affiliation with the Mental Health Service, psychologists are also assigned across several service lines within this expansive health care system (e.g., Ambulatory Care Service; Surgery/Anesthesiology; Hospital and Specialty Medicine; and the Office of the Chief of Staff). The Psychology Service at Montana VA Health Care System has a history of hiring MT VA psychology interns, as well as previous MT VA psychology intern applicants.

Psychologists serve in a wide variety of administrative and clinical functions within the MTVAHCS. They are located within several programs at the Fort Harrison Medical Center and the area Community Based Outpatient Clinics (CBOCs). Psychologists at Montana VA Health Care System act as integral parts of an interprofessional team, working with psychiatrists, social workers, and psychiatric nurses and nurse prescribers. They provide their expertise in the areas of residential treatment, substance use disorders (SUDS), PTSD, primary care/mental health integration, and outpatient mental health. Psychologists also consult with primary care, neurology, community living centers, home-based programs and other specialty programs to provide integrated treatment to Veterans.

Montana is the fourth largest state geographically and has one of the largest per capita Veteran populations. In an attempt to reduce Veteran travel and to expand our reach in offering empirically based treatments for our Veterans, the Montana VA has developed a greater presence in Missoula, Bozeman, Billings, Great Falls, Havre, Butte, Glendive, Miles City, and Kalispell by recruiting quality staff members equipped to practice with staff available on-site and through telehealth technologies.

Below is a map of Montana marked with the location of each VA hospital or clinic:



Montana VA is truly a health care system tackling the challenges of providing rural care. Challenges include geographic isolation and long distances between towns and available health care options. Our VA serves over 47,000 enrolled Veterans across Montana; an area roughly 147,000 square miles in size. A former Montana U.S. Senator aptly described it this way, *“There’s a lot of dirt between light bulbs in Montana.”*¹

With little or no public transportation available in many of Montana’s isolated, rural communities, access to local primary care or mental health,² as well as out-of-town specialty medical services, is a concern. Nearly 96% of Montanans drive themselves or get a ride from a friend when traveling to a doctor’s office; less than 1% use public transportation because public

¹ Senator Conrad Burns, U.S. Senate Floor, December 8, 2004

² Montana State Rural Health Plan 2021, <https://dphhs.mt.gov/assets/qad/FlexGrantStateRuralHealthPlan.pdf>

transportation is found primarily in urban areas.³ Montana has only two VA facilities that can offer inpatient care. Fort Harrison is a medical-surgical facility that hosts a 34-bed acute care and 24-bed inpatient mental health unit. The 14-bed Community Living Center for Montana VA is located in Miles City, with approximate drive time direct from Fort Harrison between 5 to 7 hours, dependent on road conditions. Thus, Montana VA, with multiple outpatient clinics located far and wide, strives to serve veterans as close as possible to where they are located.

The mission of the Montana VA Health Care System (MTVAHCS) is to provide exceptional health care to veterans. The vision of MTVAHCS is to empower veterans through partnership, moving beyond simply treating illness, by striving for optimal health and a positive healthcare experience. As an early adopter of telehealth technology Montana continues to use rapid innovations with all types of healthcare providers to meet the needs of our population. As a training program we are excited to have psychology interns participate in this mission.

FACILITY AND TRAINING RESOURCES

Interns will be provided with office space, laptop and phone access at their primary rotation sites. Interns have the same access to resources as clinical staff, including scheduling assistance, computer help desk, and clerical staff. Montana VA Health Care System uses the Computerized Patient Record System (CPRS) which is available in all offices used by interns. Secure teleconferencing equipment and teleconferencing support staff are available to interns and can be used for tele-mental health services, didactics, and consultation. Interns and staff will have online access to journals and library support. Interns will also have access to telehealth technology to provide psychological care to veterans across the state as needed. Interns will have access to shared space, such as the BH Staff kitchen and break room, group therapy rooms, and conference room, and copier/supply room within the Mental Health department. Video-teleconferencing will be available to support didactic training and clinical case conferences. Also available are the free on-site gym and walking trails to encourage healthy work/life balance for our Interns and staff.

Fort Harrison Medical Center

The majority of the Intern's experience will take place at the Fort Harrison VA Medical Center near Helena, Montana. The Montana VA Healthcare System is a Joint Commission accredited, complexity level 2 facility. Fort Harrison Medical Center offers care to all of the Veterans in the state of Montana. Services provided at Fort Harrison include medical and surgical outpatient specialties, physical



³ Centers for Disease Control, Behavioral Risk Factor Surveillance System Data (BRFSS) State Added Question, "Travel Access To Health Provider," 2005.

rehabilitation, radiology, 24/7 pathology and laboratory services, pharmacy, mental health, and residential rehabilitation programs for substance abuse and PTSD. The Fort Harrison Medical Center is the only VA hospital in Montana and serves adjacent regions in VISN19 (including areas in Idaho, Wyoming, and Colorado). Additionally, the facility and provides care to Veterans living in Canada and the Dakotas. Montana VA Health Care System offers a rich opportunity for Interns to work with highly rural and underserved Veterans. Montana is considered a highly rural, underserved state with 15% of its population living below the poverty level and it has one of the largest per capita Veteran populations in the country.

Bozeman Community Based Outpatient Clinic



Interns will have the opportunity to complete rotations at the Bozeman VA CBOC. The Bozeman Behavioral Health Treatment Team (BHIP) consists of approximately 4 licensed professionals, a substance abuse counselor, and a case manager. Psychologists, LCSWs, and LPMHCs are a typical part of this team. In addition, two licensed professionals work in PCMHI and with the iFrontier program. The CBOC also houses 4 PACT teams, a telehealth technician, and an eye clinic. Bozeman is home to Montana State

University, which is consistently ranked as one of the most Veteran-friendly universities in the country. Rated an All-America City, Bozeman is a tourism venue for skiing and other outdoor activities, and visitors can utilize Bozeman Yellowstone International Airport. Yellowstone National Park is easily accessible by car from Bozeman, MT. Fort Harrison Medical Center is a 90 minute drive away from Bozeman, MT. VA provides a government vehicle for travel to this site and time is allotted for travel to support this training opportunity.

Missoula Community Based Outpatient Clinic

Interns will have the opportunity to complete rotations at the Missoula CBOC, which is a moderately-sized community-based outpatient clinic. Missoula is home to the University of Montana and the only APA accredited Ph.D. Clinical Psychology Program in the state of Montana. Because of the University, the Missoula CBOC serves many Post-9/11 Veterans. The Behavioral Health Interdisciplinary Program (BHIP) team consists of two outpatient psychologists, a psychiatrist, clinical pharmacist, registered nurse, two social workers, and one mental



health counselor. There are three primary care/mental health integrative positions as well as a Housing and Urban Development-Veterans Affairs Supported Housing (HUDVASH) team. The Missoula CBOC houses several Patient Aligned Care Teams within primary care, specialty medical services, a physical therapy department, respiratory therapy clinic, and an eye clinic. Additionally, the PCMHI program accepts and supervises three 9-month clinical practicum students focused on integrated health from the University of Montana. The Missoula clinic is located approximately two hours from Fort Harrison, and VA provides a government vehicle and time for travel to this clinic.

Great Falls Community Based Outpatient Clinic

Interns may have an option to serve at the Great Falls CBOC, which is a small community outpatient clinic serving a large Veteran community. The clinic addresses the mental health needs of the local Veteran populations and surrounding rural communities through in person appointments, telehealth, and home-based primary care. Great Falls is home to Malmstrom Air Force Base, University of Providence, and Great Falls College Montana State University. The clinic has one substance abuse counselor, two HUD-VASH providers, two outpatient BHIP providers (one of whom is a psychologist), two PCMHI providers, one PACT social worker, and one peer support specialist. Great Falls is located approximately 90 minutes north of Fort Harrison, has several museums, and numerous outdoor activities. The VA provides a government vehicle and time for travel to this site.

PROGRAM AIM AND PHILOSOPHY

The aim of the Psychology Internship Program at Montana VA is to equip postdoctoral-level psychologists in the science, skill development, and art of psychological practice. Our overall goal is to prepare each intern for entry level practice. Entry level practice is defined as interns having: (1) the ability to independently function in a broad range of clinical and professional activities; (2) the ability to generalize skills and knowledge to new situations; and (3) the ability to self-assess when to seek additional training, supervision, or consultation. Upon successful completion of internship and confirmation of doctoral degree the trainee could qualify for a post-doctoral placement or as the equivalent to an unlicensed GS-11 psychologist in the Department of Veterans Affairs.

Our program has an emphasis in training psychologists in the unique factors associated with practicing rural mental health. The Montana VA HCS is well suited as an institution to meet this aim, in that interns will be in the rural medical care setting for 2080 hours over the course of a year providing significant, supervised clinical experiences to veterans while functioning as part of multi-disciplinary teams. During this year, interns' learning will be supplemented through didactics, group supervision, and other experiential learning activities.

By the end of the internship year interns will have had experiences that will enable them to build competency in the following ten domains:

- (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
- (10) Rural mental health

The Psychology Internship Program is based on the Scholar-Practitioner (Vail) model and is committed to training future psychologists in the scientific practice of psychology. Interns are trained as practitioners and consumers of research. This model of training emphasizes the practical application of scientific knowledge and the reflective process between science and practice. While the Psychology Internship Program at Montana VA Health Care System emphasizes science and empirically based treatments, we agree that “The primary goal of training a practitioner-scholar is the delivery of human services that take into account individual, cultural and societal considerations” (Rodolfa, et al., 2005).

Our program follows the professional developmental model in which the intern is expected to progress throughout the Internship year. This model indicates that the intern will move from a somewhat dependent and closely supervised trainee to a relatively independent junior colleague. We strive to provide interns with strong generalist training and they can expect to complete their Internship year being competent, independent, postdoctoral-level psychologists which will enable them to work competently in rural areas, medical centers, outpatient settings, and within the Veteran’s Affairs Healthcare System.

As a training program, our Psychology Internship Program focuses mainly on experiential learning through the provision of patient care. However, Interns are exposed to information through didactics, supervision, and review of the current literature. The Psychology Training Staff at Montana VA Health Care System endeavors to promote a supportive and collegial atmosphere for psychology Interns. With an emphasis on Interns developing a professional identity, MTVAPI tailors training goals to the individual and expects Interns to be active participants in developing their own competency based goals.

Our training program emphasizes the psychosocial model of recovery and empowerment of Veterans to recover from mental health difficulties. When indicated, we emphasize the use of empirically supported therapies including Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy for Depression, CBT for

Insomnia or Chronic Pain Management, Integrative Behavioral Couple Therapy, Interpersonal Therapy for Depression, and mindfulness based interventions, to name a few.

PROGRAM COMPETENCIES

Upon completing the program, each intern is to be prepared for entry level practice. Entry level practice is defined as being fully prepared to begin the required period of supervision prior to licensure. Successful completion of an APA accredited internship and confirmed doctoral degree would meet the requirements for entry level psychology practice and equivalent to a GS-11 unlicensed psychologist in the Department of Veterans Affairs. Interns will be competent as postdoctoral-level psychologists in providing effective, quality care to Veterans, to individuals from rural settings, and to individuals seeking care through medical centers and outpatient clinics. As professional psychologists, they will function ethically with a sensitivity to cultural issues. They will be competent clinicians and consultants and will be skilled in scholarly practice and self-reflection. Interns will learn how to function as a part of an interprofessional team and be receptive to feedback from supervisors and other professionals.

In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training. Minimal Level of Achievement for completion of Internship is “Readiness for Entry Level Practice” defined as:

1. the ability to independently function in a broad range of clinical and professional activities;
2. the ability to generalize skills and knowledge to new situations; and,
3. the ability to self-assess when to seek additional training, supervision, or consultation



The profession wide competencies identified in APA’s Standards of Accreditation are evaluated across rotations. The competencies are documented on formal competency evaluation forms. What follows are broad statements regarding the areas evaluated during internship and examples of some of the behavioral anchors assessed.

Research- Interns will develop the independent ability to critically evaluate and disseminate research or other scholarly activities. Interns will learn how to apply current literature, research, and theory to their intervention and assessment activities. Thus, interns will become familiar with the knowledge and application of evidence-based practice. Please note that this competency is about the interns’ ability to critically evaluate science, and generating new knowledge is not expected. Example anchors:

- Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications).
- Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- Demonstrate knowledge, understanding, and application of the research around evidence-based practice.

Ethical and Legal Standards- Interns will understand and abide by the legal standards related to the practice of clinical psychology. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Example anchors:

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Individual and Cultural Diversity-

Interns will demonstrate an ability to think critically about sensitive diversity patient issues, including those related to culture, sex, gender, age, socioeconomic status, religion, disability-status, and ethnicity. Interns will be able to apply cultural sensitivity with Veterans from rural and highly rural cultures, as well as Veterans across diverse cultures. Example anchors:



- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- The ability to apply a framework for working effectively with areas of individual and cultural diversity.
- The ability to work effectively with individuals whose group membership, demographic

characteristics, or worldviews create conflict with their own.

Professional Values, Attitudes, and Behaviors- Interns' professional identity will evolve and mature over the course of the Internship year. Interns will progressively demonstrate integrity, responsibility, and sound judgment as a psychologist in training. Example anchors:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning.
- Engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Communication and Interpersonal Skills- Interns will demonstrate a capacity to relate effectively and meaningfully with other individuals, groups, and communities, both in person and in writing. Example anchors:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts.
- Produce, comprehend, and engage in communications that are informative and well-integrated.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Assessment- Interns will be able to appropriately assess patients' strengths and psychopathologies with sensitivity to culture and individual differences. They will be skilled in comprehensive case conceptualization and outlining appropriate recommendations and treatment plans based on their assessments. Example anchors:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics.
- Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the

service recipient.

- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention- Interns will develop the ability to function capably as postdoctoral-level psychotherapists, with particular emphasis on treating Veterans who live in rural and highly rural areas. Example anchors:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Supervision- Interns will display understanding of models, practices, and ethical issues of clinical supervision. Providing supervision directly to a trainee is not a requirement for this competency.

Example anchors:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skill of observing in direct or simulated practice.
- Apply the supervisory skill of evaluating in direct or simulated practice.
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

Consultation and Interprofessional/Interdisciplinary Skills- Interns will learn to function and contribute within an interprofessional team. They will become comfortable with their roles as representatives of mental health and be able to translate psychological principles across disciplines. Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include, but are not limited to, role-played consultation with others, peer consultation, provision of consultation to other trainees. Example anchors:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply the knowledge of consultation models and practices in direct or simulated

consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Rural Mental Health- Understanding the impact of geography upon health care service delivery is a key component of rural mental health competency. Interns will demonstrate the knowledge and ability to practice psychology effectively when working in a rural setting. Example anchors:

- Be able to identify unique cultural aspects of rurality to consider when practicing psychology.
- Be knowledgeable about rural aspects that may present as barriers to care.
- Demonstrate creativity and problem-solving when addressing some of these unique cultural considerations.
- Develop an understanding of how to practice ethically, when coping with complex issues that may arise in rural/frontier culture.

TRAINING EXPERIENCES

MTVA internship aims to train well-rounded and skilled clinicians, who have particular expertise in working effectively in rural settings. The program has two different tracks: (1) general track, which typically has 3 positions, and (2) neuropsychology track, which typically has 1 position. All Interns will participate in two rotations each 6 months of the year, totaling 4 rotations across the



Internship year. In each 6 month period, interns can expect to split their time between the two rotations, for a combined total of 32 hours per week. The remaining 8 hours per week will be devoted to other training opportunities (e.g., didactics, group supervision, diversity mentor meetings, interprofessional trainee meetings). Interns in the general track are placed in four different rotations throughout the year. Interns in the neuropsychology track will complete the Clinical Neuropsychology rotation in both the first and the second six months of the training year, typically with a different neuropsychologist supervisor in each six month period.

Currently, the Internship offers the choice between 9 rotation experiences:

1. Clinical Geropsychology
2. Clinical Neuropsychology
3. General Outpatient
4. Outpatient Trauma Recovery
5. Primary Care Mental Health Integration (PCMHI)
6. Program Development and Leadership

7. Psychological Assessment
8. Residential Trauma and Substance Use Recovery
9. Triage and Rapid Evaluation Clinic (TREC)

Please note that rotation offerings may change from year to year, as a result of staffing changes. Due to being a program based in a rural area, there is sometimes only one psychologist in each setting. As such, if there are staffing changes, this may impact rotation offerings. Consequently, our program prides itself on achieving the program aim and intern competencies through the combination of varied clinical experiences and rotations. We advise Interns to view their own growth in this broad way, as opposed to being attached to one particular rotation offering to meet their training needs.

At the start of the training year, Interns will work together with the Training Director and Associate Training Director to rank their choices among rotation offerings. The division of time between the two rotations in each six month period will be established collaboratively based on training needs, Intern preference, and supervisor availability. When indicated, Interns will have the opportunity to participate in additional supplementary training experiences, depending on training needs (e.g., crisis work, polytrauma team, women’s health). These complimentary experiences would be taken on when an intern has an identified need for additional training in order to develop full competency.



ROTATIONS

CLINICAL GEROPSYCHOLOGY

The Clinical Geropsychology rotation provides interns with experiences to develop knowledge, attitude, and skill competencies for professional geropsychology practice, consistent with national standards. Geropsychology practice entails helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. Clinical time will primarily be spent within the Outpatient Mental Health Clinic.

Goals of the rotation are for interns to develop skills in: (1) psychodiagnostic, cognitive, capacity, behavioral, and functional assessments with older adults; (2) psychological interventions with older adult patients with interacting psychiatric, medical, and psychosocial problems; and (3) consultation within complex systems (e.g., families, health care teams, community service

networks), both to aid psychological assessment and to communicate psychological conceptualizations and recommendations to other care providers. Training focuses on: helping interns to appreciate the diversity of experience of older adults; the biopsychosocial and lifespan developmental perspectives that are critical for understanding older adult patients; the complex ethical dilemmas that can arise in geriatric care; the importance of interdisciplinary collaboration; and the growing research base that can inform practice.



Veterans served in the clinic present with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include: depression, grief, generalized anxiety, PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuropsychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), chronic disease management, end-of-life issues, and family stress/conflict. Supervised training in the following interventions will be offered: CBT for

Insomnia, CBT for Chronic Pain, CBT for Suicide Prevention, CPT for PTSD, Interpersonal Therapy for Depression, REACH Caregiver Training for Dementia, Complicated Grief, mindfulness skills training for older adults, and Cognitive Behavioral Conjoint Therapy for PTSD.

Overview of Assessment Opportunities:

- A geropsychology assessment may start as a standard biopsychosocial mental health intake and comprehensive suicide risk evaluation similar to what is performed with younger individuals. Many older veterans seen in the Geriatric MH clinic are cognitively intact, with few medical problems, and are seeking psychotherapy to address a new or untreated psychiatric diagnosis, such as PTSD and/or to address common issues that present later in life.
- Other older veterans are often referred to the Geriatric MH outpatient clinic due to changes in functioning. A Geriatric Needs Assessment may include some of these measures: MoCA, STMS, AD8, FAST, GDS, GAS, TUG, Katz Index of ADL, BRS, ISI, and Zarit Burden Inventory.
- A third referral area in Geriatric MH is for family or couple therapy to address psychological and/or physical issues of aging that impact family dynamics and functioning. Assessment would consist of a relational/interpersonal based interview and the following self-report measures: CSI, CTS, WAI-S, PCL-5.
- Approximately two opportunities each rotation arises to perform a full psychological evaluation, which includes a structured diagnostic interview (e.g., CAPS-5 or SCID), personality assessment, age-appropriate self-report symptoms screening, brief cognitive measures, and collateral information gathered from family or care provider.

- Assessment within the geropsychology rotation might look like this:
 - An emphasis on building familiarity with the impact of aging on the biology or physical health contributions in clinical case formulation. Trainees on this rotation will gain experience in recognizing the difference between normal aging issues and more complex needs; such as mobility problems, visual and auditory decline (and the impact of these on key relationships), poor sleep, chronic pain, nutritional status, medication and polypharmacy effects, and reduced organ function, in addition to geriatric syndromes such as dementia.
 - Gaining experience with the psychological parts of aging, such as how changes in functioning and independence may influence shift in self-image or self-worth, loss of perceived purpose or meaning, mood and anxiety.
 - Consideration of interpersonal aspects of aging, including grief and bereavement, reduced social support, and changes in family relationships is an important component for this rotation.
- Diversity issues are of particular importance on this rotation. They include generational cohort effects or the ways in which different eras of veterans and different racial or cultural backgrounds contribute to different life experiences, values, and family expectations that influence assessment, conceptualization of the client, and treatment recommendations.

Location:

Fort Harrison Medical Center

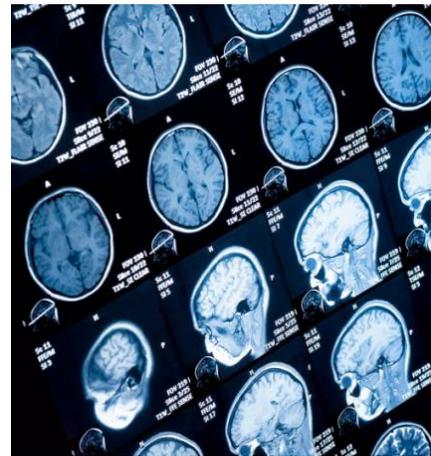
CLINICAL NEUROPSYCHOLOGY

Interns in the neuropsychology track take part in two clinical neuropsychology rotations throughout the year, typically with two different neuropsychologist supervisors. Interns in the general track may have opportunities to participate in a clinical neuropsychology rotation, depending on prior experiences, long-term career goals, and supervisor availability. The following rotation description is for interns participating in the neuropsychology track.

The Clinical Neuropsychology rotation is based out of the outpatient mental health clinic at the Fort Harrison Medical Center, where the service receives consults from throughout the hospital. This experience is designed to meet the Houston Conference and APA Division 40 training guidelines for clinical neuropsychology. Interns on this track will devote at least 50% of their time to activities designed to foster advanced knowledge of brain-behavior relationships and their clinical application in neuropsychological assessment. The training year will begin with an introduction to fundamental assessment activities with the expectation that the Intern will develop more advanced skills in case conceptualization and consultation throughout the training year. Thus, the goal is to foster increasing autonomy and the evolution of an identity as a professional neuropsychologist. Given the practice setting, the intern can expect to develop skills specific to working in rural settings, where the neuropsychologist may be the sole brain-behavior specialist assisting the veteran.

During this rotation, interns are exposed to a wide array of neurologic and psychiatric presentations throughout the adult lifespan, with more focused training in traumatic brain injury and neurodegenerative conditions. Referrals most commonly come from the Mental Health, Neurology, and Primary Care Service Lines. The patient population ranges from Veterans in their 20s to those in their 90s, with diverse presentations. This includes outpatient referrals and the possibility of participating in brief inpatient consultations from residential and medical units. While the experiences are tailored to the intern's past exposure in psychological assessment and neuropsychology, it is expected that neuropsychology track applicants will have had significant exposure to neuropsychology prior to internship and have plans to complete a formal 2-year postdoctoral fellowship in neuropsychology following internship.

The Montana VA offers a unique practice setting for neuropsychology given the rural culture, geographic isolation, and healthcare access issues inherent in such a large state. Therefore, important diversity factors are present in some evaluations. These include (not a comprehensive list): Language (monolingual/monocultural vs bilingual/bicultural education quality (e.g., rural schools, schools on a Native American reservation); impact on current functioning given culture of origin and current cultural environment; social injustice and racism impacting current and/or past attainment/functioning; sexual identity (e.g., transgender individuals or intersex); disability status (e.g., blind, deaf, aphasic, or limited use of limbs).



Structure and experiences:

Neuropsychology track interns will have two 6-month rotations in neuropsychology and typically be supervised by two staff neuropsychologists over the year, one of whom is board-certified by ABPP/ABCN. While providing at least 50% time in neuropsychology over the year, the time spent in neuropsychology and general rotations will vary based on the training needs of individual interns. Most interns will devote more time to neuropsychology in the first half of the training year to assess individual training needs and prepare for fellowship application.

Most evaluations are conducted on an outpatient basis, although the opportunity for some inpatient, capacity, or briefer evaluations may arise at times. Interns are encouraged to seek these out, depending on interest and experience. Teleneuropsychological evaluation is an important service given our setting and the intern can expect regular participation in these evaluations conducted via synchronous video conference to outlying VA outpatient clinics.

During the training year, the intern will gain experience working with providers from a range of disciplines including physicians, nurses, social workers, psychologists, and peer support specialists. Because of the remoteness of many of the sites within the Montana VA Health Care System, some interactions may occur via teleconference. In addition, the intern will participate

in weekly didactics via a collaborative series with interns from at least one other VA health care system and associated training faculty. This will include mock fact-finding examinations designed to help prepare the intern for the ABPP/ABCN oral exam. The collaborative nature of this series will give trainees exposure to the teaching and experiences of numerous VA neuropsychologists, many of whom are board-certified by ABPP/ABCN. Finally, didactics offered nationally, outside of the VA, will also be part of this series.

Location:

Fort Harrison Medical Center

GENERAL OUTPATIENT

The General Outpatient rotations occur at Fort Harrison or at the Bozeman, Missoula, Great Falls, and Billings CBOCs. These outpatient mental health clinics serve veterans of all ages with a wide-array of mental (and co-morbid physical) health concerns. Treatment is provided individually, in group psychotherapies, and in conjoint and family counseling. Eligible VA caregivers (typically female spouses) receive treatment at this clinic as well. The mental health clinic staff often includes psychologists, nurses and advanced practice nurses, social workers, addiction therapists, psychiatrists, and peer support specialists.



The Intern's core experiences on this rotation embody the essence of this training program's generalist philosophy, emphasizing evidence-based individual, couples' and group psychotherapy, psychological assessment, and psychological consultation with an interprofessional staff. The Intern will engage in clinical assessment and treatment of our Veterans, will navigate ethical issues as they arise with our population, and will work with the diverse life experiences represented within our clinic. Within this rotation, interns will increase their clinical understanding and practice of cultural and geographical issues that impact service delivery of mental health care for rural or frontier populations. The intern will operate as a member of a Behavioral Health Interdisciplinary Program (BHIP). Training and supervision in Cognitive Behavioral Therapy for Depression, CBT for Insomnia, CBT for Chronic Pain, CBT for Suicide Prevention, Emotion-Focused Therapy, and Interpersonal Therapy for Depression, as well as evidenced based treatments for trauma are options within this rotation. Additional opportunities exist for assessment, consultation, and interventions delivered via telehealth. The trainee will be immersed in the day-to-day experiences of outpatient psychotherapy with the opportunity to join the supervisor for co-therapy and to join with other members of the Behavioral Health Interdisciplinary Program (BHIP) team in co-leading group psychotherapy.

There is also an opportunity for a more specialized rotation within general outpatient, where an Intern can choose to focus on enhancing telemental health psychotherapy skills. On this rotation, interns would work with a psychologist out of the Billings CBOC and treat Billings veterans exclusively using telemental health technologies. The Intern would be based at Fort Harrison, but be supervised via telesupervision by a supervisor out of the Billings CBOC. This rotation offers the

opportunity to develop advanced telemental health skills, as well as to practice utilizing EBPs via virtual platforms.

Overview of Assessment Experiences:

- This rotation is treatment and consultation oriented, with some opportunity for assessment.
- The amount of assessment can be adjusted based on the intern's need and interest in assessment. All interns do some assessment, often a more detailed intake interview with both screeners and broad-spectrum personality tools.



Assessment will amount to 5% to 10% of intern time, including differential diagnosis of mental health disorders and evaluation of neurodevelopmental factors. More specifically, opportunities exist for transplant, pre-bariatric, and ADHD evaluations.

- Interns use the PHQ-9 and GAD-7 routinely and other screeners as appropriate for the specific case.
- When starting with a particular Veteran, the intern may review and interpret any previous psychological evaluations or measures, conduct a clinical intake interview, and select additional measures (if any seem to be indicated) that will help clarify the Veteran's needs.
- Assessment would depend on the needs of the specific Veterans but would likely focus on developing a sufficiently comprehensive diagnosis to guide treatment.
- This rotation is a natural place to build intuition about comorbid conditions, e.g., personality or neurodevelopmental issues affecting presentation of acute mental health problems; to practice routine screening for sleep problems, as sleep disruption is common among Veterans; and to focus on the social consequences of mental health issues, including intimate and parenting relationships, ability to integrate and succeed at work, and finding a place in preferred culture.
- Almost any diversity issue may present in this rotation, including ethnicity, cultural identity, sexual and gender identification, social class, and age cohort.

Location:

Fort Harrison Medical Center
Missoula CBOC
Bozeman CBOC
Great Falls CBOC
Billings CBOC (virtual)

OUTPATIENT TRAUMA RECOVERY

Interns on this rotation will see veterans through the virtual PTSD Clinical Team (PCT). During this rotation Interns provide outpatient PTSD assessment and psychotherapy to Veterans with diverse trauma histories, including childhood trauma, combat trauma, and MST. Interns will have the chance to work with Veterans from diverse combat eras, as well as with diverse comorbid clinical presentations. Interns will provide treatment at all stages of care, including triage, intake assessment, treatment planning, treatment provision, and termination. This rotation will focus predominantly on individual psychotherapy for PTSD, using evidence-based models such as Cognitive Processing Therapy, Prolonged Exposure Therapy, and Cognitive-Behavioral Therapy for Insomnia. The Bozeman CBOC was also recently donated a virtual-reality (VR) platform, which allows for engagement in VR-enhanced Prolonged Exposure Therapy. Depending on Interns' experience and interest, there may be opportunities to gain exposure to utilizing VR in therapy.

Overview of Assessment Experiences:

- This rotation is very heavily focused on treatment, as interns are often traveling to the Bozeman CBOC for this experience and so have more limited hours on rotation. As such, assessment is a relatively small part of this rotation. Interns often focus more exclusively on building competency around one specific EBP for PTSD.
- Assessment on this rotation typically takes the form of completing thorough biopsychosocial intakes, which include the use of pre-selected, appropriate screening tools (e.g., PCL-5, PHQ-9, Combat Exposure Scale, Life Events Checklist, M-PTSD). In addition, interns will become proficient at fully assessing for PTSD using a semi-structured and flexible clinical interview, in order to gather information about PTSD symptoms for diagnostic clarification while also building therapeutic rapport. Interns will also practice writing full PTSD symptom assessment reports, that clearly delineate diagnostic criteria, conceptualization, and treatment recommendations.
- Assessment is also practiced through the use of consistent measurement-based care, using measures such as the PCL-5, PHQ-9, ISI, and DES-II. All veterans engaged in care will be given screening measures throughout treatment which will be used to assess effectiveness of interventions and to inform collaborative treatment planning.
- Depending on intern's schedule and training goals there may be infrequent opportunities for more comprehensive psychological assessment, including completing a CAPS-5 and/or PSSI-5.
- Almost any diversity factor may present on this rotation, including ethnicity, cultural identity, sexual and gender identity, disability status, social class, and age cohort. As such, interns will gain experience with how diversity factors are actively discussed, considered, and integrated into PTSD symptom assessment, conceptualization, and treatment planning.

Location:

Fort Harrison Medical Center
Bozeman CBOC

PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI)

The Primary Care Mental Health Integration (PCMHI) team provides consultation and collaborative care alongside primary care staff to Veterans with mild to moderate mental health conditions and behavioral health concerns. This multidisciplinary team setting offers same-day access to Veterans enrolled in primary care services, facilitates psychoeducational classes and group therapy, and provides brief, evidence-based, individual therapy to meet a variety of Veterans' needs. Staff psychologists are involved in brief functional assessment, risk assessment, treatment planning, clinical intervention, consultation, and team-based collaborative care. The PCMHI team serves a diverse population with varying cultural, educational, and religious backgrounds. Consultation and collaboration with primary care staff are also an integral part of this rotation, including contributing to team meetings and didactic opportunities, and team-based treatment planning and interventions.

There is also an opportunity for a more specialized rotation within PCMHI, entitled the "PCMHI Trauma Recovery" rotation, located at the Bozeman COBC. This rotation will provide the opportunity to learn about phase I trauma treatments that occur in a PCMHI setting, including potential for experience with stabilization interventions (e.g., mindfulness, behavioral interventions, etc.) and brief trauma focused interventions (e.g., PE-Primary Care).



Overview of Assessment Experiences:

- Assessments conducted within the primary care setting are often different compared to traditional psychological evaluations completed in outpatient mental health settings, in that assessments within primary care are briefer and may not include assessments that are traditionally part of a comprehensive psychological evaluation (i.e., personality, cognitive, academic achievement). Within PCMHI, interns will have the opportunity to gain experience in conducting brief, functional assessments and developing clinical decision making to determine when referral to specialty outpatient mental health is warranted for a more comprehensive assessment (e.g., using MoCA as a screener for cognitive functioning to determine if a comprehensive neuropsychological evaluation is needed).
- PCMHI uses a measurement-based care model, highlighting the importance of using self-report measures to track treatment progress (and can be used as a therapeutic tool); typical self-report measures include PHQ-9 (depression), GAD-7 (general anxiety), PCL-5 (PTSD), AUDIT-C (alcohol use), and C-SSRS (suicide risk screening). Assessments within PCMHI may include the following: functional assessments, cognitive screeners (e.g., MoCA), and comprehensive suicide risk evaluation.
- Dependent on an intern's rotation goals and specific supervisor, interns may also administer the following assessments: ADHD evaluations, bariatric evaluations, PTSD

assessments, and clinician-rated semi-structured interview for diagnostic clarification (e.g., SCID-5). By the end of the PCMHI rotation, and at the minimum, interns will have learned how to complete functional assessment and complete at least one comprehensive suicide risk evaluation.

- Because the greatest number of Veterans come to primary care, this rotation is likely to have the greatest diversity in Veterans of all our rotations.

Location:

Fort Harrison Medical Center

Bozeman CBOC

Missoula CBOC

Great Falls CBOC

PROGRAM DEVELOPMENT AND LEADERSHIP



Psychologists are increasingly looked to as uniquely qualified candidates to fill leadership and management roles in public health, private sector, and academic settings. Skills and expertise in human behavior; measurement-driven practices; interpersonal sophistication and emotional intelligence; written and verbal communication; and problem-solving strategies are qualities of both psychologists and psychology training that often translate well to such positions and roles.

This rotation would be a fit for an intern who is excited to build skills in the area of program development and/or leadership. On this rotation an intern would select a project to complete across the 6 month rotation, and an appropriate staff member would be selected to function as a supervisor and mentor in this process. Interns may elect to engage in a project designed to develop and implement programmatic changes to Behavioral Health Programs or the Psychology Internship Training Program. Interns may attend the monthly Psychology Internship Committee Meetings with faculty, providing feedback and addressing potential challenges within the program. They may assist the faculty with the self-study process for APA accreditation. Interns may elect to engage in a needs assessment to enhance care at a particular clinic. During this rotation, interns may work with a faculty mentor to develop specific new programming (e.g., group, integrated care teams, etc.). This experience will involve some didactic, shadowing, and completion of an administrative project. Any psychology staff member may serve as the supervisor for this rotation, and this person would be selected collaboratively with the intern at the beginning of the rotation based on training needs/goals.

Overview of Assessment Experiences:

- Given the administrative focus of this rotation it is not typical for interns to be engaging in assessment while on this rotation.

Location:

Assignment based on project

PSYCHOLOGICAL ASSESSMENT

Interns have the opportunity to complete this rotation across numerous settings, including at Fort Harrison Medical Center, as well as through community-based outpatient clinics such as Missoula. On this rotation interns are typically performing psychological evaluations for patients being seen in outpatient mental health clinics. There are also opportunities for interns to perform psychological evaluation in residential or medical settings.

Overview of Assessment Experiences:

- A hallmark of a seasoned psychologist is his or her ability to competently administer, score, and interpret psychological tests and structured interviews. Interns on the Psychological Assessment rotation will have a unique training experience and ample opportunity to devote time and effort in developing a working knowledge of an array of broad-based and disorder-specific measures.
- Interns will become competent in selecting assessment measures for referral questions and administering and scoring appropriate psychological measures. Interns on this rotation are instructed, provided modeling, and supervised as they gain a higher level of mastery in psychological assessment.
- Instruments include widely used personality (e.g., MMPI-2, PAI, MCMI-III), memory and intelligence (WMS-IV, WAIS-IV), and neuro- psychological screening (e.g., SLUMS, RBANS, MoCA, NCSE) tests, as well as ADHD and PTSD assessment packages (both paper-and-pencil measures, and interviews).
- Assessment will be conducted with the range of veterans, from rural and non-rural settings, military specialties, ages, genders, and ethnic affiliations.

Location:

Fort Harrison Medical Center
Missoula CBOC

RESIDENTIAL TRAUMA AND SUBSTANCE USE RECOVERY

The Residential Trauma and Substance Use Recovery rotation occurs in the residential program serving Veterans with chronic or complex PTSD and/or substance use disorders who need a higher level of care than the traditional outpatient setting. Two programs are run through the residential unit: The Sobriety and Wellness Center and the Posttraumatic Growth Center. The treatment environment is robust and multifaceted. Interventions are holistic, focusing on recovery from the individual level (e.g., individual therapy using evidence based approaches), all the way up to the systemic level (e.g., engaging a therapeutic milieu as an intervention.)



Treatment is rigorous, as Veterans are expected to engage in multiple forms of therapy at once, and strengths-based, drawing from Veterans' personal resources. Veterans participating in these programs range in age, race and ethnicity, co-occurring disorders, combat exposure, and military branch of service, among other diverse factors. Most Veterans participating in the Posttraumatic Growth Center have experienced some form of military related trauma, and many have additional childhood trauma.

The training experience on this rotation will be tailored to the intern's training needs and interests. As such, it is possible to have more emphasis on either trauma treatments or SUDS treatments; however, all interns are likely to be exposed to both forms of interventions across the rotation. The residential treatment rotation offers three, recovery oriented clinical experiences as part of the

residential activities: (1) Psychological, SUDS, and PTSD assessments, (2) group therapy development and facilitation, and (3) individual therapy, which may include couples' interventions and exposure facilitation (imaginal and/or *in vivo*). Psychology interns on this rotation are involved in psychological assessment (including CAPS interviewing and PTSD/SUDS testing), case conferences, working on an interprofessional treatment team, developing and implementing Individual Recovery and discharge plans, and developing competency in delivering individual and group (process and didactic) interventions. Interns may receive training and supervised practice in a number of evidence-based interventions to include Prolonged Exposure Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing. Interns are also exposed to complementary, alternative PTSD interventions including Art Therapy, Yoga, Equine Therapy, and Native American Warrior ceremonies (e.g., smudging, talking circles, Sweat Lodge Ceremonies).

Overview of Assessment Experiences:

- This rotation includes psychological and PTSD assessments, group therapy development and facilitation, and individual therapy, which may include couples' interventions and exposure facilitation. Therapeutic interventions are the most prominent source of intervention that interns will engage in on this unit.
- The type of assessment activities can vary widely, based on both the needs of the veterans engaged and the interests of the intern. Measurement-based care is standard, in which the measures would usually be given by other staff and the intern can use these for interactive therapeutic discussion with the veteran. There are opportunities to use other screeners, including cognitive screening, and occasionally a need to perform more comprehensive diagnostic assessments.
- Key assessment areas on this rotation might include: clarifying a PTSD diagnosis; understanding the diagnostic relationship between PTSD and substance abuse; diagnostic

clarification around potential interrelated PTSD, substance use, and personality disorder diagnoses. On some occasions, other cognitive based evaluations can occur (e.g., full ADHD evaluations are occasionally completed on the unit).

- Diversity and complexity issues of particular relevance on this rotation may include understanding the substance abuse detox process, with special consideration that a few days to even a few weeks or months after a veteran is on the unit may not be sufficient time to rule out residual effects of prior substance use on presenting behaviors and mental states. This rotation also commonly has Native American veterans among the residents, so consideration of cultural diversity in assessment can present.

Location:

Fort Harrison Medical Center

TRIAGE AND RAPID EVALUATION CLINIC (TREC)

The Triage and Rapid Evaluation Clinic (TREC) provides emergent mental health care to patients presenting or referred to the Fort Harrison medical center with acute psychiatric instability and urgent care needs. In addition, the TREC program provides psychiatric and behavioral medicine consultation/liason services to medical staff and veterans receiving inpatient care.



Trainees on this rotation will gain experience in an acute care setting providing triage assessment, consultation, and crisis interventions to both inpatient and outpatient Veterans receiving care across the full continuum of care. Emphasis will be placed on risk assessment, diagnostic clarity, competency/disability, targeted brief interventions, and both voluntary and involuntary hospital placements.

Overview of Assessment Experiences:

- Assessment is a routine request on this rotation. Both capacity and cognitive evaluations are regularly available. MoCA is commonly utilized, and the intern may have opportunities to administer the RBANS, Mattis Dementia Rating Scale 2, and Independent Living Scales. There are opportunities as well to use the MMPI-2-RF and the PAI.
- With respect to assessment, there is a particular emphasis on capacity to make medical decisions, to participate in discharge planning, and around questions about dementia.
- Assessing for suicidal and/or homicidal risk is routine.
- By the end of the TREC rotation, and at a minimum, interns will have learned how to complete at least one comprehensive suicide risk evaluation (C-SSRS, CRSE, Safety Plan, and other relevant CPRS documentation) and learn how to administer and interpret a cognitive screener (e.g., MoCA).

- This rotation offers utilization of assessments in an inpatient setting.
- This rotation may also be a place to evaluate the nature and quality of the veteran's available social supports, as part of discharge planning.
- Diversity issues of particular relevance on this rotation may include low SES, geriatric populations, frontier mental health management (as distinct from rural mental health), and severe mental illness.

Location:

Fort Harrison Medical Center

SUPPLEMENTARY EXPERIENCES

The Psychology Internship Program will also offer supplementary experiences to interns, which will not be full rotations. These experiences will serve the function of addressing any needed competency area growths which may not be able to be strengthening during rotation experiences. They are available, when needed, to ensure that all competencies are met. Examples might include participating as a contributing member of the poly-trauma team, shadowing the home-based primary care provider for a few days, engaging in pain psychology interventions, providing additional intake evaluations within Outpatient Behavioral Health, providing clinical assistance with the REACH program and Suicide Prevention, and/or assisting leadership through a program evaluation/needs assessment. The decision to engage in a supplementary experience will be made collaboratively between the intern, supervisors, and TDs. Similarly, the time allotted for these experiences will be coordinate between those parties; however are generally less than 5 hours per week.

SAMPLE INTERNSHIP YEAR SCHEDULE

<p>Rotation A Clinical Geropsychology Fort Harrison Medical Center 22 hours per week</p> <p>Rotation B Outpatient Trauma Recovery Bozeman CBOC 10 hours per week</p> <p>First half of internship year - 6 months</p>	<p>Rotation C Residential Trauma and Substance Use Recovery Fort Harrison Medical Center 16 hour per week</p> <p>Rotation D PCMHI Fort Harrison Medical Center 16 hours per week</p> <p>Second half of internship year - 6 months</p>
Weekly 2 hours individual supervision (<i>included in hours above</i>)	
Weekly 2 hours group supervision	
Weekly 2 hours of Didactic Seminars (<i>6 hours once per month</i>)	
Weekly 4 hours of additional professional development/training	
Supplementary Training Experiences, if indicated	

DIVERSITY MENTORSHIP

The Montana VA Psychology Internship believes that attention to individual differences and diversity is vital to the development of competent psychologists; thus, we offer the Diversity Mentoring Program to *all trainees* during the internship training year. Interns will be matched with a diversity mentor at the start of the year. The purpose and the goals of the mentoring program include:

- 1) providing psychology trainees the opportunity to discuss diversity-related reactions with someone who is supportive and not in an evaluative role for the trainee,
- 2) to develop a mentoring relationship with someone who is not a direct supervisor of the trainee's clinical work, and
- 3) to support the development of psychology trainees both personally and professionally.
- 4) to provide support and mentorship with the diversity projects throughout the internship year

Mentoring meetings may include such activities as discussion of recent diversity related interactions (e.g., interactions with staff, Veterans, colleagues, etc.), discussion of topics related to diversity, discussion of professional development issues related to diversity, and review of journal articles or other literature related to a diversity topic of interest.

PSYCHOLOGY TRAINING COMMITTEE

The Chief Psychologist and the Directors of Training are administratively responsible for the Psychology Internship Program, while the Psychology Training Committee (PTC) is the governing body. The purpose of the Psychology Training Committee is to assure that the program provides high quality training, remains in compliance with all accreditation standards of the American Psychological Association (APA), operates within the guidelines of the VA Office of Academic Affairs and the Association of Psychology Post-doctoral and Internship Centers (APPIC), and meets other relevant review standards. Members of the committee are responsible for active participation in the ongoing work of the group and for seeing that the program's training, documentation, and supervisory activities continue to meet the highest standards.

The PTC will consist of selected training staff, with one representative from each of the significant rotation offerings; a representative from the diversity workgroup and other active workgroups; and other invited members, who bring competence related to psychology training topics. Full membership with voting privileges will extend to each member. Although the members of the training committee work toward consensus when making decisions, a simple majority vote is all that is required to make changes. The Training Director will serve as the Committee Chair. In the absence of the Chair, the Associate Training Director shall chair the meeting. The PTC welcomes feedback and open communication from the Interns. As part of quality improvement, the program solicits Interns' feedback regarding the rotations, the program, and the supervisors, and this feedback and data is often shared and reviewed by the PTC to discuss any potential changes or improvements that need to be made to the training program.

Each Intern has an opportunity to rotate throughout the year in different roles within the Training Committee and Psychology Team Meetings, as appropriate. Within the first month of the internship year, the trainee cohort will meet and make decisions on Interns participating in leadership/administrative roles within the Training Program. The positions are optional and voluntary. For example, the Chief Intern represents their peers and provides feedback to the Training Committee as to the needs of their Intern Cohort. As part of ongoing quality improvement, the program solicits Interns' feedback regarding the rotations, the program, and the supervisors. This feedback and data is often shared and reviewed by the Training Committee to discuss any potential changes or improvements that need to be made to the training program.

Every effort is made by Montana VA Health Care System to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. In offering psychology interns a "place at the table" in a variety of leadership and administrative roles throughout their training year; enriches their professional development and contributes to healthy growth within our system culture and climate.

SUPERVISION

Clinical supervision is the primary vehicle for experiential learning and feedback during internship. Interns work with multiple supervisors throughout the year in both individual and group formats, but are required to have at least 4 hours of supervision in total each week, following graduated levels of responsibility (VHA Handbook 1400.04). Each week, interns will get at least one hour of one-on-one supervision with each of their two rotation supervisors, as well as two hours of group supervision. It is typical to also get additional, informal supervision on an as-needed basis. Interns' supervisors will monitor their work through a number of methods, including case discussions, review of all clinical documentation, live observation, video taping, and co-therapy. At the beginning of each supervisory relationship, interns and supervisors will discuss goals, training activities, and expectations for the supervisory experience. Interns and supervisors will also discuss the process by which emergency supervision can be obtained, when needed. It is typical for Interns and supervisors to sign a supervisory contract/agreement that delineates these things.

In order to provide Interns with a variety of supervision experiences, each Intern will change supervisors at the completion of each rotation. To facilitate sustained relationships, continuity, and an opportunity to demonstrate progression on identified goals, the Training Director will facilitate one hour of group supervision focused on clinical intervention for the duration of the training year. This experience will allow trainees and the Training Director to maintain continuity that will support the trainees' changing needs throughout the year. The second hour of group supervision is led by another psychology staff member and is focused on psychological assessment. For information about opportunities for telesupervision see "Distance Education" section below.

PROGRAM REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order for interns to successfully complete the program, they must:

1. Complete 2080 hours of training.
2. Not be found to have engaged in any significant ethical wrongdoing.
3. Complete two diversity projects which include presentations to faculty members and fellow Interns.
4. Complete 2 formal case presentations in group supervision.
5. Video or audio-tape sessions or be involved in "live" supervision.
6. Attend required didactics unless otherwise excused.
7. Provide one research presentation to the psychology department faculty.
8. Complete a minimum of six psychological assessments, with at least three meeting requirements for an integrative evaluation.
9. Complete Training Hours Log.
10. Be prepared for and attend 4 hours of supervision per week.

11. Complete minimum levels of achievement as identified and assessed through Intern Competency Evaluation Form:

- a. By the 3-month evaluation point, interns are expected to achieve ratings of 3 or higher on all behavioral elements, on each evaluation form completed. By the 6-month evaluation point, interns are expected to achieve ratings of 4 or higher on at least 50% of all behavioral elements, on each evaluation form completed. By the 9-month evaluation point, interns are expected to achieve ratings of 5 or higher on at least 50% of all behavioral elements, on each evaluation form completed. And by the 12-month evaluation point, interns are expected to achieve ratings of 5 or higher on 100% of all behavioral elements, on each form completed.

Direct Patient Contact Hours

The Training Committee at Montana VA Health Care System understands that the primary focus of the Internship year is for training. However, because the training is experiential, there is an expectation that interns will provide direct care to Veterans which on average start at 10 hours per week at the start of the training year and build up to at least 20 hours of direct face-to-face client care by the end of the year. A minimum requirement of direct contact hours is not formally identified as each rotation will have a different degree of client contact varying based on the design of the rotation and the training needs of the Intern. Although it is understood that it may take some time to build up a case load, toward the end of the training year, interns are expected to be proficient in organizing and managing their schedule to meet or exceed these requirements. In addition, approximately 20% of time will be spent in clinical supervision, introduction to clinical practice issues and topics in didactic seminars, training in EBP interventions via didactic workshops, and scholarly reading assignments. Interns are required to track their training experiences throughout the year through the use of a Weekly Hours Log. The goal is for interns to accumulate at least **500 direct contact hours** by the end of the internship year.

Within the first month of the Internship, interns are encouraged to contact their respective licensing boards to inquire about state licensing requirements and whether their weekly log of clinical contact meets the state's minimum requirements. This internship meets standards for APA-Accreditation, but it is the responsibility of the intern to ensure that they obtain any specific experiences that are required by their anticipated state licensing board, which all have variable requirements.

Assessments

All Interns are expected to gain substantial experience performing mental health intakes and developing recovery-based treatment plans. Interns will use a range of screening tools and symptom checklists to evaluate pre- and post-treatment outcomes and if appropriate evaluate symptoms weekly. Interns will become proficient in screening for risk and client safety. Interns will also have opportunities to provide full-battery, comprehensive assessments that respond to the referral question and integrate appropriate data to provide diagnostic and/or treatment recommendations.

To help Interns achieve competency in the assessment domain, they will complete at least six assessments across the training year, of which three are required to be integrated, comprehensive evaluations. The definition of an integrated psychological assessment is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, and cognitive tests. These assessments will be completed across the four rotations of the training year. Interns will use the Individual Training Plan to delineate a clear plan to achieve this minimum requirement across their four rotations. In addition, progress toward this requirement will be monitored through the Quarterly Intern Progress Review Supervisors' meeting.

Examples of assessment types include, but are not limited to:

- Assessment of academic achievement (WRAT, AAB)
- ADHD evaluation
- Bariatric evaluation
- Clinician-rated PTSD clinical interview (e.g., CAPS)
- Clinician-rated structured clinical interview (e.g., SCID-5)
- Capacity evaluation
- Cognitive screening (e.g., MoCA)
- Cognitive assessment (e.g., WAIS, WASI, RBANS)
- Comprehensive safety evaluation (e.g., C-SSRS, CSRE, Safety Plan)
- Personality assessment (e.g., MMPI, PAI)
- Transplant evaluation

Intervention

See above for expectations around the weekly direct patient care hours throughout the internship year. It is understood that intervention hours will change developmentally throughout the year, with increasing responsibilities and hours as the rotations progress. At the start of their rotation or internship year, interns may shadow their Supervisor to gain exposure to new individual, couple, or group interventions. Interns may co-lead groups with their Supervisor and when appropriate are encouraged to facilitate psychotherapy groups and individual interventions independently. Interns will have ample opportunity to provide VA-emphasized evidence-based psychotherapy interventions and are encouraged to deepen their skill and knowledge through experiential practice and service delivery. Interns will also gain experience and proficiency with risk assessment and safety planning.

Diversity

There are several areas Interns must demonstrate a solid understanding of diversity related issues to show competency:

- 1) Interns are expected to reflect upon issues of diversity in their conceptualization and treatment of Veterans;
- 2) Interns are to reflect upon diversity related issues with their supervisors;
- 3) Interns are expected to incorporate diversity considerations into all case

- presentations; and
- 4) Interns are expected to attend all didactic seminars, which will incorporate diversity related issues.

Additionally, there will be a series of Diversity Seminars that will occur throughout the training year. While it is understood that there may be occasional absences (Annual or Sick Leave), it is expected that these seminars will be a priority for Interns.

Finally, Interns are expected to complete two Individual Diversity Projects that highlights an ability to reflect on their own individual diversity and how it may impact their provision of care. These activities often will occur off site, and during non-working hours. As part of these projects, Interns will be asked to place themselves in an environment where they are outside their cultural background, traditions, or identity. These situations can include religious, organizational, or community activities. Interns will then write a paper reflecting on this experience, and then share their reactions, reflections, analysis, and lessons learned with other interns and staff during group supervision and during an Intern directed Diversity Didactic.

Case Presentation

Case presentations address both the foundational and functional competencies of training in psychology. They demonstrate an intern's ability to be professional, engage in self-reflection, utilize scientific knowledge and highlight his or her awareness of diversity issues. Likewise, case presentations are an opportunity for interns to exhibit their knowledge of assessment and research and their utilization of interprofessional systems and consultation and supervision. Case presentations are an opportunity to give and receive valuable feedback from colleagues and learn how to integrate new information into their treatment planning for patients. Interns are required to provide 2 formal case presentations during group supervision. Formal presentations should include assessment, case conceptualization from a theoretical orientation, treatment plan, interprofessional care, and intervention. They should also address issues of diversity and research. The expectation is that on top of these formal case presentations, informal case presentations will occur often and frequently in both individual and group supervision. Within the context of group supervision we encourage interns to offer constructive feedback with each other and help their peers explore different perspectives in their conceptualization of their client. Interns will be evaluated on their capacity to take initiative, receive, and apply feedback in the case presentation process.

Didactics

Didactic education is an opportunity for interns to learn about a number of clinically-related issues in a more formal educational setting. Didactics will be typically be held every Wednesday from 10:30 am to 12:30 pm. In addition, on the 1st Wednesday of the month there will be a day long (10:30-4:30PM) presentations typically focusing on Empirically Based Psychotherapy interventions (e.g., CPT, PE, ACT, IPT-D) or engaging in an experiential activity (e.g., Sweat Lodge, visit Air Force Base). Many didactics utilize an experiential or simulated case presentation approach to enhance the learning experience. These serve to provide a more in-depth training in

and exploration of professional issues. On the 4th Thursday of the month the Behavioral Health All Staff Meeting occurs from 8 am to 9am, and interns will participate in this meeting. At the start of the Internship year there will also be additional didactic trainings to help support Interns in transitioning smoothly into their new clinical environment. Didactic topics are varied throughout the year, and will correspond directly with the core competencies of the Psychology Internship Program. These seminars are taught by professionals across disciplines including psychologists, social workers, psychiatric nurses and psychiatrists. With the exception of Approved Leave and Sick Leave, it is expected that Interns will attend all seminars. If an intern misses a didactic presentation, efforts need to be made to make up the missed didactic material (e.g., read the slides/relevant articles and write a reflection paper).

Interprofessional Treatment Teams

The Interprofessional Treatment Teams are designed to be patient-centered and to promote leadership. Interns' participation and training with interprofessional teams will address competencies in the following areas:

- 1) Values/Ethics for Interprofessional Practice
- 2) Professional Conduct and Accountability
- 3) Effective Interprofessional Communication
- 4) Understanding How Interdisciplinary Collaboration Enhances Outcomes
- 5) Knowledge of the Contributions of Other Professions
- 6) Development of Productive Relationships with Other Professions

Interprofessional teams include mental health teams and teams that cross disciplines (e.g., poly-trauma team, PACT, etc.). Interns will meet with supervisors to discuss how to attend and participate in these activities based on the particular rotation.

Research

Interns will have numerous opportunities to practice critically evaluating and applying scholarly knowledge to clinical practice. First, research knowledge will be incorporated into all clinical case presentations. Second, when appropriate, all didactic presentations will address the current research knowledge about that particular topic. Additionally, once a month in group supervision interns will take turns leading the group in the clinical application of a research article. Lastly, it is expected that interns will make a formal, clinically-oriented presentation to the psychology staff, which will incorporate most recent research.

Despite the limitations on research experiences at Montana VA Health Care System, interns are encouraged to engage in quality improvement or program development projects. Quality improvement is an important component to being a competent clinician and interns are supported in this process for their individual and group treatment (e.g., pre and post measures). Additionally, Interns may wish to engage in quality improvement as part of the Program Development & Leadership Rotation or as a supplementary experience.

EVALUATIONS

The aim of the Psychology Internship Program is to equip trainees to be ready for postdoctoral-level employment as a psychologist in the science, skill development, and art of psychological practice. For some trainees this may mean successful internship completion prepares them to start a post-doctoral residency; for others they may be ready to start as an unlicensed employee working towards board certification and licensure. This means the program aims to produce competent, ethical, and diversity-sensitive psychologists who are skilled in providing intervention, assessment and consultation to other professionals. The interns who complete the program will possess the knowledge, skills and abilities to function as entry-level psychologists, meaning they are successful in achieving the profession-wide and program-specific competencies. To successfully complete the program at Montana VA Health Care System, interns are evaluated on the competencies outlined above using the Intern Competency Evaluation Form.

The Intern Competency Evaluation Form will be completed by each of the Interns' two current supervisors. Interns will be evaluated on core competencies at 3 months, 6 months, 9 months, and 12 months. The mid-year (6 month) and end-of-year (12 month) evaluation forms will be sent to Interns' graduate programs. When completing this evaluation form, rotation supervisors will integrate the feedback from their experiences with you, as well as other involved multidisciplinary staff. The intern will discuss and review this evaluation with their supervisors and sign the evaluation form. Interns are evaluated quarterly to allow for feedback and time for the Intern to adequately address any problems that may develop. The Intern will be provided with a copy of the evaluation forms, and these will also be turned into the Training Director. An Intern whose performance or progress is unsatisfactory will receive a detailed letter saying so and specifying areas in need of improvement.

Completion of the internship program is conditional upon an intern meeting the stated objectives along with professional behavior that meets or exceeds competencies. All competency behavioral elements must be observed or demonstrated (e.g., role plays) by the intern. Interns are rated on a scale from 1-7, all the way from novice level to independent practice level. It is expected that most interns will progress from ratings of 3 to 5 over the course of the training year. By the 3-month evaluation point, interns are expected to achieve ratings of 3 or higher on all behavioral elements, on each evaluation form completed. By the 6-month evaluation point, interns are expected to achieve ratings of 4 or higher on at least 50% of all behavioral elements, on each evaluation form completed. By the 9-month evaluation point, interns are expected to achieve ratings of 5 or higher on at least 50% of all behavioral elements, on each evaluation form completed. And by the 12-month evaluation point, interns are expected to achieve ratings of 5 or higher on 100% of all behavioral elements, on each form completed. Interns who are performing below these expectations will be given the opportunity to make a change to their learning plan and/or remedial actions may be taken. Evaluation scores of 1 or 2 will always initiate a remediation plan.

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

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

INTERN FEEDBACK

Ongoing evaluations are an integral aspect of the Internship program. Evaluations have a quality assurance nature in order to establish a self-correcting culture. Quality assurance is an integral component of a training program and so measures are required to ensure that quality training is being accomplished. Interns are encouraged to provide feedback about the program through multiple formats. One member of the intern class will serve as the Chief Intern on a rotating basis to attend part of the monthly Training Committee meetings and provide feedback to the Committee. Other meetings with the Training Director are called as needed. Interns provide written feedback quarterly about their rotation and supervisory experiences. They are encouraged to provide feedback to their clinical supervisors and the Training Director as issues and concerns are raised. At the end of each didactic seminar the Interns provide written feedback about the didactic training. The Interns are also asked to complete a feedback questionnaire about the internship program at mid- year and end-of-year, and they meet with the Preceptor quarterly and at the end of the year for an exit interview to share suggested improvements. Program graduates are surveyed annually for improvement suggestions.

DISTANCE EDUCATION

The majority of the learning at Montana VA Psychology Internship is done in person. However, there are few times that the program does use distance education technologies. Given the rural nature of Montana there are times that the most expert person in a particular topic area is not

located in Helena. As such, some of our didactics (~25%) are completed using distance education technologies (e.g., Microsoft Office Live Meeting). In these cases, the presenter is able to share power point slides and a two-way video feed is established. A telephone line is always available as back-up in case of technical difficulties. Additionally, the majority of the supervision is consistently done in person. In some instances, when approved in advance and in coordination with a national QI project on tele-supervision, supervision is approved to be completed via tele-supervision. In these instances, an additional telesupervision contract is in place, and Interns and supervisors follow the extra safety measures required as part of the facility/OAA telesupervision waiver and in compliance with the MTVA tele-supervision policy. A copy of this police is available via email. When utilizing telesupervision there is always an on-site psychologist available for back-up in case of emergencies needing on-site support. Additionally, an intern never has more than one rotation (and therefore, one of the required individual supervision hours) using telesupervision at any time. Lastly, an off-site psychologist may use teleconferencing to provide consultation on a complex case.

TRAINEE HOURS AND TIMEKEEPING

INTERNSHIP HOURS

Duty hours are 8:00 a.m. to 4:30 p.m. Monday through Friday unless otherwise arranged. For interns traveling to CBOCs for rotations, the schedule is often adjusted to allow for a 10-hour day when traveling and a separate 6-hour day is usually established in the tour of duty, to accommodate travel time. As with all staff, Interns are expected to complete 80 hours of work each two week pay period. Interns are required to be present for a 40-hour workweek. However, as internship is a training year, the emphasis should be placed on the time and effort it takes to complete a training opportunity rather than the number of hours worked.



This means that sometimes Interns will work more than a 40 hour workweek, such as when wrapping up their case consultation and medical record documentation for a client in crisis prior to leaving for the day. The internship is designed to duplicate the first year of a VA staff psychologist in terms of time commitment, leave time, and flexibility of time schedule.

Interns are expected to keep track of hours, training activities and interventions completed each week. Many licensing boards require that Interns track the amount, frequency, and type of interventions performed while on Internship. Therefore to ensure accuracy, it is required that this be completed at the end of each week. Interns can enter information directly into the digital file/spreadsheet and print out copies. This form should be signed weekly by the Interns supervisors, and turned into the Training Director quarterly. Interns are encouraged to retain a copy, and to

contact the state in which they expect to be licensed in order to determine if modifications are necessary.

If an intern has unexpected circumstances that arise that require them to take more than the typical time away from internship, then the program will work with the Intern and OAA (funding source) to discuss the best options for maintaining a successful internship completion. In these types of cases the intern typically provides written documentation of the reasons behind the need to take additional time or the request for accommodations, and a plan is created in writing about how to best accommodate the unique need. There are often multiple options to achieve successful internship completion, including an intern using advanced sick leave or an intern entering a “leave without pay” status and extending the internship year. If an Intern is experiencing this type of situation, they are encouraged to proactively discuss the situation and options with the TD. In these cases, the options are delineated and explored fully with the intern in order to create a collaborative plan.

FEDERAL HOLIDAYS

There are 11 paid federal holidays. When the holiday falls on a Saturday, the Friday before is typically the federal holiday. When it falls on a Sunday, the next Monday is typically the federal holiday. Occasionally, there will be an executive order granting federal employees additional time off (e.g., Christmas Eve, Day of Mourning), for which interns without patients scheduled are also eligible.

Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veterans Day	November 11
Thanksgiving	Fourth Thursday in November
Christmas Day	December 25
New Year’s Day	January 1
Martin Luther King Day	Third Monday in January
Presidents’ Day	Third Monday in February
Memorial Day	Last Monday in May
Juneteenth National Independence Day	June 19
Independence Day	July 4

REQUESTING LEAVE

Leave includes Annual Leave (AL), Sick Leave (SL), Family Care (CB), and Authorized Absence (LN). **Interns earn 4 hours per pay period of AL and 4 hours per pay period of SL** (Family care is subsumed under the SL category). Interns may apply for up to 40 hours of LN, which can be used (with supervisor and TD approval) on professional development activities, such as conferences, dissertation defense, graduation, or other professional development tasks. Professional Leave (LN) is not able to be used for research time, travel days when going to conferences, or to work on finishing one’s dissertation. **Please keep in mind that interns must have already earned the AL or SL prior to taking the time off.** Interns will not be allowed to take time off without pay

unless prior arrangements have been made with facility executive leadership and Office of Academic Affairs approval. Time off without pay is to be used in emergency or extenuating circumstances and the internship year will often need to be extended.

Annual Leave (AL) is typically used for pre-planned time off/vacations. Sick Leave (SL) can only be used for medical appointments or when sick. Family Care leave (which comes out of the SL bank of hours) is most often used when taking a family member to a medical appointment or when taking care of a sick family member. VA policy does not allow sick leave or family care leave for taking care of pets. Interns cannot use SL for vacations. In contrast, Interns are



able to use AL (if they so choose) for sick leave purposes. For example, if an intern is sick and has run out of sick leave, it would be appropriate for them to use annual leave for that time off. The reverse is not true. If an Intern is planning a vacation and has not yet earned enough annual leave time, then they are not able to use sick leave for that time off instead. If an intern ever has leave related questions (or requires leave that does not fall in one of the categories described above) it is advised to consult with the Training Director, Associate Training Director, and/or Timekeeper for clarification of how to appropriately code the leave.

The MTVA Internship training manual clearly delineates the multiple step procedures for requesting pre-planned leave, as well for communicated unplanned sick leave. A copy of these procedures is available via email.

PARENTAL LEAVE

Given the timing of psychology graduate training, it is not unusual for interns to become pregnant or adopt children during their internship year. In these cases it is important for Montana VA Psychology Internship to come to a mutually agreeable solution with the interns that accomplishes, at a minimum, the following goals:

- Allow appropriate parental leave for parents and their new children
- Provide sufficient time for bonding with new children and postpartum recuperation
- Ensure that the Intern meet the program's aims, training goals, competencies, and outcomes
- Comply with state, federal, and VA standards regarding parental leave

The internship program will work as creatively and flexibility as possible in order to accommodate the family needs of the intern. In these cases, the intern will start by using all of their already accrued paid sick leave and then annual leave. Next, the intern will typically go on Leave Without Pay (LWOP) status until they are able to return to the training program. In cases of LWOP, the Training Director will work closely with the Office of Academic Affiliation (OAA) and the Montana VA Fiscal Office to coordinate how to adjust stipend-related funds if the internship year consequently extends beyond the federal fiscal year. During LWOP status the VA will continue to pay the VA portion of health and life insurance benefits. When the intern returns to duty, they will need to pay for their portion of these expenses. They may do so over time through payroll deductions. Upon returning to duty, the intern will be returned to paid status.



When the Training Director is alerted to the need for parental leave, a collaborative plan will be delineated and documented in writing. This plan will establish how leave will be used, and how the intern will achieve his/her 2080 internship hours and all program competencies. If LWOP status is used, the plan will document how the intern will make up the LWOP hours and any missed training opportunities. This documented plan will make sure to meet the goals delineated above. We ask that interns share about their parental leave wishes and needs in a reasonable time frame, so as to maximize the opportunity to plan for leave and adjustment to the training plan.

MILITARY LEAVE

HPTs who are in the U.S. Military Reserves (e.g., Navy Reserves) or National Guard in training positions allocated for 2080 hours or more may be granted up to 15 days of military leave annually. When the Training Director is alerted to the need for military leave, a collaborative plan will be delineated and documented in writing. This plan will establish how leave will be used, and how the Intern will achieve their 2080 internship hours and all program competencies. <https://dvagov.sharepoint.com/sites/VHAOAA/public/SitePages/Military-Leave-for-HPTs.aspx>

NATIONAL EMERGENCY PREPAREDNESS

CONTINGENCY PLANNING FOR COVID-19 PANDEMIC OVERVIEW

Although the national emergency related to COVID-19 has ended, we leave this information in the manual to help establish preparedness plans/processes in case of any resurgence of concerns or future similar crises. Historically, the COVID-19 pandemic created numerous personal and professional challenges for us all. One of these challenges was uncertainty about what would happen next week, next month, or throughout the year. Despite the ever-changing challenges

associated with the pandemic, the MTVAHCS Psychology Internship Program made every attempt, and would continue to work hard, to ensure interns have meaningful training experiences. The training program, behavioral health leadership, and facility leadership are all invested in working together to use all available resources to ensure that interns have experiences that enable them to achieve full competency by the end of the internship year. In addition, it goes without saying that the health and safety of our psychology trainees, along with the competent care of our nation's veterans, is of utmost importance to us. We will always continue to provide high quality training in professional psychology while simultaneously keeping our trainees' health and wellness at the forefront.

Many lessons were learned in the Spring of 2020, as our trainees and staff shifted to providing clinical services and training remotely. Thus, our dedication to high-quality clinical care and psychology training and our dedication to the trainees themselves has never been stronger. For example, due to state and federal/VA mandates beginning in March 2020, and in the best interest of Veterans, staff, and trainees, a substantial transition was made to change face-to-face meetings to virtual formats. This included individual and group supervision as well as didactic and other training activities. Tele-supervision was also approved during this pandemic time, to protect both trainees and supervisors. Additionally, when indicated, all Interns were also approved to telework and provide care from their homes. These were and will continue to be decisions made based on consistent guidance with national, state, and VA regulatory organizations.

CURRENT STATUS OF INTERNS

As of July 2023, given the relatively low rate of COVID-19 transmission across the state of Montana and that the majority of staff at the MTVA have been vaccinated, functioning has largely returned to baseline.

In May 2023 a new masking mandate was released at MTVA. In summary it indicates the following:

Masking is required for staff, Veterans, and visitors in these high-risk areas:

- Infusion clinics and its waiting areas,
- Emergency Department and its waiting areas,
- Individual patient rooms in the ICU (staff and visitors only), and
- The Community Living Center (staff and visitors only) residents do not need to wear masks).

Staff may remove masks in the above high-risk areas only under the following circumstances:

- When staff are not in a patient room,
 - When staff are not within six feet of a Veteran in a congregate area (e.g., dining hall, group rooms), and
- When staff are not within six feet of a patient in an open treatment area/room.

Masking continues to be required:

- For any person with a suspected or confirmed COVID-19 infection or other viral respiratory infection.
 - If a patient or a visitor asks for Montana VA staff to wear a mask in a clinical setting, all employees are required to wear a mask.

Masking is optional:

- Masking is now optional in all other areas not listed above.

The MTVA hospital currently treats veterans using a combination of in-person, video, and telephone appointments. Currently, the majority of Behavioral Health staff are working on site and telework agreements are only granted on a case-by-case basis. Though the 2020-2021 intern class had a period of working remotely, since that time all interns have been working on-site full time, with continually adjusting safety precautions in place. Since COVID-19, interns have increased utilization of telehealth and technology-based delivery platforms. Currently, interns are not expected to experience any significant changes to the clinical services or populations served in rotation experiences described in our materials. All rotations are currently being offered to interns and rotation experiences have not changed due to COVID-19. Although this describes the current status, please note the fluid nature of safety precautions, and that this status may change at any time during subsequent training years.

CURRICULUM CHANGES AND RESOURCES

Interns will be trained during orientation on all telehealth modalities, policies, and procedures, so that these measures can be safely utilized. All orientation activities, didactics, and supervision can be provided via telehealth, if needed. Interns will be set up with VA issued laptops to enable them to access the VA network from home, if needed. At this time, interns would need their own WIFI/data service plan to access all necessities to telework from home. If an intern does not have this readily available, every attempt will be made to supply the intern with these resources. Historically, interns have been given the option to report in-person to locations where there are less staff (though supervisory staff still available), in order to work more efficiently if they do not have adequate supplies and/or are having intermittent problems with remote access.

FACILITY SAFETY PROCEDURES

Our facility previously enacted a large number of safety measures to decrease potential staff or veteran exposure to COVID-19. Previously, facility-wide safety measures included the following: staff wearing masks at all times when on campus, unless they were alone in their office; veterans being required to wear masks while on VA property; providers engaging in self-screening related to COVID-19 symptoms prior to coming on campus; staff staying home if they were not feeling well and being cleared by Occupational Health before returning to work, if experiencing any COVID symptoms; and all staff and trainees presenting to Occupational Health for treatment and screening if they develop any COVID symptoms at work. Trainees had and will continue to have access to standard surgical masks, hand sanitizer, and CAVI wipes. Interns and veterans can check MTVA facilities signage and local social media for current COVID-19 information. Additional

information about current VA COVID-19 responses and procedures is available here: [COVID-19 Health Protection Level is available here.](#)

TELEWORK FROM HOME ARRANGEMENTS

The MTVAHCS has the ability to transition, if necessary due to public health crisis, all interns to full-time teleworking while maintaining almost all training activities without significant disruption. Specifically, trainees will continue to see veterans via telehealth for individual therapy, group therapy and limited assessment; attend and participate in didactics and supervision via virtual media technologies; and benefit from live, direct observation of clinical care by supervising psychologists (who are able to join live video sessions). The decision regarding interns teleworking from home will be made in consultation with facility leadership, Behavioral Health leadership, and the Designated Education Officer. It is important to note that interns are considered paid employees of the VA and essential employees for their internship year and will be expected to follow policies set for VA staff during a pandemic. Of further note, prior to any approval for telework, interns would need to be deemed competent to provide telehealth care from home by supervisors. Supervisors would work to conduct at minimum of 2 live observations of telehealth sessions, along with testing knowledge of telehealth policy during supervision to ensure this competence.

CONTINGENCY PLANNING FOR ROTATION IMPACT

We strive to be transparent at all times; however, we are not able to predict how specific rotations or training opportunities may evolve during the training year. Based on lessons learned from prior internship classes and from Training Committee discussions, we have identified the following contingency plans in case of future pandemics.

The majority of rotation offerings are easily modified if interns are required to telework due to pandemic/national emergency. The Clinical Geropsychology, General Outpatient, Outpatient Trauma Recovery, PCMHI, and Program Development and Leadership rotations all involve clinical activities that are easily able to be provided through virtual care. Interns have successfully navigated providing individual, group, couples, family, and consultative services through virtual care options. Interprofessional team meetings in these settings typically transition to virtual meetings as well, thereby still also providing this training opportunity.

The Clinical Neuropsychology and Psychological Assessment rotations historically were not negatively impacted by COVID-19, as in-person assessments were continued to be completed across the hospital system. Interns used a combination of virtual and in-person meetings to complete these assessments. Safety precautions were used for in person meetings, including face masks, face shields, disinfecting testing supplies between uses, and social distancing. If state/federal mandates required the discontinuation of in-person meetings, these rotations would continue through the combined use of assessments with veterans using tele-health technology and simulated assessment training activities to make sure to achieve competencies.

The Residential Trauma and Substance Use Recovery rotation could also be more substantially impacted by a pandemic/national emergency. The unit is currently open at full bed census. When the unit was previously shut down due to COVID-19, interns continued to participate in virtual residential activities, including helping to develop and co-lead groups for veterans that had previously resided on the unit and were recently discharged or veterans who were on the waitlist for the program to re-open. As such, even when the unit was closed Interns were still able to gain meaningful training experiences on this rotation.

The Triage and Rapid Evaluation Clinic (TREC) rotation could also be impacted by pandemic/national emergency. This rotation is best suited for in-person experiences, due to the crisis nature of the clinical work being completed. As such, if interns were required to telework fully during this rotation, we would consider adjusting or changing the training plan to ensure adequate direct patient care hours through another rotation. That said, if this were to happen, adjunctive experiences may be possible to sharpen crisis management skills, including virtually shadowing the TREC psychologist (who would continue to be on-site), simulated role plays, and/or chart reviews/case discussions.

DUE PROCESS

All Interns are afforded the right to due process in matters of problem behavior and/or grievances. A policy for “Problems, Due Process, Remediation, Appeal, and Grievances” is included in the Intern Manual and reviewed with all interns during their two weeks of orientation at the start of internship. A copy of the policy is available to any interested applicants, upon request.

POLICY ON PSYCHOLOGY TRAINEE SELF DISCLOSURE

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

STATEMENT OF NONDISCRIMINATION

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

PSYCHOLOGY STAFF

Please note, MTVAHCS is in the process of hiring additional psychologists for the health care system. It is anticipated that additional psychology staff will be on board by the start of the 2024-2025 internship year.

Lori Armstrong, Ph.D., University of Montana, 2001. Psychologist, Health Behavior Coordinator, Fort Harrison Medical Center. Professional interests include: Integrated health care, brief therapeutic interventions, and positive mental health/resiliency. Areas of emphasis include insomnia, chronic pain, and motivational interviewing. Personal interests include women's rights, environmental issues, architecture, historic preservation, creating art, history, literature, classic films, genealogical research, and all things related to Denmark. Married for 32 years and a mother of 2 teenage daughters, she dreams of the day when she has time to actually pursue some of these interests.

****Rosanna Bailey, Psy.D., George Fox University, 2018:** Staff Psychologist, Primary Care-Mental Health Integration, Fort Harrison Medical Center. Professional interests include: Health psychology, rural mental health, and prescribing psychology. Dr. Bailey is the supervisor for the PCMHI rotation at Fort Harrison. Personal Interest Include: Outdoor activities (fly fishing, hiking, skiing, camping), spending time with family and friends, discovering new recipes, playing board games, and is probably listening to a dungeons and dragons podcast at this moment.

Stevia Baldwin, Psy.D., California School of Professional Psychology, San Diego, 2018. Staff Psychologist, Outpatient Behavioral Health, Kalispell Community Based Outpatient Clinic. Dr. Baldwin is also the Evidence-Based Psychotherapy Coordinator for MTVA. Professional interests include veteran mental health care, evidence-based treatment of posttraumatic stress disorder, posttraumatic growth, improving access to care/decreasing barriers to care, and improving

standards of care. Personal interests include nature (especially being in/on/near water: lakes, rivers, oceans), listening to music or singing, traveling, and most importantly, spending time with family.

****Ken P. Bennett, Ph.D., University of Wisconsin-Milwaukee, 2020.** Staff Psychologist, Residential Treatment Program for PTSD and SUD, Fort Harrison Medical Center. Professional Interests include: Trauma and PTSD, anxiety disorders, OCD, insomnia, uncertainty, exposure, and other behaviorally-oriented interventions. Personal interests include: All things music, outdoor activities (hiking, camping, kayaking, fishing, floating, snowboarding), cooking/baking, comedy, and spending time friends, family, and my purrfect cat, Calvin.

****Hannah Bergman, Ph.D., Case Western Reserve University, 2017.** Staff Psychologist, Primary Care-Mental Health Integration, Bozeman Community Based Outpatient Clinic. Dr. Bergman is the lead of the iFrontier team. Professional interests include: providing mental health services to frontier/rural Veterans, providing mental health services via telehealth, brief treatments to address broad range of mental health and behavioral health concerns (e.g., brief CBT-chronic pain, CBT-insomnia, brief alcohol use intervention, tobacco cessation, brief CBT-depression/anxiety) , trauma-focused/PTSD treatments (e.g., PE-PC, written exposure therapy for PTSD), and assessments (e.g., diagnostic clarification, PTSD, ADHD). Dr. Bergman is a supervisor for the PCMH rotation at the Bozeman CBOC. Personal interests include: spending time with her husband, energetic 4-year-old son, and sassy cat, exploring Bozeman, and watching binge worthy TV.

Rob Braese, Ph.D., Fuller Theological Seminary, Graduate School of Psychology, 2008. Staff Psychologist and Program Manager, Outpatient Behavioral Health, Fort Harrison Medical Center. Professional interests include: PTSD, post deployment difficulties, sleep/nightmares, moral injury, spirituality, and administration. Personal interests include: family, being outdoors, food, music/guitars.

Conrad Burbank, PsyD, Adler University, 2020. Staff Psychologist. Community Based Outpatient Clinic, Great Falls. Professional interests include: EMDR, psychodynamic psychotherapy approaches, trauma, family of origin issues. Personal interests include: camping, going to Glacier National Park as many times as I can, fishing, watching the MSU Bobcats win, spending time with my family.

****Robert E. Connell, Psy.D., Florida School of Professional Psychology, 2002.** Deputy Associate Chief of Staff for Behavioral Health. Staff Psychologist and board-certified (ABPP) in forensic psychology and in serious mental illness. Professional interests: administration, supervision, forensic psychology, neuropsychology, EBPs, and SMI psychology. Dr. Connell provides supervision for supplementary program development and assessment experiences. Personal interests: family, outdoors activities, exercise, and learning guitar.

Justin Davich, Ph.D., Palo Alto University, 2020. Staff Psychologist, PTSD-SUD Specialist, PTSD Clinical Team/SUD program, Fort Harrison VA Medical Center. Professional interests include: evidence-based treatments, trauma/stressor-related disorders, contributing cognitive factors (e.g., executive function and cognitive (in)flexibility), grief, depression and anxiety, phobias, OCD, chronic pain, couples and family, ACT-based treatment approaches, rural mental health, integrated/interdisciplinary healthcare, cultural diversity, and behavioral approaches (e.g., mindfulness and biofeedback). Personal interests include: spending quality time with family and friends, raising two little boys (8-year-old and 3-year-old) and our BIG puppy, listening to and playing music, gardening, and all types of outdoor activities (e.g., hiking, skiing, fishing, camping, etc.).

Kiley Dunlap, Psy.D., PGSP-Stanford PsyD Consortium, 2021: Staff Psychologist, Outpatient Mental Health at the Bozeman CBOC. Professional interests include: Evidence-based psychotherapies for PTSD, Emotionally Focused Couples Therapy, CBTi, therapeutic assessment, and culturally responsive care. Personal interests include: raising tiny humans, cooking, cohousing, outdoors (rafting, hiking, van camping).

Glenda Eklund, Psy.D., Arizona School of Professional Psychology at Argosy University, Phoenix, 2014. Staff Psychologist, Outpatient Mental Health, Missoula CBOC. Professional Interests: Underserved populations, integrative medicine, trauma informed care, diversity research. Personal Interests: Family activities (water parks, theme parks, traveling, board games); kayaking, hiking, paddle boarding, spending time with my two dogs.

****Jessica D. Garner, Psy.D., The Chicago School of Professional Psychology, 2019.** Staff Psychologist and Program Manager of the Triage and Rapid Evaluation Clinic (TREC), Fort Harrison Medical Center. Professional Interests include: Identity Loss after Military Service, Crisis response and occupational stress with first responders, Combat trauma and PTSD, Moral injury, couples therapy, suicide risk, insomnia, chronic pain, and psychological and forensic assessment. Dr. Garner is a supervisor for the TREC rotation. Personal interests include: Ice hockey, not running, Joe Rogan podcasts, documentaries, outdoor activities, and motivational athletes.

****Derek Grimmell, Ph.D., University of Nebraska, 1998.** Neuropsychologist, Billings Community Based Outpatient Clinic. Professional interests include: toxic exposure (including substance abuse), brain injury, and dementing disorders. Subspecialty in research and statistical methods. Five years' experience in forensic work, especially risk and threat assessment. Dr. Grimmell provides supplemental supervision for neuropsychology and psychological assessment. Personal interests include: Former software engineer and professional jazz saxophonist, and member U.S. Chess Federation.

****Tyler Halford, Ph.D., University of Louisville, 2016.** Staff Psychologist, Residential Recovery Program, Fort Harrison Medical Center. Dr. Halford is a supervisor for the Residential Trauma and Substance Use Recovery rotation. Professional interests include: interpersonal and experiential treatment approaches, strengths-based approaches to care, and working with cooccurring PTSD

and Substance use presentations. Personal interests include: raising three sons, then hoping for any time for outdoor activities (specifically hunting, hiking, fishing, camping), and following professional sports.

****David Hargrave, PsyD, ABPP-CN, University of Denver 2012.** Neuropsychologist, Behavioral Health, Fort Harrison Medical Center. Professional interests include: Differential diagnosis of dementias, epilepsy, performance validity assessment, ethics in geropsychology, student training, and the role of teleneuropsychology in rural healthcare. Dr. Hargrave supervises within the Neuropsychology Track at Fort Harrison. Personal interests include: Mountain biking, snowboarding, camping, spending time with family, playing poker, and watching college football.

****Angela Jez, Psy.D., Illinois School of Professional Psychology, 2007.** Internship Preceptor, Staff Psychologist and Program Manager, Outpatient Behavioral Health, Kalispell Community Based Outpatient Clinic. Professional interests include: PTSD, MST, depression, ADHD, lifespan issues, psychological assessment, couples therapy, and evidenced based therapies (IPT, CPT, CBT and DBT). Personal interests include a variety of outdoor adventures with her family and pets.

****Patricia Johnson, Ph.D., University of South Florida, 2017.** Neuropsychologist, Fort Harrison Medical Center. Professional interests include: neurodegenerative diseases, traumatic brain injury, cognitive rehabilitation, teaching/training, and research. Previous research topics includes Huntington's disease, emotional memory, personality, Parkinson's disease, and several multi-site studies. Dr. Johnson is the supervisor for the neuropsychology rotation at Fort Harrison. Personal interests include: hiking, traveling and exploring new places, movies/TV series, and crafts.

Julia R. Kauffmann, Ph.D., University of Denver, 2022. Graduate Psychologist, Primary Care-Mental Health Integration, Fort Harrison Medical Center; Adjunct Faculty at Carroll College. Professional interests include: health psychology, culturally-responsive healthcare, ACT and values-based interventions, trainees' experiences within the therapeutic dyad and supervision, the effects of patient-delivered offenses on trainees' clinical development. Personal interests include: live music (jam bands in particular), dirt biking, backpacking/outdoor adventures with my husband and birddog, Boone, my chickens!, gardening, canning/pickling veggies, "trash" TV.

Emily Lehman, PsyD, Pacific University, 2020. Staff Psychologist, Home-Based Primary Care and Sleep Medicine, Fort Harrison Medical Center and the Helena Sleep Center. Professional interests include: health psychology, geropsychology, sleep medicine, and rural mental health with emphases in chronic pain, end-of-life issues, and health-related behaviors. Personal interests include: camping, hiking, kayaking, bird watching, live music and concerts, and anything involving animals, especially my two Siberian huskies.

****Gretchen Lindner, Ph.D., Georgia State University, 2006.** Associate Training Director and PTSD Clinical Team (PCT) Program Coordinator, PCT, Bozeman CBOC. National Center for PTSD Mentor Program VISN 19 mentor. Professional interests include: PTSD and trauma recovery, evidence-based psychotherapies (e.g., PE, CPT, EMDR, EFT, and CBT-I), couples therapy, and student/staff

training. Dr. Lindner is a supervisor for the Outpatient Trauma Recovery rotation at the Bozeman CBOC. Personal interests include: trying to keep up with my 2 very busy boys, spending time with family, connecting with friends, cooking, movies, and being outside (skiing in winter and camping in summer).

****Dana O. Mato, Psy.D., Adler University, 2010.** Staff Psychologist, BHIP & HUD-VASH Program Manager, Outpatient BH Supervisor at the David J. Thatcher Community Based Outpatient Clinic in Missoula. Professional Interests include: Evidence-Based Practice, Trauma Focused Treatments, Health Psychology, Health Equity, Social Determinants of Health, LGBTQ+ Issues and Gender Affirming Care, Culturally Competent Care, Psychological Testing & Differential Diagnosis, Neurodevelopmental Disorders, Brief Interventions, OCD Spectrum, Psychology Training, Program Development, Translational Research, Health Behavior Change. Dr. Mato supervises the General Outpatient rotation in Missoula and provides supplemental assessment and supervision training. Personal Interests: Outdoor adventures (camping, hiking, kayaking, paddle boarding, river fun); Baseball; Fly Fishing; overseas travel; fine wine, improving my Spanish language proficiency; spending time with our 2 active sons.

****Joanna Legerski McCormick, Ph.D., University of Montana, 2010.** Director of Psychology Training, Deputy Chief of Psychology, and Staff Psychologist, Outpatient Behavioral Health, Fort Harrison Medical Center. Dr. McCormick is also the Geriatric MH Champion for VISN 19, Rocky Mountain Network. Professional interests include: rural mental health, individual and family trauma, PTSD, family adjustment, geriatric mental health, and evidence-based therapies (e.g., CPT, IPT, CBT-I, Cognitive-Behavioral Conjoint Therapy for PTSD, Integrated Behavioral Couple Therapy, Complicated Grief, and mindfulness based self-compassion). Dr. McCormick is a supervisor for the Clinical Geropsychology and General Outpatient rotations at Fort Harrison. Dr. McCormick completed her 200 hour Yoga Teacher Training in 2023. Personal interests include parenting two boys and horseback riding with her family on backcountry trails.

****Leslie McGovern, Ph.D., University of Wyoming, 1994.** Clinical Psychologist in BHIP, Interim Program Manager BHIP Bozeman. Professional interests include: Working with PTSD and trauma-informed care, treatment of military and childhood trauma, Gestalt and embodied psychotherapy, and Mindfulness and meditation. She has worked in both BHIP and Residential Treatment programs within the VA. Prior to that, she was in private practice for over 20 years. Dr. McGovern supervises the General Outpatient rotation at the Bozeman CBOC. Personal interests include dogs of all types and sizes, knitting and yarn (did I say knitting yet?), running, walking, hiking, travel, being with friends and being outdoors.

****Sandra Lotshaw Micken, Ph.D., University of Montana, 1994.** Staff Psychologist, Outpatient Behavioral Health, Fort Harrison Medical Center. Professional interests include: rural mental health, integrated healthcare/health psychology, couples therapy, insomnia, psychological evaluations, and psychology intern training/mentoring. Dr. Micken is a supervisor for the General Outpatient rotation at Fort Harrison. Personal interests include hiking, yoga, skiing, travel, family, and enjoying live music events.

****Jessica Peltan, Ph.D., Idaho State University, 2012.** Virtual Staff Psychologist, Outpatient Mental Health, Billings Community Based Outpatient Clinic. Dr. Peltan is a national Motivational Interviewing EBP trainer and consultant for the VA. Her professional interests include: MI, program development, trauma-related disorders, substance use, establishing an anti-racist and ally identity as psychologist, understanding role of privilege/power in mental health/treatment, leadership development in the VA, and considering gender in professional settings. Dr. Peltan is the supervisor for the virtual General Outpatient rotation out of the Billings CBOC. Dr. Peltan identifies her professional interests as: My human child and fur babies, skiing, hiking, traveling, anything outdoors.

****Michelle Springfield, Psy.D., American School of Professional Psychology, Washington DC, 2018.** Staff Psychologist, Equine Assisted Therapy Program Coordinator, Outpatient Behavioral Health Clinic, Fort Harrison Medical Center. Professional interest include: Health Psychology, complementary/integrative behavioral medicine approaches (e.g., mindfulness, biofeedback, whole health), Equestrian Assisted Psychotherapy/Activities, and ACT-based treatment approaches. Subspecialty interest in presurgical psychological assessments (e.g., transplant and bariatric evaluations). Dr. Springfield provides supplemental supervision for the psychological assessment rotation and for Equine Therapy experiences at Fort Harrison. Personal interest include: raising three adorable (but kind of spoiled) kids, anything and everything with horses, exploring Montana, and all things Marine Corps.

****Cara Stahl, Psy.D., Regent University, 2014.** Virtual Staff Psychologist, Outpatient Mental Health, Billings VA Health Care Center. Dr. Stahl is also a national VA consultant for the Cognitive Behavioral Therapy for Insomnia EBP training program. Her professional interests include: sleep-wake disorders, trauma-related conditions, evidence based therapies (e.g., CBT-I, IPT, CPT, PE, ACT, CBT), psychological assessment, and diversity. Dr. Stahl provides supervision for a general outpatient-virtual rotation. Personal interests include: spending quality time with family and friends, outdoor activities, music, and travel.

Curtis Tillotson, Psy.D., Azusa Pacific University, 2008. Staff Psychologist, Residential Trauma Recovery Program, Fort Harrison Medical Center. Professional interests: Medical and psychological hypnosis; Co-occurring PTSD/SUD, Moral Injury, evidence-based therapies (e.g., CPT, MET, PE, WET), adventure-based experiential education and adjunctive therapies. Personal interests include: family, friends, cooking, movies, cycling, fishing, landscaping, and stained glass work.

****Christian Zal-Herwitz, Ph.D., University of Montana, 2015.** Staff Psychologist and Program Manager, PCMHI-West, stationed at the David J. Thatcher Community Based Outpatient Clinic in Missoula; Affiliate Faculty, University of Montana. Professional interests include: health behavior change (e.g., chronic pain, diabetes), MAC (i.e., mindfulness, acceptance, compassion) approaches, brief interventions (e.g., Behavioral Activation), trauma-focused treatment (e.g., Prolonged Exposure for Primary Care), training, and LGBTQ+ issues. Dr. Zal-Herwitz is a supervisor

for the PCMHI rotation, the director of the psychology practicum program, and chair of the Diversity Mentoring Program for interns. Personal interests include: my wife, this golden age of television, sci-fi and fantasy film and literature (RIP Ursula K. Le Guin), meditation, spaghetti, and Radiohead.

*** Denotes core training faculty*

PROGRAM SUPPORT STAFF

Sean Clark, Program Support, Fort Harrison Medical Center.

Kathleen M. Farquhar, Psychometrist, Fort Harrison Medical Center.

GRADUATE PROGRAMS OF INTERNS

Adler University (x2)

Alliant IU/CSPP-San Francisco

American School of Professional Psychology-Argosy, Washington DC

American School of Professional Psychology-Argosy, Southern California

Chicago School of Professional Psychology (2x)

Chicago School of Professional Psychology, Irvine Campus

Divine Mercy University

Fielding Graduate University

Florida Institute of Technology (x2)

George Fox University (x2)

Immaculata University

Indiana State University

Midwestern University-Glendale (x3)

Pacific University (x3)

PGSP-Stanford Consortium

Seattle Pacific University

University of Arkansas

University of Denver

University of Kentucky-Lexington

University of Louisville

University of Missouri – Kansas City

University of Montana

University of North Dakota

University of North Texas

University of Oregon

University of Wisconsin – Milwaukee

POST INTERNSHIP PLACEMENT OF INTERNS

The Montana VA Psychology Internship has demonstrated consistent positive outcomes for program graduates. All interns have achieved desirable placements after internship. Below is a list of recent placements:

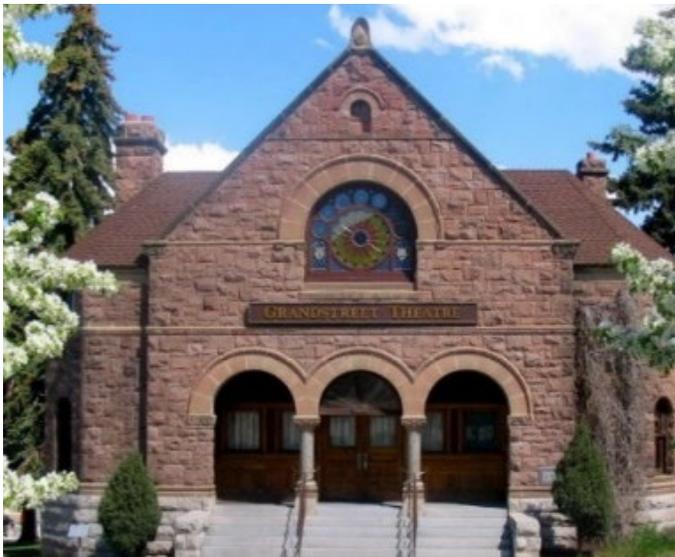
- Graduate Psychologist, G.V. (Sonny) Montgomery VA Medical Center
- Graduate Psychologist, Montana VA Health Care System (x6)
- Postdoctoral Fellow, Community-Based/GMH, San Francisco VA Healthcare System
- Postdoctoral Fellow, Emphasis in Addictions, John D. Dingell VA Medical Center
- Postdoctoral Fellow, Interprofessional Mental Health, Tennessee Valley Healthcare System
- Postdoctoral Fellow, Lighthouse Associates
- Postdoctoral Fellow, Police Psychology, Nicoletti-Flatter Associates (x2)
- Postdoctoral Fellow, Samuel S. Stratton VA Medical Center
- Postdoctoral Fellow, Sierra Tucson
- Postdoctoral Geropsychology Fellow, Captain James A. Lovell Federal HCS
- Postdoctoral Geropsychology Resident, Oklahoma City VA HCS
- Postdoctoral Neuropsychology Fellow, Central Arkansas VA HCS
- Postdoctoral Neuropsychology Fellow, Portland VA HCS
- Postdoctoral Neuropsychology Fellow, VA Maine Health Care System
- Postdoctoral Neuropsychology Resident, Edith Nourse Rogers Memorial Veterans Hospital
- Psychology Resident, Medical Service Corps/Womack Army Medical Center
- Postdoctoral Resident, Strong Integrated Behavioral Health
- Psychology Resident, St. Charles Medical Center
- Resident Psychologist, Providence Health and Services
- Staff Psychologist, Montana State Hospital
- Staff Psychologist, PTSD Clinical Team, Phoenix VA Health Care System
- Staff Psychologist, VA Western New York Healthcare System

LIVING IN HELENA, MONTANA

Helena is the state capitol of Montana's total population of 1,085,407 (according to 2020 census), and within the city limits reside approximately 33,000 persons. The greater Helena area population is over 63,000. Helena is located in the Rocky Mountains and adjacent to the clear waters of the Missouri River. Historians state that people of the Folsom culture lived in this region over 10,000 years ago. Many other native people, including the Salish and Blackfeet

came to this area on a seasonal basis. By the early 1800s trappers of European descent came through this region as they worked the Missouri River. Helena as a community was born in 1864 when prospectors known as the Four Georgians struck gold at a place they called “Last Chance Gulch,” now Helena’s main street. From this gold strike, Helena experienced a mining boon and eventually became a transportation hub that developed roads and railroad connections for the extraction and agricultural industries of the region. While today the mining industry may not be the windfall it once was, it is believed that half the world’s sapphires are found in Montana and prospecting continues to be a popular activity.

Interns and staff suggest the weekly Farmer’s Market and Craft Fair in downtown Helena and the pedestrian mall as favorite activities for good food and people watching. Just off the Helena downtown area you might also like to take a hike right in town on Mount Helena, a 620 acre park that looks down on the city from its 5,468 foot peak. From the Mount Helena trailhead, a number of well-marked trails provide options for hiking to the peak, circling the mountain, or walking out into Helena National Forest. Within 13 miles of Helena there are five local access points to the Continental Divide Scenic Trail. This area is also well known to the mountain biking enthusiast community.



If you enjoy the outdoors, the forests surrounding Helena are home to an abundance of deer and elk as well as many other wildlife species. Excellent fishing can be found in Helena area lakes and streams. Four of our favorite lakes include: Hauser, Helena, Holter, and Canyon Ferry. If you are keen for local skiing the Great Divide Ski Area is 20 miles from downtown, near the tiny town of Marysville. Many snowmobile and cross-country trails are also located just outside of town.

Throughout the year local community activities will keep you busy with theater and symphony performances, museum tours, jazz festivals, concerts, rodeos, and running races such as the renowned “Governor’s Cup.” You might also like to observe, or if you are daring, participate in winter sports such as dog sledding and skijoring. If you like home grown food, local beer, the rural Montana landscape, *and* music; the Red Ants Pants Music Festival held every July in nearby White Sulphur Springs is not to be missed.

Helena has a very stable and viable economy with an unemployment rate traditionally below average in Montana and one of the lowest in the United States. The largest employers in the city are government related. State statistics report 45% of Helena residents as having at least a four-year college degree. In addition to Fort Harrison VA Medical Center, the Helena based Shodair

Children's Hospital and St. Peter's Hospital provide quality healthcare services for the community and the state.

MORE TO EXPLORE



Yellowstone National Park (3:00)
<https://www.nps.gov/yell/index.htm>



Glacier National Park (3:20)
<https://www.nps.gov/glac/index.htm>



Grand Teton National Park (5:15)
<https://www.nps.gov/grte/index.htm>



Jackson Hole, Wyoming (5:00)
<https://www.jacksonholechamber.com/>



Alberta, Canada (3:00)
<https://www.travelalberta.com/us/>



Coeur d'Alene, Idaho (4:15)
<https://coeurdalene.org/>



<http://www.montana.va.gov/about/history.asp>



<http://www.helenamt.com/>
<https://www.visitmt.com/places-to-go/cities-and-towns/helena.html>



<http://www.bozemancvb.com/>



<http://destinationmissoula.org/>

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: July 2023

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	Yes
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p> <p><i>The Department of Veterans Affairs (VA) must follow all federal statutes, Equal Employment Opportunity, Affirmative Action policies and approved VA regulations interim and final rulings. To participate in training at a VA, a Health Professional Trainee (HPT) must meet all federal eligibility requirements. Additional information regarding federal eligibility can be found starting on page 4 in this brochure and/or the following weblinks:</i></p> <p style="text-align: center;"> https://www.va.gov/oa/hpt-eligibility.asp https://www.va.gov/OAA/docs/2021HPTInstructionsv4_1.pdf </p>	
Internship Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:	
<p><i>The Montana VA Health Care System Psychology Internship program is a good fit for students who are interested in developing strong generalist or neuropsychologist skills to function effectively as psychologists in an interprofessional treatment setting. In particular, the internship seeks students with experience or interest in rural or veteran mental health care. We are seeking candidates who have strong academic backgrounds and are skilled in diagnostic assessment and interventions. We are committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status.</i></p>	

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, Amount = 300
Total Direct Contact Assessment Hours	Yes, Amount = 50
Describe any other required minimum criteria used to screen applicants:	
<i>Our internship seeks students from APA, CPA, or PCSAS accredited Ph.D. or Psy.D. clinical or counseling programs who are in good standing. Applicants must have competed at least 3 years of academic study, have completed their comprehensive or qualifying exams, and have successfully proposed their dissertation.</i>	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns	\$33,469
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): <i>Time off for Annual Federal Holidays (11 days) provided and up to 40 hours of professional development release time.</i>	Yes
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Internship Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	2019-2022
Total # of interns who were in the 3 cohorts	12

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1
Academic teaching	<i>PD = 0, EP = 0</i>
Community mental health center	<i>PD = 0, EP = 0</i>
Consortium	<i>PD = 0, EP = 0</i>
University Counseling Center	<i>PD = 0, EP = 0</i>
Hospital/Medical Center	<i>PD = 1, EP = 0</i>
Veterans Affairs Health Care System	<i>PD = 2, EP = 4</i>
Psychiatric facility	<i>PD = 0, EP = 1</i>
Correctional facility	<i>PD = 0, EP = 0</i>
Health maintenance organization	<i>PD = 0, EP = 0</i>
School district/system	<i>PD = 0, EP = 0</i>
Independent practice setting	<i>PD = 2, EP = 0</i>
Other	<i>PD = 1, EP = 0</i>
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.	

