



## **Psychology Internship Program**

### **Southern Oregon Rehabilitation Center and Clinics**

Psychology Internship Program (116B)  
Southern Oregon Rehabilitation Center and Clinics (SORCC)  
8495 Crater Lake Hwy  
White City, OR 97503  
(541) 826-2111 ext. 3274

<https://www.va.gov/southern-oregon-health-care/work-with-us/internships-and-fellowships/psychology-internship-program/>

**MATCH Number Program Code: 175311**  
**Applications Due: November 4, 2024**

### **Accreditation Status**

The Pre-Doctoral Internship at the Southern Oregon Rehabilitation Center and Clinics (SORCC) received initial Accreditation status by the Commission on Accreditation (CoA) of the American Psychological Association (APA) on November 20, 2017. As of 2022 we received a 10-year reaccreditation from APA, with our next site visit scheduled in 2032. We are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Please feel free to contact the program for up-to-date information regarding APA accreditation or visit the APA CoA website at <http://www.apa.org/ed/accreditation/programs/index.aspx>.

### **Basic Eligibility Requirements**

Internship applicants must meet these criteria to be considered for any VA psychology internship:

- Be a doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical or Counseling Psychology.
- Candidates must be approved by their graduate program's Director of Training as ready for internship.

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. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups.

### **Additional Eligibility Requirements, Application, & Selection Procedures**

Students who meet the following eligibility criteria are invited to apply for internship.

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

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, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
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. 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/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 Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. 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 you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
    - i. COVID vaccination. "Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you

with the information you need to understand the requirement and reasons for the requirement in timely manner.”

- 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/oa/app-forms.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](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf)

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

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.  
[https://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=646&FTYPE=2](https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTYPE=2)
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

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

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

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

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

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and

- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

## ***Additional Selection Procedures and Interview Process***

### **OUR APPIC INTERNSHIP MATCHING PROGRAM CODE IS 175311.**

Our program is using the APPIC Application for Psychology Internship (AAPI) to enable you to complete one application for all sites that are participating in the APPIC uniform application process. The AAPI is available through the APPIC web site. Please go to the APPIC web site at [www.appic.org](http://www.appic.org) for more information about accessing and completing the online application.

Completed applications are initially reviewed by the Training Director. Current enrollment in an APA-approved graduate program, completion of the dissertation or doctoral project proposal, and United States citizenship are all required for entry into our Internship program. After initial review, applications that are still under consideration are reviewed by additional Staff Psychologists and then ranked according to multiple variables, including (but not limited to) the applicants' number of practicum hours, assessment experience, variety of practicum placements, and letters of recommendation. Applicants' responses to essay questions on the AAPI, cover letter, and practicum experiences are used to gauge the "goodness of fit" between the student and our training site. We seek applicants who have a strong academic foundation from their doctoral program, and who have mastered basic skills in standard assessment and intervention techniques from their practicum experiences. The majority of our patients are adults who present with combined medical and psychiatric symptoms, and we prefer applicants who demonstrate an interest in this population through their past exposure to similar training experiences and articulation of their future career goals.

As part of the application process, we hold interviews by invitation only. On-site interviews are not currently offered, and we will continue with a virtual open house and interview process for the 2025/2026 training year.

Applicants invited for an interview will be notified no later than November 22, 2024, via e-mail. We will also contact applicants via e-mail who are not being invited for interviews. If you do not have an e-mail address, you will need to phone Dr. Ben Giesbrecht (Internship Training Director) to inquire into your status. Dr. Giesbrecht's phone is (541) 826-2111 ext. 3274.

If you are invited for an interview, we will ask that you make a firm commitment to one of the dates listed below or to make arrangements for a pre-scheduled interview (virtual). Please note, the virtual open house times listed below will only be available during these times (includes an overview of the program, rotations, etc.). Interviews scheduled outside of these dates will be interviews only. However, Dr. Giesbrecht will have general availability to answer questions about the program outside of these dates. **Failure either to attend a virtual open house date or to take part in a scheduled virtual interview will result in your application being withdrawn from further consideration.** If you are invited for a virtual open house/interview, plan on starting at approximately 8:00 AM (PST) on the day of your interview. You will be joining other applicants in a virtual group format during the morning in meetings with the Training Director, learning about specific opportunities available in each rotation, discussing various aspects of the training program, have the ability to ask programmatic questions, and virtually meet with supervisors and current interns (8:00 AM – 12:00 PM). After an overview of the program, you will be scheduled for two, one hour interviews, which will occur between the hours of 1:00 and approximately 4:00 (PST). Individual interviews are performance-based, and evaluated according to several factors, including your responses to questions about difficult situations you've handled in the past, questions about difficult diagnostic dilemmas and treatment challenges you've faced in the past, and how well our site meets your training needs and interests.

### **INTERVIEW DATES FOR 2025-2026 TRAINING YEAR:**

- Tuesday, January 07, 2025
- Thursday, January 16, 2025

Our program is participating in the APPIC Computer Match Program so you will need to obtain an Applicant Agreement Package from National Matching Services, Inc to register for the Match. You can download the Applicant Agreement form at [www.natmatch.com/psychint](http://www.natmatch.com/psychint). If you do not register, you will not be eligible to match with any APPIC programs. We recommend that you carefully review the official APPIC Match Policies and the Internship Matching Program Schedule of Dates, which are also available at [www.appic.org](http://www.appic.org).

**For your application to be complete we must receive the following materials through APPIC by 11/04/2024:**

- **Online APPIC Application for Psychology Internship (AAPI).**
- **Your Curriculum Vitae – to be submitted as part of AAPI**
- **Three letters of recommendation – to be submitted as part of AAPI (*PLEASE NOTE: the AAPI now requires the use of a Standardized Reference Form*)**
- **Graduate school transcripts – to be submitted as part of AAPI**
- **Your Academic Program Verification of Internship Eligibility and Readiness form – to be submitted by your Director of Clinical Training as part of AAPI**
- **Cover letter (no longer than 2 pages) addressing how your experiences to date and current career goals make you a good fit for the training offered at the SORCC. We also ask that the cover letter include rotations of primary interest. This is NOT a commitment, but simply allows us to facilitate appropriate pairings between candidates and interview panels (e.g., supervisors within your interest areas).**

**Any written inquiries can be submitted to:**

**Ben Giesbrecht, PsyD**  
Psychology Service (116B)  
Southern Oregon Rehabilitation Center and Clinics (SORCC)  
8495 Crater Lake Hwy  
White City, OR 97503  
(541) 826-2111 ext. 3274  
[Benjamin.Giesbrecht@va.gov](mailto:Benjamin.Giesbrecht@va.gov)

All materials must be submitted electronically as part of the online AAPI.

**Please read all relevant instructions carefully to ensure that transcripts, letters of recommendation, and the Academic Program Verification of Internship Eligibility and Readiness forms are submitted in a timely manner. Applications that are not completed by 11:59 PM PST on 11/04/24 will not be considered, even if portions of the application have been submitted prior to that date and time.**

Our program follows all APPIC policies for the Intern selection process. **This Internship site strictly abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.** You are encouraged to read or download the complete text of their regulations governing program membership and the match process from APPIC's Website. The Federal Government is an Equal Opportunity employer.

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

The SORCC encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the Internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. This agency provides reasonable accommodation to applicants with disabilities where appropriate. If you need reasonable accommodation for any part of the application and hiring process, please notify Dr. Giesbrecht by telephone or email. Determinations on requests for reasonable accommodation will be made on an individualized basis. We do not require self-disclosure of sensitive personal information during our interviews.

The VA SORCC Psychology Internship Program strongly values diversity, and emphasis is placed on creating an equitable, hospitable, safe, and inclusive environment in order to maximize the training of culturally competent psychologists. Every effort is taken to foster this type of climate, to include an open door policy with the Training Committee Members, Training Director, and Chief of Psychology, where we welcome difficult discussions, concerns, and/or suggestions for improvement.

Additional training in DEI is embedded within many aspects of the training program, including an emphasis on rural healthcare, the unique needs of ageing veterans, women's health, disability, socioeconomic status, and spirituality; in addition, we are emphasizing the inclusion of diversity and ethics within didactic topics (not simply within the context of diversity-specific topics), requirements to include diversity discussions (e.g., utilizing the ADDRESSING model) within ICC presentations (see below), and rotation-specific diversity issues. Finally, additional DEI training opportunities are available, pending intern interest and facilitator availability, including a didactic on Native American Healing Practices (required) followed by a SORCC Trainee-Only Sweat Lodge (optional) and attendance at the annual Rogue Valley Powwow (optional).

## ***Psychology Setting***

Psychologists are embedded within various clinics and settings within SORCC. All roles involve close interprofessional relationships with Psychiatrists, Psychiatric Nurses, Primary Care Physicians, Nurses, Social Workers, Licensed Professional Counselors, and Substance Abuse Specialists. The SORCC fosters a diverse workplace and encourages applications from individuals with a variety of backgrounds and experiences. We currently have 28 licensed Psychologists (and three psychologists currently seeking licensure), with most Psychologists being regularly involved in the Intern Training Program at SORCC, representing a variety of cultural, academic, administrative, and clinical interests and areas of expertise.

Our Psychologists serve a wide variety of administrative and clinical roles within the facility. Psychologists provide services through the Mental Health Clinic (Behavioral Health Interdisciplinary Program-BHIP), Neuropsychology, the Psychosocial Rehabilitation and Recovery Program (PRRC), the Residential Rehabilitation Treatment Programs (RRTP), the PTSD Specialty Clinic (PSC), Primary Care Mental Health Integration (PCMHI) Clinic, and our Home Based Primary Care (HBPC) program. We also serve important leadership roles in the facility, such as membership on committees and task forces, including the Education Committee, Diversity Committee, Disruptive Behavior Committee, and the Chronic Pain Management Panel.

Depending on availability during the training year, Psychology Interns may provide consultation and treatment in several other services throughout the facility, including Residential Case Management and the Amputee Clinic.

## ***Training Model and Program Philosophy***

The Psychology staff members at the VA SORCC are committed to the training of professional Psychologists consistent with a Scholar-Practitioner Training Model, which focuses on the psychologist as

a clinician grounded in scientific knowledge with a lesser emphasis on generating novel scientific research. This model was first proposed in the Vail Conference of 1973 and has been discussed by many (e.g., see Peterson, D. R. (1976), *Need for the Doctor of Psychology degree in professional psychology*, *American Psychologist*, 31, 792-798). We strive to create a supportive and collegial atmosphere. We seek to develop a reflective approach to practice that integrates empirical knowledge with clinical service delivery, emphasizing Evidence-Based Psychotherapies. Interns are viewed as making the transition from the student role to the professional colleague role over the course of the training year, honing the clinical skills ultimately required for independent clinical practice. We also strongly emphasize developing a professional identity through professional and personal growth. Given that we use a generalist approach, we seek to produce well-rounded Interns by providing training in areas both familiar and unfamiliar to an Intern.

At the start of the training year, Interns undergo two weeks of orientation to our program, service, and facility. They visit potential rotations and Supervisors to compose a training experience that best fits their interests and needs. We take great care to create a training plan and rotation sequence that is fair and accounts for the Intern's clinical interests and goals. The Training Director serves as an advocate and mentor for Interns and meets regularly with Interns to respond to their concerns.

Interns receive informal feedback from Supervisors throughout the year in addition to formal evaluations at mid-rotation and at the end of each rotation. Evaluations emphasize the Intern's strengths and identify areas in need of improvement. In turn, Interns evaluate their Supervisors and the supervision experience. Evaluations are mutually shared and discussed between Intern and Supervisor in a collaborative atmosphere that fosters both personal and professional development. Copies of these evaluations are furnished to the Intern at mid-rotation and at the end of each rotation. It is expected that Interns will differ in the extent to which they require training in the expected competencies. It is further expected that there may be instances where an Intern's behaviors, attitudes, or other characteristics impact the learning process, relationships with others, or patient care. These issues are typically addressed in supervision, but if significant skill deficits are noted in any of these areas, a formal remediation plan may be established to address these deficits comprehensively. If skill deficits cannot be remediated, provisional completion of the Internship or termination from the Internship will be considered.

## ***Program Goals & Objectives***

**Our program has articulated the following goals and related competencies:**

### **Research**

Consistent with our Scholar-Practitioner Model, Interns will demonstrate the ability to integrate scientific literature findings into the clinical conceptualization process and apply empirically-based services in both therapy and assessment contexts. Interns will critically evaluate and disseminate research.

### **Ethical and Legal Practice**

Interns will increase awareness of ethical and legal standards related to the provision of clinical Psychology in general and within a VA setting. This will include an emphasis on providing ethical care with appropriate cultural and diversity competencies. Interns will demonstrate knowledge and implementation of ethical standards of the APA and relevant local and federal laws. This will be assessed both in clinical practice and during didactic training.

### **Individual and Cultural Diversity**

Interns will develop and demonstrate awareness of their own personal/cultural history, attitudes, and biases, and how these may affect interactions with others different from them. Additionally, interns will demonstrate knowledge of current theoretical and empirical information as it relates to addressing diversity through professional activities, such as research, training, supervision/consultation, and direct patient care. This will be evaluated in both clinical practice and didactic training.



### **Professional Identity**

The Intern develops skills in maintaining a sense of balance and self-care, a professional demeanor in times of stress, a willingness to seek assistance and supervision when needed, and effective time-management in both administrative and clinical duties. Intern's will demonstrate progression from the "Student" role to "Psychologist" role through appropriate response to increasingly complex situations with greater levels of autonomy over time.

### **Communication and Interpersonal Skills**

The SORCC Internship will foster the Intern's ability to operate within, and contribute to, an interprofessional team. This will be accomplished by emphasizing clear verbal, nonverbal, and written communication. Additionally, Interns will demonstrate appropriate behavior towards staff, Veterans, and other individuals in the treatment setting.

### **Psychological Assessment**

Interns will develop skills in conducting intake interviews (including a biopsychosocial history); administering, scoring, and interpreting psychological assessment instruments; integrating standardized assessment tools with interview information; writing comprehensive reports tailored to the unique needs of the setting; and providing appropriate feedback to Veterans and families.

### **Psychological Intervention**

Interns will develop the ability to provide professional entry-level skills in psychotherapy and interventions for various mental health conditions, including individual and group psychotherapy. This will include the timely documentation of services provided, appropriate case conceptualization, identification of treatment goals, identification of crisis needs, and interprofessional collaboration.

### **Supervision**

Interns will demonstrate ability to assist professionals-in-training to develop competence in skill in practice and develop knowledge of how to evaluate such skill development through direct and/or simulated practice. Interns will participate in Supervision Seminar as one mechanism to develop such competency.

### **Consultation and Interprofessional/Interdisciplinary Skills**

Interns will develop interprofessional and interdisciplinary skills through direct and/or simulated consultation practices. Demonstration of this competency will range from interactions with Veterans, family members of Veterans, treatment teams, administration teams, or other systems related to health and behavior.

## **Program Structure**

Our Internship offers full-time, generalist training in the practice of professional Psychology within a multidisciplinary Veterans Affairs rehabilitation center with rural outpatient clinics. Psychology interns are required by VA Central Office to complete 2080 hours of internship training during the 12-month internship year (including all approved leave time). We will accept 3 Interns for the 2025-2026 training year. Our program has received Accreditation by the American Psychological Association and complies with all standards and regulations of the Association of Psychology Postdoctoral and Internship Centers (APPIC), as well as APPIC Match Policies and Procedures. The 2025-2026 training year begins on 7/14/2025 and ends on 7/10/2026. The deadline for receipt of applications is 11/04/2024. The anticipated federal stipend for the Internship is \$33,891 (subject to increase only), and Internship within the VA includes health, dental, and vision insurance (interns pay a portion of this). **Applicants must be students in an APA-accredited, CPA Accredited, or APA-provisionally-accredited program in clinical or counseling Psychology and must be United States citizens to be employed at a VA facility. We accept students from both PsyD and PhD programs. All new employees are subject to background checks.**



The information in this brochure provides a general description of our program and facility setting. We look forward to answering any specific questions you might have by e-mail or telephone. The program Training Director is Ben Giesbrecht, PsyD, and his contact information is: [Benjamin.Giesbrecht@va.gov](mailto:Benjamin.Giesbrecht@va.gov) (541) 826-2111, ext 3274.

**The address and telephone number of the APA Committee on Accreditation:**

**Office of Program Consultation and Accreditation**  
**American Psychological Association**  
750 First Street, NE  
Washington, DC 20002-4242  
202-336-5979

The Internship training year includes three 4-month long rotations, which are described below. Psychology Interns receive a minimum of four hours of supervision per week, including two hours of scheduled individual supervision, with the remaining hours being scheduled weekly group supervision (Supervisors each facilitate one approximately 4-week period during the year), interprofessional milieu supervision, or additional individual supervision. We use an apprenticeship model of training, in which the Intern begins each rotation by observing the Supervisor, then gradually transitions into more independent functioning. Some Supervisors may use audio recording to enhance the provision of individual supervision. There are opportunities to co-facilitate psychotherapy treatment groups with Supervisors and to observe the administration of psychological tests prior to transitioning into independent test administration.

We encourage Interns to adhere to a 40-hour work week, although fluctuations in workload may sometimes require more time to pursue training-related readings or other relevant activities. Approximately 32 hours of the 40 hour work week are devoted to patient contact and related administrative duties, with the remaining 8 hours reserved for seminars, supervision meetings, and other miscellaneous duties. Interns are expected to engage in a minimum of 10 hours direct, face-to-face patient contact hours per week (per APPIC regulations), and in many cases hours will exceed this minimum.

Interns and Supervisors are encouraged to provide performance-related feedback to each other throughout their rotations. Written evaluations are completed by both Supervisors and Interns half way through each rotation, as well as at the end of each rotation, and are structured to reflect our training goals and objectives.

## ***Training Experiences & Rotations***

Interns complete three 4-month, full-time, clinical rotations. While not guaranteed, an intern may request to participate in a rotation twice (i.e. “double up” in a chosen emphasis area).

### **Primary Care Mental Health Integration & Health Psychology (PCMHI/HP)**

PCMHI/HP is an interprofessional rotation focusing on the integration of behavioral health prevention and brief psychotherapeutic services within a primary care setting. Interns rotating through PCMHI/HP gain strong experience with both direct patient care and consultation/education of primary care providers within the facility. Direct patient care activities involve triage assessment, suicide risk assessment, and brief interventions that often rely on evidence-based psychotherapies and techniques including Cognitive Behavioral Therapy for depression, Motivational Interviewing for health-behavior change, and Cognitive Behavioral Therapy for insomnia. Health behavior coaching and interventions are a core component of the rotation and include smoking cessation (group, individual, and possibly telehealth), weight management, sleep hygiene, and chronic illness management. Interns may also gain experience with bariatric surgery evaluations, psychosocial assessments for pre-transplantation, and hepatitis C treatment evaluations (depending on availability and clinical demand). Finally, Interns gain extensive experience

with interprofessional collaboration and consultation with disciplines such as Primary Care Providers, Nurse Practitioners, Nurses, Social Workers, Psychiatrists, and Pharmacists.

**Supervisor(s): Matthew Baker, PhD; Lauren Hatch, PsyD**

### **Home Based Primary Care**

Home Based Primary Care (HBPC) provides health care services to the homes of Veterans who have complex health care needs and for whom routine clinic-based care is not effective. Within this context, the Psychologist and Intern operate to provide mental health services and serve as consultants and educators for other HBPC team members. The SORCC HBPC population is largely geriatric and significantly rural. Assessment options include intake assessments (focusing on a biopsychosocial history), mental status examinations, brief neuropsychological testing, comprehensive risk assessments, medication effectiveness evaluations, capacity assessments, and caregiver burden assessments. Treatment interventions often include individual supportive therapy (interpersonal, cognitive-behavioral, and solution-focused models), couples therapy, psychoeducation, and end-of-life issues (including grief and loss). Interprofessional consultation and collaboration is a necessary and frequent component of the rotation and includes collaboration with HBPC team members such as Social Workers, Pharmacists, Nurse Practitioners, and Physicians.

The HBPC rotation is offered as a half-time rotation and is dependent upon the availability of other rotations to pair with, which will be determined at the discretion of the Training Committee.

**Supervisor(s): Stephanie Nowacki, PsyD; Judit Bowling, PhD; Joseph McMonagle, PhD**

### **NeuroCognitive Services**

At the SORCC, there are two Neuropsychologists providing consultative neuropsychological services for the facility and Community Clinics (CBOCs). Services are rendered on an outpatient and a residential basis, and cover a wide variety of presenting issues, including traumatic brain injury, stroke, seizure disorders, various dementias, and other neurological or psychiatric conditions. Additionally, the neurocognitive sequelae of substance abuse are frequently evaluated. The Intern gains strong collaboration and consultative skills, receiving referrals from multiple disciplines including Primary Care, Psychiatry, Case Management, Social Work, Psychology, and Vocational Rehabilitation. Specialty opportunities include participation in an multidisciplinary amputee clinic.

**Supervisor(s): Ben Giesbrecht, PsyD; Shanna Williams, PsyD**

### **Post-Traumatic Stress Disorder (PTSD) Specialty Clinic Rotation**

The PTSD Specialty Clinic Rotation will provide interns with an experience in providing care to outpatient Veterans (male and female) with any history of military-based trauma (e.g., combat trauma, MST, other trauma occurring during military service). Core experiences include intake assessments, treatment planning, differential diagnosis, individual psychotherapy, and group psychotherapy. A component of the rotation is co-occurring PTSD and substance use disorders (SUD). Interns may be trained in providing evidence-based psychotherapies (EBPs) dependent on skill level; the supervisor in this clinic is VA certified in Prolonged Exposure, Cognitive Processing Therapy, Interpersonal Therapy, and Integrative Behavioral Couples Therapy. Options to emphasize the EBP component or the SUD component within the PTSD clinic may be available, depending on intern interests.

**Supervisor(s): Brynne Johannsen, PhD; Jennifer Schmidt, PhD; Steven Crocker, PhD (BHIP/SUD); Mary Duffy, PhD**

### **Behavioral Health Interdisciplinary Program (BHIP)**

Behavioral Health Interdisciplinary Program (BHIP) is an outpatient general mental health clinic comprised of Psychologists, Licensed Clinical Social Workers, and Psychiatric prescribers. Opportunities available in BHIP include conducting comprehensive biopsychosocial intake assessments, individual evidence-based psychotherapy, and group interventions for a variety of presentations. Other training opportunities include participation in interdisciplinary team meetings, program development, and consultation with psychiatric prescribers.

**Supervisor(s): Gina Ferrandino, PsyD; Jodi Johnson, PsyD, ABPP**

### **Psychosocial Rehabilitation & Recovery Center (PRRC)\***

The PRRC is designed to partner therapeutically with Veterans who are living with Severe Mental Illness (SMI) and assist them with their recovery process. This includes tasks such as improving illness management skills, establishing independent living, and creating purposeful and productive lives in the community. A high proportion of Veterans in the PRRC also struggle with substance addiction and previous trauma; therefore, relapse prevention and processing complex trauma are often significant components of treatment. With strong roots in the Recovery Model, PRRC services include intake assessment, differential diagnosis, formal treatment planning, therapeutic groups, individual therapy, skills classes, and community-based activities. Provision of Evidence-Based Psychotherapy is also part of the rotation, and Dr. Brenner is certified in the provision of Multi-Family Group Therapy and also provides treatment in Seeking Safety and Cognitive Processing Therapy. The PRRC is an interprofessional team consisting of a Psychologist, a Licensed Clinical Social Worker, a Licensed Clinical Social Worker/RN, and a Peer Support Specialist.

The PRRC rotation is offered as a part-time rotation and is most frequently paired with Home-Based Primary Care. The ability to integrate with other rotations will be determined at the discretion of the Training Committee.

**Supervisor(s): Terry Brenner, PsyD**

**\* PLEASE NOTE: The PRRC rotation may be unavailable for the 2025/2026 internship year due to staffing.**

### **Residential Rehabilitation Treatment Program (RRTP)**

The Residential Rehabilitation Treatment Program is a combination of residential services targeting homelessness, mental health, and substance abuse. This team is comprised of Psychologists, Licensed Clinical Social Workers, and Psychiatric Prescribers, with integrative experiences with other disciplines, such as Vocational Rehabilitation Specialists and Addictions Therapists. This psychotherapy team offers a range of services, including individual psychotherapy, group therapy, and assessment for a wide-range of presenting conditions, often including treatment for co-occurring substance use/psychiatric diagnoses. The RRTP also includes a residential virtual PTSD treatment team, which utilizes EBPs for the treatment of PTSD. Interns in this rotation gain frequent experience with trauma, including developmental, Military Sexual Trauma, and Combat Trauma. There are several opportunities to focus this rotation to attain more specialized experiences, including a trauma focus, general mental health focus, or a focus on substance use. This rotation has opportunities to serve Transgendered Veterans as well. Evidence-Based Psychotherapies are a core component of this rotation.

**Supervisor(s): Libby Peachy, PsyD; Michelle Esterberg, PhD; Erin C. Murphy, PsyD; Scott Waltman, PsyD, ABPP**

## **Other Training Requirements**

### **Psychological Assessment**

Formal psychological assessment is a crucial part of competent practice as a Psychologist and represents a major core competency of the Internship. This includes developing skills in formal assessments, intake interviewing, chart review, obtaining collateral information, and interprofessional collaboration and consultation. Psychology Assessment is not a specific rotation; rather, all Interns are required to complete a minimum of six psychological assessments throughout the year, and strong emphasis will be placed on obtaining a minimum of two per rotation to create a varied experience.

For the purpose of our training program, comprehensive assessment is most commonly defined as chart review, clinical intake, and an objective measure as driven by the presenting referral question. At times, assessment will be comprised of a personality measurement, an objective cognitive measure, and/or projective measure. However, the overall goal of the assessment requirement is to mimic the real-world assessment demands within a particular clinic. Therefore, assessment opportunities may be highly varied depending upon the rotation selected and supervisors of the rotation have the discretion to determine (in conjunction with the TD) what assessment opportunities meet this criteria. Opportunities for other forms of assessment (e.g., Police Evaluations, Transplantation Evaluations, Spinal Cord Stimulator Clearance Evals, etc.) may be available based on Intern interest, demonstrated competency in general assessment, and Supervisor approval. These specialty evaluations also count towards the total of six assessments.

### **Investigative Requirement**

The Investigative Requirement focuses on Program-Evaluation, Quality-Improvement projects, or literature review relevant to the mission of the VA. This also assists in developing professional presentation skills, as Interns are required to disseminate findings/results to Psychology staff and other trainees at Integrated Case Conference or other appropriate venue (e.g., the monthly Psychology Service Meeting). *This is not a formal research project.* Some previous examples of this include evaluating the efficacy of current psychotherapy groups using pre-post measures, developing group programming, and evaluating the efficacy of an educational didactic to primary care providers.

### **Intern Didactic Series**

Psychology staff and other professionals offer weekly, 90-minute Didactics to the Intern class. These small-group seminars are interactive and collegial, with a didactic presentation and ample discussion time. Core topics include Ethics, Diversity, Assessment Skills, Psychotherapy Skills, Evidence-Based Psychotherapies, and Professional Development.

### **Integrated Case Conference**

The Integrated Case Conference is an opportunity for Interns to integrate research into current clinical practice. Interns will be required to select relevant research to accompany their clinical case and discuss with Staff Psychologists and Intern Peers the integration and application into the theoretical conceptualization and treatment. Interns are required to present three times, with an emphasis on growth and improvement throughout the year.

### **Behavioral Health Grand Rounds**

Interns are required to attend monthly Behavioral Health Grand Rounds, in which representatives from different Behavioral Health disciplines present on various topics related to mental health.

### **Supervision Seminar**

The Supervision Seminar is a monthly training activity designed for Interns to acquire knowledge in theoretical models of supervision and learn supervisory skills. While our internship is not designed to have practicum students to gain direct experience with supervision, Interns will have the opportunity to engage in simulated practice of supervision through vignettes/role play, didactic instruction, and peer-led discussion.

## **Evaluation**

Each rotation Supervisor provides two evaluations of the Intern's performance: mid-rotation and at rotation's end. The evaluations assess specific competencies required of all Interns as well as achievement of the agreed-upon goals and professional performance expectations specific to that rotation. Both evaluations are discussed by the Supervisor and Intern and can be modified by consensus. Copies of the end-of-rotation evaluations become part of the information sent to the Intern's graduate Director of Clinical Training, providing feedback about the Internship year. Both evaluations are retained after the Internship is completed and provide a basis for future letters of recommendation. Successful completion of the Internship rests on successful completion of each rotation (including minimal levels of achievement) and all other required training activities.

The Intern provides an evaluation of the training experience at the mid-way point and at the end of each rotation. Further, at the end of the training year, the Intern provides an overall evaluation of his/her Internship experience. Both interim and final evaluations provided by the Interns assist the program in its self-assessment/improvement processes.

Supervisory staff meets monthly to review Intern progress as well as to discuss general issues related to the training program.

## **Facility and Training Resources**

Each Intern is provided with his/her own desk equipped with a personal computer in a designated office space. All personal computers are connected to the VA EHR (Cerner), the VistA system, e-mail, Internet, and VA intranet. Telephones with voicemail are also provided. If a rotation Supervisor uses recorded psychotherapy sessions, the Intern is issued audio-recording equipment at the beginning of the rotation. Personal computers include programs such as Outlook, Word, Excel, Access, and Power Point. The Mental Health Service maintains a "shared drive" where important forms and other information are archived and updated as needed. Medical Support Assistants are available for assistance with scheduling.

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

In addition to earned Annual Leave and Sick Leave, each Intern may be granted up to 5 days of Authorized Absence for educational leave. This can include leave for postdoctoral interviews, dissertation defense, professional conferences, etc.. This cannot be used for graduation ceremonies. Authorized Absence is granted at the discretion of the Psychology Training Director, the Chief of Psychology, and the Rotation Supervisor(s).

## ***Psychologists/Training Staff***

### **Frances Acoba, PsyD** (Behavioral Health Interdisciplinary Program – Klamath Falls)

Dr. Acoba is a BHIP Psychologist at the Klamath Falls, Community Based Outpatient Clinic (CBOC). She attended internship at the Sioux Falls VA Health Care System. She was licensed in 2014 through the state of Idaho. Clinical interests include trauma, post-traumatic growth, and whole health.

### **Matthew Baker, PhD** (Primary Care Mental Health Integration)

Dr. Baker attended internship at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Mississippi, and completed his postdoctoral residency at the James A. Haley Veterans' Hospital in Tampa, Florida with an emphasis on primary care mental health integration and health psychology. Dr. Baker's clinical interests include Acceptance and Commitment Therapy and anger management.

### **Judit Bowling, PhD** (Home-Based Primary Care; licensed in 1998).

Dr. Bowling attended internship at Northwestern Memorial Hospital in Chicago, Illinois. She has maintained licensure since 1998 and is currently licensed through the state of Oregon. Clinical interests include Rehabilitation Psychology, mindfulness, and stress management.

### **Terry Brenner, PsyD** (Psychosocial Rehabilitation and Recovery Center-PRRC; licensed in 2010).

Dr. Brenner serves as primary Supervisor for the PRRC and has special interest in the recovery model, treating complex trauma, and risk assessments.

### **Steven Crocker, Ph.D. (BHIP-SUD Psychologist)**

Dr. Crocker Completed his Masters and Doctorate degrees at Washington State University in 2003 and 2004, respectively. He completed his Pre-Doctoral Internship with the Ann Arbor VA and the University of Michigan Medical School. Dr. Crocker's early career focused on neuropsychological assessment with a focus on geriatrics and dementia assessments. Dr. Crocker worked for four years with VA Central Office in Geriatrics as well as a Technical Assistant conducting site visits to over 35 VA hospitals. Prior to starting with BHIP-SUD Dr. Crocker worked as a Clinical Supervisor and Clinician with active duty Marines and Navy at Camp Pendleton. Outside of work he recently took up tennis (and thinks he's pretty good at it), and enjoys walks at the beach and hiking the mountains in San Diego County.

### **Mary Duffy, Ph.D. (PTSD Specialty Clinic)**

Dr. Duffy earned her doctoral degree in Clinical Psychology at Florida State University. While in graduate school, she also completed a five-year National Science Foundation Fellowship, researching interoception, self-directed violence, and eating disorders. She attended internship at Edwards Hines Jr. VA Hospital (Hines, IL). Clinical interests include PTSD, suicide, and sexual and gender diverse populations. When not at work, Dr. Duffy likes to explore local coffeeshops and restaurants, hike, and

spend time with her cat. Dr. Duffy is currently finishing up her hours towards licensure, and will be licensed prior to the beginning of the training year.

**Michelle Esterberg, PhD** (Residential Rehabilitation Treatment Program; Virtual PTSD Program)

Dr. Esterberg graduated from Emory University in 2011, and completed her internship and postdoctoral fellowship with VA Puget Sound, Seattle. She has specialty training in PTSD and treatment of co-occurring disorders, and is VA-certified in Prolonged Exposure, Acceptance and Commitment Therapy for Depression, Cognitive Behavioral Therapy for Depression, and Motivational Interviewing. Dr. Esterberg is licensed through the state of Massachusetts, and engages in program administration/development and specialty PTSD services for RRTP Veteran residents.

**Gina Ferrandino, PsyD** (Behavioral Health Interdisciplinary Program; Program Manager)

Dr. Ferrandino completed her pre-doctoral internship at Ulster County Mental Health, Kingston, NY, a large community-based Mental Health Treatment Center. She completed her post-doctoral fellowship at Wheeler Clinic, Plainville, CT and attained licensure in 1994. She worked for the Department of Defense for twelve years prior to joining the staff of Southern Oregon Rehabilitation and Care Clinics as a Program Manager of the Behavioral Health Interdisciplinary Program. Her clinical interests include cognitive-behavioral therapy, trauma-focused therapy, and treatment of anxiety disorders. Outside of work, she enjoys kayaking, swimming, bible study, reading, antiquing, the beach and spending time with her teenage son and two crazy dogs.

**Ben Giesbrecht, PsyD** (Training Director & NeuroCognitive Services; licensed in 2009).

Dr. Giesbrecht attended internship at the Sierra Nevada Health Care System (Reno VAMC) and completed a Post-Doctoral Fellowship at the St. Louis VA Medical Center in Clinical Neuropsychology. He attained licensure in 2009 through the state of Missouri and in 2022 through the state of Oregon. Clinical interests include Neuropsychology and Neurological Rehabilitation. Outside of work, he enjoys spending time with his family, hiking, surfing, swimming, paddle-boarding, spending time with the most beautiful dog in the world (objectively), and watching grown men get paid millions of dollars to chase a ball (AKA football).

**Anne Guzman, PhD** (she/her/hers) (RRTP SUD Team)

Dr. Guzman is an unlicensed/graduate virtual psychologist on the SUD team in the residential rehabilitation treatment program (RRTP) at VA Southern Oregon Rehabilitation Center and Clinics where she provides individual and group psychotherapy for residents of the program that have alcohol and substance use disorders. She completed her residency and internship at VA Pacific Islands HCS and her practicum at the New Mexico VA. She is pursuing licensure in the state of Washington. She has interests in trauma-focused care, employee whole health, positive psychology, social justice, addressing health disparities, and care for LGBTQ+, housing-insecure, and underserved Veterans. She resides on the island of O'ahu in Hawai'i, where she enjoys the many outdoor activities available on the islands and volunteers with organizations supporting unhoused Hawai'i residents, traditional Hawaiian practices, and ecosystem restoration. As Dr. Guzman is seeking licensure, she is not yet a member of the training committee.

**Lauren Hatch, PsyD** (PCMHI Program Manager)

Dr. Hatch attended internship at Southwest Behavioral and Health Services in Phoenix, Arizona and completed a Post-Doctoral Fellowship at the San Francisco VA Medical Center in the Santa Rosa CBOC. Clinical interests include health behavior change and transitional care following significant life changes (i.e. transition to civilian life from military or prison, etc.). Hobbies include hiking and exploring all the hidden gems of Southern Oregon.

**Brynne Johannsen, PhD** (Posttraumatic Stress Disorder Clinic; licensed in 2009).

Dr. Johannsen serves as primary supervisor for the PTSD clinic and has special interest in Post-Traumatic Stress Disorder, Military Sexual Trauma, Complex Trauma, Moral Injury, and Psychological Assessment. She also specializes in the forensic evaluation of adults and holds a doctoral-level certificate in forensic evaluation from Palo Alto University. Dr. Johannsen holds VA EBP Certification in Problem-Solving Therapy, Interpersonal Psychotherapy, Cognitive Processing Therapy, Prolonged

Exposure, and is trained in Eye Movement Desensitization and Reprocessing therapy through an EMDRIA-approved training program.

**Jodi Johnson, PsyD, ABPP** (Behavioral Health Interdisciplinary Team; EBP Coordinator; licensed in 2016).

Dr. Johnson completed both her internship and fellowship at the Fargo VA HealthCare System in Fargo, North Dakota. Her fellowship focus was in Primary Care Mental Health Integration and General Mental Health. Areas of interest include general mental health, PTSD, Moral Injury, collaborative care, assessment, and supervision. She holds VA certification in Interpersonal Psychotherapy, Cognitive Behavioral Therapy for Depression, Cognitive Processing Therapy, and Integrative Behavioral Couple Therapy. She is also a consultant for the Prolonged Exposure for Primary Care VA EBP rollout.

**Kirk Lunnen, PhD** (Pain Psychologist)

Dr. Lunnen completed his internship at Wright-Patterson Medical Center, Wright-Patterson AFB in 1999 and attained licensure in 2000 through the state of Washington. He is also currently licensed in Pennsylvania. Clinical interests include Pain psychology, psychotherapy process/outcome, and forensic psychology.

**Joseph McMonagle, PhD** (HBPC Clinic; licensed in 2006).

Dr. McMonagle completed his internship at the University of Washington Medical Center: Public Behavioral Health and Justice Policy Division. Clinical interests include Substance Use Co-occurring Disorders treatment, Acceptance and Commitment Therapy, and treatment of PTSD. Dr. McMonagle is VA EBP certified in Prolonged Exposure and Acceptance and Commitment Therapy for Depression. He also provides Eye Movement Desensitization and Reprocessing Therapy (EMDR).

**Nicole Miller, PsyD** (Chief of Psychology; licensed in 2010).

Dr. Miller attended internship and post-doctoral certification at Youth Opportunity Center (YOC) in Muncie, Indiana. She has special interest in trauma, developmental trauma, and MST. She holds certification in Cognitive Processing Therapy and Cognitive Behavioral Therapy for insomnia, and also provides EMDR and Problem Solving Therapy.

**Erin C. Murphy, PsyD** (Residential Rehabilitation Treatment Program; Virtual PTSD Program)

Dr. Murphy is a PCT psychologist working virtually on the RRTP. She began her career in VA in Portland where she worked in HBPC as a practicum student. She completed her medical psychology internship at the Phoenix VA before moving to PA to complete a post-doctoral fellowship at the Center for Integrated Behavioral Health. While there, she was extensively trained in DBT through Behavioral Tech and attained licensure in 2015. She returned to VA in 2017 and is excited to be offering EBPs for PTSD to our veterans on SORCC RRTP. She has certifications in CPT, PE, CBT-I, and IBCT. When she's not working, Dr. Murphy enjoys camping, hiking, traveling, and baking.

**Hannah Neal, PsyD** (Primary Care Mental Health Integration Provider, Health Behavior Coordinator, and Tobacco Cessation Lead Clinician)

Dr. Casares completed internship at Porterville Developmental Center (PDC) in California working with patients with developmental disabilities committed to the facility through the legal system. Post-Doctoral experience was obtained at Department of State Hospitals Atascadero, working primarily with individuals who were incompetent to stand trial due to a severe mental illness. Dr. Casares is currently working towards obtaining licensure in the State of Washington and just recently moved to Oregon. Clinical interests include psychopharmacology and working with underserved populations. When not at VA SORCC, she enjoys outdoor activities including camping, being at the beach, hiking, going to baseball games, and spending time with her Husband and four-year-old son.

**Stephanie Nowacki, PsyD** (Home-Based Primary Care; licensed in 2010).

Dr. Nowacki attended internship at the Hampton VAMC in Hampton, Virginia. She completed a clinical fellowship in Supportive Family Therapy at the League of Therapists in Charlottesville, Virginia. Areas of interest include Trauma/PTSD, Family and Community-based work, and Health Psychology.



**Libby A. Peachey, PsyD** (RRTP Program Manager of Admissions and Medical Flow)

Dr. Peachey is a former active duty Naval Psychologist and began her military career during psychology internship at the Walter Reed National Military Medical Center. She completed post-doctoral work at the Naval Hospital Jacksonville and attained licensure in 2015. She transitioned from active duty to civilian DoD and then VA Healthcare system. Her clinical interests include military and Veteran psychology, PTSD, and substance use treatment. In her off hours, she enjoys spending time with family and all the wonders Southern Oregon has to offer, such as hiking/camping, world-class theater, and gastronomical delights.

**Mahsa Sabouri, PsyD (Psychologist and Local EBP Coordinator)**

Dr. Sabouri attended internship at Southern Oregon Rehabilitation Center & Clinics (White City VA) and will be continuing as a clinical psychologist in BHIP. Clinical interests include Multicultural Psychology, Complex and Race Based Trauma, and Moral Injury. In her free time, she enjoys finding hidden lake gems to swim in, buying plants just to kill them, showering her dog with love, yoga, rock-climbing, and cooking. Dr. Sabouri is currently obtaining hours towards licensure.

**Jennifer Schmidt, PhD** (PTSD Clinic; MST Coordinator)

Dr. Schmidt attended internship at the VA Illiana Health Care System and completed a Post-Doctoral Residency at the Salem VA Medical Center. She attained licensure in 2020 through the state of Colorado. Clinical interests include PTSD from a variety of trauma types. She is a loving dog mom and loves to travel and explore as much as she can.

**Theo Stewart-Franzen, PsyD (BHIP Clinic)**

Dr. Stewart-Franzen had such a great experience completing internship at VA SORCC that he jumped at the opportunity to stick around as a psychologist in BHIP. Clinical interests center around complex and developmental trauma, understanding people through their strengths, and approaching each therapy relationship with flexibility and creativity. Theo enjoys watching trash reality shows with his wife and dogs, stays active with martial arts, is often found in a sauna or ice bath, and loves studying chess, writing music, reading fiction, and going for long walks.

**Sherry Thrasher, PsyD** (Neuropsychologist, Associate Chief of Staff, Education)

Dr. Thrasher completed an APA-accredited internship at the Atlanta VAMC and completed a Post-Doctoral Fellowship at Yale School of Medicine, Department of Neurosurgery. She has licensures in Colorado and New Hampshire. Clinical interest include assessment of TBI and epilepsy. Research interest include memory and Vascular Dementia.

**Sonia Wah Yick, Psy.D., MSW** (RRTP)

Dr. Wah Yick is a licensed psychologist in the State of Hawaii. She joined the VA system in 2022, and is currently working fully remote in the General Mental Health Track of RRTP. She has worked in various capacities throughout her education, training, and employment in mental health settings including military, research/university, community, inpatient, outpatient, primary care, rural, prison system, federal government, and state government. Clinical interests include general mental health and complex trauma. Outside of work, she enjoys spending time with friends and family, and participating in outdoor recreation activities.

**Scott H Waltman, PsyD, ABPP** (virtual PTSD Team Senior Clinician).

His interests include evidence-based psychotherapy practice, training, and implementation in systems that provide care to underserved populations. He is certified as a qualified Cognitive Therapist and Trainer/Consultant by the Academy of Cognitive & Behavioral Therapies. He also is board certified in Behavioral and Cognitive Psychology from the American Board of Professional Psychology. He is a board member for both the Academy of Cognitive & Behavioral Therapies (<https://www.academyofct.org/>) and the International Association of Cognitive Behavior Therapy (<https://i-acbt.com/>). More recently, Dr. Waltman, worked as a CBT trainer for one of Dr. Aaron Beck's CBT implementation teams in the Philadelphia public mental health system. Clinically, Dr. Waltman strives to flexibly and compassionately apply cognitive and behavioral interventions to help people overcome the barriers in their lives, to facilitate building meaningful lives that are guided by passion and values.

**Shanna Williams, PsyD (NeuroCognitive Services)**

Dr. Williams attended graduate school at Nova Southeastern University and then completed internship at the one and only VA SORCC under the supervision of Dr. Giesbrecht. Her Post-Doctoral Fellowship was done at Spectrum Health Medical Group in Grand Rapids, Michigan all the while knowing that she was fated to return to VA SORCC. Clinical interests include dementia, stroke, movement disorders, and basically all things outpatient and inpatient neuropsychology. Nonclinical interests include hiking, reading, partaking in the local winery/vineyard scene, and enjoying the glow of post-EPPP life.

## ***Facility Information***

Over the years, the SORCC resident milieu has evolved from a domiciliary to a more program-specific, Veteran-centric organization, emphasizing rehabilitation and community reintegration. Comprising 210 operating residential rehabilitation beds, our efforts focus on returning the Veteran to a healthy, productive lifestyle. Integrated rehabilitation and therapeutic services include Case Management, Substance Abuse Treatment Program (SATP), Evidence-Based Psychotherapies (EBPs), Neuropsychological Assessment, a Psychosocial Rehabilitation and Recovery Center (PRRC), a Mindful Action Group program (which includes a Ropes Course), Recreation Therapy, Vocational Rehabilitation/Employment Services, OIF/OEF/OND post-deployment Case Management, Native American Veterans Program, and Psychiatry Service.

These programs are augmented and supported by additional programs including telehealth, care for homeless Veterans, community residential homeless Veteran Grant Per Diem Program, physical rehabilitation, prosthetics, ambulatory care clinic, group visits and disease management, community reentry, blind Veteran computer training (VIST), dental services, chaplain services, and a range of patient wellness clinics focusing on preventive health such as smoking cessation, relapse prevention, tuberculosis, diabetes, hypertension, and nutrition. Coordinated Clinical Home Telehealth (CCHT), Home Based Primary Care (HBPC), Women Veterans Healthcare (including Women's Mental Healthcare), and minority Veterans programs are also offered.

This treatment focus is expanding into outpatient programs, offering access to primary and mental health services at the main SORCC campus in White City and at two Community Based Outpatient Clinics (CBOCs) in Grants Pass and Klamath Falls. As the VA's only freestanding rehabilitation center, the SORCC is a significant resource, drawing Veterans from across the nation (approximately 84% from VISN 20 and VISN 21; 16% from the rest of the nation). We proudly provide specialized programs for underserved Veteran populations affected by homelessness, chronic mental illness, and substance abuse. We offer quality residential treatment in Psychiatry; substance use; co-occurring disorders; medicine; and bio-psychosocial, physical, and vocational rehabilitation.

We offer exemplary outpatient medical and mental health care to Veterans living in the southern Oregon and northern California region, comprising nearly 200,000 Veteran visits annually. Veteran outpatients in southern Oregon (Jackson, Josephine, Klamath, and Lake Counties) and northern California (Siskiyou, Del Norte, and other counties) visit SORCC's outpatient clinics. The outpatient service area includes well over 40,000 Veterans. To further compliment our rural healthcare focus, the Klamath Falls and Grants Pass CBOCs provide primary and mental health care, including telehealth services. An outreach clinic in Lakeview, Oregon, provides an additional rural healthcare access point.

## ***Living in the Rogue Valley***

Medford is the largest city near the SORCC (15-minute drive), with the smaller nearby communities of Grants Pass (40 minutes) and Ashland (35 minutes) comprising the other major population densities of the Rogue Valley. The area is known for its scenic beauty, surrounded by such landmarks as [Upper and Lower Table Rock](#) buttes, with Mount McLoughlin of the [Sky Lakes Wilderness](#) in the distance. [Crater Lake National Park](#) and the [Oregon Caves National Monument](#) are both less than a 2-hour drive from

Medford, and both have multiple campsites along the way. A little farther from the city, one can take a day trip to the ocean (2.5-hour drive) through the famous [Redwood National and State Parks](#) of northern California.

The climate is generally mild and sunny, with average high temperatures around 45 in the winter and 90 in the summer. Rainfall averages around 20 inches per year. The climate and geography of southern Oregon support year-round outdoor activity, including hiking, white-water rafting/kayaking, cycling, camping, and fishing. Given the proximity to Mount Ashland (15-minute drive from Ashland), snow sports are readily available, including skiing, snowboarding, snowshoeing, winter camping, sledding, etc. Mount Ashland (and the surrounding area) also supports the growth of popular enduro-style mountain biking.

The area is also known for its dense cultural recreational opportunities including theatre and music, especially in Ashland and Jacksonville. The Rogue Valley has some of the best soil in the country, with a long-standing agricultural tradition, and is now famous for its prolific vineyards. Larger metropolitan areas are also accessible, with flight time to San Francisco less than 2 hours, driving time to Eugene 2.5 hours, and driving time to Portland 4.5 hours (1-hour flight).

#### **Informative Websites**

<http://www.southernoregon.va.gov/>

<http://southernoregon.org/>

<http://www.ci.medford.or.us/>

<http://www.ashland.or.us/>

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

Date Program Tables are updated: September 20, 2024

### **Program Disclosures**

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

## 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:**

Applicants must meet all requirements for VA internship eligibility, which includes enrollment in an American Psychological Association (APA) or Canadian Psychological Association (CPA) Clinical or Counseling Psychology doctoral program, approval for internship status by the graduate program training director, and U.S. Citizenship.

Applicants must complete at least 3 years of graduate training prior to internship and have at least 300 intervention and 100 assessment hours documented on the APPI. It is expected applicants have successfully proposed their dissertation or final project prior to the application deadline. The Director of Clinical Training from the applicant's program must verify readiness for internship on the APPI. Applicants who match with our site must also be aware of the following Federal Government requirements:

The Federal Government requires that all male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns may be required to be tested prior to beginning work and, once on staff, they are subject to random selections as are other staff members. Interns and Fellows are also subject to fingerprinting and background checks. In addition, as a condition of appointment, all Health Professions Trainees must furnish evidence or a self-certification that they are physically and mentally fit to perform the essential functions of the training program and have up-to-date vaccinations for healthcare workers as recommended by the Centers for Disease Control. Additional information regarding these requirements may be found here: <https://www.va.gov/oaa/hpt-eligibility.asp> Match results and selection decisions are contingent upon passing these screens.

You do not need to submit any documentation for these issues during application process.

**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: 100

<b>Describe any other required minimum criteria used to screen applicants:</b>
Please see paragraphs above regarding Internship Program Admissions.

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

Annual Stipend/Salary for Full-time Interns	\$33,891 (subject to increase)	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 (accrued)	
Hours of Annual Paid Sick Leave	104 (accrued)	
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): Medical, Dental, and Vision insurance is available (Trainees contribute partially to cost)		

\*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>2021-2024</b>	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	<b>PD</b>	<b>EP</b>
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	2	3
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	1
School district/system	0	0
Independent practice setting	2	0
Other	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.