



**Psychology Predoctoral Internship Program**  
Spokane VA Medical Center  
4815 N. Assembly Street  
Spokane, WA 99205  
(509) 434-7000  
<https://www.va.gov/spokane-health-care>

**MATCH Number: 221511**  
**Applications Due: November 2, 2023**

Dear Prospective Intern,

The Training Committee at the Spokane VAMC Psychology Predoctoral Internship Program is pleased that you are interested in our program. We hope that the enclosed materials will provide you with more information regarding the uniqueness of our training experience.

The Spokane VA Medical Center and its two associated Community Based Outpatient Clinics (CBOCs) in Coeur D'Alene, ID and Wenatchee, WA have a large catchment area that includes urban, rural, and highly rural areas of eastern Washington, western Montana, and northern Idaho. More than 60% of the Veterans served at our hospital and CBOCs reside in rural areas.

Interns may choose from a variety of clinical settings for their major and minor rotations, including the PTSD Clinical Team, Primary Care Mental Health Integration, Neuropsychology, the Community Living Center, the Acute Psychiatric Unit, the Pain Clinic, and the Substance Treatment Program. Our service has adopted a Behavioral Health Integration Program model (BHIP), meaning interns will have the opportunity to work with professionals of varying disciplines (e.g., Psychiatry, Nursing, Social Workers, and Mental Health Counselors) on many of these rotations. Interns will be trained in at least two evidence-based practices (Acceptance and Commitment Therapy, Prolonged Exposure, Cognitive Processing Therapy, Motivational Interviewing, Cognitive Behavioral Therapy for Insomnia, Interpersonal Therapy for Depression). In addition to working with supervisors who are trained in the above mentioned EBPs, there are opportunities to work with supervisors who are specialists in a variety of theoretical orientations including psychodynamic, cognitive behavioral, interpersonal process, existential, and client-centered.

Our faculty are committed to providing excellent clinical training and supervision while facilitating professional growth in a collaborative, supportive environment. Past interns have consistently provided feedback that they enjoyed the ability to work within many different interdisciplinary teams and felt relationships with supervisors were collegial and supportive. Additionally, our past interns have been exceptionally successful in securing postdoctoral fellowships and jobs.

In addition to training opportunities offered at the Spokane VAMC, eastern Washington is a breathtaking place to live with four distinct seasons. Spokane is the metropolitan center of the Inland Northwest region with a growing population currently over 200,000 within city limits and nearly 600,000 in the metropolitan area. It is located on the Spokane River and is 110 miles south of the Canadian border, approximately 20 miles from the Washington-Idaho border, and 271 miles east of Seattle. Spokane offers an abundance of outdoor activities and you can be on the river, in lake country, or hiking/skiing on one of several mountains within minutes of the city. It is identified as a "green" and

bike-friendly community. The town motto, “Creative by Nature,” speaks to a blend of accessible natural highlights with regional city-center resources. For those interested in more urban attractions, downtown Spokane and surrounding areas offer a growing selection of amenities, including first-rate dining, entertainment, theater, sports, and shopping. As the second largest city in the state, Spokane is the commercial hub for a large surrounding area and is home to a number of excellent medical facilities, medical training programs, colleges, and universities as well. For more information, see <https://www.visitspokane.com/> and <https://greaterspokane.org/relocation-guide/>.

We hope that you find the following pages informative and helpful as you begin the decision process of choosing an internship. We wish you all the best in your internship application process. ***If you have any questions, we encourage you to contact us. We look forward to hearing from you.***

Sincerely,  
The Spokane VAMC Training Committee

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### **Program Statement on the COVID-19 Pandemic:**

The COVID-19 pandemic has created challenges for us all, including those of us involved in training future psychologists. Though the national emergency has been declared over, we continue to prepare onboarding interns to work from home in the event of shutdowns, the need to isolate, or other events that may necessitate teleworking. All BHS clinicians at the Spokane VA are issued laptop computers and may request other technology as needed (e.g., additional monitor, headset, microphone). Clinicians who telework complete computer-based trainings in providing telehealth and the internship program faculty provide numerous opportunities to discuss the process with interns during orientation. Current and former interns have continued to provide evidence-based therapies in individual, group, and couples formats virtually. All supervision, didactics, journal club meetings, etc., have been conducted remotely using Microsoft Teams or a VA tool called Virtual Video Conferencing with very little impact on productivity overall; we continue to offer both in-person and virtual formats for these training components. In addition to providing high quality clinical care to our veterans, interns have learned valuable new skills that will no doubt serve them well as they move on to postdoctoral training and careers. Current interns have primarily worked on station providing both in-person and virtual care. As the pandemic has transitioned in status over time, PPE continues to be available for all who wish to use it but is not routinely required for most patient care.

At this time, our training program is ready to support incoming interns in providing both in-person and telehealth services as needed based on experience, training, patient care needs, and regional and federal guidelines. Whatever the future holds, our psychology training team at the Spokane VA remains thoroughly committed to providing interns with high quality learning experiences and supervision in all necessary modalities. To this end, we are participating in a national VA Telesupervision Quality Improvement Project that involves collecting data regularly on supervision experiences (both in-person and virtual) and clinical outcome measures. Participation is optional and is a collaborative decision between intern and supervisor with final approval needed from the directors of clinical training and psychology section chief.

In an effort to provide the most equitable and safe interview experience for all invited applicants, the training committee has chosen to exclusively conduct virtual interviews for the foreseeable future.

### **Accreditation Status:**

The Spokane VAMC Psychology Predoctoral Internship Program was established in 2012 and became fully accredited by the American Psychological Association in 2015. The next APA site visit will occur in 2024 due to pandemic-related delays. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington DC 2002  
Phone: (202) 336-5979 E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: <http://www.apa.org/ed/accreditation>

### **Internship Admission, Support, and Initial Placement Data**

#### **Application & Selection Process:**

VA policy requires internship funding to be provided only to students who are U.S. citizens and enrolled in APA-accredited clinical or counseling psychology doctoral programs. In addition, we require completion of the “Academic Program’s Verification of Internship Eligibility and Readiness” form to verify applicants' readiness and recommendation for internship by their Clinical Training Director. To be considered for interview or ranking, applicants are required to have completed at least 500 direct hours of intervention experience, as well as 100 hours of assessment experience. We also require applicants to have completed at least five integrated adult assessment reports that must include at least one administration and interpretation of the WAIS-IV and a personality measure (MCMI-III or IV, MMPI-2, MMPI-2-RF, MMPI-3, or PAI). Applicants with veteran status, training backgrounds in adult psychotherapy and clinical assessment, and experience or interest in rural programming and generalist training will be given preference. We are committed to ensuring a range of diversity among our training classes and equitable consideration is given to applicants representing elements of diversity including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, social economic status, and military service.

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.

[Resources for Health Professions Trainees Coming to VA - Office of Academic Affiliations](#)

Another helpful link: [Trainee Qualifications and Credentials Verification Letter \(TQCVL\) - Office of Academic Affiliations \(va.gov\)](#).

#### **Application Process:**

To apply, submit the following materials electronically through the online APPIC Application for Psychology Internships:

1. APPIC Application for Psychology Internship
2. Curriculum vita
3. Three letters of recommendation

**Important Eligibility Requirements for All Internship Applicants:**

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the U.S. Office of Personnel Management; exceptions are very rarely granted.
3. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Please note that marijuana and marijuana derivatives, including CBD, are considered a Schedule 1 controlled substance federally (even for medical use with a prescription) and is therefore not permissible to use as a trainee at this facility. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing, as are other employees. For more information on how this impacts trainees: [www.va.gov/oaa/app-forms.asp](http://www.va.gov/oaa/app-forms.asp)
5. It is important to note that vaccination against COVID19 is a requirement of employment at all VAs, which includes psychology interns after match.

[\\*Am I Eligible? Checklist for VA HPTs](#)

Internship applicants must also meet these criteria to be considered for any VA Psychology Internship Program:

1. Doctoral student in good standing at an APA, CPA, or PCSAS-accredited graduate program in clinical or counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in clinical or counseling psychology are also eligible.
2. Approved for internship status by graduate program training director.

**Match Number:**

221511

**Important Deadlines:**

Application Deadline: November 2, 2023  
Interview Notification: November 20, 2023  
Virtual Interviews: Wednesday, January 3, 2024 or  
Thursday, January 4, 2024

### **Candidate Interviews and Selection:**

The Training Committee will review all applications based on the following criteria:

1. Applicant's interest and experience as it relates to the VHA, facility, and generalist training program mission.
2. Clinical competency.
3. Cultural humility and interest in rural populations.
4. Academic, research, and professional achievements.

We only offer virtual interviews to facilitate equitable interviewing opportunities to applicants and to reduce the financial burden associated with travelling to our internship site in person. Candidates selected for interview will be contacted by email to schedule a virtual interview on one of the two days listed above; for those candidates who are unable to attend on those days, alternative dates/interview times will be considered. Individual interviews will be conducted with a variety of faculty members and candidates will have opportunities to meet with current interns. The primary purpose of the interview is to assess the candidate's professional experiences, areas of training in which the candidate would like further development, and the match between the program and the candidate's professional interests.

\*It is important to note again that vaccination against COVID19 is a requirement of employment at all VAs, which includes psychology interns after match.

### **Psychology Training Model and Program Philosophy:**

The Spokane VAMC Psychology Predoctoral Internship Program offers four internship positions. The internship is a 52-week, 40-hour per week program. Clinical experiences will emphasize development of skills for serving diverse veterans in urban, rural, and highly rural settings. The mission of the Spokane VAMC Psychology Predoctoral Internship Program is to provide comprehensive generalist training in professional psychology based on the practitioner-scholar model. Our primary goal is to develop an intern's knowledge, skills, and abilities through direct, supervised patient care and integrated educational and scholarly opportunities that will prepare them for licensure, postdoctoral residencies, and entry-level professional positions. The training program emphasizes development of clinical and professional skills commensurate with providing services within VHA and with rural populations. While interns will spend the majority of their time in direct patient care, the intern's training goals are of primary importance and take precedence over workload demands. Our program's emphasis on the application of current scientific knowledge to professional delivery of services is reflected in the content of training experiences, which include training in evidence-based practices, exposure to varied treatment settings, application of clinical research, and participation in didactics offered by both Spokane VAMC staff and local experts. Interns receive formal and informal feedback and evaluations throughout the year and internship training directors will remain in contact with academic program training directors as needed to facilitate intern training. Our goal is to provide each intern with a broad range of training experiences in assessment, intervention, and consultation with a wide array of patients in medical and mental health settings.

### **Emphasis on Diversity, Cultural Humility, and Personal Awareness of Implicit Bias:**

In keeping with the APA Ethics Code, the Spokane VAMC Psychology Predoctoral Internship Program places a strong emphasis on training in diversity and cultural awareness. Given the geographically large area served and the limited number of healthcare resources in Eastern Washington for veterans, those

seeking care at the Spokane VAMC often live in rural and highly rural areas. This internship, therefore, offers distinctive opportunities to work with veterans living in a growing urban setting as well as veterans living (sometimes for several generations) in densely agricultural regions. This juxtaposition often leads to unique opportunities to explore highly variable sociopolitical perspectives and worldviews in clinical work with veterans. Additionally, though the demographic of Spokane does not include a nationally representative ratio in terms of racial diversity, interns are encouraged to remain mindful of race based differences in their work with veterans and colleagues. Our faculty strive to incorporate cultural awareness into all of our work and to intentionally create space to dialogue around difference in genuine and respectful ways. In an effort to ensure these aspirations are translated into practice, our internship program utilizes the framework of Reflective Local Practice (Sandeem, Moore, & Swanda, 2018). This framework emphasizes awareness of local cultures as well as one's own cultural identities and influences. Supervisors and interns are encouraged to use structure self-assessments to guide discussions about bias and cultural differences as they relate to clinical care of veterans. Directors of clinical training also facilitate three to four immersion activities to facilitate increased knowledge of local culture(s). These activities are optional, and trainees are never required to share personal information, though our faculty work hard to create a relationally safe environment in which interns feel comfortable to challenge themselves and grow. We encourage interns to regularly consider how cultural variables impact assessment, treatment, interdisciplinary consultation, and other clinical services in order to facilitate development into thoughtful and culturally humble professionals.

All VA Medical Centers have an Equal Opportunity Specialist on staff whose goal is to ensure that no employee is discriminated against based on their cultural background, sexual preference, age, gender identity, religion, or race. Additionally, many of our veterans come from varied socioeconomic and educational backgrounds. There is a relatively large transgender population that obtains medical and mental health care at our facility and we celebrated a historic milestone in 2022 by having the Pride flag flown alongside the American flag throughout the month of June. Native American cultures are also a significant influence in the area and interns are encouraged to learn about local tribes and take part in sweat lodge ceremonies if desired, which occur weekly to monthly on the grounds of the hospital. Our VA also serves veterans from multiple eras of service and represents a wide range of age- and cohort-related concerns when presenting for mental health services. Our faculty have created a working document with regularly updated cultural events in the Spokane area and interns are reminded of these regularly to encourage attendance on their own time if desired. The internship program provides a broad range of didactics on diversity topics, though we encourage discussion of individual and cultural diversity in every didactic as is fitting. In addition, we encourage interns to attend various presentations hosted within the facility on a variety of diversity-related topics throughout the year.

### **Program Structure:**

Interns will spend the first two weeks of internship being oriented to the VA, the Behavioral Health Service lines, and to the Psychology Internship. Interns will meet with the co-training directors and will be given a detailed overview of the program and competencies required for successful completion of the internship. Each intern will also complete a self-assessment of their current interests, theoretical orientation, and experience in the field of psychology, which will help inform rotation assignments and provide a baseline for tracking progress and growth over the year. Interns will have the opportunity to discuss possible minor rotation placements with each of the supervising psychologists via scheduled "office hours" or by appointment. During the second week, interns will collaboratively discuss preferences with the co-training directors and will then be assigned their major rotation supervisor and minor rotations. Intern preferences are strongly weighted in selection of rotations, though rotations may also be assigned based on training needs or availability. Interns will also complete structured test

administration training and practice with various cognitive assessment measures in order to ensure their competency to independently administer these instruments. Within the first several weeks of the internship, each intern will complete one baseline written assessment report in order to determine their current level of competency in this area and to guide further training and supervision. Interns will also be provided with didactic training on telemental health and will complete required documents needed to telework should the need arise.

On each rotation, supervisors assist in selecting patients, making referrals, facilitating intern participation in any relevant weekly meetings, and providing weekly individual supervision. Interns will obtain a minimum of four hours per week of supervision with at least two of those hours in direct face-to-face individual supervision. Certain rotations only offer Telesupervision due to supervisors working remotely; participation in these rotations will be considered based on intern competence and readiness to provide telemental health services and Telesupervision. Interns' experiences and opportunities will follow a step-wise progression increasing in case complexity with a trajectory of increased clinical independence as their exposure, education, supervision, and ability demonstrates.

Interns will participate in a weekly two-hour didactic intended for professional development in multiple profession-wide competencies and other areas related to mental health. Interns will also participate in other pertinent clinical and educational opportunities including guest lectures, journal club, ethics discussions, assessment seminars, complex multi-disciplinary case management meetings, and psychology training committee meetings. Interns will present a minimum of two formal case presentations to the training committee, one didactic training, and complete a quality or process improvement project. Past interns have had the opportunity to complete a weeklong PCMHI training and obtain certification in the model, though this training cannot be guaranteed. Finally, over the course of the year interns will be expected to complete at least six integrated assessment reports, which may include evaluations for psychodiagnostic clarification, cognitive screening, or neuropsychological testing.

Interns will participate in weekly one-hour group supervision meetings with the co-training directors during which the interns staff cases, provide and discuss peer consultation, and discuss complex presentations with the co-training directors. Additionally, these weekly group supervision meetings provide the interns with time to collaborate and discuss internship issues, concerns, challenges, and successes. Finally, each intern will serve a three-month term as a Lead Intern and the psychology training committee representative. The Lead Intern will communicate intern feedback to the training committee and provide input on programmatic changes, as well as other duties as assigned.

Interns will be evaluated quarterly throughout the internship by each supervisor, though progress is continuously reviewed throughout the course of internship. Interns will receive direct feedback through supervision and with formal assessment of their progress quarterly. Formal evaluations include assessment of performance on both major and minor rotations. Baseline evaluations are included in several areas as well (including assessment report writing and case conceptualizations) to provide evaluating supervisors with intern specific data to refer to when measuring progress over the course of the year. Successful completion of the internship will indicate competence for continued work in professional psychology as well as in the VHA system.

#### **Training Experiences Offered:**

Interns will select one major rotation and up to two minor rotations per six-month period. If interns do not select Psychotherapy as their major rotation, they will be required to participate in it as one of their minor rotations for the entire year. Please note that the availability of each rotation may change over



the course of the year due for various reasons. Intern interest, professional goals, post-doctoral aspirations, rotation/supervisor availability, and faculty identification of training needs help guide the selection of rotations and we will work with interns to be as flexible as possible in meeting individual training year goals. If changes to an intern's minor rotation choices must be made for any reason, every effort will be undertaken to balance the intern's individual goals with their current training plan. The specific training plan developed by an intern will require the approval of the co-training directors and supervising training committee member. Below is a list of all rotations that are offered at our facility.

### ***Major Rotation Options***

**Psychotherapy:** Interns gain experience treating an array of mental health disorders as a clinical team member in the outpatient General Mental Health (GMH) treatment clinic. This clinic serves urban and rurally-located veterans in the Spokane area as well as veterans from across the region referred for psychiatric treatment. Primary duties include clinical weekly intakes, individual and group therapy, assessment, interdisciplinary treatment team planning, patient feedback, and possibly couples therapy if interested. Interns receive training and supervision using evidence-based interventions with a broad range of psychological disorders and symptom severity, such as mood disorders, anxiety disorders, psychotic disorders, somatoform disorders, etc. Interns may work with veterans from a full range of military service eras and of varied ages, races, ethnicities, religions, gender identities, sexual orientations, and SES. Veterans seeking mental health treatment in our clinic may not have other insurance or stable housing and many have chronic mental illness and many other psychosocial stressors impacting their mental health and wellness. Interns may also have the opportunity to follow inpatient veterans into the outpatient setting and vice versa to provide continuity of care as appropriate. If interns do not select this rotation as a major rotation, they must participate in it as a minor rotation. Supervisors: Hugh Leonard, Ph.D., Emily Crawford, Psy.D., Darrelle Volwiler, Ph.D.

**Acute Psychiatric Unit:** The APU rotation provides opportunities for brief interventions with Veterans in both individual and group formats emphasizing crisis stabilization. Interns also have opportunities to conduct informal suicide risk assessments and safety plans. Finally, interns on this rotation have ample opportunity to work and consult with the inpatient interdisciplinary team that includes psychiatrists, psychiatric nurse practitioners, physician's assistants, social workers, psychiatric nurses, clinical pharmacists, peer support specialists, and students from various other disciplines. Supervisor: Emily Crawford, Psy.D.

**Primary Care Mental Health Integration (PCMHI):** This rotation provides interns with the opportunity to experience how psychologists function when embedded directly in a primary care setting. The short-term, problem-focused approach that defines this area will be taught, as well as how to work closely with physicians, nurses, and other associated professionals to provide quick access to veterans in need of health-related interventions. Short-term interventions focusing on depression/stress management, adherence to medical advice, coping with health-related anxiety, and evidence-based treatment for insomnia are taught. In addition, motivational interviewing techniques focused on helping patients change unhealthy behaviors are emphasized. Supervisors: Joe Mitrovich, Psy.D., Macey Wolfe, Ph.D., Shira Kern, Ph.D.

**PTSD Clinical Team (PCT):** Interns on the PCT rotation work with veterans diagnosed with PTSD of all service eras in a specialized PTSD outpatient clinic. Interns work with rural, highly rural, and urban veterans with a wide variety of clinical presentations and traumatic experiences, particularly combat and military sexual trauma. Primary duties include assessment with attention to differential diagnosis,

treatment planning, individual therapy, and group therapy. Interns may participate in weekly multidisciplinary team meetings presenting cases, reviewing recent literature, and conducting treatment planning. Interns receive training and supervision in evidence-based psychotherapy for PTSD, with emphasis on Prolonged Exposure. Interns on the PCT rotation also have opportunities to facilitate and co-facilitate psychotherapy groups and provide psychotherapy to veterans with PTSD and co-occurring Substance Use Disorders. Supervisors: Eric Krueger, Ph.D. and Shabia Alimohamed-Janmohamed, Ph.D.

***All of the above rotations are also available as minor rotations, in addition to following:***

### ***Minor Rotation Options***

**Community Living Center (CLC), Geriatric/Hospice/Palliative Care:** The Mann-Grandstaff VAMC offers short-term residential care, inpatient rehabilitation services, and hospice care in a 38-bed facility. Veterans receiving rehabilitation care tend to be middle-aged or older and frequently have complex comorbid medical, psychiatric, substance abuse, and psychosocial problems. The CLC rotation provides an intern with experience working on an interdisciplinary team of providers from medicine, nursing, social work, pharmacy, dietary services, physical therapy, occupational therapy, recreation therapy, chaplaincy, and speech/language pathology. These providers work together to treat veterans with critical and/or chronic illness. Veterans served by the CLC are medically complex and need intensive interdisciplinary management due to the complexity and/or severity of their health problems, pain management and/or end-of-life. Addressing the psychological components of quality of life considering chronic illness and/or end-of-life is the focus. Due to the nature of chronic illness, interns learn to be organized and flexible with scheduling so as to best provide veteran-centered care. The psychologist's and intern's roles include: (1) assessing the mental health and cognitive needs of Veterans using clinical interview and brief psychological screens or assessments; (2) brief treatment planning and education; (3) provision of brief and long-term individual, couples, and family psychotherapy; (4) consultation with medical team; and (5) participation in interdisciplinary team care planning. Interns have the opportunity to participate in all of these components of care. Interns may have the option of starting a group related to chronic illness or other health-related topic. Due to COVID-19 related restrictions, some components of this rotation may be modified. Supervisor: Darrelle M. Volwiler, Ph.D.

**Neuropsychology Program:** The Neuropsychology Program provides interns with neurocognitive assessment experience with patients who have a wide variety of medical and psychiatric disorders such as neurodegenerative disorders, traumatic brain injury, cerebral vascular accident, epilepsy, movement disorders, somatoform disorders, complex medical conditions, and candidacy for solid organ transplant. The training objectives for interns in the neuropsychology rotation are to gain knowledge of brain-behavior relationships, establish a basic level of understanding of neuropsychological practice, reach an intermediate level of understanding in interpreting research approaches and findings, and become aware of the emotional consequences of neuropathology and appropriate types of intervention. Successful trainees have had previous assessment experience outside of the classroom setting, are detail-oriented with excellent writing skills, and demonstrate a strong interest in learning more about brain-behavior relationships. The training goals for this rotation will be informed by the trainee's previous level of assessment experience. Trainees with extensive prior test administration experience will likely focus on test interpretation, case conceptualization, differential diagnosis, and refining their report-writing skills. In contrast, trainees who have had more limited prior test administration experience will likely focus on learning test administration, scoring, and basic interpretation. Interested trainees should be aware that completing this rotation will NOT provide them with the requisite training to practice as a neuropsychologist or to provide neuropsychological assessment services in their future

careers. Additionally, this minor rotation does NOT constitute a major area of study in neuropsychology. Supervisors in this rotation have completed two-year neuropsychology postdoctoral fellowships and are pursuing board certification. Supervisor: Ginny Kleman, Psy.D.

**Pain Clinic:** Interns on the Pain Clinic rotation provide behavioral health services for Veterans with chronic pain conditions which commonly co-exist with depression, anxiety, posttraumatic stress disorder and other psychiatric disorders. Interns will work within the Pain Clinic, a medical specialty clinic for Veterans with chronic pain. Interns will function as part of an interdisciplinary team consisting of a psychologist, physicians, clinical pharmacists, and nursing staff. Primary duties include: (1) completing biopsychosocial assessments related to chronic pain and coping, using a clinical interview and brief screening tools; (2) treatment planning; (3) co-facilitating psychoeducational pain coping classes with the supervising psychologist; (4) providing individual psychotherapy for Veterans with chronic pain; (5) consulting with the medical team within the pain clinic and (6) participating in a multidisciplinary team meeting at least bi-monthly. Interns will gain experience of evidence-based treatments, primarily cognitive behavioral therapy for chronic pain (CBT-CP) and increase their knowledge of topics related to psychoeducation for chronic pain. Supervisor: Anneliese Corcoran, Psy.D.

**Substance Treatment Program (STP):** *Due to limited supervisor availability in this rotation, we cannot guarantee it's availability for this academic year; however, opportunities to work with veteran's struggling with substance use disorders can also be available in the GMH and PCT rotations or via the STP Intensive Outpatient Program.* The STP rotation will focus on providing psychological services to veterans with substance abuse and co-occurring disorders in an intensive outpatient setting. Interns participating in the STP rotation will further training in assessment, diagnosis, treatment planning and treatment of co-occurring disorders. Interns will gain experience utilizing measurement-based care for the treatment of substance use disorders including tools such as the Structured Clinical Interview (SCID), Brief Addiction Monitor (BAM), and PTSD Checklist DSM-5 (PCL-5). The rotation includes opportunities for individual and group psychotherapy utilizing evidence-based practices such as Motivational Interviewing (MI), Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Concurrent Treatment of PTSD and Substance Use Disorders (COPE), and Dialectical Behavioral Therapy (DBT). Interns will further their skills in the assessment of safety-related issues, consulting with interdisciplinary professional with VA and inter-agency, as well as making referrals to residential care for substance use disorder treatment. Interns are part of an interdisciplinary team and have the opportunity to participate in treatment meetings as well as provide consultation to other team members.

#### **Requirements for Completion of Internship:**

*It is expected that upon completion of the program, all interns will demonstrate competence in the following nine general domains:*

1. Psychological Interventions
2. Psychological Assessment
3. Ethical/Legal Standards
4. Individual and Cultural Diversity
5. Professional Values, Attitudes, and Behaviors
6. Communication and Interpersonal Skills
7. Supervision
8. Consultation and Interprofessional/Interdisciplinary Skills
9. Research

At the beginning of the training year, each intern will receive a copy of the standardized performance evaluation that will be used throughout the course of the internship year. The evaluation details specific competency elements within each of the domains listed above. A minimum level for each competency is expected by the end of the training year. Each intern will receive details of expectations at the beginning of internship as well as for each rotation. Informal feedback is provided throughout the year as well as formal quarterly evaluations with all direct supervisors.

At the beginning of the internship year, each intern meets with the co-training directors to develop a plan for training which includes selection of minor rotations. Selection of minor rotations is based on the individual's interest as well as training needs. After the completion of the first six months, progress and needs are again evaluated and appropriate adjustments are made to major rotation supervisors and minor rotation selections for the second six months. The co-training directors work directly with the interns to determine what will best meet the trainee's needs.

The co-training directors remain in close contact throughout the internship year and meet formally with the interns on a quarterly basis to discuss their progress, provide meaningful feedback, and develop training and supervision which will promote each intern's ability to master the nine domains of competence. A passing grade on final evaluations for the year is required for successful completion of internship.

#### **Facilities and Training Resources:**

Interns will be provided with office space and laptop computers necessary for patient care and administrative responsibilities. Interns may also be provided additional monitors and soft phone technology to be able to telework and provide telehealth services dependent on veteran interest, service needs, and potential changes to operations related to COVID-19 restrictions. The Behavioral Health Service at the Spokane VAMC occupies two buildings on campus and the interns and DCTs will be based in the smaller of the two buildings. The majority of the training committee psychologists are housed in these two buildings, along with many other behavior health outpatient staff. Interns will have full access to the VA Medical Library services and VA resources for clinical work and research. We also have a variety of psychological and neuropsychological assessment instruments, scoring programs, interpretative manuals, and statistical software.

#### **Administrative Policies and Procedures:**

**Salary and benefits:** The internship year begins July 29, 2024. The internship is full-time, certifying 2080 hours of supervised experience for internship completion. Interns earn thirteen days of annual leave and thirteen days of sick leave during the course of internship. In addition, they receive federal holidays off. Interns are allowed up to five days of authorized leave to attend educational conferences, job interviews, or dissertation meetings (this time does count toward the 2080 supervised hours). Internship stipend will be calculated biweekly based on an annual stipend amount of \$33,469. Interns are provided opportunities to obtain subsidized health insurance. The Authorized Leave policy is consistent with other VA Psychology training programs; four hours of SL and four hours of AL are accrued each pay period.

**Due Process:** All trainees are afforded the right to due process in matters of problematic behavior and grievances. Interns will receive a copy of the due process document, and it will be reviewed during orientation. A copy of our due process policy is also available on request.

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

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

### *Training Staff*

**Shabia K Alimohamed, Ph.D., PCT Staff Psychologist, PTSD Clinical Team (PCT):** Dr. Alimohamed received her Ph.D. in Clinical Psychology from University of California, Santa Barbara in 2005. She completed her doctoral internship at the Department of Behavioral Health, San Bernardino, California, and was subsequently hired by Patton State Hospital as a staff psychologist. In 2011 she joined the staff at the newly constructed Residential Rehabilitation Treatment Program at the Marion, Illinois VAMC. She helped develop the RRTP treatment schedule and headed the PTSD track there until she joined the Spokane VAMC in 2022 as a clinician on the PCT team. Her clinical interests include PTSD, disorders comorbid with trauma and evidence-based treatment. She has training in Acceptance and Commitment Therapy and Interpersonal Therapy for Depression and she is certified in Cognitive Processing Therapy (CPT) with plans to become certified in Prolonged Exposure in the near future.

**Anneliese Corcoran, Psy.D., Behavioral Medicine Staff Psychologist, Pain Clinic Staff Psychologist:** Dr. Corcoran earned her Psy.D. from the Chicago School of Professional Psychology in Chicago, IL in 2002. She completed her doctoral internship at The Menta Group in Oakbrook, IL. She was then hired by the Menta Group, initially as a clinician, and later as the clinical director, moving with the company to Bellingham, Washington where she oversaw the clinical services in their therapeutic day school and Crisis Residential Centers. A move to eastern Washington offered her the opportunity to work in private practice, and a community mental health center. Subsequently, while working in skilled residential centers, she discovered a passion for working within medical settings as part of an interdisciplinary team using a biopsychosocial approach when addressing both emotional and physical health. For the last seven years she worked as part of a multidisciplinary team in a medical system in central Washington providing behavioral health services in a pain clinic and presurgical evaluations for spinal cord stimulators, pain pumps and bariatric surgical candidates. She moved to Spokane in January 2023 to work at the Spokane VA, and currently divides her time between behavioral medicine and the pain clinic. Dr. Corcoran completed the VA training in cognitive behavioral therapy for chronic pain (CBT-CP). Her clinical interests include using a biopsychosocial framework when working with patients with chronic health conditions and chronic pain, and a focus on and whole health wellness.

**Emily Crawford, Psy.D., Co-training Director, APU Psychologist/Programming Coordinator:** Dr. Crawford earned her Psy.D. in Clinical Psychology from Pacific University's School of Professional Psychology in 2011. She completed her internship and post-doc at La Frontera Arizona community mental health agency, working in both residential substance abuse treatment and outpatient clinics in Tucson. She then moved to Spokane, where she taught in the undergraduate psychology department at Gonzaga University and worked in a private practice doing individual and family therapy as well as some pre-surgical pain and bariatric assessments. She began working for the Spokane VA in June 2017 in the inpatient psychiatric unit facilitating psychotherapy groups, individual therapy, and safety planning. While the APU is closed for construction, Dr. Crawford sees veterans in the General Mental Health Clinic, supervises interns in GMH and STP, and serves as the staff psychologist in a transitional psychiatry program for veterans who would otherwise have been referred to the APU for voluntary psychiatric stabilization.

**Brandy R. Henson, Ph.D., Section Chief-Psychology, PTSD Clinical Team (PCT) Psychologist:** Dr. Henson received her Ph.D. in Clinical Psychology from Washington State University in 2007. She completed her doctoral internship at the VA Northern California Healthcare System. Subsequently, Dr. Henson was hired by the Loma Linda VAMC in 2007 as a staff psychologist for the PTSD Clinical Team (PCT) and later served as the team leader for the PCT until transferring to the Spokane VAMC in 2012. As the Lead Psychologist in Spokane, Dr. Henson provides clinical oversight of all psychological and psychotherapeutic services within the Behavioral Health Service. She also serves as the program manager and clinician on the PCT team. Dr. Henson has been active in the VHA National Center for PTSD Mentoring Program since 2008 and currently serves as a PTSD Mentor for VISN 20. Her clinical and administrative interests include PTSD, evidence-based practices, sleep/insomnia, program development, program evaluation, and professional development of VA psychologists.

**Shira Kern, Ph.D., PCMHI Staff Psychologist:** Dr. Kern received her Ph.D. in Clinical Psychology from the University of Wyoming in 2020. She completed her predoctoral internship at the Spokane VA Medical Center, with rotations in General Mental Health, Neuropsychology, PCMHI, and the PTSD Clinical Team. She went on to complete her post-doctoral residency at the Boise VA Medical Center (Boise, ID) in Primary Care Mental Health Integration, and joined the Montana VA Healthcare System as a PCMHI Psychologist in 2021. She worked both on-site at the Kalispell VA Outpatient Clinic, and as telehealth provider for the Montana VA iFrontier Team, enhancing access to care for Veterans in highly remote areas. She rejoined the Spokane VAMC in July 2022 as a fully remote provider with the Primary Care Mental Health Integration team. Her clinical interests include brief interventions for PTSD (Prolonged Exposure in Primary Care, Written Exposure Therapy), Moral Injury, Whole Health/Wellness, and program development. In her leisure time, she enjoys fly fishing, kayaking, backpacking, gardening, and spending time with her two dogs – Odie and Boe.

**Debby Kessel-Tallungan, Ph.D., Behavioral Medicine Program Manager, PCMHI Staff Psychologist:** Dr. Tallungan received her Ph.D. in Clinical Psychology from Fuller Graduate School of Psychology in 2010. She completed her pre-doctoral internship and post-doctoral fellowship at the Jerry L. Pettis Memorial VA in Loma Linda, CA. Subsequently, Dr. Tallungan was hired by the Orlando VA in 2011 as the Health Behavior Coordinator and later served as a Primary Care Mental Health Integration Staff Psychologist before transferring to the Spokane VA in 2020. Dr. Tallungan serves as the Program Manager for the Behavioral Medicine team, which includes the Community Living Center (CLC), Neuropsychology, Pain Clinic, and Primary Care Mental Health. She also serves as the Health Behavior Coordinator for the Health Promotion and Disease Prevention program and is focused on training Spokane VA Primary Care staff in Motivational Interviewing. Dr. Tallungan is a member of the Motivational Interviewing Network of Trainers. Dr. Tallungan's clinical work is focused on treating sleep disorders, chronic pain, and diabetes/hypertension/ high-cholesterol.

**Ginny Kleman, Psy.D., Co-training Director, Neuropsychologist:** Dr. Kleman earned her Psy.D. from Pacific University School of Professional Psychology in Forest Grove, Oregon in 2012. She completed her predoctoral internship at the VA Illiana Health Care System in Danville, Illinois and her two-year postdoctoral fellowship in neuropsychology at the University of Kansas School of Medicine-Wichita. Following completion of her fellowship, she worked as a neuropsychologist at the Nebraska Medical Center in Omaha, Nebraska, with an emphasis on epilepsy pre-surgical evaluations, Wada testing, and liver transplant evaluations. Eager to live closer to her extended family, she and her family moved back to the Northwest and she began working at the Spokane VAMC in 2016. Dr. Kleman practices as a neuropsychologist and sees patients on an outpatient basis with a variety of medical, neurological, and psychiatric conditions. She also sees patients in the TBI clinic in conjunction with a psychiatrist.

**Eric Krueger, Ph.D., PCT Staff Psychologist:** Dr. Krueger earned his Ph.D. from the University of Wyoming in 2008, including internship at Valley Mental Health in Salt Lake City. He began his career at Peak Wellness Center in Cheyenne, Wyoming. There he was a dual diagnosis therapist, conducting group and individual therapy, including Intensive Outpatient Treatment. Dr. Krueger joined the VA as the PTSD/SUD Psychologist at the Spokane VAMC, and later transferred to the PCT. His practice includes both individual and group psychotherapy approaches for PTSD. Dr. Krueger focuses his practice on the treatment of PTSD with evidence-based treatments, such as PE and CPT. Additionally, he is the facilitator for the (PTSD) Symptom Management, Couples PTSD Education, and DADS & MOMS Veteran Parenting Enrichment Groups. Dr. Krueger has also done community outreach to several local mental health provider conferences, the Veteran's Court, and Eastern Washington University. He is interested in the biological basis of PTSD as well as the impact of PTSD on children and families. Dr. Krueger has completed VA training in Prolonged Exposure, Cognitive Processing Therapy, and Motivational Interviewing. He serves as the VA Behavioral Health Liaison to the Veteran's Outreach Center as well as the Evidence Based Psychotherapy Coordinator.

**Hugh Leonard, Ph.D., GMH Staff Psychologist:** Dr. Leonard earned his Ph.D. from the joint Ph.D. program in Clinical Community Psychology offered by the University of Alaska Fairbanks and the University of Alaska Anchorage. He completed his pre-doctoral internship as a DBT Fellow at Yale School of Medicine and his post-doctoral residency as a CBT Fellow at Harbor-UCLA Medical Center. Dr. Leonard has extensive experience and expertise in treating chronic emotion dysregulation, BPD, PTSD and Anxiety disorders. He has worked in a variety of settings including behavioral medicine, intensive outpatient, community mental health, and has directed a DBT residential treatment center for adolescents. Dr. Leonard has provided foundational training and supervision in DBT and CBT to mental health professionals in Alaska and California. He has served as research staff on the first and largest randomized controlled multi-site study (UCLA, University of Washington, and CHOC Seattle) showing the efficacy of DBT for Adolescents led by DBT treatment developer, Dr. Marsha Linehan. Dr. Leonard is a Diplomate and Certified CBT therapist with the Academy of Cognitive and Behavioral Therapies and is currently pursuing DBT certification through the Linehan Board of Certification. He approaches therapy with a mindful presence, a nonjudgmental and compassionate stance, and embraces teamwork in accomplishing treatment goals. His overarching goal as a therapist is to reduce suffering by helping his clients forge a clear path to the things that bring them meaning, purpose and joy. To accomplish this mission, Dr. Leonard uses treatments that are firmly grounded in science and rooted in CBT.

**Patrick Metoyer, Ph.D., Chief of Behavioral Health Service:** Dr. Metoyer received his Ph.D. in Clinical Psychology from Washington State University in 2014 and completed his doctoral internship at the Southern Arizona VA Health Care System in Tucson, AZ. Dr. Metoyer joined the staff at the Spokane VAMC in 2014 as part of the PTSD Clinical Team (PCT). Dr. Metoyer's clinical interests include treatment of co-morbid PTSD and substance use disorders utilizing evidence-based treatments. Dr. Metoyer completed his Prolonged Exposure training and provider certification through the Center to the Treatment and Study of Anxiety (CTSA) at University of Pennsylvania. After serving as the Program Manager for Specialty Care (PCT & STP) and as co-training director of the psychology predoctoral internship, Dr. Metoyer was promoted to Chief of the Behavioral Health Service.

**Joe Mitrovich, Psy.D., PCMHI Staff Psychologist:** Dr. Mitrovich earned his Psy.D. from Indiana State University in Terre Haute, Indiana in 2010. He completed his predoctoral internship at the VA Illiana Health Care System in Danville, Illinois. Following completion of his internship, he worked as a psychologist and treatment team lead at the Special Commitment Center (SCC) in Steilacoom,

Washington, with a focus on completing forensic assessments, providing court testimony, and overseeing the implementation of evidenced-based interventions by clinical staff. In 2013, Dr. Mitrovich went to work at Madigan Army Medical Center (MAMC) as an Internal Behavioral Health Consultant (IBHC) in the Internal Medicine Clinic. After four years at MAMC, he accepted a position to lead the Psycho-Oncology Program for MultiCare Regional Cancer Center (MRCC). During his time at MRCC, Dr. Mitrovich focused on developing and implementing population-based screening for distress, utilizing evidenced-based treatment to assist patients and their families in dealing with challenges of the cancer journey, and coordinating behavioral health research within MRCC with key partners, such as Seattle Cancer Care Alliance and the University of Washington. He joined the Spokane VAMC in November 2020 in the Primary Care Mental Health Integration department. His clinical interests include working with oncology patients, Cognitive Behavioral Therapy for insomnia and chronic pain, and whole health wellness.

**Darrelle Volwiler, Ph.D., Geri-PACT and Community Living Center (CLC) Psychologist:** Dr. Volwiler obtained her Ph.D. from Washington State University and completed an Internship at the VA Palo Alto Health Care System in Behavioral Medicine. Following internship year, she completed two years of a postdoctoral fellowship through a combined Stanford/VA Palo Alto Health Care System program, as a team member for the REACH study for caregivers of family members with dementia. Dr. Volwiler moved to Spokane, WA in 1999 and started an independent practice specializing in geropsychology, working primarily with older adults with chronic medical conditions. In addition, she completed pre-surgical psychological evaluations for patients undergoing deep brain stimulation surgery. Dr. Volwiler's community involvement included volunteering her time as a presenter and support group leader for the Alzheimer's Association and the Parkinson's Resource Center. After fifteen years of practice in 2014, she accepted a position at the MGVAMC (Spokane) in the Mental Health Clinic and the Community Living Center. She is the psychologist for the geriatric primary care teams and continues to work in the CLC. Her approach to therapy is veteran-centered and recovery oriented with an emphasis on MI and CBT.

**Macey Wolfe, Ph.D., PCMHI Staff Psychologist:** Dr. Wolfe received her Ph.D. in Clinical Psychology in 2017 from Loma Linda University. She completed her doctoral internship at Southwest Consortium Doctoral Psychology Internship in Albuquerque, NM where she trained at the New Mexico VA Health Care System and the University of New Mexico Hospital. Dr. Wolfe went on to complete her post-doctoral training in integrated behavioral health in primary care and women's health clinics at Confluence Health in Wenatchee and Cashmere, WA. She joined the Spokane VAMC in May 2019 in the Primary Care Mental Health Integration department. Her clinical interests include women's and perinatal mental health, Mindfulness Based Stress Reduction, Cognitive Behavioral Therapy for insomnia and chronic pain, and whole health wellness.



**INTERNSHIP PROGRAM TABLES**

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 12/20/2023

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

**Program Disclosures**

<p><b>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</b></p>	<p align="center">No</p>
<p><b>If yes, provide website link (or content from brochure) where this specific information is presented:</b></p>	
<p>N/A</p>	

**Internship Program Admissions**

<p><b>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</b></p>
<p>To be considered for interview or ranking, applicants are required to have at least 1,000 hours of practicum experience, with a minimum of 600 hours of direct service. Applicants with training backgrounds in adult psychotherapy, clinical assessment, and experience or interest in rural programming will be given preference.</p>

<p><b>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</b></p>	
<p>Total Direct Contact Intervention Hours</p>	<p align="center">Yes, Amount = 500</p>
<p>Total Direct Contact Assessment Hours</p>	<p align="center">Yes, Amount = 100</p>

<p><b>Describe any other required minimum criteria used to screen applicants:</b></p>
<p>Internship applicants must meet all these criteria to be considered:          1) Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling Psychology          2) Approved for internship status by graduate program training director.          3) Have completed at least five integrated adult assessment reports including the WAIS-IV and at least one personality measure (MMCI-III or IV, MMPI-2-RF, MMPI-3, MCMI-IV, PAI)</p>

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

Annual Stipend/Salary for Full-time Interns	\$33,469.00
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
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): In addition to PTO and sick time, trainees receive 11 paid federal holidays.	

\*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)

	<b>2019-2022</b>	
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	0	
	<b>PD*</b>	<b>EP</b>
Academic health center	1	0
Community mental health center	0	0
Consortium	0	0
University counseling center	0	0
Hospital/Medical Center	3	0
Veterans Affairs Health Care center	4	1
Psychiatric facility	0	0
Correctional facility	0	0
Health Maintenance Organization	0	0
School district/system	0	0
Independent practice setting	3	0
Other	0	0

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\*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.

**References:**

Sandeen, E., Moore, K. M., & Swanda, R. M. (2018). Reflective local practice: A pragmatic framework for improving culturally competent practice in psychology. *Professional Psychology: Research and Practice, 49*(2), 142–150. <https://doi.org/10.1037/pro0000183>