Psychology Internship Program

Director, Psychology Training Program
Eastern Colorado Health Care System Denver Medical Center
1055 Clermont St.
Denver, CO 80220
(303) 399 – 8020 x2571
http://www.denver.va.gov/

APPIC Match Numbers: 117411 and 117412
Application due date: November 1, 2015

Accreditation Status

The doctoral internship at the Eastern Colorado Health Care System Denver Medical Center is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is scheduled for 2019.

* 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 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979
APAACCRED@APA.COM
http://www.apa.org/education/grad/program-accreditation.aspx

Application & Selection Procedures for 2015-2016

Match Number: 117411- General (4 slots)
Match Number: 117412- Primary Care-Mental Health Integration focus (1 slot)
Match Number: 117413 – Geriatric Psychology focus (1 slot)

The Eastern Colorado Health Care System Denver VA Medical Center Psychology Doctoral Internship (DVAMC-DPI) is fully accredited by the Commission on Accreditation. Psychology interns must be enrolled in an APA-approved clinical psychology program or in an APA-approved clinically-oriented counseling psychology program. Applicants must also be U.S. Citizens. As an equal opportunity training program, the DVAMC-DPI welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or other minority status. As a generalist internship, we value applicants who have a wide range of backgrounds and experiences. Candidates with formal assessment experience are preferred.

Internship Start Date: Monday July 3, 2017

Eligibility Requirements

1. Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
2. Approved for internship status by graduate program training director.

This document may contain links to sites external to Department of Veterans Affairs.
VA does not endorse and is not responsible for the content of the external linked websites.
3. 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.

4. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US 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 US Office of Personnel Management; exceptions are very rarely granted.

5. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

6. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows 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.

**Application Policies**

The DVAMC-DPI is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by all APPIC guidelines regarding intern recruitment and notification procedures. The DVAMC-DPI actively supports and is in full compliance with the spirit and principle of Affirmative Action in the recruitment and selection of psychology interns. We provide equal opportunities in training for all qualified persons and do not discriminate on the basis of race, religion, sex, national origin or age. There are currently five intern positions in the DVAMC-DPI. Because training funds are approved on yearly basis, we cannot guarantee that we will have the same number of positions each year.

Applicants missing any of the materials from the checklist below will not be considered in the evaluation process. All completed applications of qualifying persons will be evaluated based upon the written materials. The highest-rated applicants will then be invited for interviews, to be scheduled in January. A personal interview is preferred. If a personal interview is not possible, we may arrange a telephone interview. Applicants who are NOT going to be invited to interview will be notified by e-mail. Notification will occur on or before the date outlined by APPIC. All costs of travel, meals and lodging are the responsibility of the applicant. The DVAMC-DPI abides by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

**Applicant Checklist**

*The following materials must be submitted by November 1 each year:*

If you apply for this internship, you are expected to submit all your application materials via the APPIC online application system. Go to the APPIC website at [www.appic.org](http://www.appic.org) and click on the AAPI (APPIC Application for Psychology Internship) Online link. Completed internship applications are due on November 1, each year; this year the due date will be **November 1 each year**. All application materials must be submitted and received by us on or before this date. Incomplete applications will not be read by the Selection Committee.

All application elements should be submitted using the AAPI Online system. Follow all instructions accompanying the AAPI Online to either enter your information directly, or upload your documents. We encourage all CVs to be uploaded as Microsoft Word (version 2003 or earlier) or Adobe Acrobat files. Only the transcript should be mailed in hard copy form to the AAPI Online application address.

1. Cover letter, including Eastern Colorado Health Care System training interests
2. All elements of the AAPI Online general application
3. Curriculum Vita
4. Transcripts of graduate work. The transcripts should cover all post baccalaureate course work. You should mail one official copy of all graduate transcripts to the AAPI Online application address at:
   - **AAPI Online**
   - PO Box 9117
   - Watertown, MA 02471
5. Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online system.
6. Three letters of recommendation from faculty members or practicum supervisors who know your clinical as well as your research work well. Letter writers should upload an electronic copy to the Reference Portal of the AAPI Online system.

7. Please present a brief case study that illustrates your theoretical orientation. Incorporate assessment data that you used to inform this case. Because we work in a hospital setting, concise and precise writing is essential. For that reason, we ask that you limit your essay to three pages maximum, (12 point font and 1” margins). Essays that exceed this limit will not be considered.

Please note: Violation of confidentiality in a work sample (ANY INCLUSION OF ANY IDENTIFIABLE INFORMATION – e.g., name of high school, name of work setting, etc.) will result in immediate termination of the applicant from consideration, and contact with the applicant's Training Director to notify them of the violation. Please make it very easy for us to determine that you have deidentified the document by putting a header at the top of the document stating so, using “Mr. Xxxxx”, etc.

8. We would like to know more about your experience with evidenced based psychotherapies. In your cover letter, please include the following information. We understand that a table format will not fit into the cover letter, so you may use text or bullet points to convey this information. Please reference the following website if you have any questions about what constitutes an evidenced-based psychotherapy.

http://www.div12.org/psychological-treatments/treatments/

<table>
<thead>
<tr>
<th>Evidence-Based Treatment</th>
<th>Type of training obtained (e.g., didactic training only, didactic and applied training)</th>
<th>Experience using EBT with a clinical case or with participants in a research study?</th>
<th>Did this involve use of a manualized protocol? If so, please list reference below.</th>
<th>Type of supervision obtained</th>
<th>Number of applied hours with modality</th>
</tr>
</thead>
</table>

To request more information, contact:

Catie Johnston-Brooks, PhD, ABPP-CN
Psychology Doctoral Training Director
Catharine.johnston-brooks@va.gov

Psychology Setting

The DVAMC-DPI is a comprehensive doctoral internship, fully accredited by the American Psychological Association. The major objective of the internship is to complement academic graduate training by introducing interns to the day-to-day knowledge and skills of practice as a clinical psychologist. The program fosters the development of concern for the social and ethical responsibilities of professional practice in the context of training for full professional responsibilities. The Denver VA has a multi-ethnic population that presents with a wide variety of human problems. We are interested in attracting applicants from diverse backgrounds to work with this population.

The DVAMC-DPI is staffed by 43 doctoral level psychologists who are assigned to one of three administrative entities: Mental Health Services, Patient Care Services Psychology (PCS) Services, or the Mental Illness Research, Education and Clinical Center (MIRECC). Those psychologists whose duties entail primarily the provision of more traditional mental health services are assigned to Mental Health. Those psychologists whose duties fall more under the aegis of health psychology are assigned to PCS Psychology. Those psychologists
whose duties are divided between research, staff consultation, and provision of clinical services focused on suicidal behaviors are assigned to the MIRECC. The DVAMC-DPI spans these entities. With the recognition that psychology training overlaps all three administrative departments, the internship has been structured to reflect this reality. The training rotations that are available involve psychology staff from Mental Health Services, PCS Psychology Services, and the MIRECC. The staff members represent a variety of theoretical perspectives: Cognitive, Existential, Humanistic, Psychodynamic, and Systems. These psychologists provide inpatient and outpatient services throughout the Medical Center. The DVAMC-DPI serves as a central way that the three Services foster a sense of Psychology “Community.” All of the psychology staff have a deep commitment to training and seek to foster the growth that occurs during the internship year. We hope that our interns will become members of our Community.

Internship is a twelve month full-time placement beginning the first week of July each year. Interns may participate in the federal employee health insurance program, and are given 13 days for vacation/annual leave, 5 days of administrative leave, 10 federal holidays, and reasonable sick leave. Interns are each provided with a group office, computers, and psychological testing supplies.

In addition to internship training, we also offer training at the practicum and post-doctoral levels.

**Training Model and Program Philosophy**

The DVAMC-DPI model for the education and training of doctoral psychology interns is best characterized as a clinician-scholar model. Students are taught to use science in the service of clinical practice. This is a process that guides all decisions regarding training objectives. Assessment and intervention are the bedrock of the intern training experience, and various means of supervision facilitate learning in these areas. Students engage in psychotherapy and assessment practices that are strongly rooted in research and theory. These concepts are reinforced in required seminars.

A primary means of training occurs in the context of clinical rotations. At the start of each rotation, training faculty meet with interns to assess skill level and training goals and objectives. Throughout the course of each rotation, the intern has opportunities to observe and participate in team meetings and clinical activities. Teams are usually multi-disciplinary in nature, providing the intern with an opportunity to develop a sense of the professional identity of a psychologist distinct from other health care providers. Typical clinical activities include assessment of personality, cognition and emotional functioning; differential diagnosis of neurologically- versus psychologically-based conditions; psychotherapy with individuals, couples, families and groups; development and delivery of psycho-educational material; and consultation with team members regarding patients; coping style and its effectiveness, decisional capacity, and effective methods of communicating with patients. At the outset of the rotation, the intern is assigned clinical responsibilities and provided with regular supervision to develop the skills and meet the goals and objectives that were outlined in the initial meetings. The expectation is that the intern will assume increasing autonomy for clinical services and will come to function as an integral member of the treatment team.

In addition to the learning that occurs through clinical activities on the rotation, the intern receives didactic material and instruction to facilitate learning skills related to that rotation. Training faculty model and instruct the intern in using theory, literature and critical thought to formulate hypotheses regarding client behavior. On all rotations, interns are encouraged to be thoughtful consumers of research. Reading and discussing articles provided by supervisors is an integral part of the learning process. At times supervisors request that students explore specific areas of interest by reviewing the literature and then presenting the findings. This often facilitates lively discussion from which both supervisors and supervisees benefit.

The DVAMC-DPI has several required clinical seminars to provide regular didactic instruction on a variety of clinical and professional topics, including diversity, health psychology, mental health, supervision, assessment and professional issues.

As part of our commitment to training psychologists who will be clinicians and scholars, we require interns to present their areas of research interest to the Psychology Community. Research Day provides a forum for interns to discuss a topic which they have thought about in a scholarly manner. We have found that offering interns an opportunity to be an expert in a self-selected area facilitates professional development. This experience further solidifies the intern's identity as a scholarly practitioner.
Another forum in which the clinician-scholar model is reinforced is the Psychology Case Conference. Psychology interns are required to present at least one case conference during their internship year. Presentations by interns focus on a psychotherapy or assessment case. These may include a completed case or a case in progress. If psychological test data is available, it is included in the presentation, along with any other clinical data relevant to the discussion. Through discussing the conceptualization of the case and the progress of assessment or treatment, students demonstrate their ability to integrate scholarly and professional practice issues, with references to literature. If appropriate, we request that a reference list be provided to attendees.

Psychology training at the DVAMC-DPI is a sequential and cumulative process that is graded in complexity. We view the internship year as a period of professional transition, from the more narrowly defined roles and perspectives of the graduate student towards the more broadly defined roles and perspectives of a professional psychologist. During this year, we anticipate a number of changes will occur in the intern's skills, perspectives, and professional identity. For example, it is our goal that interns develop a psychologist's unique perspective and the ability to share this with a multi-disciplinary treatment team, communicating so that non-psychologists clearly grasp and can apply an understanding of the complex social, emotional and cognitive underlay to a patient's behavior. Our internship seeks to foster these changes in an intern's professional identity and skills in an organized and systematic way. Students arrive for internship at different places in their professional development. The initial discussions with the Training Director about internship goals and objectives allow for the intern to clarify and individually tailor which areas of professional functioning will be a focus for the greatest growth, and which areas will require less intensive emphasis. The training program measures students' progress over the course of the year against specific rotation criteria and person-specific goals and objectives agreed upon by rotation supervisors and supervisees. Students receive both structured and informal feedback regarding their progress in many forums throughout the internship year.

It is our expectation that students who successfully complete the internship at the DVAMC-DPI will be able to think critically about cases and make sound decisions rooted in scholarly work. Such individuals will be well-equipped to serve a diverse population of consumers, and will know how to access resources when interventions required exceed their knowledge base. The clinician-scholar training model is facilitated by the DVAMC-DPI's commitment to training and research. As a veterans' hospital, we are committed to training individuals to become VA psychologists. It is important that our interns understand the veterans' experience, whether it is from military service itself or from a veteran's exposure to combat. Instruction in issues specific to veterans is provided in didactic and supervision settings throughout the year.

**Program Goals & Objectives**

In the aim of training students who are able to think critically about psychological issues and apply theory to practice, we are very clear about specific areas of competency expected of our graduates. At the same time, we are aware that interns bring to the internship a unique array of individual skills and interests that may impact progress over the course of a rotation. As stated above, training faculty present interns with rotation expectations, goals and objectives for the rotation. Internship training expectations are rooted in specific competency goals in the areas delineated below. We believe that training in these areas adequately prepares interns for entry-level practice.

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

**Program Structure**

**Clinical Rotations – Selection & Overview**
Before arriving, each intern initially fills out a self-evaluation, preferably with the input of a close supervisor. During the initial orientation to the program, interns then meet individually with the Training Director prior to rotation selection. In this meeting, the intern and Training Director discuss and develop the training goals for the intern. They discuss degree of competence in all of the goal-domains and the Training Director offers suggestions of specific rotations and supervisors that the intern should consider to meet his/her goals.

Also during the initial orientation to the training program, all faculty members meet with the interns typically for 30 minutes. They talk about the specifics of their rotations, such as particular requirements and criteria, competency goals, time expectations, supervisory philosophy, and theoretical orientation. Psychologists who offer psychotherapy supervision also provide information regarding this service. The interns then meet as a group to sort out their schedules. While they are only required to propose rotation selections for the first four months, they often chart out a plan for rotations and supervisors for the whole year (with the understanding that revisions are possible later in the year as interests and preferences develop). The interns are guided in this selection by the Training Director and Training Committee in order to meet their training goals.

There are six internship slots available at the DVAMC-DPI. Four slots are “general” and do not have any predetermined rotations. The fifth and sixth slots either focus training on Primary Care-Mental Health Integration (PC-MHI) or Geriatric Psychology. The PC-MHI intern will select the Behavioral Health Lab for all three major rotations. The Geriatric Psychology intern will similarly select Geropsychology for all three major rotations. These interns will be able to select the other three minor rotations in order to best fit their personal training goals. All other training activities are the same for the PC-MHI and Geropsychology interns as for the general interns (didactics, research day, case conference, etc.).

After the interns have organized a plan, they present it to the Training Committee for review and approval. The Committee reviews the proposed rotations to ensure that the selected rotations and faculty members are available, and that reasonable time commitments are made. With the plethora of riches presented at the beginning of the internship year, students may need to be advised about anticipated workload and time demands. Occasionally, interns will need to be encouraged to broaden their selection of rotations. For example, the person may be focusing too narrowly in one area with which he or she is already quite familiar, to avoid the challenges of exploring new areas. This process of rotation selection is essentially repeated at the end of each four-month period.

The tenets of our training plan are flexibility and choice. Trainees are given the opportunity to pursue their individual interests within the tenets of a generalist internship. Each intern’s training goals for the year are identified in discussion with the Training Director, and play an important role in the process of formulating the initial rotation selections. Expectations for hours are as follows: 16 hours major rotation, 10 hours minor rotation, 4 hours psychotherapy, 3 hours didactics, 1-2 hours research, 1 hour cohort lunch/bonding = 35-36 hours total. Supervision time of at least four hours per week is included in the clinical hours.

**Supervision and Evaluation of Intern Achievement**

We seek to foster an environment of intern evaluation that emphasizes ongoing appraisal of interns’ acquisition of professional skills in terms of outlined competency goals, and constructive feedback aimed at improving these skills. Our methods of evaluation are diverse and vary across the different rotations. These methods include live observation of intern-client or intern-staff interactions; review and co-signature of all written material such as progress notes or other additions to the computerized patient record system; observation of intern case formulation and case presentation in staffings, treatment planning conferences, and other multidisciplinary settings; review of process notes and audiotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Training faculty also receive feedback about the interns from professionals in other disciplines on the interns’ rotations. For example, on the psychiatric inpatient rotation feedback about an intern is solicited from both the nursing staff members, as well as the attending psychiatrist with whom he or she is working.

Each rotation has a training faculty member assigned who meets regularly with the intern. Students receive at least two hours of individual supervision and four hours total supervision per week. At the beginning of the rotation, rotation expectations are presented and a supervision agreement is signed by both the supervisor and the supervisee. In addition, the intern self-evaluates their rotation specific competencies in each of the domains and collaboratively develops rotation goals. The supervisor then endeavors to provide support and guidance appropriate for the intern’s level of experience as well as whatever specific learning experiences are required to
meet the competency goals. Based on intern performance, the supervisor performs a formal written rating at the mid-point of the rotation and again at the end of the rotation.

Seminar leaders are also asked to evaluate the interns' participation, and this feedback is solicited during the third Monday of the month training faculty meetings. Relevant information is integrated into formal and informal feedback. At the end of the year, an final copy of the intern's evaluation is forwarded to the Director of Training in each intern's graduate program.

In addition to formal feedback, provision of informal feedback to interns is expected to be ongoing by each faculty member and in line with competency goals outlined at the beginning of the rotation. We request frequent self-evaluation because we believe that by doing so, and providing them with frequent formal and informal feedback, interns will develop this important skill. Interns are encouraged to provide feedback to their supervisors in an ongoing way as well, to foster a constructive dialogue about how well the intern feels his or her training needs are being met. A structure we have adopted to facilitate feedback is for the psychology staff to meet as a group once a month to discuss the interns' progress. Discussion in this format allows for rapid identification of training issues that need to be addressed with specific interns. It also allows staff to note subtle issues which may be more evident in one rotation than another or to cross validate certain impressions that might be developing. Additional discussion of interns' progress in the training program takes place at the meetings of the Training Committee. The frequency of these meetings allows fairly close monitoring of how the interns stand with respect to their competency training goals and the expectations of the internship. Because a great deal of Training Committee's time is spent on program administration and evaluation, interns are invited to attend the TC meetings once per month.

It is expected that interns will assume increasing levels of responsibility during the rotation as their skills develop. It is also expected that supervisors' involvement will move from a more directive role to a less directive and more consultative one. By the end of the rotation, interns are expected to show substantial gains from their starting place, though it is expected that these starting places will differ between the different interns. What we strive for is that interns achieve competency in all areas listed above. Successful completion of rotations and the internship is predicated upon achievement of competency goals. Meeting these goals adequately prepares students for entry level independent professional practice. The vast majority of our interns far exceed our expectations in this regard by the end of the internship year.

As described above, interns' progress over the course of a rotation is monitored closely. If at any time, specific concerns regarding performance arise, rotation or training faculty contact the Training Director. Concerns are further discussed with the Training Committee and/or the intern. At that time, a decision is made regarding whether or not further action is indicated. If an intern is not successfully completing outlined competency goals, or meeting rotation criteria, a written remedial plan, with specific dates indicated for completion is written by the supervisor and supervisee and reviewed by the Training Director. This can happen at any point during a rotation. Once steps outlined in the remediation plan are completed, intern performance is re-evaluated both verbally and in written form. If goals outlined in the remediation plan are not met during the specified time period, further action as described in our policies and procedures for problematic interns is taken. Policies and procedures for problematic interns and due process are outlined in the Training Manual.

**Training Experiences (Rotations, Psychotherapy, Seminars)**

**Clinical Rotations – Options**

The Psychology Training Program expects that rotation supervisors will provide specific information to interns about the expectations and requirements for completing a rotation. These rotation-specific criteria are in accord with general competency goals for training and provide more detailed reference for trainees and supervisors. Each rotation supervisor will establish the expectations and requirements that fit best for that setting. Interns are encouraged to discuss these criteria with the supervisor early in the rotation and as needed throughout the training year. The following rotations are available, listed alphabetically:

Geriatric Psychology track: The intern on the Geriatric Research Education and Clinical Centers (GRECC) internship track will be part of two teams, the Dementia Care Team and the Geriatric Primary Care Team. The GRECC clinical trainees consists of medicine trainees (fellows and monthly rotating residents), pharmacy
residents, social work interns, audiology interns and a psychology intern. The intern will participate in the Geriatric rotation (described below) for two of the three major rotations.

The Geriatric Psychology track is designed to be consistent with the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualis, Duffy, 2009) and American Psychological Association’s Guidelines for Psychological Practice with Older Adults (APA, 2013). A major focus of the training will be gaining knowledge of normal aging, health complexities during the aging process, and functional impairment due to neurocognitive disorders (NCD). Further, training will be focused on learning skills to deliver feedback and education to Veterans, Veterans’ caregivers and to provide consultation to staff. Through interdisciplinary collaboration, the intern will deliver a wide array of services to older adults and their caregivers including assessment, consultation, and psychotherapy. The intern will be integrated into the following the clinics:

1) The Geriatric Primary Care Clinic (GeriPACT) is an interdisciplinary team of social work, pharmacy, medicine, nursing, audiology and psychology who provide primary care services to older adults with complex medical problems. The intern will be available for consultation and warm-hand offs during clinic hours. The intern will have opportunities to conduct joint sessions with other disciplines to provide patient centered care.

2) The Dementia Care Program is an interdisciplinary team of social work, psychiatry and psychology who serve as hospital-wide neurocognitive disorder (NCD) care consultants. The intern will have opportunities to collaborate with PACT teams and specialty clinics regarding care of Veterans with NCD and assist Veterans and their caregivers with identifying, clarifying, and managing NCD symptoms.

As part of the above teams, the intern will receive training in completing functional biopsychosocial assessments, medical decision-making capacity assessments, NCD-related neuropsychological assessments, caregiver support, evidenced-based individual psychotherapy with older adults and group psychotherapy with older adults. The intern will gain skill in providing difficult feedback to Veterans and their families (e.g., driving safety) as well as being part of family meetings with other disciplines.

Assessment opportunities include:
• Dementia Related Neuropsychological and Cognitive Exams
• Self-report mood measures + Cognitive screening + functional assessment of daily living
• Medical Decision Making Capacity Exams

The intern will be offered opportunities to teach medical staff and will attend interdisciplinary GRECC didactics at the VA and University of Colorado School of Medicine.

Supervising psychologist: Joleen Sussman, Ph.D., ABPP

Rotation Expectations:
• Complete neurocognitive disorder-related neuropsychological evaluations; provide feedback to Veterans and family.
• Carry a psychotherapy caseload of older adults and caregivers.
• Complete medical decision-making capacity evaluations; provide feedback to Veterans and staff referral sources.
• Participate in interdisciplinary family planning and education meetings.
• Gather collateral information from outside sources as needed.
• Provide psychological consultation and education to interdisciplinary team members and hospital staff.
• Co-lead a caregiver group and/or reminiscence group.
• Participate in one hour of weekly supervision, further supervision available as needed/requested.
• Maintain appropriate documentation on patients (i.e., Evaluations Reports, Treatment Plan, Progress Notes).
• Complete relevant geropsychology reading assignments provided by supervisor.
• Sit in on other disciplines (social work, medicine, psychiatry) sessions with Veterans as a learning experience.
• Attend relevant geriatric journal club meetings, allied health professionals case conference and GRECC trainee didactics.
• Be available for Tuesday afternoon GeriPACT clinic (12:30-4pm).

Inpatient Rehabilitation Medicine: Interns selecting this rotation will have the opportunity to work with veterans who are coping with a wide range of medical problems including stroke, traumatic brain injury, amputation, spinal cord injury and multiple sclerosis. The inpatient multidisciplinary team includes physiatrists, social workers, speech therapists, psychologists, dieticians, nurses, and occupational, recreational, and physical therapists.
Interns assess veterans' adjustment to their illness/injury, coping style and its effectiveness, and the contribution of their medical condition to current emotional functioning and vice versa. Interns provide recommendations to physicians, physical and occupational therapists and nursing staff about effective methods of communicating with, obtaining optimum cooperation from, and responding to veterans. They assist medical staff in differential diagnosis between emotional and organic factors in veterans' behavior, and in developing treatment plans and recommendations for disposition. Interns conduct assessment of cognitive functioning using neuropsychological measures, with an emphasis on the implications of test results for a veteran's every day, real-world function. Assessment results also play a role in determining a patient's decisional capacity. Finally, interns provide brief, structured psychotherapy to veterans and family members and communicate with family members regarding their and the veterans' adaptation to the illness. This is available only as a Major Rotation.

**Supervising Psychologist: Sheila Saliman, Ph.D., ABPP**

**Rotation Expectations:**

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

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

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

**Inpatient Psychiatric Rotation:** This minor rotation is designed to offer training in conceptualization and treatment of veterans in acute psychiatric crisis. Conceptual elements include 1) Developing knowledge of population and systems of support (roles of various providers of interdisciplinary team, conceptualization of acute care needs and severe/remitting forms of mental illness, community resources for residential placement, and VA Mental Health resources in outpatient system of care for focused discharge planning); and 2) Program development (recovery model focused on prizing the voice of the veteran, informed consent, and highlighting strengths, program structure, philosophy of care and staff expectations of patients, and balancing patient safety and program flexibility such as legal status, certification process). This training experience is available only as a minor rotation.

Operational elements include

1) Group psychotherapy programming (student will practice process orientation versus psycho-education and be able to progress toward taking on choosing content and group facilitation with decreasing supervisor support over time, and exposure to evidence based practices including Illness Management and Recovery (IMR), Social Skills Training (SST) and Acceptance Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT, Skills Training in Affect and Interpersonal Regulation (STAIR); and Motivational Interviewing (MI)}
2) Individual psychotherapy (referral questions may include: focused skill-building, facilitating engagement to aftercare, or safety planning and suicide prevention);

3) Psychological assessment (fast-paced and includes structured diagnostic interview, review of records, and consultation with treatment team as well as administration of formal measures, provides informal testing feedback to treatment team on the day following collection of raw data when possible);

4) Crisis Evaluation (Psychological Emergency Services) and

5) Consultative collaboration with the interdisciplinary team (this includes Psychiatry, Nursing, Social Work, Occupation Therapy, Volunteers, and Peer Specialists informally and in the context of team meetings and Recovery Workgroup).

General Information about the Assessment Process:
- Assessment on 7IPU is past-paced, given the nature of the setting
- Throughout the assessment process, students are expected to collaborate/consult closely with the veteran’s treatment team

Measures and Interpretation
- The specific measures selected will differ based on the referral question, but in addition to a chart review and clinical interview, assessments on IPU often consist of an objective measure and a projective.
- Commonly used measures include:
  - The SCID
  - the PAI
  - the CAPS
  - TAT or Sentence Completion
- During interpretation, students are asked to look for common findings/themes across tests, clinical observations, information from the team, etc

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

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

Other notes about assessment supervision on 7IPU:
- We typically build on/emphasize a student’s existing knowledge of assessment measures, rather than teaching new measures

Supervising psychologist: Primary-Caroline Kelly Psy.D. Secondary Geoff Smith, Psy.D.

Requirements: Precise weekly rotation schedule to be determined at the beginning of training (all aspects should comprise 8-10 hours per week). Testing and psychotherapy referrals should be actively sought with the assistance of the supervisor and students should expect that a regular week would include at least two of the following direct patient services: individual psychotherapy, group facilitation, and/or psychological testing. Items with asterisks * are mandatory each week.
a. Weekly Group Co-facilitation *
b. Individual Psychotherapy *
c. Psychological Testing
d. 2-3 Morning all-staff meeting and subsequent team breakout each week * (8-9:30am weekdays)
e. Individual Clinical Supervision *
f. Recovery Program Development Workgroup (2:30 Thursdays)

**Mental Health Clinic:** The overall goal of the outpatient Mental Health Clinic rotation is to provide Interns the experience of delivering direct clinical care to veterans with a broad spectrum of psychiatric illnesses, including affective disorders, schizophrenia and other psychotic disorders, personality disorders, adjustment reactions, and PTSD. The clinical rotation in the Mental Health Clinic provides the opportunity to work as part of an interdisciplinary evaluation and treatment team offering consultation, assessment, and psychotherapy in both individual and group formats. Interns will gain experience integrating evidence-based techniques into routine clinical practice and experience utilizing a specific treatment protocol (e.g., Cognitive Behavioral Therapy for Depression, Cognitive Processing Therapy, Prolonged Exposure). This is available as a Major or Minor Rotation.

**Major Rotation Expectations:** *(for a Minor rotation expectations are tailored to trainee’s goals)*

**Psychotherapy:**
- Carry an individual psychotherapy caseload, with some ability to prioritize assignment of patients based on training interests and/or needs (5-6 hrs/wk).
- Co-lead 1-2 outpatient therapy groups per week (e.g., DBT, CBT for Depression), some ability to select groups based on training interests and/or needs (4-5 hrs/wk).
- Attend weekly supervision meetings with psychotherapy supervisors (2 hrs/wk).
- Supervisors: Dianne McReynolds, Ph.D.; Mark Stalnaker, Ph.D.

**Assessment:**
- Complete at least 8 MHC intakes (psychosocial assessments) on a new clinic patient over the course of the rotation.
- Complete at least 4 comprehensive integrative assessments (i.e., self-report measures, personality assessment, cognitive assessment, semi-structured interview) over the course of the rotation and provide feedback to patients and treatment team.
- Average 2-3 hours of assessment related activity per week (including supervision and/or didactic instruction).
- Supervisors: Amy Dreier, Ph.D.; John Glazer, PsyD, Susan Fisher-Johnston, Ph.D.

**Interprofessional Practice:**
- Participate in at least two 30 minute team meetings with the interdisciplinary treatment team each week. Meetings are at 11:30-12, day of week flexible dependent on trainee availability.
- Maintain appropriate clinical documentation (e.g., Intake, Treatment Plan, Progress Notes, Evaluation Reports, etc.). Average 4-6 hrs/wk protected for documentation and self-study/clinical preparation time.

**Mental Illness, Research, Education and Clinical Center (MIRECC)** – The clinical and research mission of the Rocky Mountain MIRECC is to study suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population. Towards this end, the work of the Rocky Mountain MIRECC is focused on promising clinical interventions, as well as the cognitive and neurobiological underpinnings of suicidal thoughts and behaviors that may lead to innovative prevention strategies. Specific populations of interest include Veterans with a history of traumatic brain injury and PTSD.

Interns rotating with the MIRECC will have the opportunity to engage in both clinical and research activities. Specifically, as part of the MIRECC Suicide Prevention Consultation Service, interns will have the opportunity to provide consultation to mental health clinicians who are working with patients at high risk for suicide. This process varies from client to client; however, assessments typically include suicide-specific measures in addition to formal psychological/neuropsychological assessment. Interns are also provided with the opportunity to observe consultation calls provided by the national VA Suicide Risk Management Consultation Program. As part of the rotation, Interns also co-facilitate the Crisis Survival Group, which focuses on safety planning on the inpatient
psychiatric unit. With respect to research, interns will be expected to participate in ongoing research projects or
may have the opportunity to initiate a research focused activity. All interns will work closely with the MIRECC
psychology research team which consists of supervising psychologists (below), graduate psychologists, and post-
doctoral fellows, as well as faculty from various disciplines (e.g., neuropsychiatry, psychiatry, social work,
neuroscience).

**Supervising Psychologists**: Nazanin Bahraini, Ph.D., Sean Barnes, PhD., Lisa Brenner, Ph.D., ABPP, Peter Gutierrez, Ph.D., Jennifer Olson-Madden, Ph.D., Bridget Matarazzo, Psy.D., Sarra Nazem, Ph.D., Lindsey Monteith, Ph.D.

*Interns who select a major MIRECC rotation will work with two supervisors over the course of the rotation; one for clinical services, one for research. Supervisors will be determined per rotation based on availability and current/selected research projects. Interns who select MIRECC as a minor rotation (either clinical OR research) will work with one supervisor who will be determined per rotation based on availability.*

**Major Rotation Expectations:**
1) The intern will engage in the learning activities necessary to gain a basic understanding regarding the current state of Suicidology. This may include reading, attending lectures, or watching videos.
2) The intern will complete at least 2 MIRECC suicide prevention consults.
3) The intern will complete a research related product.
4) The intern will co-facilitate the Crisis Survival Group.
5) Interns will attend lab (Tuesdays 1:00–2:00) and clinical consultation (Thursdays at 9:00–10:00) meetings, and will participate in individual supervision (at least one hour per week/per supervisor).

**Minor Research Rotation**:
1) The intern will engage in the learning activities necessary to gain a basic understanding regarding the current state of Suicidology. This may include reading, attending lectures, or watching videos.
2) The intern will complete a research related product.
3) Intern will attend lab meetings (Tuesdays 1:00-2:00) and participate in research mentorship meetings.

**Minor Clinical Rotation**:
1) The intern will complete at least 2 MIRECC suicide prevention consults.
2) The intern will co-facilitate the Crisis Survival Group.
3) Interns will attend clinical consultation (Thursdays at 9:00–10:00) meetings, and will participate in individual supervision (at least one hour per week/per supervisor).

**Neuropsychology**: This rotation has several primary goals. In terms of assessment, first in this rotation interns
learn the basics of human neuropsychology, including neuroanatomy and brain function. Second, interns learn
the theoretical underpinnings to neuropsychological assessment, comparing the flexible battery approach with more
traditional standard batteries (e.g., the Halstead-Reitan). Third, interns learn how to administer, score, and write
up a variety of neuropsychological assessment instruments. In this manner, they discover how to understand
consults from a variety of sources (e.g., neurology, mental health, primary care, inpatient medical wards) and then
respond to them in a way that is helpful to the referral source. Another level of training in this rotation includes the
feedback of results to the patients. Although learning how to answer a consult effectively is important, is equally
important to understand the impact neuropsychological assessment can have on the individuals and the families
with whom we work. An emphasis in this rotation is the importance of understanding in what way the assessment
its results can be beneficial to the patient. The feedback session can be crucial in this regard and can serve as a
powerful intervention if done thoughtfully and with care. Therefore, although competence in assessment
techniques, scoring, and reporting writing are core goal of this rotation effective, thoughtful and constructive
feedback is also emphasized. This is available both as a Major and a Minor Rotation.

**Supervising Psychologist**: Catharine Johnston-Brooks, PhD, ABPP-CN

Rotation Expectations:
• Complete between 6 and 10 full neuropsychological evaluations, with finished report, and feedback session.
• Gather information from family members and outside sources with proper release of information.
• Complete chart notes in CPRS for each patient contact in a timely (within two days) manner.
• Read the readings suggested.
• Attend supervision (minimum 1 hour/week) with data scored (as much as possible) and questions prepared.
• Accurately check out and schedule appointments in VISTA computer system.
• The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing, but will be offered at a minimum at the supervision following the second Monday of each month.

**Pain Clinic/Interdisciplinary Pain Team:** The Psychology Pain Clinic/Interdisciplinary Pain Team receives referrals from all services in the hospital and from other veteran health care facilities. Services are provided on an outpatient basis. The patients typically have suffered chronic pain for a number of years. The Interdisciplinary Pain Clinic includes Pharmacy, Rehabilitation Medicine, and Psychology. This team provides assessment of both psychosocial and medical factors. Following this assessment, patients are treated in the Psychology Pain Clinic with individual therapy, family therapy, group therapy, and biofeedback. Interns learn about the psychological problems related to chronic pain, evaluate chronic pain patients, present assessments at weekly team treatment planning meetings, and provide treatment. This is available only as a Minor Rotation.

**Supervising Psychologist:** Michael Craine, Ph.D., Eleni Romano, Ph.D., Adrianne Sloan, Ph.D.

**Rotation Expectations:**
• Weekly Pain Evaluation and Report including: interview of patient, chart review, review of psychological testing (personality and pain specific measures), and consultation with supervisor. First draft of report should be completed by next supervision session following team conference on that patient.
• Present at Pain Team Conference weekly, providing assessment summary, diagnosis and treatment recommendations.
• Weekly Time-limited Cognitive Behavioral Group – co-facilitate group with supervisor, demonstrate core knowledge of group topic and application, lead at least one group session.
• Work with individual patients as determined in supervision to meet training goals.
• Opportunity to participate in interdisciplinary telehealth services with pain pharmacist.
Complete timely and accurate charting
• Develop working conceptualization and demonstrate application of therapeutic model
• Tape sessions for review.
• Attend weekly supervision prepared to discuss case.
• Read assigned articles and materials.
• The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing, but will be offered at a minimum at the supervision following the second Monday of each month.

**Palliative Care:** The palliative care intern works closely with the interdisciplinary palliative care team, composed of physicians, an advanced practice nurse, social workers, and a chaplain as well as psychologist. The intern receives supervised experience through the inpatient five-bed Palliative Care Inpatient Unit (PICU), inpatient consultations throughout the medical center, and occasional outpatient therapy clients. Training objectives include development of skills in psychological evaluation and intervention with people who have life-limiting illness or are at end of life, as well as with their families and support systems. There is also a focus on working with medical and surgical teams as referral sources and collaborators. The Intern will receive training in palliative care assessment and psychological treatment. The primary goal of the rotation is to provide the Intern with an understanding of the varied diagnostic picture and psychosocial needs of the palliative care patient, and the varied roles of staff in an interdisciplinary approach to palliative care. As the palliative care psychologist has a professionally trained therapy dog, the rotation also includes experience seeing how animal-assisted therapy is incorporated into the work of psychology. This is available only as Minor Rotation.

**Supervising Psychologist:** Elizabeth Holman, Psy.D.
Rotation Expectations:
- Complete notes and reports in a timely fashion.
- Participate in PICU rounds one morning per week, 9-11 AM, on a day to be arranged by the intern and supervisor.
- The intern is welcome but not required to participate in palliative care Team Care time on Fridays at 9 AM, a brief time of reflection and processing as a team.
- Learn and administer palliative care psychological screening and capacity assessment measures, interpret results, write up report, and provide feedback to the treatment team and the patient and/or family. Assessments will occur in the PICU or elsewhere in the hospital.
- Weekly supervision for at least one hour. Come to supervision with tests scored (as much as possible) and questions prepared.
- Read and prepare to discuss assigned readings.

No required meetings for this rotation: Friday mornings 9-10 encouraged, and interns will attend PICU rounds one morning per week (9-11 a.m.), to be arranged with Dr. Holman.

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

The PC-MHI receives consults from primary care providers requesting evaluation and treatment for patients with symptoms of depression, anxiety and substance misuse. The PC-MHI team uses a software package that provides an initial comprehensive assessment for each patient and develops focused, functional treatment goals. The PC-MHI team partners with the primary care providers to treat veterans in the program. The primary care physicians prescribe the medications and the PC-MHI providers monitor patient adherence, side effects and treatment efficacy. This requires good communication and advocacy skills to provide the best care for PC-MHI patients. If patients require specialized mental health care, the PC-MHI team will refer patients to the appropriate outpatient MH clinic. Interns will learn the Behavioral Health Lab (BHL) software and use it to complete intake evaluations and track the case management of assigned cases. Interns will spend time embedded in primary care clinics and function as a PC-MHI provider. PC-MHI interns will receive training in delivering services in 30 minute appointments, and delivering episodes of care in 4-6 session. PC-MHI clinicians schedule 30 sessions and then have 30 unscheduled for warm handoffs and curbside consultations with primary care providers.

A unique characteristic of BHL services is that patients and provider can choose whether services will be provided in person or via telephone. Interns will develop skills to assess and treat veterans over the phone. Interns also have the opportunity to participate in PC-MHI group clinics. The PC-MHI team offers training in Cognitive Behavioral Therapy for Insomnia, Problem Solving Therapy, and CBT skills for depression and anxiety. Interns often have the opportunity to co-facilitate the Living Well with Diabetes clinic, led by psychologists in the Health Psychology Section.

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

The PC-MHI rotation provides multiple levels of supervision. There is a minimum of one hour of individual supervision each week. Interns are required to attend a meeting for one hour each week where the team meets with the PC-MHI psychiatrist to review medication questions. There are also opportunities for observing sessions and for participating in co-therapy with your supervisor. Finally, urgent supervision for crises is always available. This is available as a major rotation.
Supervising Psychologists: Stephen Bensen, Ph.D., Seth Wintroub, Ph.D., Teresa Simoneau, Ph.D., Darryl Etters, PsyD

Rotation Responsibilities: (Total time for rotation (about) 16 hours)
1. Reading: Interns will read the PC-MHI manuals, as well as, other chapters and articles as assigned.
2. Demonstrate competency in using the BHL software to complete intake assessment and case management tasks.
3. Maintain a PC-MHI caseload (number of cases negotiable based on intern's level of training and rotation goals.)
4. Demonstrate competency in co-leading at least one of the PC-MHI group clinics.
5. Help PC-MHI team complete suicide risk assessments (At least one per week).
6. Attend PC-MHI team meeting (9:30 – 10:30am every Wednesday) and psychiatry supervision (10:30-11:30 every Wednesday).
7. Demonstrate competency in using the PC-MHI "Toolkit" of health psychology interventions.
8. Demonstrate competency in using Motivational Interviewing and CBT interventions.
9. Complete chart notes and check out in GUI within 24 hours of patient contact.
10. Complete Clinical Reminders as appropriate.
11. Come to supervision (minimum of one hour per week) prepared to discuss your cases and questions.

Psychological Consultation: This minor rotation provides an intensive experience in psychological consultation and projective assessment. It is designed to teach Interns to function in the role of a "psycho-diagnostic consultant" and to refine their skills in clinical observation. Interns learn how to observe and understand people and behavior through a consistent framework that includes oneself as observer. The framework applies whether the observation is a test response, the clinical interaction with the examiner, a particular score profile, or a clinical team's attitude towards a patient. Under supervision the Intern will have opportunity to consult with a variety of other professionals (both inpatient and outpatient) on diagnostic and treatment planning issues, and to develop a broad range of assessment skills and strategies. The Intern will learn how to clarify the nature of the clinical problem presented and to generate intervention strategies that are maximally responsive to the clinical need. Effective feedback to other professionals and therapeutic feedback to patients will be emphasized.

Supervising Psychologist: Ralph Wechsler, Ph.D.

Rotation Expectations:
- Attend weekly supervision sessions that will be scheduled in a two-hour time block, if possible.
- If schedule conflicts occur, interns will attempt to find another time to meet for the week if possible. If the supervisor is unavailable, then he will attempt to find an alternative time for supervision. Leave requests should be discussed and approved in advance with the supervisor.
- Interns should come prepared to supervision, having scored and reviewed the test materials beforehand, even if preliminarily.
- Assigned reading materials should be read in a timely manner so that they can be discussed in supervision.
- Suggested readings should be read if time permits.
- Interns will complete a minimum number of assessments during their rotation, to be determined at the outset of the rotation based on their experience and proficiency with psychological assessment and other relevant factors. Additional assessments are beneficial if time permits and strongly encouraged.
- Interns are expected to return drafts of test reports in a timely manner, with suggested corrections included in the new draft.
- Interns are expected to document all clinical contacts related to assessment in a progress note in the medical record, with the supervisor as co-signer and other additional signers as indicated.
- Interns are expected to provide timely feedback (both verbal and written) to both the referring professional(s) and the patient (including the family, if indicated).
- All outpatient appointments should be scheduled into the computer, so that the encounter can be readily checked out.
Interns are expected to make full use of the time allotted to the rotation and that unscheduled time will be used for rotation activities, such as test scoring/interpretation, report writing/editing, or readings on assessment or other related clinical topics.

• Interns are expected to progress from a stance of greater supervisory involvement to lesser supervisory involvement in the assessment process over the course of the rotation. The exact pace for this to occur will depend on the competencies that any individual brings to the rotation or needs to develop within the rotation.
• Interns are expected to follow professional guidelines related to ethical assessment practice.
• Interns are expected to seek consultation from the supervisor on any clinical issues that arise. It is better to ask before the fact than after the fact.
• By the conclusion of the rotation, Interns will be expected to have achieved competency at independent diagnosis and treatment of a variety of psychological disorders.
• The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing, but will be offered at a minimum at the supervision following the second Monday of each month.

**Psychosocial Rehabilitation and Recovery**: An intern would learn about the paradigm of recovery and would apply recovery principles in clinical care through a diverse set of experiences with veterans experiencing serious mental illnesses. The intern would be expected to provide individual and group interventions to veterans with serious mental illness in the Life Skills Center, an interdisciplinary psychosocial rehabilitation and recovery center. The intern would work with several (3-5) veterans as a recovery advisor, which entails completing an initial assessment into the program as well as working collaboratively to develop a veteran’s recovery plan. The intern would meet regularly with these veterans for therapy or ongoing support related to recovery goals as needed. In addition, the intern would provide recovery-oriented group treatment to this population. Opportunities exist to assist in the implementation of several evidence-based practices for persons with SMI (examples include Illness Management and Recovery, Social Skills Training, Cognitive-Behavioral Therapy and/or Acceptance and Commitment Therapy). The intern would also have the opportunity to co-facilitate a recovery-oriented group for Veterans transitioning from inpatient to outpatient mental health treatment. The intern would be welcome to assist in program evaluation and outcomes activities related to the system-wide implementation of recovery. The intern would also have the unique opportunity to take an active role in supporting and growing two new Psychosocial Rehabilitation and Recovery initiatives: the Peer Support Program and the Veteran Mental Health Council. This is available as a major rotation. THE PRRC PROGRAM IS LOCATED OFF SITE AT THE NEW VA CAMPUS IN AURORA, AND WOULD REQUIRE BEING AT THAT SITE IN AURORA AT LEAST @ DAYS PER WEEK.

**Supervising Psychologist**: Aaron Murray-Swank, PhD; Megan Harvey, Ph.D.

Rotation Expectations:
• Learn Recovery principles. This may entail reading appropriate literature, watching video, etc.
• Fill the role of Recovery Advisor (provide initial assessment, develop collaborative recovery plan and meet regularly with the veteran to discuss progress on goals) for 3-5 veterans
• Attend team meetings weekly. Required team meetings include Team Recovery Planning (Wednesdays @ 8:00am-9:00am) and Life Skills Team Meeting (Wednesdays @ 2:00pm-3:00pm)
• Weekly supervision for one hour.
• Maintain all appropriate documentation
• The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above.

Note: The Family Focused Therapy and/or the Inpatient Psychiatry Rotation and Psychosocial Rehabilitation and Recovery Rotations can be combined to provide a full breadth of experience with the SMI population.

**PTSD Clinical Team (PCT)**: The overall goal of the PCT rotation is to provide Interns the experience of delivering direct clinical care to veterans with Posttraumatic Stress Disorder. The clinical rotation in the PCT provides the opportunity to work as part of an interdisciplinary team offering consultation, assessment, and psychotherapy in both individual and group formats. Interns rotating though the clinic will work with the target population in delivering evidenced-based assessment and treatment of PTSD. Interns will gain exposure to assessments including structured clinical interviews (e.g., the Clinician Administered PTSD Scale [CAPS]) and self-report measures. Interns will participate in evidence-based psychotherapy treatment options for PTSD symptomatology including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). As the clinic is a
new forming entity in the Eastern Colorado VA Health Care System, there will like be an opportunity for program development during the rotation. This is available only as a Minor Rotation currently.

**Supervising Psychologist(s):** Tanya Miller, Psy.D. & Christopher Immel, Ph.D.

**Rotation Expectations:**
- **Requirements:**
  - Carry a minimum caseload of three psychotherapy patients throughout the rotation.
  - Co-lead at least one outpatient group treatment per week.
  - Complete four PCT Intakes with a new clinic patient.
  - Maintain all appropriate PCT documentation on their patients (i.e., Intake, Treatment Plan, Progress Notes, Evaluation Reports, Discharge/Transfer Summary). Accurately check out appointments in CPRS/VISTA computer system.
  - Participate in one hour of weekly supervision, further supervision available as needed/requested.
- **Optional:**
  - Attend weekly Team Meetings with treatment staff/
  - Provide consultation and interventions with inpatient, residential and outpatient staff as needed.

**Assessment opportunities include:**

Engaging in weekly intake/assessment clinic for Veterans newly referred to PCT for PTSD assessment and treatment. Intake assessment includes diagnostic interview measures for PTSD (CAPS-5 or PSSI-5) as well as self-report measures to assess trauma exposure and PTSD and depression symptoms (e.g., PCL-5, LEC, PHQ-9). These measures will be used in combination with clinical interview to assess for PTSD and related symptomatology (e.g., depression), patient functioning, as well as other clinically relevant domains (e.g., substance use). Intern will learn to integrate data gathered during assessment to provide feedback to the Veteran and PCT staff regarding treatment recommendations, including any need for additional referrals. Additional assessment opportunities may be available given specific patient needs and intern interest.

**PTSD Residential Rehabilitation Program:** The PTSD Residential Rehabilitation Treatment Program is a 19-bed, seven-week intensive treatment program for veterans with combat-related PTSD. Veterans are referred to the program from throughout the United States and live at the medical center during treatment. After a multidisciplinary evaluation, veterans attend groups and classes involving coping skills and education in PTSD, anger management, relationships, relaxation skills, relapse prevention, grief, communication, and substance abuse, as well as other treatment activities. The program includes evidence-based treatments, such as Cognitive Processing Therapy and Seeking Safety. Interns who choose this major (20-30 hours/week) rotation are involved in group psychotherapy, assessment, individual case management, and treatment team consultation. Full time rotation.

**Supervising Psychologists: Stephanie Kleiner-Morrissey, Psy.D., Larry Wahlberg, Ph.D.**

**Rotation Expectations:**
- Attend morning report five days/week
- Attend weekly staff meeting
- Attend one treatment planning meeting/week
- Co-facilitate two process therapy groups/week
- Co-facilitate at least two other weekly psychoeducational classes, as selected by the intern
- Write treatment summaries for one - three patients per week
- Write PTSD screening evaluations for one - three patients per week
- Conduct at least one more detailed personality/cognitive evaluation during the rotation
- Attend weekly patient graduation ceremonies
- Document group and individual interventions
- Provide team consultation, as appropriate, regarding treatment plans, behavioral observations, and team interventions with patients
- Act as care coordinator for two - three patients at any given time. In this capacity, assess patients’ progress in the program, provide brief interventions to set limits, assess functioning, and assess suicidality/homicidality as appropriate, in consultation with unit supervisor.
- Contact outpatient therapists as appropriate to exchange information about patients.
• Attend one - two weekly hour-long supervision sessions per week.
• Complete readings as assigned.
• The intern must demonstrate competence in the following areas: interpreting PTSD screening instruments and writing screening evaluations, providing group psychotherapy, documentation of clinical services, writing treatment summaries with appropriate treatment recommendations, assessing safety issues, to include suicidality and homicidality, cognitive and/or personality assessment, in the form of at least one more detailed report.
• The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing, but will be offered at a minimum at the supervision following the second Monday of each month.

Assessment opportunities include:
Combat Exposure Scale, Clinician- Administered PTSD Scale (CAPS), Mississippi Scale for Combat-Related PTSD, PTSD Checklist for DSM-5 (PCL-5), Beck Depression Inventory II, State-Trait Anxiety Inventory, Impact of Events Scale - Revised, World Health Organization Quality of Life – Brief (WHOQOL – BREF), the Acceptance and Action Questionnaire - 2 (AAQ-2). Occasionally, more in-depth assessment training is offered according to veterans’ needs and the intern’s interests.

Research: In the aim of enhancing intern’s ability to use science in the service of clinical practice, a rotation with psychologists engaged in the practice of clinically relevant research is available. In completing this rotation, interns will be provided with either the opportunity to participate in ongoing research projects or facilitate a small pilot project. A final concrete product will be expected from all individuals completing this rotations. Examples of potential projects include an annotated bibliography, a formal presentation (with PowerPoint slides), a literature review, or a paper. Interns should approach psychologists whose primary clinical/research work is of interest to discuss possibilities. A brief proposal regarding the rotation plan should be presented to the Training Director, who will consult with members of the Training Committee in order to obtain final approval. This is available only as a Minor Rotation.

Spinal Cord Injury/ Multiple Sclerosis: This rotation involves providing assessment and psychological interventions to veterans with spinal cord injury (SCI) and multiple sclerosis (MS), as part of an interdisciplinary outpatient rehab team. Interns who chose this rotation will administer brief psychological evaluations to patients as part of their annual appointment with the SCI/D (Spinal Cord Injury/Disorders) specialty team, will provide psychotherapy to veterans with complex health and psychological needs, will do some cognitive assessment of veterans with MS, and will co-lead a support group for veterans with MS. The rotation is focused on assessment and therapeutic intervention as well as follow-up. Possible interventions include assisting patients in coping with medical needs, emotional adjustment issues, self-care, mobility, behavior change, cognition, communication, and psychosocial skills.

As part of an interdisciplinary team, psychology provides patients, their families and other health professionals with vital information regarding veterans’ cognitive and emotional functioning. Other health professionals with whom the intern will interact include nurses, physicians/medical residents, physical therapists, social workers, speech and language pathologists, and occupational therapists. Interns will be expected to organize information and present it to veterans and their families as well as other healthcare professionals. Written reports will also be required. Some patients and their families could benefit from psychotherapy (individual, family, and group). Students will be expected to follow at least one individual psychotherapy case and co-facilitate a multiple sclerosis support group.

This is available only as a Minor Rotation.

Supervising Psychologist: Debbie Sorensen, Ph.D. and Estela Bogaert-Martinez, Ph.D.

Rotation Expectations:
• Meet with veterans during SCI/D clinic on Tuesdays to complete a psychological evaluation. Provide recommendations to the veterans and interdisciplinary team, and write a brief report for veterans in their medical records.
• Provide brief cognitive screens in clinic as needed, and refer to neuropsych or TBI services for additional cognitive assessment.
• Gather information as appropriate from family members, other outside sources, with release from patients.
• Provide individual psychotherapy to clients/families.
• Carry at least one psychotherapy case with this population.
• Co-facilitate a twice-monthly support group for veterans with multiple sclerosis.
• Accurately check out and schedule appointments.
• Participate in supervision – one hour/week with additional supervision as needed. The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing, but will be offered at a minimum of one hour per week.

**Substance Abuse Treatment:** Substance Abuse Treatment Program (SATP):
The Substance Abuse Treatment Program is a multi-disciplinary outpatient clinic that offers a 3-week intensive outpatient program (IOP), a 12-week regular outpatient program (ROP), as well as individual evidence-based psychotherapy (EBP) for substance use disorders (SUD) including Cognitive-Behavioral Therapy (CBT) and Motivational Interviewing. In addition, the SATP offers couples therapy for partnerships in which one or both partners has a substance use disorder, opioid replacement therapy (Suboxone), and integrated EBPs for co-occurring posttraumatic stress disorder (PTSD) and SUD. SATP’s group programming is abstinence-based but individual treatment plans are flexible and inclusive of harm-reduction techniques when appropriate.

To develop competence in SUD interventions during the rotation, it is important that interns be exposed to clients in various stages of recovery. It is therefore encouraged that interns gain experience with engaging and enrolling veterans initially presenting to SATP and completing SATP intake assessments, as well as co-facilitating IOP and ROP groups. It is also strongly encouraged that interns develop competency in basic motivational interviewing skills during rotation through their work with individual clients. Specialized training in empirically supported couple- and family-based SUD treatments is also available. Associated with all treatments are opportunities to become familiar with SUD-related assessment procedures, including clinical interviewing and self-report measures. If feasible and consistent with training goals, there is support for interns to be involved in program evaluation or to develop a unique, time-limited offering for SATP clients.

Interns will function as a member of the treatment team, coordinating treatment with SATP staff from other disciplines (i.e., psychiatry, nursing, social work) to enhance client care. Team involvement also entails discussion of both clinical care and administrative issues during weekly SATP staff meeting. The SATP is available as a minor rotation.

**Supervising psychologists:** Gretchen Kelmer, PhD; Jacob Farnsworth, PhD

**Rotation Expectations:**
• Attend weekly Team Meetings with treatment staff, Thursdays 2:00 – 3:00 p.m. when not conflicting with other internship training activities
• Co-facilitate at least 2 hours of SATP groups per week
• Conduct SATP intakes, treatment plans and fill SATP enrollment clinic hours for walk-ins.
• Carry a caseload of at least 2 clients within the SATP at any given time
• Complete documentation within 24-hours of service delivery
• Interface with a multi-disciplinary team regarding client care

Interns will also be exposed to self-report measures for SUD including the Brief Addiction Monitor (BAM), the AUDIT, and the SOCRATES.

**Brain Injury/Neuropsychology Rotation:** Interns who select this rotation will have the opportunity to assess and treat veterans with recent or remote acquired brain injuries including traumatic brain injuries (TBI) of varying severity. The brain injury program is primarily focused on assessment but secondarily offers psychoeducational and follow-up services. The brain injury team assesses and treats adult patients with traumatic or acquired brain injuries occurring as a result of exposure to blasts, falls, gunshot wounds, assaults, car accidents, strokes, anoxia, and other neurological conditions. The brain injury team sees patients with a broad range of head injury severity, but interns may choose to emphasize evaluation/diagnosis of specific injury types including mild traumatic brain injury (mTBI) to the extent that the team’s caseload at the time allows. Veterans seen by the team often present with complex co-morbid diagnoses such as depression, PTSD, and/or chronic pain. Interventions may include assisting the veteran in coping with medical needs/conditions, self-care, behavior, cognition, communication,
psychosocial skills, and return to work. Team members include a rehabilitation psychologist, neuropsychologist, social worker, physiatrist, speech and language pathologist, physical therapist, occupational therapist, and supported work specialist.

Psychology/neuropsychology provides the team with vital information regarding veterans' cognitive and emotional functioning. Interns will learn to complete both brief and comprehensive assessments that include medical chart review, background information, familial input, information obtained during a clinical interview, and neuropsychological/psychological test results. Students will be expected to organize information and present it to the team in weekly rounds and to veterans and their families. Written reports will be required. The intern may provide individual, family, and/or group psychotherapy. The Brain Injury Team may be selected as a Major or Minor Rotation. Participation in comprehensive neuropsychological assessments is required when the intern selects this as a Major Rotation and is elective in a Minor Rotation.

Supervising Psychologists: Vanessa G. Williams, Ph.D., Estela Bogaert-Martinez, Ph.D., Jason Kacmarski, Ph.D.

Rotation Expectations:
- Meet with veterans to complete evaluations. Score tests and write notes/reports.
- Gather information as appropriate from family members or other outside sources with proper releases from patients/families.
- Attend BI meetings and clinics with information ready to present when appropriate.
- Arrange for follow-up with patients as necessary, through the BI Team, DVAMC Mental Health Clinic, or other services.
- Psychotherapy cases – see clients/families and document in CPRS.
- Supervision – one hour/week with extra supervision as needed.
- Interns participating in the neuropsychology portion of the rotation may also attend a one hour weekly group supervision that includes interns and practicum students (when available). Group supervision topics may include case presentations or didactics.
- Expectations regarding the number of assessments and psychotherapy cases will be determined at the beginning of the intern rotation based on prior experience and the intern's training goals.
- The supervisor is responsible for providing timely feedback and offering educational materials (verbal and written) to allow the completion of the requirements listed above. Feedback will be ongoing.

Psychotherapy Training
Each intern will have one psychotherapy supervisor as they carry at least two psychotherapy clients. At the start of the year, interns will choose psychotherapy supervisors, many of whom are trained in the VA’s national Evidence Based Practice roll-out training program (as designated in their descriptions below). There is flexibility in how interns may set up their psychotherapy supervision as some supervisors provide 12 months supervision and others provide six month supervision. Some interns will switch supervisors mid-year while others may have the same supervisor all year.

We also offer the Cognitive Processing Therapy Year-long Enrichment Experience: Posttraumatic Stress Disorder (PTSD) is one of the major disorders seen in Veteran patients by Veterans Health Administration (VHA) clinicians. Cognitive Processing Therapy (CPT) is an evidence-based cognitive-behavioral therapy used to effectively treat PTSD in individual and group settings. Participation in the CPT Enrichment Experience is a valuable training opportunity that would enable trainees to attend a VA Roll-out Regional Cognitive Processing Therapy 3-day face-to-face workshop and subsequent weekly consultation and supervision while seeing CPT training cases. Following the 3-day CPT Workshop, it is expected that all trainees begin attending weekly phone/in-person consultation for the remainder of the training year (at least 6 months is required per national standards) as they work with their CPT training cases. Consultation is an important aspect of this enrichment element as research has suggested that there is difficulty translating information and knowledge learned in clinical workshops to actual clinical practice (Heaven, Clegg & Maguire, 2006; Ronnestad & Ladany, 2006); thus, consultation is critical for the consolidation of learning and success in this translational process. Following successful completion of training and consultation requirements, along with demonstrated mastery of CPT, (upon licensure) trainees will be eligible for provider roster status within the VA.

Supervising Psychologist(s): Tanya Miller, Psy.D. Mandy Rabenhorst-Bell, Ph.D., Mark Stalnacker, Ph.D., & Christopher Immel, Ph.D.
Psychotherapy Supervisors

- **John Glazer** – 6 or 12 months (psychotherapy) I conceptualize psychotherapy cases from a behavior analytic/functional contextual framework. I coach supervisees to always be asking themselves, “What is the function of this behavior in this occasioning environment?” Or in layman’s terms, “What does the client avoid and how do they avoid it?” That especially goes for behaviors observed within the context of the therapist/client relationship. I draw from third wave CBT modalities including, ACT, DBT, and FAP, and I specialize in treating anxiety disorders and PTSD. My supervision style is from a developmental perspective and I challenge my supervisees to “walk the walk” of honest self-reflection that we ask of our psychotherapy clients.

- **Jacob Farnsworth** – 6 months – (EBP, general psychotherapy) My supervision style is grounded in psychological constructivism and focuses on perspective-taking, a holistic approach to personal/professional identities, and recognizing the existence of multiple sources of knowledge (e.g., logic, empiricism, experience). I am VA certified in Cognitive Processing Therapy and have received VA supervision in Prolonged Exposure and Acceptance and Commitment Therapy. My clinical work focuses primarily on PTSD and SUD-related cases but I am open to supervision of general psychotherapy cases as well. The content of my supervision seeks to prioritize the training needs of the supervisee and create an environment that is both emotionally safe and intellectually challenging. Supervision may include a variety of supervisory interventions including education, Socratic questioning, experiential exercises, and process-focused exploration.

- **Megan Harvey** – 6 months (2nd 6 month option only) – (EBP) - PE, CBT

- **Elizabeth Holman** – 6 months – (general psychotherapy) I offer supervision from a perspective that draws on psychodynamic, systemic, and existentialist approaches to understand clients and the forces at work in their lives. Interventions may be focused on dynamics or incorporate aspects of CBT and acceptance, depending on the needs of the client. Perhaps unsurprisingly, my supervision style is not highly structured and I tend to approach the work together with an emphasis on understanding and collaboration.

- **Christopher Immel** – 6 or 12 months AVAILABILITY DEPENDS ON WHETHER I AM PROVIDING GROUP CPT OR OTHER SUPERVISION – (EBP; CPT or PE) My supervision style is informed by the theoretical orientation approach (Cognitive-behavioral Therapy; CBT) and my diverse training experience. Given my training in trauma related psychopathology, healthy psychology, and as a generalist, I often include components from each training domain into my clinical work and in supervision. My goal in providing supervision is to facilitate a professional, comfortable, and academically stimulating environment where interns can grow in their practice of, in general, CBT approach to assessment and treatment, and more specifically, evidence-based practice for trauma related psychopathology. In supervision sessions, I generally prefer to set an informal agenda, bridge from previous supervision sessions, and provide one or two specific assessment or therapeutic techniques to apply in session. I am also happy to work with interns on professional development issues (i.e. growth towards independent practice, post-doctoral fellowship and/or job applications, interviewing, etc.).

- **Stephanie Kleiner-Morrissey** – 6 months – (general psychotherapy). Theoretically I'm an integrationist, primarily conceptualizing from a cognitive-behavioral perspective, with some reliance on existential and psychodynamic principles. Although I've studied Cognitive Processing Therapy (CPT) and completed formal training in Motivational Interviewing (MI), Prolonged Exposure (PE), Behavioral Activation (BA), Acceptance and Commitment Therapy (ACT), & Eye Movement Desensitization & Reprocessing (EMDR), I supervise more generally - periodically referencing strategies and techniques from these modalities as indicated. My supervision style is collaborative, supportive and centered around goals set by the student. I enjoy helping students to explore and work with deeper aspects of the therapeutic process, weaving this in with content as appropriate. I offer supervision of the Psychotherapy rotation as well as on the PTSD-RRTTP. I prefer to supervise only one of these rotations at a time.
• **Bridget Matarazzo** - 6 months (EBP). I offer supervision of Cognitive Processing Therapy (CPT) and am a certified CPT provider. In addition to PTSD treatment, my other clinical focus area is in suicide risk assessment and management. As such, I am happy to supervise interns working with a Veteran who is at risk for suicide and still appropriate for CPT. In the initial phase of CPT supervision, I provide didactic information to ensure that the intern understands the theoretical underpinnings of CPT, which helps with treatment fidelity and confidence in the therapy room. Once treatment has started I continue to provide education as needed, but the intern starts to take on more responsibility in the supervision session with respect to highlighting content to process from sessions, questions related to delivery of the intervention and application to the Veteran being treated. I typically address topics related to self-care and professional development in my supervision as well.

• **Dianne McReynolds** – 6 or 12 months (general psychotherapy) I think psychodynamically, and often conceptualize cases from this theoretical orientation. That said, I "do what works" in that I approach interventions from the standpoint of identifying the veteran’s goals for how they want to increase the quality of their lives, and encourage intervention with whichever type of treatment works to meet that goal (e.g., DBT, ACT, CBT). My supervision style is from a developmental perspective and I tend to use psychodynamics in the supervisory relationship to highlight possible dynamics in the supervisee’s work with veterans. I have a lot of experience working with thought disorders as well.

• **Laura Phillips** – 6 months – (general psychotherapy or EBT). I primarily conceptualize from a cognitive-behavioral perspective with some reliance on family systems. I can provide supervision/training in the treatment of PTSD through Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). I also welcome providing supervision/training in the treatment of depression via Cognitive-Behavioral Therapy for Depression (CBT-D) (though am not formally trained in the VA model) or Behavioral Activation (BA). My supervision style is collaborative, supportive, and fosters challenging yourself. I offer supervision because of the great experiences I’ve had as a trainee and a desire to ‘give back’ to the next generation. I offer supervision of the Psychotherapy rotation (EBT or general psychotherapy).

• **Aaron Murray-Swank** – 6 or 12 months – (general psychotherapy) - My theoretical orientation reflects a blend of cognitive-behavioral and contextual behavioral science approaches (e.g. “third wave” therapies such as ACT, MBCT, DBT). This year I can offer supervision for the CBT-D EBP rotation. During the CBT for depression rotation, I emphasize the role of case conceptualization, and developing skills to structure sessions and implement interventions. I work within a collaborative supervision style that is tailored to the developmental level and training goals of the trainee.

• **Debbie Sorensen** – 6 or 12 months – (EBP) - I offer supervision in Acceptance and Commitment Therapy for Depression. Training will be based primarily on an *ACT for Depressed Veterans* manual (which includes a 12-session protocol) and the book *ACT for Depression*. Supervision will include didactics, experiential exercises, and feedback on therapy sessions using audio tapes. ACT for Depression is one of the VA’s evidence-based psychotherapies, and I do serve as an ACT training consultant for the national VA training program.

• **Mark Stalnaker** – 6 or 12 months – (EBP), and only if not supervising for the MHC rotation at the same time. I offer supervision in time-limited, evidence-based treatments from a primarily cognitive behavioral orientation. I am a national VA training consultant in Cognitive Behavioral Therapy for Depression (CBT-D), and am trained in Cognitive Processing Therapy (CPT) for PTSD, and Dialectical Behavior Therapy (DBT); I am available to provide supervision in all these approaches. I emphasize creating an individualized treatment plan based on integration of the therapist’s case conceptualization and the patient’s treatment goals. In addition to individual therapy cases, interns working under my supervision would also have the opportunity to co-facilitate a DBT skills group and/or CBT for Depression group.

**Seminars**

Interns are offered a variety of seminars in order to promote a broader base of clinical experiences. The following seminars are required.

**Behavioral Health Seminar** (1 hour/week, 3 weeks/month, 12 months): This seminar intends to provide a solid grounding in health psychology, with respect to theoretical topics such as disability and coping, grief and bereavement, and sexuality & disability; and illnesses and injuries such as brain injury, dementia, amputation,
chronic pain, multiple sclerosis and spinal cord injury. Scholarly review of literature is an important component of this seminar.

**Diversity Seminar**: (1 hour/week, 1 week/month a month, 12 months) At the ECHCS we believe that learning can be done through a variety of means, including readings, discussions, and tasks that involve more experiential elements. In the context of learning more about issues related to diversity, we believe that this experiential dimension is very important. At present, our seminar supplements its didactic/discussion format with opportunities allowing the interns to immerse themselves briefly in different cultures of their choice. We spend time beforehand in preparation for these immersions. We then spend seminar time discussing and sharing what the interns have learned through these “eye-opening” experiences.

**Mental Health Seminar** (1 hour/week, 3 weeks/month, 12 months): This seminar covers topics in a variety of clinical areas, including treatment considerations pertaining to clinical syndromes such as PTSD, personality disorders, depression, anxiety, and serious mental illness; broad-spectrum issues in clinical intervention such as counter-transference and psychopharmacology; and models/methods of psychotherapy including crisis intervention, family therapy, Cognitive Behavioral Therapy, EMDR, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Cognitive Processing Therapy and evidence-based treatment in general.

**Professional Issues Seminar** (1 hour/month, 9 months): This seminar addresses ethical and practical issues related to professional practice in psychology. Guest speakers and psychology staff members provide didactic instruction in such professional practice topics as how to give a professional presentation, how to give a research presentation and make a poster, etc. Staff members who have recently taken the licensing exam address the licensing process. Psychology staff also facilitate discussion regarding ethical issues and dilemmas.

**Supervision Seminar** (1 hour/month, 10 months): The supervision seminar is designed to help orient interns more fully to the issues they will face as a clinical supervisor and provide interns with references, resources, discussion, and hands-on experience that will help support this aspect of their professional development. Interns utilize this seminar as a form of peer supervision wherein they discuss current cases with each other in a group setting. This enables interns to gain some experience in providing supervision to peers and engaging in a consultation process. The seminar is facilitated by two staff members, who serve as moderators in the supervision process. The seminar is not meant to serve as replacement for a graduate course in clinical supervision, but rather is meant to provide interns with opportunities to have a contemplative process about making the transition from supervisee to supervisor.

**Assessment Seminar**: (10 month requirement): The assessment seminar is designed to provide interns with information regarding the appropriate selection and use of assessment instruments in the practice of Psychology. Topics include the psychometric underpinnings of assessment; assessment of emotional functioning, psychopathology, personality, and cognition; the use of projective measures; and the importance of assessing response validity. Throughout the seminar series, interns will have the opportunity to collaboratively discuss their use of assessment during the training year. This seminar is intended to be non-evaluative in nature and to foster growth and development among trainees.

**Optional Seminars**: Interns may attend various elective seminars, Psychiatry Grand Rounds, Child Psychiatry Rounds, Psychiatry Chief's Rounds, and other conferences, as their schedules permit. Some of the seminars are held at the University of Colorado Health Sciences Center.
Requirements for Completion & Electives

Intern performance is evaluated as described above, based upon explicitly articulated competency goals. Interns complete three major and three minor clinical rotations, follow two psychotherapy cases (at least one with a VA-Roll-Out Evidence Based Treatment), and attend didactic seminars. The total number of hours required for completion is 2080.

Facility and Training Resources

The Denver VA Medical Center provides administrative support to the DVAMC-DPI. Each intern has a cubicle in a shared office and a telephone extension. They have access to additional office space for testing, interviews, and psychotherapy. Each of the interns has an email address and a computer to facilitate report writing, and allow access to the VA’s computerized patient record system and the Internet. Each of the interns is provided with a testing kit which contains various tests (e.g., WAIS-IV, WMS-IV, Rorschach) as well as a number of test manuals and reference books. At least four other computers are available to the interns which have various neuro/psychological tests and scoring programs, including the latest RIAP scoring program for the Rorschach. Over the past few years, significant funds have been allocated towards enhancing our training library. Interns also have access to full text articles, OVID, and materials available via inter-library loan. Statistical software available for intern use includes SYSTAT and SPSS. The MIRECC psychologists frequently consult with a statistician, and this individual could be made available to interns working on a rotation-specific research project.

Ombudsperson

In addition to training faculty and supervisors, the intern class has an ombudsperson to assist them with difficulties that might arise during the training year. The ombudsperson provides guidance and encouragement for interns to find their own solutions to problems. The ombudsperson has an equal standing to staff, and the dual-goal is 1) Helping reduce and address problems during the internship year while providing autonomy, remaining neutral and not serving an advocate; and 2) Contributing to interns’ professional development. Dr. Tim Doenges is the ombudsperson for the interns. He can be reached at (719) 526-7363 or Timothy.Doenges@va.gov. He will meet the interns in person during the orientation week. Following that, he will be available for interns to contact as needed. He will reach out to interns individually by telephone every three to four months. He will come up for an in-person meeting with the group in late-November/early-December.

The Intern Ombudsperson is available to assist interns at any point in the formal remediation process, as well as to help interns resolve disagreements or problems through less formal means. He is also available to discuss, in confidence, any personal issues that may have an impact on performance in the internship. Early contact is established between the ombudsperson and the intern cohort, and contact is maintained at regular intervals during internship. This is done to ensure an open dialogue prior to the development of any potential problems. Interns are encouraged to notify the ombudsperson as early as possible if a problem develops.

The policies and procedures below provide methods of identifying and managing issues and problems that are not be resolved informally during the predoctoral internship. It is meant to be used by both interns and staff to resolve issues. Included in the document are definitions, due process procedures, and a discussion of remediation procedures and process.

Administrative Policies and Procedures

We collect no personal information from you when you visit our website. If you are accepted as an intern, some demographic descriptive information is collected and sent in a de-identified aggregate manner to the American Psychological Association as part of our annual reports for accreditation.

Policy & Procedures for Impaired intern Performance

Problem Identification and Resolution

An important element in this process of change is for the interns to be fully informed about what is expected of them to complete the internship year successfully. We also want them to be fully informed about issues of due
process and what their recourse is when something goes awry. At the start of the internship year, each intern is provided with copies of our policies regarding grievance procedures, problematic interns and due process, as part of the in the Training Manual. Internship goals and objectives are also discussed at the beginning of the internship and at the beginning of each rotation. Students received written feedback which address their performance and progress in terms of discussed objectives at least three times per year.

If there has been ongoing dialogue between supervisor and intern during the course of the evaluation period, the comments made in the evaluation should come as no surprise. Nevertheless, it does happen on occasion that the intern objects to comments made in the evaluation report. Negotiation between supervisor and intern will most often resolve these conflicts, but on occasion the conflict remains unresolved. Should the supervisor be unwilling to change such comments, the intern will be asked to sign the evaluation, and indicate that he/she has reviewed the report but is not in agreement with it. The intern is then invited to prepare an addendum to the report and to request a review by the Training Director. If the concern involves a report that would be forwarded to the Training Director of the intern’s graduate program the intern can include a statement that will accompany the report expressing the nature of the disagreement with the formal evaluation.

During the internship year, challenges to the interns come not only from the internship itself but from their personal lives as well. In recent years, these challenges have taken the form of serious personal health crises and other crises involving family members. We try to accommodate these significant life events and adjust the workload or other expectations on the intern accordingly. When personal difficulties are of a kind likely to benefit from psychotherapy or other interventions, we attempt to facilitate this assistance. At these times, we have used our contacts in the professional community to arrange psychotherapy or neuropsychological testing for reduced fees. Students also have access to professionals in the Employee Assistance Program. The above stated resources are discussed during orientation (hospital and internship).

Policy & Procedures for Problematic Intern Performance

I. Introduction

It is the purpose of the DVAMC-DPI to foster and support the growth and development of interns during the training year. An attempt is made to create a learning context within which the intern can feel safe enough to identify, to examine, and to improve upon all aspects of his or her professional functioning. Therefore, interns are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, end-of-rotation and end-of-year evaluations should, and in fact do, produce no surprises, since an intern is aware of his/her progress on an ongoing basis.

Supervisors should work with interns to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the intern to remedy the problem(s) and build on the strengths. This goal is promoted through monthly meetings during which supervisors review intern performance with other supervisors and members of the Training Committee.

Other measures that are designed to promote development and identify and remedy deficiencies before they become problematic include:

1. A week-long orientation process at the beginning of the training year that includes a meeting with the Training Director to review competency goals and individual goals for the training year.
2. Attention to the intern's individual skill level and training needs.
3. Written and verbal communication of specific information about policies and procedures including rotation criteria and competency goals.
4. Written and verbal communication about expectations of trainees, rotation completion criteria and internship competency goals.
5. Written and verbal communication specific to evaluation procedures.
6. Didactic seminars that address transition from trainee to professional.
7. Attention to the supervisee-supervisor relationship.
8. Written and verbal input from interns regarding any concerns pertaining to training.
9. Input from training faculty in all phases of decision-making process regarding any performance concerns or proposed remediation.
10. Regular meetings between the interns and the Training Director.

Problems in an intern’s performance can arise, nevertheless, in the following areas:
1. Failure to demonstrate appropriate skills development.
2. Repeated non-adherence to the rules and regulations of the training program and the VA Medical Center.
3. Violation of APA and VHA professional and ethical standards.

II. **Definitions of Problems**

Problems constitute interference with professional functioning that is reflected in one or more of the following:
1. an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior;
2. an inability to acquire professional skills in order to reach an acceptable level of competency;
3. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.

A problem is identified when supervisors perceive that a trainee’s behavior, attitude, or characteristics are disrupting the quality of clinical services; relationships with peers, supervisors, or other staff; or the ability to comply with appropriate standards of professional behavior. Among professionals in training, some problems may arise. A problem is a behavior, attitude, or other characteristic that, while requiring remediation, is not perceived to be excessive nor very unexpected for professionals in training.

Problems typically become identified as problematic when they include one or more of the following characteristics:
1. The trainee does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the trainee is significantly negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The trainee’s behavior does not change as a function of feedback, remediation, efforts, and/or time.

III. **Policy**

A. It is the policy that interns may fail a specific rotation, and/or entire internship and/or they may be terminated from the program prior to completion. It is expected that these will be a highly unusual events. Because the intern group may be diverse and because interns come to the internship with different skills and abilities, it is not expected that all interns will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons but are not limited to this list:
1. Incompetence to perform typical psychological services in this setting and inability to attain competence during the course of internship;
2. violation of the ethical standards of psychologists;
3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
4. behaviors that are judged as currently unsuitable and that hamper the intern’s professional performance;
5. violation of DVA Medical Center regulations.

B. It is also the policy that the intern can invoke his/her right of appeal as specified in the Procedures and Due Process section of this document.

IV. **Procedures and Due Process**
A. Determination of “Problematic” Status

Whenever a supervisor becomes aware of an intern problem area or deficiency that seems not to be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Training Director. The Training Director will gather information regarding this problem including, if appropriate, an initial discussion with the intern. The Training Director will then present the situation to a meeting of the Psychology Training Committee. A determination will then be made by consensus whether or not to label the intern “problematic,” which implies the possibility of discontinuing the internship. This will be done after a thorough review of the intern’s work and performance, and one or more meetings with the intern to hear his/her point of view. If such a determination is made, a further decision is made by majority vote of the Psychology Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

In accordance with the Guidelines for Communication between Doctoral Programs and Internships developed by the APPIC Council of Chairs of Training Councils (CCTC), the faculty contact of the intern’s graduate program will be informed when “significant problems arise that are…not readily resolvable at the internship site, that are recurrent, or that may lead to the institution of due process procedures or an alteration in the intern’s program”. This communication will be done in a timely manner and written records will be kept of the communications, and ongoing contact will be maintained until the problem is resolved. The intern may request and should receive copies of all formal communications regarding the issue.

B. Remedial Action

Remediation plans can address certain problems. Possible steps for remediation will generally include but are not limited to the following:

1. Increased supervision either with the same supervisor or a different supervisor.
2. Recommendation of personal therapy at the intern’s expense.
3. Reduction of the intern’s clinical duties.

The relevant supervisors will report to the Training Director regarding the progress of the problem remediation.

An intern who is determined to be “problematic” but potentially able to benefit from the remedial action will be asked to meet with the Training Director to discuss the concern(s) and to determine the necessary steps to correct it. When a plan for correction has been determined, the intern will receive a written explanation of the concern and specifics of the corrective plan. The intern will sign this plan in acknowledgement of its reception. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or action will be taken to terminate the internship.

An intern may accept the corrective plan or challenge it in writing. The written challenge will be reviewed by the Psychology Training Committee for a decision. The intern may appeal that decision following the appeal process below.

Formal actions that accompany the identification of problematic status include, but are not limited to:

1. Probation: An intern who fails to meet or fails to make satisfactory progress toward fulfilling the general expectations of the internship may be placed on probation. While on probation, the intern will operate under a remediation program for a specified period of time. At the end of that time, the intern will be re-evaluated by the Training Director to see if further remediation is needed.
2. Suspension of Clinical Duties: An intern who is charged with a violation of the APA Code of Ethics may be temporarily suspended by the Training Director from providing clinical services. Temporary suspension becomes effective immediately upon notification of the intern in writing. The notification includes the reason(s) for the suspension. A remediation program may also be specified along with formal evaluation criteria to determine if the problem has been addressed. Following remediation, the Training Director and the Psychology Training Committee will determine if the suspension should be lifted, continued or if other action should be taken.
3. Notification of Academic Program: In the event of problem status, the Training Director will notify the intern’s academic program about the nature of the problem and the remediation plan. The intern will be asked sign the notification document and will be able to add a counter statement. A copy of this notification will be provided to the intern and placed in the intern’s training record file.

4. Termination of the resident from the Training Program.

C. Procedures for Termination and Appeal

1. Termination: The intern will be provided an opportunity to present arguments against termination at a special meeting of the Psychology Training Committee. Direct participation by the Academic Program Training Director or another designee from the intern’s graduate program shall be sought. If neither the Academic Program Director of Training or a suitable delegate of that person is able to attend, arrangement shall be made for conference call communication. The interns may also seek additional representation.

2. Appeal: Should the Training Committee recommend termination, the intern may invoke the right of appeal to the Medical Center Chief of Staff as dictated by the intern Grievance Procedures. The Medical Center Chief of Staff will review the recommendation of the Training Committee and either support the recommendation, reject it, or re-open the investigation in order to render a decision.

Grievance Policy & Procedures

1. It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and interns that are based on mutual respect; however, it is possible that a situation will arise that leads an intern to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

2. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.

3. Causes for grievances should be addressed in the following steps:

a. The intern should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the intern should notify the Training Director, even if the issue is resolved.

b. A situation might be too difficult for an intern to speak directly to the individual. In that instance, the Training Director should be involved to seek an informal resolution of the matter.

c. If the steps taken in a and b above fail to resolve the matter adequately, the intern can file a formal written grievance with the Training Director. This grievance should outline the problem and the actions taken to try and resolve it. The Training Director has the responsibility to investigate the grievance. The Training Director will communicate to the Psychology Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Training Director (and Training Committee, if indicated), the Training Director will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
d. If the grievance is against the Training Director, the Medical Center Chief of Staff will designate a member of the Psychology Training Committee to undertake the investigation of the matter and report back to that office.

e. If the intern is not satisfied with the Training Director’s decision, the matter can be appealed to the Medical Center Chief of Staff who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.
Training Staff

Patricia Alexander

Nazanin Bahraini, Ph.D.
Position: Clinical/Research Psychologist
Year of Hire: 2010
Degree: University of Denver, Counseling Psychology
Clinical Interests: Acceptance and Commitment therapy, suicide prevention and consultation
Research Interests and Publications: PTSD, TBI and suicide prevention
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Sean M. Barnes, Ph.D.
Position: Clinical/Research Psychologist
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Research Interests: suicide risk assessment, suicide prevention
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Stephen Bensen, Ph.D.
Position: Director, Behavioral Health Laboratory
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Degree: Fuller Theological Seminary, Graduate School of Psychology
Clinical Interests: Behavioral Medicine, Primary Care - Mental Health Integration, Anxiety Disorders
Research Interests: Primary Care - Mental Health Integration, Interactive Voice Response Systems to improve Medical Care, Behavioral Medicine.

Estela Bogaert-Martinez, Ph.D.
Position: Staff Psychologist; Director, Traumatic Brain Injury Team
Year of Hire: 2007
Degree: University of Colorado, Boulder
Clinical Interests: Acquired Brain Injury, PTSD
Research Interests: Changes in quality of life and Functional outcomes in response to rehabilitation interventions in TBI
Email: estela.bogaert-martinez@va.gov

Lisa A. Brenner, Ph.D., ABPP
Position: Director of Education, VISN 19 Mental Illness Research, Education and Clinical Center, Director of Post-Doctoral Psychology Training, ECHSC and VISN 19 MIRECC
Year of Hire: 1998
Degree: The Wright Institute, Clinical Psychology
Faculty Appointments: Assistant Professor, Departments of Psychiatry and Neurology, Assistant Clinical Professor, Department of Physical Medicine and Rehabilitation, University of Colorado, Denver, School of Medicine
Clinical Interests: Traumatic Brain Injury (TBI), Suicide, Post-Traumatic Stress Disorder
Research Interests and Publications: Suicide, TBI, TBI and co-morbid psychiatric sequelae (e.g., PTSD), Blast injury
Email: lisa.brenner@va.gov

Michael H. Craine, Ph.D.
Position: Chief, Health Psychology Section; Director, Interdisciplinary Pain Team; Spinal Cord Team Psychologist
Year of Hire: 1992
Degree: University of California at Santa Barbara, Counseling Psychology
Faculty Appointments: Assistant Professor, Department of Physical Medicine and Rehabilitation, University of Colorado Health Sciences Center
Clinical Interests: Constructivist approaches, Buddhist psychology, Rehabilitation and adjustment, Psychological assessment, Biofeedback
Email: michael.craine@va.gov

Barbara M. Dausch, Ph.D.
Position: Director, Family Program
Year of Hire: 2005
Degree: University of Vermont, Clinical Psychology
Faculty Appointments: Assistant Professor, Department of Psychiatry, University of Colorado Health Sciences Center
Clinical Interests: Family Treatment, Cognitive Behavioral Therapy, PTSD, Cognitive Processing Therapy, Exposure Treatments, Implementation Issues, Evidence-Based Treatment
Research Interests and Publications: Family Psychoeducational Treatments, Treatment implementation, Program Evaluation
Email: barbara.dausch@va.gov

Colleen Ehrnstrom, Ph.D., ABPP-CBT
Position: Staff Psychologist
Year of Hire: 2014
Degree: University of Colorado at Boulder, Clinical Psychology
Clinical Interests: Acceptance-based interventions (ACT, IBCT), CBT for insomnia (CBT-I)
Research Interests and Publications: psychological flexibility, wellness interventions
Email: colleen.ehrnstrom@va.gov

Timothy J. Doenges, Ph.D.
Position: Staff Psychologist/IDES Provider, Compensation and Pension Service
Year of Hire: 2012
Degree: Colorado State University, Counseling Psychology
Clinical Interests: Health psychology, mental health assessment, cognitive assessment, forensic assessment, integrated primary care behavioral health
Research Interests and Publications: integrated primary care behavioral health, ethics
Email: timothy.doenges@va.gov

Peter M. Gutierrez, Ph.D.
Position: Clinical/Research Psychologist, MIRECC
Year of Hire: 2007
Degree: University of Michigan
Faculty Appointments: Adjoint Associate Professor, Department of Psychiatry, University of Colorado Health Sciences Center
Clinical Interests: Suicidality, Major Depression, Traumatic Brain Injury, Relationship Issues
Email: peter.gutierrez@va.gov

Lawrence Haburchak, Psy.D.
Position: Staff Psychologist, Mental Health Clinic
Year of Hire: 2000
Degree: University of Denver, Clinical Psychology
Clinical Interests: Psychotherapy, Brief assessment, PTSD, Personality Disorders
Email: lawrence.haburchak@va.gov
Megan Harvey, Ph.D.
Position: Staff Psychologist, Local Recovery coordinator
Year of Hire: 2008
Degree: University of Cincinnati
Clinical Interests: Serious mental illness; recovery and evidence-based services in inpatient and outpatient settings
Research Interests and Publications: Recovery from serious mental illness; program evaluation and outcomes
Email: megan.harvey2@va.gov

Richard T. Harvey, Ph.D.
Health Behavior Coordinator
Year of hire: 2010
Clinical interests: Health psychology, health promotion, weight management, smoking cessation, stress management, insomnia
Research interests: Health psychology topics, clinical efficacy
Email: richard.harvey@va.gov

Elizabeth Holman, PsyD
Position: Staff Psychologist
Year of Hire: 2009
Degree: University of Denver Graduate School of Professional Psychology, Clinical Psychology
Clinical Interests: Palliative care, Health psychology, animal-assisted therapy
Research Interests and Publications: Behavioral medicine, Health psychology
Email: elizabeth.holman@va.gov

Beeta Homaifar, PhD
Position: Research/Clinical Psychologist
Year of Hire: 2005
Degree: University of Iowa, Counseling Psychology
Clinical Interests: Suicidology, Rehabilitation Psychology, Therapeutic Assessment, Acceptance and Commitment Therapy
Research Interests and Publications: Executive Functioning aspects of suicide risk and resilience
Email: beeta.homaifar@va.gov

Christopher Immel, Ph.D.
Position: Staff Psychologist
Year of Hire: 2012
Degree: Virginia Polytechnic Institute and State University, Clinical Psychology
Clinical Interests: Trauma Related Psychopathology, Anxiety Disorders, Health Psychology
Research Interests and Publications: Trauma, Health psychology
Email: christopher.immel@va.gov

Catharine H. Johnston-Brooks, Ph.D., ABPP-CN
Position: Staff Psychologist
Year of Hire: 1999
Degree: University of Colorado at Boulder, Clinical Psychology
Clinical Interests: Neuropsychology, Health psychology, Self psychology
Faculty Appointments: Instructor, Departments of Psychiatry and neurology, University of Colorado Health Sciences Center
Research Interests and Publications: Behavioral medicine, Health psychology
Email: catharine.johnston-brooks@va.gov

Carrie Kelly, Psy.D.
Position: Staff Psychologist
Year of Hire: 2012
Degree: Pepperdine University
Clinical Interests: Serious mental illness, mental health recovery, PTSD
Research Interests and Publications: Posttraumatic growth, moral injury
Email: caroline.kelly2@va.gov

**Stephanie Kleiner-Morrissey, Psy.D.**
Position: Staff Psychologist, PTSD Program, MOVE! Program
Year of Hire: 2000
Degree: California School of Professional Psychology, Clinical Psychology
Clinical Interests: Individual and Group psychotherapy; Supervision; PTSD
Research Interests and Publications: PTSD; Supervision; Psychotherapy
Email: stephanie.kleiner-morrissey@va.gov

**Bridget B. Matarazzo, Psy.D.**
Position: Clinical/Research Psychologist
Year of Hire: 2010
Degree: University of Denver, Clinical Psychology
Clinical Interests: Suicide risk assessment and management, PTSD, MST
Research Interests and Publications: Suicide risk assessment and management
Email: bridget.matarazzo@va.gov

**Dianne McReynolds**

**Tanya Miller, Psy.D.**
Position: Staff Psychologist
Year of Hire: 2013 (Employed at SLC VA 2007-2013)
Degree: Argosy University/Phoenix, Clinical Psychology
Clinical Interests: Posttraumatic Stress Disorder, Military Sexual Trauma, OIF/OEF, Prolonged Exposure, Cognitive Processing Therapy
Research Interests and Publications: Trauma and substance abuse
Email: Tanya.miller2@va.gov

**Aaron Murray-Swank, PhD**
Position: Staff Psychologist
Year of Hire: 2005 (this was year of hire in the VA, not here in Denver?)
Degree: Bowling Green State University, Clinical Psychology
Clinical Interests: Treatment of Severe Mental Illness, Couples and Family Therapy, CBT, ACT
Research Interests and Publications: Implementation of evidence-based treatment, Spirituality and mental health issues
Email: Aaron.Murray-Swank2@va.gov

**Sarra Nazem, Ph.D.**
Position: Clinical/Research Psychologist
Year of Hire: 2015
Degree: West Virginia University, Clinical Psychology
Clinical Interests: Suicide Risk Assessment and Consultation, PTSD, Geropsychology
Research Interests and Publications: Acquired capability of suicide, Behavioral assessment of suicide, Sleep and suicide
Email: sarra.nazem@va.gov

**Chrisana Olson, Ph.D.**
Position: Staff Psychologist
Year of Hire: 2010
Degree: University of Utah, Clinical Psychology
Clinical Interests: Pain psychology, Health psychology, Couples therapy
Research Interests and Publications: Health psychology, Pain
Email: chrisana.olson@va.gov
Jennifer Olson-Madden, Ph.D.
Position: Clinical Research Psychologist
Year of Hire: 2010
Degree: University of Denver, Counseling Psychology
Clinical Interests: Suicide Prevention, Rehabilitation Psychology, Health Psychology
Research Interests and Publications: Suicide Prevention, Assessment and Intervention for Co-Occurring Traumatic Brain Injury and Mental Illness, Assessment, Intervention and Implementation Science
Email: jennifer.olson-madden@va.gov

Laura Phillips, Ph.D.
Position: Administrative Director Outpatient Mental Health Clinic
Degree: University of Alabama, Clinical Psychology
Clinical Interests: Posttraumatic Stress Disorder, Geropsychology, Vietnam, Prolonged Exposure, Cognitive Processing Therapy
Research Interests and Publications: Aging, Depression, Anxiety, Rural Health
Email: Laura.Phillips2@va.gov

Mandy M. Rabenhorst Bell, Ph.D.
Position: Staff Psychologist, PTSD RRTP
Year of Hire: 2013
Degree: Northern Illinois University, Clinical Psychology
Clinical Interests: PTSD, Moral Injury, Posttraumatic Growth
Research Interests and Publications: PTSD, family violence
Email: mandy.rabenhorst-bell@va.gov

Eleni Romano, PhD
Position: Staff Psychologist
Degree: Seattle Pacific University, Clinical Psychology
Clinical Interests: Health psychology, pain management, tobacco cessation
Research Interests and Publications: Pain management
Email: eleni.romano2@va.gov

Sheila M. Saliman, Ph.D., ABPP-Rp
Position: Staff Psychologist, Inpatient Rehabilitation Medicine Service
Year of Hire: 2000
Degree: St. Louis University, Clinical Psychology
Clinical Interests: Rehabilitation psychology, Neuropsychology, Brain Injury, Amputation, Ethics
Email: sheila.saliman@va.gov

Susan Sellers
Position: Administrative Assistant
Email: susan.sellers@va.gov

Gina M. Signoracci, PhD
Position: Staff Psychologist
Year of Hire: 2012
Degree: University of Denver, Counseling Psychology
Clinical Interests: Rehabilitation Psychology, Neuropsychology
Research Interests and Publications: Intersection of physical conditions and mental health; TBI and co-occurring disorders; HIV; Suicide; Implementation & Dissemination
Email: Gina.Signoracci@va.gov

Teri Simoneau, Ph.D.
Position: Staff Psychologist
Year of Hire: 2015
Degree: University of Colorado at Boulder, Clinical Psychology
Clinical Interests: Primary Care Psychology, Caregivers, Quality of Life, Psychosocial Oncology

Research Interests and Publications: Caregivers, Communication, Psychosocial Oncology

Email: teresa.simoneau@va.gov

Adrianne Sloan

Geoffrey P. Smith, Psy.D.
Position: Administrative Director, Inpatient Psychiatric Unit
Year of Hire: 2010
Degree: University of Denver
Clinical Interests: Behavioral Medicine, Acceptance Commitment Therapy, Suicide Prevention
Administrative Interests: Program Development, Evidence Based Practices, Recovery Model
Email: Geoffrey.Smith3@va.gov

Kim A. Smith, Psy.D.
Position: Staff Psychologist, Home Based Primary Care
Year of Hire: 2008
Degree: Psy.D., Clinical Psychology, School of Professional Psychology, Wright State University
Clinical Interests: geropsychology, rehabilitation psychology, diversity issues
Email: kimberly.smith21@va.gov

Debbie Sorensen, Ph.D.
Position: Staff Psychologist
Year of Hire: 2008
Degree: Ph.D., Harvard University
Clinical Interests: Health and rehab psychology, Acceptance and Commitment Therapy (ACT), pain management, vocational psychology
Research Interests and Publications: Developmental psychology, mindfulness, ACT
Email: debra.sorensen@va.gov

Mark A. Stalnaker, Ph.D.
Position: Staff Psychologist
Year of Hire: 2015 (Previously at San Francisco VAMC, 2009-2015)
Degree: Harvard University, Social Psychology; University of Massachusetts—Amherst, Certificate of Clinical Respecialization
Clinical Interests: PTSD, Depression, Anxiety Disorders, Cognitive Behavioral Therapy, Dialectical Behavior Therapy
Research Interests and Publications: Social Cognition, PTSD, Suicide Prevention
Email: mark.stalnaker@va.gov

Joleen C. Sussman Ph.D.
Position: Primary Care - Mental Health Intergration Psychologist
Year of Hire: 2015
Degree: University of Iowa, Counseling Psychology
Clinical Interests: Geratric, Health psychology, Interdisiplinary care
Research Interests and Publications: Behavioral medicine, Health psychology, Sexual health
Email: joleen.sussman2@va.gov

Larry Wahlberg, Ph.D.
Position: Director, PTSD Residential Rehabilitation Treatment Program
Year of Hire: 1991
Degree: University of Colorado at Boulder, Clinical Psychology
Faculty Appointments: Associate Professor, clinical track, Department of Psychiatry, University of Colorado Health Sciences Center
Clinical Interests: Trauma, psychotherapy process, learning and memory, supervision, program administration
Research Interests and Publications: Psychotherapy outcomes; group treatment; psychobiology of trauma
Email: lawrence.wahlberg@va.gov
Ralph C. Wechsler, Ph.D.
Position: Administrative Director, Inpatient Mental Health Services
Year of Hire: 1990
Degree: University of Colorado, Clinical Psychology
Faculty Appointments: Department of Psychiatry, University of Colorado Health Sciences Center
Clinical Interests: Inpatient psychiatric treatment, Psychosis, PTSD, Personality assessment; Individual and Group psychotherapy; Training/supervision
Research Interests and Publications: Descriptive psychology
Email: ralph.wechsler@va.gov

Vanessa G Williams, Ph.D.
Position: Neuropsychologist
Year of Hire: 2011
Degree: Pacific Graduate School of Psychology/Palo Alto University; 2 year post doctoral fellowship in Neuropsychology – Brown Medical School
Clinical Interests: Neurological Conditions, including neurodegenerative conditions and traumatic brain injury (TBI)
Research Interests: Neuropsychological test performance, Performance Validity, Differential Diagnosis of Dementia

Seth J. Wintroub, Psy.D.
Position: Staff Psychologist
Year of Hire: 2009
Degree: Pepperdine University, Clinical Psychology
Clinical Interests: Health Psychology, Stress Management, Cognitive-Behavioral Therapy
Research Interests and Publications: Health Psychology, Geriatric Psychology
Seth.wintroub@va.gov

Trainees

Employment information for former trainees is available upon request.