Psychology Internship
Training Brochure
2019-2020
VA Eastern Colorado Health Care System,
Rocky Mountain Regional VA Medical Center
1700 North Wheeling Street
Aurora, Colorado 80045
# Table of Contents

Program Contact Information................................................................. 1  
Match Numbers.................................................................................. 1  
Application Deadline........................................................................ 1  
Accreditation Status.......................................................................... 1  
Application & Selection Process......................................................... 2  
  Eligibility........................................................................................... 2  
  Application Process........................................................................ 3  
  Application Requirements and Checklist........................................ 3  
  Interviews.......................................................................................... 4  
  Selection............................................................................................ 4  
Internship Start Date.......................................................................... 5  
Program Description.......................................................................... 5  
Training Model and Philosophy.......................................................... 6  
Program Goals and Objectives........................................................... 8  
Clinical Rotations and Structure......................................................... 8  
  Orientation Week.............................................................................. 9  
  Supervision and Evaluation of Intern Achievement........................ 10  
Training Experiences (Rotations, Psychotherapy, Assessment, Seminars)......................................................................................... 11  
  Rotations........................................................................................... 11  
  Additional Training Opportunities................................................ 31  
Training Faculty.................................................................................. 33  
Information about Internship Admissions, Support, Post-Internship Data................................................................. 41  
  Internship Program Admissions...................................................... 41  
  Minimum Intervention and Assessment Hours............................... 41  
  Other Required minimum criteria for screening applicants............... 41  
  Financial and Other Benefit Support for the Upcoming Training Year................................................................. 43  
  Initial Post-Internship Positions (Last 3 years)............................... 43
Contact Information:

<table>
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<th>Training Director</th>
<th>Program Coordinator</th>
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Website: [https://www.denver.va.gov/PsychologyTraining/Index.asp](https://www.denver.va.gov/PsychologyTraining/Index.asp)

APPIC Match Numbers:

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<tr>
<td>Geropsychology/GRECC Track</td>
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<td>1</td>
</tr>
<tr>
<td>Primary Care-Mental Health Integration Track</td>
<td>117412</td>
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Application Deadline: **11:59 p.m., MST; November 1, 2019**

Accreditation Status:

The Psychology Internship at the **Eastern Colorado Health Care System; Rocky Mountain Regional VA Medical Center** is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is scheduled for 2019. For information regarding APA accreditation of this internship, please write or call:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979
APAACCRED@APA.COM
Applicant Eligibility Requirements:

1. **Doctoral student in good standing** at a graduate program in Clinical, Counseling, or Combined psychology that is **fully-accredited** by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or the Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

2. **Approval to Attend Internship by Graduate Program Training Director**: Attestation by the graduate program Director of Clinical Training that the student is approved and ready to attend internship; this is required as part of the APPIC application.

3. **Completion of Comprehensive/Qualifying Exams AND Approval of Dissertation/Doctoral Research Project**: Applicants must verify in the APPIC application successful completion of the comprehensive/qualifying exams AND successful approval of their dissertation/doctoral research project by the application deadline (November, 1).

4. **U.S. Citizenship**: All appointees must be a citizen of the United States. The 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.

5. **U.S. Social Security Number**: All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment and on-boarding process at the VA.

6. **Selective Service Registration**: Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [https://www.sss.gov/](https://www.sss.gov/). Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

7. **Fingerprint Screening and Background Investigation**: All Interns will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: [http://www.archives.gov/federal-register/codification/executive-order/10450.html](http://www.archives.gov/federal-register/codification/executive-order/10450.html). Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

8. **Drug Testing**: Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Health Professional Trainees (including psychology interns/fellows) are not drug-tested prior to appointment; however, these trainees are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. 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. Drug screening is for substances that are illegal under federal statute, regardless of state law.

9. This above information and additional details is available at: https://www.psychologytraining.va.gov/eligibility.asp

APPLICATION PROCESS:
The Psychology Internship at Rocky Mountain Regional VA Medical Center 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. Internship applications are submitted electronically. To submit an application, please go to the APPIC website (www.appic.org) for instructions on how to complete the online APPIC Application for Psychology Internships (AAPI).

Instructions and forms for the Applicant Agreement form required for the Match from the National Matching Program may be downloaded at web site at www.natmatch.com/psychint. Applicants who cannot access the website should contact National Matching Service (NMS) directly to request instructions and registration forms. Completed applications are due by 11:59 MST, November 1, 2019.

APPLICATION REQUIREMENTS AND CHECKLIST:
Interested individuals who meet eligibility requirements must submit the following:

- Completed APPIC Online Application for Psychology Internship (AAPI).
- Cover letter indicating rotation interests and a summary of background and experience relevant to fit with the RMR VAMC Psychology Internship.
- Curriculum Vitae.
- Official Graduate transcript(s).
- 3 letters of reference addressing clinical and/or research experience, as well as professional strengths and areas for improvement.
- Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online system.
- Documented 350 doctoral intervention hours and 75 doctoral assessment hours on the AAPI.

The Rocky Mountain Regional VA Medical Center 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 six intern positions in the Rocky Mountain Regional VA Medical Center. Because training funds are approved on yearly basis, we cannot guarantee that we will have the same number of positions each year.
INTERVIEWS:
All complete applications are evaluated and rated based on the comprehensiveness of the application and fit with the Internship Program at Rocky Mountain VA Medical Center. The highest-rated applicants will be invited for interviews that occur annually on three Mondays of the following January (excluding the recognized Martin Luther King Jr. observance).

<table>
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<tr>
<th>2019-2020 Interview Dates</th>
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<tr>
<td>Monday, January 06, 2020</td>
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<td>Monday, January 13, 2020</td>
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<td>Monday, January 27, 2020</td>
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In-person interviews are preferred to more completely acquaint the applicant with the breath, scope, and education and clinical training environment of Rocky Mountain VA Medical Center and the VA Eastern Colorado Health Care System. However, our program is eager to avoid penalizing candidates whose financial circumstances might prevent travel to the Denver area. We seek to recruit a very capable and promising internship class, and also value the opportunity to recruit a diverse group of interns. Therefore, if an in-person interview is not possible, we will arrange a telephone or video interview. Notification of the offer to interview will occur on or before the date outlined by APPIC directory listing (https://membership.appic.org/directory/display/638), which is typically within the first week of December. All costs for travel, meals and lodging are the responsibility of the applicant.

SELECTION:
The Internship Program at Rocky Mountain Regional VA Medical Center 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. A complete copy of APPIC policies and the computer matching program can be found at the APPIC website, http://www.appic.org/.

Candidates who successfully match with Psychology Internship at Rocky Mountain Regional VA Medical Center will be contacted by both phone and email following the successful match. Official notification of the internship match will be sent to both the candidate and graduate program within seven days of the official match.

Those candidates who match will be required to complete eligibility requirements that include completion of:
- Pre-employment paperwork and a complete health trainees application https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf
- Completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL) to be completed the graduate program/academic institution. This form completed by the academic institution must verify the following:
1. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are EXTREMELY rare. If you decline the flu vaccine you may be required to wear a mask while in patient care areas of the VA.

2. **Verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

- Fingerprinting at a VA medical center.
- Completion of a VA pre-employment physical at a VA medical center approximately 30 days prior to employment/start date.

Per the Office of Personnel Management (OPM) regulations, interns earn a total 13 days of vacation/annual leave and 13 days of sick leave throughout the year. They also receive 5 days of administrative leave and 10 federal holidays. Interns are provided with a secured, shared office space, access to a range of clinical/exam rooms for patient care, access to computers, direct telephone and videoconferencing equipment, online library, and psychological testing supplies to use during internship.

**INTERNSHIP START DATE:** The Internship at Rocky Mountain Regional VA Medical center starts the Monday of the first federal pay period in July; for the 2020-2021 internship year the targeted start date is **Monday, July 6, 2020.** During internship training years in which the Monday of the first federal pay period occurs on an observed holiday (Independence Day), the start date will be the Tuesday of the first federal pay period in July.

**PROGRAM DESCRIPTION:**
Located in Aurora, Colorado, the RMR VAMC Psychology Internship is a full-time (40 hours per week), APA accredited, comprehensive predoctoral psychology internship that lasts 52-weeks in duration. The internship is open to applications from clinical, counseling, or combined clinical-counseling doctoral students of APA, CPA, or PCAS accredited programs. RMR VAMC Psychology Internship has been APA accredited since 1980, and the major objective is to complement academic graduate training by introducing interns to the day-to-day knowledge and skills of practice as a psychologist.
The RMR VAMC Internship actively seeks to foster development of interns in multiple domains, including professional identity, intervention and assessment skills, research and integration of evidence-based clinical decision-making, concern and awareness of multiculturalism, and social and ethical responsibilities integral for effective professional practice in the context of training for full professional responsibilities. The RMR VAMC serves a multi-ethnic and diverse Veteran population that presents with a wide variety of psychiatric, medical, and sociocultural needs. We are highly invested in attracting applicants from diverse backgrounds to work with this population, and actively seek to promote awareness of, and sensitivity to, individual and cultural diversity identities across multiple settings during the training year through discussions, supervision, seminars, and workshops.

RMR VAMC is staffed by over 75 doctoral level, licensed psychologists who work in Mental Health Service or the Rocky Mountain MIRECC for Suicide Prevention. Nearly 50 of these psychologists support the Internship through direct supervision, education and didactics, and mentoring of interns. Psychology faculty represent a variety of theoretical perspectives including: Behavioral, Cognitive, Existential, Humanistic, Psychodynamic, and Systems-focused.

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

**PROGRAM MODEL AND PHILOSOPHY:**

The RMR VAMC Psychology Internship adheres to a clinician-scholar model. Within this model interns are expected to integrate and utilize science to inform direct clinical practice, as well as other domains of professional practice. Psychology training at the RMR VAMC Internship 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 each intern’s skills, perspectives, and professional identity, and our developmental training model emphasizes the progression from graduate student to professional ready for entry-level independent practice in psychology.

The primary focus of the internship year is graduated experiential learning. Competencies in professional practice are developed through clinical practice, research, didactic training, and mentorship. Delivery of patient care is secondary to the educational mission of the internship. Interns play an important role in selecting their own training opportunities and developing training plans to meet their specific needs. It is our expectation that students who successfully complete the internship at the RMR VAMC 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
The clinician-scholar training model is facilitated by the RMR VAMC Internship’s commitment to training and research. As a Department of Veterans Affairs Medical Center, we are committed to training individuals to have the potential to become VA psychologists. It is important that our interns understand Veterans’ experiences. Toward this end, instruction in issues specific to Veteran health care, military culture, and population-specific psychosocial needs are provided in didactic and supervision settings throughout the year. Furthermore, 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. 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 APA-defined competencies for psychology trainees, rotation-specific 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.

Throughout the course of each rotation, the intern has opportunities to observe and participate in team meetings and clinical activities. Teams are typically interdisciplinary 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 assessment of neurological and psychological conditions; psychotherapy with individuals, couples, families and groups; development and delivery of patient educational materials; and consultation with team members regarding patients’ coping style and its effectiveness, decisional capacity, and most effective methods of communication with the specific patient. At the outset of each rotation, interns are 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 interns will assume increasing autonomy for clinical services and function as an integral member of the treatment team.

In addition to the learning that occurs through clinical activities on the rotation, interns participate in required seminar and didactic activities to facilitate learning skills related to rotations and general professional development topics, including assessment, diversity, health psychology, mental health, supervision, and professional issues. Training faculty model and instruct interns in using theory, literature, and critical thought to formulate clinical conceptualizations and hypotheses. Interns are trained to be thoughtful consumers of research. Reading and discussing articles provided by supervisors is an integral part of the learning process. Supervisors may request that
students explore specific areas of interest by reviewing the literature and then presenting the findings.

As part of our commitment to training psychologists who will be clinicians and scholars, we require interns to prepare and present a formal educational lecture on a specific clinical or research topic of interest. This facilitates skill-development in the psychologist competency domains of research, professional values, attitudes and behaviors, communication and interpersonal skills. Another clinician-scholar forum is the Psychology Case Conference. Psychology interns present at least one case conference during their internship year. The case conference illustrates a psychotherapy or assessment case. These may include a completed case or a case in progress. Psychological test data and other relevant data is used to construct the presentation and guide discussion.

PROGRAM GOALS AND OBJECTIVES:
In order to train interns who are able to think critically about psychological issues and apply theory to practice, we adhere to APA CoA competencies, with the expectation that interns will demonstrate continued development in each of the competency domains. At the same time, we are aware that interns bring a unique array of individual skills and interests to the internship that may impact progress over the course of a rotation. Training faculty present interns with rotation expectations, learning 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. Each intern is evaluated twice per rotation (mid/final evaluation) on the following nine APA CoA competencies:

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

CLINICAL ROTATIONS AND STRUCTURE:
The standard training sequence includes three, 17-week rotation blocks. Each block consists of a major rotation (20 hours/week) and a minor rotation (8 hours/week). Interns are also required to complete two, 24-week psychotherapy rotations (4 hours/week) and complete a minimum of three integrated assessments across the year; time allocated for the assessment requirement may be substituted with available hours of the psychotherapy rotation.
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<tr>
<th>Block 1 (17 weeks)</th>
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<tr>
<td>Major Rotation</td>
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<td>Major Rotation</td>
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<tr>
<td>Minor Rotation</td>
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<tr>
<td>Psychotherapy Rotation 1 + Assessment (24 weeks)</td>
<td>Psychotherapy Rotation 2 + Assessment (24 weeks)</td>
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There are six internship slots available at the Rocky Mountain Regional VA Medical Center. Four slots are "general" and do not have any predetermined rotations. The fifth and sixth slots focus training respectively on Primary Care-Mental Health Integration (PCMHI) or Geropsychology. The PCMHI intern will have Primary Care-Mental Health Integration for the three major rotations. The Geropsychology intern will have Geropsychology for two of their three major rotations. Additional rotations will be selected in order to best fit their personal training goals. All other training activities are the same for the PCMHI and Geropsychology interns as for the general interns (didactics, research day, case conference, etc.). The Geropsychology intern will have additional required didactics and a case conference for Geriatric Research Education and Clinical Center (GRECC) trainees.

**Orientation Week and Selection of Rotations:**
At the start of training year each intern completes a self-evaluation. During the initial orientation to the program, interns 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 competency domains and the Training Director may offer suggestions of specific rotations and supervisors that the intern might consider to meet his/her goals. Interns also receive information about available training opportunities and meet with psychologist faculty members from across VA Eastern Colorado Health Care System. Each rotation is presented with the specifics of the rotation, such as particular requirements and criteria, competency goals, time expectations, supervisory philosophy, and theoretical orientation. Following this orientation to the major and minor rotations, the interns meet as a group to outline their schedules. During this time they typically chart out a plan for rotations and supervisors for the whole year with the understanding that revisions are possible later in the year to accommodate training goals. The interns are guided in this selection by the Training Director and Training Committee in order to meet their training goals.

After the interns have organized a plan, the training plan is presented to the Internship 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 training opportunities 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. Interns and training faculty will informally review training progress at the end of each rotation, and appropriate changes will be made to each intern’s training plan when needed.

Trainees are given the opportunity to pursue their individual interests within the tenets of a generalist internship, which allows for flexibility and choice. 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 rotation selections. Expectations are as follows: 3 major rotations, 3 minor rotations, psychotherapy case load, 3 integrated assessments, didactics, and research. We anticipate a 40 hour week, and expectations for weekly hours are approximately as follows, some variations should be expected given individual training goals and needs: 20 hours major rotation; 8 hours minor rotation; 4 hours psychotherapy/assessment; 3 hours didactics; 4+ hours supervision; 4 hours research, program development, and related scholarship activities.

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 competency goals and constructive feedback aimed at improving these skills. Our methods of evaluation are diverse and vary across 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 medical record,
- Observation of intern case formulation and case presentation in team meetings, treatment planning conferences, and other interdisciplinary settings,
- Review of progress notes and audio recording of psychotherapy and assessment sessions,
- Review of psychological testing protocols and reports,
- 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 and the attending psychiatrist with whom he or she is working.

Each rotation has an assigned primary supervising psychologist/faculty member that meets regularly with the intern. Through major, minor, and psychotherapy rotations interns receive at least three hours of individual supervision and four hours total supervision per week across the entirety of their training experiences. 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. Feedback is provided to an intern’s graduate program at completion of each rotation sequence. Seminar leaders also evaluate the interns’ participation and relevant information is integrated into formal and informal feedback.

In addition to formal evaluation and feedback, provision of informal feedback to interns is expected to be ongoing by each faculty member and consistent with competency goals outlined at the beginning of the rotation. We encourage frequent self-evaluation and provide interns with frequent formal and informal feedback. 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 faculty to meet as a group once a month to discuss the interns’ progress. Discussion in this format allows for multiple staff members to work together to support interns in meeting their training goals. Additional discussion of interns’ progress in the training program takes place at the meetings of the Training Committee. The frequency of these meetings allows for fairly close monitoring of how the interns stand with respect to their competency training goals and the expectations of the internship.

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. The goal is that interns demonstrate competency across all APA CoA competency domains listed above. Successful completion of rotations and the internship is predicated upon achievement of competency goals. Meeting these goals adequately prepares interns for entry-level professional practice.

Training Experiences (Rotations, Psychotherapy, Seminars)

Rotations
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 APA CoA competency goals for training and provide more detailed reference for trainees and supervisors. Each primary supervising psychologist/faculty member 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 currently available, listed alphabetically, and are subject to change:

ROTATION: Brain Injury
SUPERVISOR(S): Jason Kacmarski, Ph.D.; Vanessa Williams, Ph.D.
AVAILABILITY: Major Rotation and Minor Rotation
DESCRIPTION: 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 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, tumors, and other neurological conditions. Team members include a psychologist/neuropsychologist, social worker, physiatrist, speech and language pathologist, physical therapist, occupational therapist, and supported work specialist. Veterans seen by the team often present with complex co-morbid diagnoses such as depression, PTSD, and/or chronic pain. The brain injury rotation is primarily focused on assessment within an interdisciplinary team but includes opportunities to provide psychoeducational and follow-up services. Interventions may include assisting the Veteran in coping with medical needs/conditions, self-care, behavior, cognition, communication, psychosocial skills, and return to work.

Psychology/neuropsychology provides the team with vital information regarding Veterans’ cognitive and emotional functioning. Interns will learn to quickly assess Veterans’ needs and status and make appropriate recommendations for their care. Interns will be expected to organize information and present it to the team in weekly rounds and to Veterans and their families as appropriate. Brief written reports will be required. The intern will also facilitate group therapy for patients with brain injuries, with the opportunity to engage in individual and family therapy.

Rotation Expectations:
- Meet with Veterans to complete brief evaluations as part of the RMR VAMC Brain Injury Clinic.
- Complete appropriate documentation of patient care, to include brief reports of functioning and recommendations.
- 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, RMR VAMC Mental Health Clinic, or other services.
- Psychotherapy cases – see patients/families and document in CPRS.
- Supervision – one hour/week with extra supervision as needed.
- Expectations regarding the number of psychotherapy cases will be determined at the beginning of the intern rotation based on prior experience and the intern's training goals.
- The primary 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.

ROTATION: Geropsychology
SUPERVISOR(S): Joleen Sussman, Ph.D., ABPP

AVAILABILITY: Major Rotation and Minor Rotation

DESCRIPTION: Geriatric Research Education and Clinical Centers (GRECC) internship is offered to the selected GRECC track intern and can be an elective for one other intern for a major or minor rotation. The GRECC intern will participate in the Geriatric rotation (described below) for two of three major rotations. The intern will also select three minor rotations to pair with the Geropsychology track. The GRECC training program consists of medicine fellows, pharmacy residents, audiology trainees, physical therapy fellows and social work interns.

The Geropsychology track is designed to address competencies in Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009) and American Psychological Association’s Guidelines for Psychological Practice with Older Adults (APA, 2013). A major focus 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 difficult feedback and education to Veterans and caregivers, and providing consultation/education 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 strongly encouraged to participate in ongoing research with the GRECC.

The intern will be integrated into the following clinics for the training year:

a) 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. Primary clinics are Tuesday and Friday afternoons. The intern must be present for pre-clinic huddles at 12:30-1:00 on both days and available for warm hand-offs from 1:00-4:00pm.

b) The Dementia Care Program is an interdisciplinary team of social work, psychiatry and psychology who serve as hospital-wide NCD care consultants. The intern will have opportunities to collaborate with PACT teams and specialty clinics regarding care of Veteran’s with NCD and assist Veterans and their caregivers with identifying, clarifying, and managing NCD symptoms. Additionally, once a month, the team provides caregiver group therapy while their loved ones are in a reminiscence group and an education about normal cognitive aging group.

c) GRECC Connect Telehealth is a program to serve rural geriatric Veterans and their caregivers through telehealth services (including tablets in their home). The team consists of medicine, social work and psychology.

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., you need to retire from driving), as well as being part of family meetings with other disciplines. Assessment opportunities include: (a) Dementia Related Neuropsychological and Cognitive Exams, (b) Self-report mood measures + Cognitive screening + functional assessment of daily living, and (c) Medical Decision-Making Capacity Exams.

Rotation Expectations:
- Carry a psychotherapy caseload of older adults and caregivers.
- Complete neurocognitive disorder-related neuropsychological evaluations; provide feedback to Veteran and family.
- Complete medical decision-making capacity evaluations; provide feedback to Veteran and staff referral source.
- 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.
- Lead caregiver and memory groups.
- Participate in one hour of weekly supervision, further supervision available as needed/requested.
- Complete relevant geriatric reading assignments provided by supervisor.
- Sit in on other disciplines (social work, medicine, psychiatry) sessions with Veterans as a learning experience.
- Attend and present at relevant geriatric journal club meetings and GRECC trainee didactics.
- Collaborate with Adult Protective Services and other community organizations as indicated.

**ROTATION: Health Psychology**

**SUPERVISOR(S): Dominika Borowa, Ph.D.; Eleni Romano, Ph.D.; Michael Craine, Ph.D.**

**AVAILABILITY: Major Rotation.**

**DESCRIPTION:** The Health Psychology rotation provides interns with training in assessment, consultation, and provision of individual and group therapy across behavioral medicine settings to promote health and well-being and to prevent, treat, and manage illness and disability. Particular emphasis is placed on interactions of psychological, social, cultural and biological factors as they relate to health behaviors and physical and mental well-being. Examples of problem areas addressed by health psychologists include tobacco cessation, weight management, disordered eating, pain management, appropriateness for and adherence to medical treatment, and psychological adjustment to serious and chronic disease. Interns will be integrated into and will receive developmentally appropriate training in various Health Psychology clinics as determined by the primary rotation supervisor and based on interns’ training goals and interests.
The intern will be integrated into 2-3 of the following clinics for this Major Rotation:

a) Tobacco Cessation (Dominika Borowa, Ph.D. & Eleni Romano, Ph.D.): Tobacco cessation services are provided on an inpatient and outpatient basis. Interns will have the opportunity to facilitate a 4-week psychoeducational tobacco cessation class (Thursdays, 13:00-14:00) incorporating motivational interviewing (MI). Individual outpatient therapy supporting Veterans’ cessation efforts may also be arranged. Additionally, interns will respond to consults for Veterans hospitalized on inpatient medicine and surgery units, during which they will provide bedside MI-based interventions, consisting of brief tobacco use assessment and feedback on treatment recommendations, such as behavioral therapy and nicotine replacement therapy.

b) MOVE! Weight Management Program (Dominika Borowa, Ph.D.): The MOVE! Program provides structured classes and support in the areas of nutrition, physical activity, and behavioral health for Veterans working toward weight loss goals. Interns will work as part of a multidisciplinary team consisting of registered dietitians and exercise physiologists. Clinical responsibilities will include facilitation of group psychoeducational classes focusing on behavior change, motivational interviewing, stress management, body image, and mindful eating, among others; provision of individual therapy incorporating cognitive behavioral therapy for weight loss; and possibility of delivering one or both treatment modalities via telehealth. Interns may attend MOVE! Team meetings occurring on Wednesdays (10:30-11:30).

c) Eating Behaviors – Treatment for disordered eating (Dominika Borowa, Ph.D.): Interns will gain clinical experience in the assessment and treatment of disordered eating, most commonly with Binge Eating Disorder. Interns will facilitate an orientation class on eating disorders, disordered eating, and treatment options. Interns will provide weekly enhanced cognitive behavioral therapy for disordered eating. The Eating Behaviors orientation (3rd Thursday of the month, 13:00-14:30) and group therapy (Thursdays, 15:00-16:00) are co-facilitated with a registered dietician.

d) Living Well With Diabetes (Michael Craine, Ph.D.): The Living Well With Diabetes groups occur twice per week (Wednesdays, 11:00-12:00 and Thursdays, 9:00-10:00). Groups are facilitated by an interdisciplinary team consisting of a health psychologist, registered dietician, and nurse practitioner. Groups are designed to provide education on diabetes management, increase motivation for treatment adherence, and provide support to Veterans. Individual therapy supporting Veterans’ diabetes management and treatment adherence will also be arranged.

e) Tinnitus Management (Dominika Borowa, Ph.D.): Interns will facilitate a tinnitus management group (Wednesdays, 10:00-12:00) that is led by a health psychologist and an audiologist or audiology trainee. Progressive Tinnitus Management provides a hierarchical structure for providing clinical services for tinnitus and incorporates education, sound-based methods, and cognitive and behavioral strategies.

f) Pain Psychology (Dominika Borowa, Ph.D., Eleni Romano, Ph.D., & Michael Craine, Ph.D.): Interns will develop competencies in assessment, conceptualization of pain
syndromes in the context of co-occurring mental health and substance use conditions, and behavioral treatment (provision of individual and group therapy utilizing cognitive behavioral therapy for chronic pain management and/or mindfulness-/acceptance-based therapies). There is a possibility of delivering these treatments via telehealth.

Rotation Expectations:
- Complete thorough medical chart reviews to inform case conceptualization in context of biopsychosocial model.
- Conduct intake interviews and assessments with appropriate integration of information from Veterans’ medical records.
- Provide individual and group therapy; expectations regarding the number of psychotherapy cases and group therapy facilitation will be determined at the beginning of the intern rotation based on prior experience and the intern’s training goals.
- Complete appropriate and accurate documentation of patient care in CPRS in a timely fashion.
- Provide psychological consultation and education to interdisciplinary team and hospital staff.
- Attend interdisciplinary team meetings as appropriate.
- Participate in at least one hour of weekly supervision, with extra supervision as needed/requested. Supervisors are responsible for providing timely feedback and offering educational materials (verbal and written) to allow for the completion of requirements listed above. Feedback will be ongoing.
- Complete relevant health psychology reading assignments provided by supervisor.
- Attend multidisciplinary Health Psychology didactics occurring twice per month (date/time TBD).

**ROTATION: Inpatient Mental Health**

**SUPERVISOR(S):** Carrie Kelly, Psy.D.; Geoff Smith, Psy.D.

**AVAILABILITY:** Minor Rotation

**DESCRIPTION:** This minor rotation is designed to offer training in conceptualization and treatment of veterans in acute psychiatric crisis. Conceptual elements include:

a) Developing knowledge of this population and related systems of support (e.g., conceptualization of acute care needs and severe/remitting forms of mental illness, the roles of the various providers on the interdisciplinary team, community resources for residential placement, and VA Mental Health resources in the outpatient system of care for focused discharge planning);

b) Developing knowledge of the recovery model focused on prizing the voice of the veteran, informed consent, highlighting personal strengths, program structure, recovery model philosophy of care and staff expectations for patients, and balancing patient safety and program flexibility such as legal status, certification process.

Operational elements include:
a) 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).
b) Exposure to evidence based practices including Illness Management and Recovery (IMR), Social Skills Training (SST), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Skills Training in Affect and Interpersonal Regulation (STAIR), and Motivational Interviewing (MI).
c) Individual psychotherapy (referral questions may include: focused skill-building, facilitating engagement to aftercare, or safety planning and suicide prevention);
d) Psychological assessment (fast-paced and includes structured diagnostic interview, review of records, and consultation with treatment team as well as administration of formal measures; student provides informal testing feedback to treatment team on the day following collection of raw data when possible);
e) Consultative collaboration with the interdisciplinary team (this includes Psychiatry, Nursing, Social Work, Occupation Therapy, Peer Specialists, and Volunteers informally and in the context of team meetings and Recovery Workgroup).

Rotation Requirements:
Precise weekly rotation schedule to be determined at the beginning of training. 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.

- Weekly group co-facilitation *
- Individual psychotherapy *
- Psychological assessment
- 2-3 inpatient staff meetings each week * (8-8:30am weekdays)
- Individual clinical supervision *
- Recovery Program Development Workgroup (11am-12pm Fridays)

Additional Information About Assessment on the Inpatient Rotation
- Assessment on 2H 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.
- 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.
- During interpretation, students are asked to look for common findings/themes across tests, clinical observations, information from the team, etc.
- Given the fast-paced nature of the unit, interns are encouraged to provide verbal assessment and testing 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, disposition planning, discharge, etc. After verbal feedback is given, the formal report can be written and finalized.

**ROTATION: Inpatient Rehabilitation Medicine**  
**SUPERVISOR(S):** Laura Leach, Ph.D.  
**AVAILABILITY:** Minor Rotation

**DESCRIPTION:** 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.

Rotation Expectations:
- Regular (at least once weekly) contact with rehab team members, especially nursing, OT and PT regarding collaborative and integrative patient care and outcomes.
- Follow two-three patients, simultaneously.
- 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

**ROTATION: Mental Health Clinic**  
**SUPERVISOR(S):** Mark Stalnaker, Ph.D.; Dianne McReynolds, Ph.D.
**AVAILABILITY:** Minor Rotation.

**DESCRIPTION:** 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 illness, 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 predominantly group EBP and psychotherapy, including CBT, ACT, DBT and other modalities.

Rotation Expectations:
- Co-lead 2-3 outpatient therapy groups per week (e.g., DBT, CBT for Depression), some ability to select groups based on training interests and/or needs (5-7 hrs/wk).
- Attend weekly supervision meetings with psychotherapy supervisors (1 hr/wk).
- Participate in at least one 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, etc.).

**ROTATION:** Mental Illness, Research, Education, and Clinical Center (MIRECC)

**SUPERVISOR(S):** Nazanin Bahraini, Ph.D.; Sean Barnes, PhD.; Kaily Cannizzaro, Ph.D.; Bridget Matarazzo, Psy.D.; Sarra Nazem, Ph.D.; Jennifer Olson-Madden, Ph.D.

**AVAILABILITY:** Major Rotation and Minor Rotation.

**DESCRIPTION:** 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).

*Interns who select a major MIRECC rotation will work with two supervisors over the course of the rotation; one for clinical services and one for research. Supervisors will be determined each 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:
- 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.
- The intern will complete at least 2 MIRECC suicide prevention consults.
- The intern will complete a research related product.
- The intern will co-facilitate the Crisis Survival Group.
- Interns will attend lab (Tuesdays 1:00–2:00) and clinical consultation (Thursdays at 10:00–11:00) meetings, and will participate in individual supervision (at least one hour per week/per supervisor).

Minor Research Rotation:
- 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.
- The intern will complete a research related product.
- Intern will attend lab meetings (Thursdays 10:00-11:00) and participate in research mentorship meetings.

Minor Clinical Rotation:
- The intern will complete at least 2 MIRECC suicide prevention consults.
- The intern will co-facilitate the Crisis Survival Group.
- 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).

**ROTATION: Neuropsychology**  
**SUPERVISOR(S):** Stacy Belkonen, Ph.D., ABPP; Jason Kacmarski, Ph.D.; Vanessa Williams, Ph.D.  
**AVAILABILITY:** Major Rotation.  
**DESCRIPTION:** The Neuropsychology rotation provides interns with developmentally appropriate exposure to the sub-specialty of neuropsychology. Interns will have the opportunity to learn the basics of human neuropsychology and neuropsychological assessment from a practical clinical perspective with an emphasis on a fixed-flexible battery approach to assessment. This will include instruction on how to select, administer, score, and interpret a variety of neuropsychological instruments, as well as how to effectively convey neuropsychological assessment results in written reports.
Interns will be taught the relationship between test performances and neuroanatomy and brain functions. Interns will be exposed to the nuances of responding to consults from hospital-wide providers, including neurology, mental health, primary care, and inpatient medical wards, including potential modifications of test batteries and report styles depending on the referral question. Additionally, interns will become proficient in medical chart reviews, including discernment of what information is critical for the neuropsychologist in their work with patients and other medical providers. Interns are also involved with providing verbal and written feedback regarding cognitive and psychological test results to patients, families, and others. There is a strong focus on the impact neuropsychological assessment (and the quality or style of feedback) can have on the individuals and the families with whom we work. Therefore, although competence in assessment techniques, scoring, and report writing are core goal of this rotation, effective, thoughtful and constructive feedback is also emphasized.

Rotation Expectations:
• Complete between 6 and 10 full neuropsychological evaluations, including report and feedback sessions.
• Gather information from family members and outside sources with proper release of information.
• Complete thorough medical chart reviews to inform conceptualization and diagnosis of cognitive disorders.
• Complete chart notes in CPRS for each patient contact in a timely manner.
• Review suggested readings and other information, as appropriate.
• Attend supervision (at least 1 hour/week) with data scored (as much as possible) and questions prepared.
• The primary 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.

ROTFION: Pain Clinic/Interdisciplinary Pain Team
SUPERVISOR(S): Adrianne Sloan, Ph.D.; Michael Craine, Ph.D.
AVAILABILITY: Minor Rotation.
DESCRIPTION: 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, Physical Therapy, and Psychology. This team provides assessment and evaluation of both psychosocial and medical factors. Assessment and evaluation occurs on Wednesdays. After assessment and evaluation by the team, veterans are treated by each discipline in team’s Thursday clinic and followed by pain psychology in either individual or group psychotherapy. 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.
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.
- 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.

ROTATION: Palliative Care.
SUPERVISOR(S): Elizabeth Holman, Psy.D.
AVAILABILITY: Minor Rotation.
DESCRIPTION: 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 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 facility dog, the rotation also includes experience seeing how animal-assisted therapy is incorporated into the work of psychology.

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.

**TITLE:** Primary Care-Mental Health Integration (PCMHI).

**SUPERVISOR(S):** Steve Bensen, Ph.D.; Terri Simoneau, Ph.D.; Seth Wintroub, Psy.D.

**AVAILABILITY:** Major Rotation.

**DESCRIPTION:** PC-MHI interns will receive training in a wide variety of skill sets necessary to practice independently in a primary care setting. The training is consistent with the VA's national PC-MHI model. Interns will develop competency in functional assessment, delivering interventions in 30 minute sessions, and providing episodes of care in 4-6 sessions. PC-MHI interns will learn evidence based interventions that are effective in a primary care setting including, care management, motivational interviewing, short-term Cognitive Behavioral Therapy, and health psychology interventions. In addition, PC-MHI interns will 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 team partners with the primary care providers to deliver mental health treatment in the primary care setting. The primary care physicians prescribe the medications and the PC-MHI team members complete functional assessments, provide brief evidence based interventions and use the Behavioral health Lab (BHL) software to monitor patient’s medication adherence, side effects and treatment efficacy. Interns will learn the BHL software and use it to complete intake evaluations, care management assessments and track the treatment course of assigned cases. PC-MHI Interns will be embedded in primary care clinics and function as a PC-MHI provider. Interns schedule 30 minutes of each hour for scheduled appointments and 30 minutes open so they can receive warm handoffs, consult with PCPs, and complete care management phone calls. Interns will work with patients with a wide variety of presenting problems including depression, anxiety, PTSD, substance misuse, and chronic health conditions. If patients require specialized mental health care, the PC-MHI team will refer patients to the appropriate outpatient MH clinic. The PC-MHI supervisor will negotiate each intern’s clinical load based on their experience and training goals.

PCMHI services are delivered in multiple modalities including in person, via telehealth or telephone. Interns will develop skills to assess and treat veterans in all modalities.
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 at least one hour of individual supervision each week. Interns are also required to attend a meeting for one hour each week where the team meets with the PC-MHI psychiatrist to review medication questions and discuss cases. There are also opportunities for observing sessions and for participating in co-therapy with your supervisor. Finally, urgent supervision for crises is always available. PCMHI is only available as a Major Rotation.

Rotation Expectations:
- Reading: Interns will read the PC-MHI manuals, as well as other chapters and articles as assigned.
- Demonstrate competency in using the BHL software to complete intake assessment and case management tasks.
- Maintain a PC-MHI caseload (number of cases negotiable based on intern's level of training and rotation goals).
- Demonstrate competency in co-leading at least one of the PC-MHI group clinics.
- Help PC-MHI team complete suicide risk assessments (at least one per week).
- Attend PC-MHI team meeting (9:30 – 10:30am every Wednesday) and psychiatry supervision (10:30-11:30 every Wednesday).
- Demonstrate competency in using the PC-MHI "Toolkit" of health psychology interventions.
- Demonstrate competency in using Motivational Interviewing and CBT interventions.
- Demonstrate ability to effectively communicate in writing, via telephone and in person as you consult with the staff in the Primary Care, Outpatient Mental Health and PC-MHI clinics.
- Complete chart notes and check patients out within 24 hours.
- Complete Clinical Reminders as appropriate.
- Come to supervision (minimum of one hour per week) prepared to discuss your cases and questions.

**ROTATION:** Psychosocial Rehabilitation and Recovery (PRRC).
**SUPERVISOR(S):** Aaron Murray-Swank, Ph.D.
**AVAILABILITY:** Major Rotation.
DESCRIPTION: 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 is 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 works 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 meets regularly with these veterans for therapy or ongoing support related to recovery goals as needed. In addition, the intern provides 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 also has the opportunity to co-facilitate a recovery-oriented group for Veterans transitioning from inpatient to outpatient mental health treatment. The intern is welcome to assist in program evaluation and outcomes activities related to the system-wide implementation of recovery. The intern also has 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.

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.

TITLE: PTSD Clinical Team (PCT).
SUPERVISOR(S): Tanya Miller, Psy.D., Katie Dahm, Ph.D., & Christopher Immel, Ph.D.
AVAILABILITY: Major Rotation and Minor Rotation.
DESCRIPTION: The overall goal of the PCT rotation is to provide Interns the experience of delivering direct clinical care to veterans with Posttraumatic Stress Disorder and military
sexual trauma. 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 relatively new entity in the Eastern Colorado VA Health Care System, there will like be an opportunity for program development during the rotation.

Interns will also engage weekly in the PCT 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.

Rotation Expectations:
- Carry a caseload of 5-7 psychotherapy patients throughout the rotation.
- Co-lead at least one outpatient group treatment per week.
- Complete at least 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.
- Participate in one hour of weekly supervision, further supervision available as needed/requested.
- Attend weekly Team Meetings with treatment staff.
- Provide consultation and interventions with inpatient, residential and outpatient staff as needed.

ROTATION: PTSD Residential Rehabilitation Treatment Program (RRTP).
SUPERVISOR(S): Stephanie Kleiner-Morrissey, Psy.D., Larry Wahlberg, Ph.D., Mandy Rabenhorst, Ph.D.; John Glazer, Ph.D.
AVAILABILITY: Combined Major and Minor Rotation.
DESCRIPTION: The PTSD Residential Rehabilitation Treatment Program is a 19-bed, seven-week intensive treatment program for veterans with PTSD from military service, primarily combat Veterans are referred to the program from throughout the United States and live at the medical center during treatment. After a multidisciplinary evaluation,
veterans engaged in recovery-oriented treatment, including psychotherapy groups and classes covering such topics as coping skills, hyperarousal and numbing, anger management, family education, relaxation skills, emotion regulation, distress tolerance, communication skills, and ACT. Veterans are exposed to complementary treatment activities, including recreation therapy and yoga. The program has an evidence-based treatment foundation for addressing PTSD, including Cognitive Processing Therapy and Cognitive Behavior Therapy for Insomnia. Interns who choose this full-time (28 hours/week) rotation are actively involved in group psychotherapy, assessment, individual therapy/case management, and treatment team consultation. Over the course of the rotation, interns 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, including risk of self-directed and other-directed violence, cognitive and/or personality assessment, in the form of at least one more detailed report.

PTSD RRTP Assessment opportunities include: Combat Exposure Scale, Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), PTSD Checklist for DSM-5 (PCL-5), PHQ-9, State-Trait Anxiety Inventory, Posttraumatic Cognitions Inventory, Posttraumatic Growth Inventory, Moral Injury Scale – Military, World Health Organization Quality of Life – Brief (WHOQOL – BREF), Distress Response Scale, Emotional Approach Coping Scales, and Acceptance and Action Questionnaire - 2 (AAQ-2). Occasionally, more in-depth assessment training is offered according to veterans’ needs and the intern’s interests.

Rotation Expectations:
- Attend morning report up to 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, provide individual psychotherapy to patients, assess patients’ progress in the program, provide brief interventions to set limits, collaborate with veterans to set recovery-oriented goals, assess functioning and progress toward goals, and assess suicidality/homicidality at regular intervals and as appropriate, in consultation with unit supervisor.
• Contact outpatient therapists as appropriate to exchange information about patients.
• Attend one to two weekly hour-long supervision sessions per week
• Complete readings as assigned.

**ROTATION: Research.**
**SUPERVISOR(S):** Negotiable pending available research opportunities and approval of Training Committee.
**AVAILABILITY:** Minor Rotation.
**DESCRIPTION:** 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 may be available pending faculty availability and interest. This rotation must be developed with the coordination of the Training Director. 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. Please note this is not a standard rotation in the generalist clinical training model, but may be available in specific circumstances.

**ROTATION: Spinal Cord Injury (SCI)**
**SUPERVISOR(S):** Debbie Sorensen, Ph.D.; Sheila Saliman, Ph.D.; Darryl Etter, Psy.D.
**AVAILABILITY:** Major Rotation (Inpatient SCI) or Minor Rotation (Outpatient SCI).
**DESCRIPTION:** This rotation involves providing assessment and psychological interventions to veterans with Spinal Cord Injury (SCI), Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS) 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 co-lead a weekly psychology group for veterans with physical and/or cognitive disabilities, and may do some cognitive assessment of veterans with MS. The rotation is focused on assessment and therapeutic intervention as well as follow-up, and training opportunities will be tailored to individual training interests and goals. 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).

Rotation Expectations:
• Meet with veterans during SCI/D clinic on Thursdays to complete brief psychological evaluations. 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 opportunity to administer longer cognitive assessments for patients with MS if desired.
• Gather information as appropriate from family members, other outside sources, with release from patients.
• Provide individual psychotherapy to clients/families (typically at least one psychotherapy case with this population).
• Co-facilitate a weekly psychology group for veterans with physical and/or cognitive disabilities.
• Accurately check out and schedule appointments.
• Participate in supervision – at least one hour/week, plus additional supervision as needed. The supervisors are 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, and supervision will be offered at a minimum of one hour per week.

**ROTATION: Substance Use Disorders Clinic.**

**SUPERVISOR(S):** Gretchen Kelmer, Ph.D.

**AVAILABILITY:** Minor Rotation.

**DESCRIPTION:** 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-SUD) and Motivational Interviewing. In addition, the SATP offers couples therapy for partnerships in which one partner has a substance use disorder, opioid replacement therapy, and integrated EBPs for co-occurring PTSD and SUD.

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 Veterans who have recently presented to SATP, as well as co-facilitating IOP groups. A cornerstone of the SATP rotation is training in Motivational Interviewing (no prior MI experience required; advanced training available for those with previous experience). Specialized training in empirically supported couples- and family-based SUD treatments is also available, as is co-facilitation of the SATP ACT group with PTSD/SUD specialist, Jake Farnsworth, Ph.D.

If feasible and consistent with training goals, there is support for interns to be involved in program evaluation or to develop and implement a time-limited group for SATP.
clients in an area of interest and/or expertise of the intern. Interns will function as a member of the treatment team, collaborating with SATP staff from other disciplines (psychiatry, nursing, social work, and peer support). Team involvement also entails discussion of both clinical care and administrative issues during weekly SATP staff meeting and twice-weekly staff huddles.

Rotation Expectations:
- Facilitate or co-facilitate at least 2 hours of SATP groups per week, including one hour of Intensive Outpatient Program (IOP) group
- Engage in training and practice of Motivational Interviewing, to include readings, review of session audio recordings, role play, and intensive supervision
- Attend weekly Team Meetings with treatment staff, Thursdays 2:00 – 3:00pm (except when this conflicts with Journal Club) and/or attend twice-weekly team huddles Tuesdays and Fridays 8:30-9:00am
- Conduct SATP intakes and treatment plans
- Carry an individual caseload of at least 2 SATP clients
- Complete documentation within 24-hours of service delivery
- Interface with a multi-disciplinary team regarding client care

Optional Experiences (depending on goals, interest, and availability):
- Shadowing SATP psychiatrists
- Co-facilitate weekly Motivational Interviewing-based group on inpatient unit
- Co-facilitate ACT group with PTSD/SUD specialist
- Training/experience in CBT-SUD
- Training/experience in Behavioral Couples Therapy for Substance Use Disorders (BCT; prerequisite: prior experience with couples therapy)
- Small-scale program evaluation project
- Development and implementation of SATP group in area of intern interest/expertise

**TITLE:** Psychotherapy Rotation.

**SUPERVISOR(S):** Joe Gieck, Ph.D.; Elizabeth Holman, Ph.D.; Jake Farnsworth, Ph.D.; Dianne McReynolds, Ph.D.; Debra Sorensen, Ph.D.

**AVAILABILITY:** Required 4-hour block for a duration of 48 weeks.

**DESCRIPTION:** 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 interns will switch supervisors mid-year while others may have the same supervisor for the duration of the training year.

Psychotherapy training in all cases continue until the needs of the client are met. Typically, interns will meet with psychotherapy clients and supervisors for each rotation on a weekly basis. Each intern will meet with the psychotherapy supervisors for each
rotation to discuss goals for this aspect of internship, review cases of interest, and select appropriate patients.

**Additional Training Opportunities**

**Cognitive Processing Therapy (CPT) Enrichment Experience**

**CPT Consultant:** Christopher Immel, Ph.D.

**Supervising Psychologist(s):** Christopher Immel, Ph.D., Katie Dahm, Ph.D.

**DESCRIPTION:** 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 consolation requirements, along with demonstrated mastery of CPT, (upon licensure) trainees will be eligible for provider roster status within the VA.

**Clinical and Professional 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 RMR VAMC we believe that learning can be done through a variety of means, including readings, discussions, and tasks that involve more experiential elements.

**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, 6 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 experiential exercises that will help support this aspect of their professional development. Interns role-play real or fictionalized cases in a group setting, taking turns engaging as the supervisor and supervisee. This enables interns to gain some experience in providing supervision to peers and engaging in a consultation process. The seminar is facilitated by a staff member who provides feedback on the supervision process and offers supplemental education about the provision of supervision. 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:** (1 hour/week, 2 weeks/month): Interns will attend bi-weekly assessment seminars that cover a broad array of topics related to assessment. Topics may include foundational aspects of assessment, the assessment of various types of disorder disorders, domain-specific assessment approaches, and specific assessment instruments.

**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 specified competency goals. Interns complete three major and three minor clinical rotations, follow two psychotherapy cases all year and attend didactic seminars. The total number of hours required for completion is 2080.

**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.

Training Faculty
Nazanin Bahraini, Ph.D.
Position: Clinical/Research Psychologist
Year of Hire: 2010
Degree Program: University of Denver, Counseling Psychology
Clinical Interests: Acceptance and Commitment therapy, suicide prevention and consultation
Research Interests: PTSD, TBI and suicide prevention
Email: Nazanin.Bahraini@va.gov

Stacy Belkonen, Ph.D., ABPP
Position: Neuropsychologist
Year of Hire: 2018
Degree Program: Fuller Theological Seminary
Clinical Interests: Neuropsychological assessment, aging, dementia, traumatic brain injury, cognitive rehabilitation
Research Interests: Teleneuropsychology, dementia, traumatic brain injury
Email: Stacy.Belkonen@va.gov

Stephen Bensen, Ph.D.
Position: Program Manager, Primary Care Mental Health Integration
Year of Hire: 2008
Degree Program: Fuller Theological Seminary
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.
Email: stephen.bensen@va.gov

Dominika Borowa, Ph.D.
Position: Clinical Psychologist, Health Psychology
Year of Hire: 2018
Degree Program: Texas Tech University
Clinical Interests: CBT for eating disorders, insomnia, chronic pain, medication adherence, and weight loss; telehealth.
Research Interests: personal growth in posttraumatic stress, CBT and mindfulness in chronic pain management
Email: Dominika.Borowa@va.gov

Kaily Cannizzaro, Psy.D.
Position: Clinical Psychologist/Rocky Mountain MIRECC for Suicide Prevention
Year of Hire: 2017
Michael Craine, Ph.D.
Position: Chief, Health Psychology Section; Director, Pain Psychology, Psychologist for Diabetes Care
Year of Hire: 1993
Degree Program: University of California at Santa Barbara
Faculty Appointments: Department of Physical Medicine and Rehabilitation, University of Colorado Medical School
Clinical Interests: Constructivist approaches, Buddhist psychology, Rehabilitation and adjustment, Psychological assessment, Biofeedback, Diabetes management, Health Psychology, Human Change Processes and Psychotherapy.
Research Interests: Pain assessment in special populations, Chronic Pain treatment, Complementary and integrative health interventions particularly yoga and meditation, factors that motivate health behaviors and human change processes, PTSD, factors that change physician practice.
Email: michael.craine@va.gov

Katie Dahm, Ph.D.
Position: Clinical Psychologist, PTSD Clinical Team
Year of Hire: 2016
Degree Program: University of Texas, Austin
Clinical Interests: Assessment of PTSD, evidenced-based treatments for PTSD, specifically PE and CPT, incorporating mindfulness and self-compassion in trauma treatment.
Research Interests: Treatment outcomes for PTSD and factors that influence engagement and drop-out of trauma-focused treatment.
Email: katherine.dahm@va.gov

Darryl Etter, Psy.D.
Position: Clinical Psychologist, Spinal Cord Injury Clinic
Year of Hire: 2015
Degree Program: PGSP-Stanford PsyD Consortium
Clinical Interests: Health Psychology, Integrated Care, Trauma
Research Interests: Health Psychology, Trauma
Email: darryl.etter@va.gov

Jake Farnsworth, Ph.D.
Position: SUD-PTSD Psychologist
Year of Hire: 2015
Degree Program: University of North Texas
Clinical Interests: Co-occurring trauma and substance use disorders, moral injury
Research Interests: Theory, assessment and treatment of moral injury
Email: jacob.farnsworth@va.gov

Joe Gieck, Ph.D.  
Position: Director of Psychology Training Program and Psychology Professional Practice; Psychologist in Outpatient Mental Health Clinic  
Year of Hire: 2018  
Degree Program: University of Wyoming  
Clinical Interests: Brief Interventions for psychiatric disorders  
Research Interests: High reliability systems in delivery of health care; Development and measurement of interprofessional education  
Email: Donald.Gieck@va.gov

John Glazer, Psy.D.  
Position: Clinical Psychologist, PTSD RRTP  
Year of Hire: 2015  
Degree Program: University of Denver Professional School of Psychology  
Clinical Interests: PTSD, Panic Disorder, OCD  
Research Interests: none.  
Email: John.Glazer@va.gov

Peter Gutierrez, Ph.D.  
Position: Clinical/Research Psychologist  
Year of Hire: 2007  
Degree Program: University of Michigan  
Clinical Interests: Cognitive Behavioral Therapy for depression and suicide prevention  
Research Interests: Veteran and military suicide prevention, clinical trials, assessment of suicide warning signs  
Email: peter.gutierrez@va.gov

Elizabeth Holman, Psy.D.  
Palliative Care Psychologist  
Year of Hire: 2009  
Degree Program: University of Denver Graduate School of Professional Psychology  
Clinical Interests: Palliative care, oncology, survivorship, aging, animal-assisted therapy  
Research Interests: animal-assisted therapy  
Email: Elizabeth.Holman@va.gov

Jason Kacmarski, Ph.D.  
Position: Neuropsychologist  
Year of Hire: 2016  
Degree Program: University of Northern Colorado  
Clinical Interests: Neuropsychological Assessment, Traumatic Brain Injury  
Research Interests: Neuropsychology, Polytrauma, Suicidality  
Email: jason.kacmarski@va.gov
Caroline Kelly, Psy.D.
Position: Staff Psychologist - Inpatient Mental Health
Year of Hire: 2012
Degree Program: Pepperdine University
Clinical Interests: serious mental illness, mental health recovery, evidence-based treatments
Research Interests: brief psychotherapy interventions in acute inpatient settings
Email: caroline.kelly2@va.gov

Gretchen Kelmer, Ph.D.
Position: SUD Clinic Psychologist
Year of Hire: 2015
Degree Program: University of Denver Graduate School of Professional Psychology
Clinical Interests: Motivational Interviewing, Couples Therapy, Cognitive Processing Therapy
Research Interests: relationship development processes, relationship education interventions, social media and relationship development
Email: gretchen.kelmer@va.gov

Stephanie Kleiner-Morrissey, Psy.D.
Position: Clinical Psychologist
Year of Hire: 2000
Degree Program: California School of Professional Psychology - LA
Clinical Interests: PTSD, Interpersonal Process/Groups
Research Interests: PTSD, EMDR
Email: Steph.Kleiner-Morrissey@VA.gov

Laura Leach, Ph.D.
Position: Clinical Psychologist, Inpatient Rehabilitation Psychology
Year of Hire: 2018
Degree Program: Alliant International University
Clinical Interests: Rehabilitation psychology; forensic evaluations.
Email: Laura.Leach@va.gov

Bridget Matarazzo, Psy.D.
Position: Director of Clinical Services, Rocky Mountain MIRECC
Year of Hire: 2010
Degree and Alum: PsyD, University of Denver
Clinical Interests: Suicide risk assessment and management; PTSD treatment
Research Interests: Interventions aimed at engaging high risk Veterans in care; Implementation of national suicide prevention programs
Email: Bridget.Matarazzo@va.gov
Dianne McReynolds, Ph.D.
Position: Psychologist in Outpatient Mental Health Clinic
Year of Hire: 2015
Degree Program: University of Denver
Clinical Interests: Thought Disordered population; SMI; Ethical Practice
Research Interests: none
Email: Dianne.McReynolds@va.gov

Tanya Miller, Psy.D.
Position: Psychologist, PTSD Clinical Team (PCT) & Rapid Access Focused Treatment team (RAFT)
Year of Hire: 2005
Degree Program: Argosy University, Phoenix
Clinical Interests: Combat/MST/Childhood Trauma, Moral Injury, PE (primary treatment interest), CPT, and brief interventions for more acute issues
Research Interests: PTSD, Moral Injury
Email: Tanya.miller2@va.gov

Aaron Murray-Swank, Ph.D.
Position: Staff Psychologist, PRRC and Family Program
Year of Hire: 2005
Degree Program: Bowling Green State University
Clinical Interests: SMI/Recovery, Family Interventions for Severe Mental Illness, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy
Research Interests: Family Interventions for Severe Mental Illness, Diversity, Mental Health Recovery, Psychology Training and Supervision
Email: Aaron.Murray-Swank2@va.gov

Sarra Nazem, Ph.D.
Position: Clinical Research Psychologist
Year of Hire: 2015
Degree Program: West Virginia University
Clinical Interests: Suicide Assessment, Management, Intervention, Postvention, and Consultation; PTSD; Sleep Medicine; Geriatrics
Research Interests: Suicide risk mechanisms; Behavioral assessment of suicide; Sleep and suicide
Email: Sarra.Nazem@va.gov

Jennifer H. Olson-Madden, Ph.D.
Position: Director of Training, MIRECC Advanced Fellowship in Suicide Prevention; Clinical and Research Psychologist, MIRECC
Year of Hire: 2010
Degree Program: University of Denver
Clinical Interests: Suicide Prevention; Intervention Development and Implementation; EBPs: CPT, ACT, CBT-SP, MI; TBI and PTSD, TBI and SUDs
Research Interests: Suicide and Risky Behaviors Intervention and Postvention
Email: jennifer.olson-madden@va.gov

Mandy Rabenhorst Bell, Ph.D.
Position: Assistant Program Manager, PTSD Residential Rehabilitation Treatment Program
Year of Hire: 2013
Degree Program: Northern Illinois University
Clinical Interests: PTSD, CPT, moral injury, shame
Research Interests: PTSD treatment outcomes
Email: mandy.rabenhorst-bell@va.gov

Eleni Romano, Ph.D.
Position: Clinical Psychologist, Health Behavior Coordinator
Year of Hire: 2014
Degree Program: Seattle Pacific University
Clinical Interests: Tobacco cessation, psychological evaluations for implantable pain therapies, Whole Health, pain psychology, Motivational Interviewing.
Research Interests: Efficacy and outcomes of novel, chronic pain management.
Email: Eleni.Romano2@va.gov

Sheila Saliman, Ph.D.
Position: Rehabilitation Psychologist, SCI/D Center
Year of Hire: 2000
Degree Program: Saint Louis University
Clinical Interests: Rehabilitation Psychology
Research Interests: not currently doing research
Email: sheila.saliman@va.gov

Teri Simoneau, Ph.D.
Position: Primary Care Mental Health Integration Psychologist
Year of Hire: 2015
Degree Program: University of Colorado at Boulder
Clinical Interests: primary care mental health integration
Research Interests: caregiver quality of life
Email: teresa.simoneau@va.gov

Adrianne Sloan, Ph.D.
Position: Clinical Psychologist, Chronic Pain Clinic and Home Based Primary Care
Year of Hire: 2012
Degree Program: Texas Tech University
Clinical Interests: Chronic pain management
Email: adrianne.sloan@va.gov
Kimberly Smith, Psy.D.
Position: HBPC Psychologist
Year of Hire: 2008
Degree Program: Wright State University
Clinical Interests: Diversity, Geropsychology, Coping with medical illness, Grief/End of life
Research Interests: not currently doing research
Email: kimberly.smith21@va.gov

Debra Sorensen, Ph.D.
Position: Clinical Psychologist in Spinal Cord Injury/Disorders, VA Regional Trainer and Training Consultant in Acceptance and Commitment Therapy
Year of Hire: 2008
Degree Programs: Harvard University; University of Massachusetts—Amherst, Certificate of Clinical Respecialization
Clinical Interests: Rehab Psychology (specializing in Spinal Cord Injury, MS, and ALS), Acceptance and Commitment Therapy, supervision/training.
Research Interests: not currently doing research
Email: debra.sorensen@va.gov

Mark Stalnaker, Ph.D.
Position: Team Lead, Outpatient Mental Health Clinic
Year of Hire: 2015 (previously at San Francisco VA 2009-2015)
Degree Programs: PhD, Harvard University: University of Massachusetts—Amherst, Certificate of Clinical Respecialization
Clinical Interests: PTSD, Depression, Anxiety Disorders, Cognitive Behavioral Therapy, Dialectical Behavior Therapy
Research Interests: Social Cognition, PTSD, Suicide Prevention
Email: mark.stalnaker@va.gov

Joleen C. Sussman Ph.D., ABPP Geropsychology
Position: Dementia Care team, GeriPACT, and Geriatric Telehealth
Year of Hire: 2015 (previously at Milwaukee VA in HBPC)
Degree Program: University of Iowa
Clinical Interests: Geriatrics, Neurocognitive Disorders, Decision Making Capacity, Interdisciplinary Care
Faculty Appointments: Department of Geriatrics, University of Colorado Medical School
Research Interests: Firearms and Demenita, Audiology and Dementia Diagonsis, Aging
Email: Joleen.Sussman2@va.gov

Vanessa G. Williams, Ph.D.
Position: Neuropsychologist
Year of Hire: 2011
Degree Program: Pacific Graduate School of Psychology/Palo Alto University
Clinical Interests: Neurological Conditions, including neurodegenerative conditions and traumatic brain injury (TBI)
Research Interests: Neuropsychological test performance, Performance Validity, Differential Diagnosis of Dementia
vanessa.williams5@va.gov

Ralph Wechsler, Ph.D.
Position: Aftercare Coordinator-PTSD Residential Program; Psychiatric Emergency Services Clinician
Year of Hire: 1990
Degree Program: University of Colorado at Boulder
Clinical Interests: PTSD, Psychosis, Psychological Assessment, Psychotherapy
Research Interests: Not currently doing research
Email: ralph.wechsler@va.gov

Seth Wintroub, Psy.D.
Position: Clinical Psychologist, PC-MHI
Year of Hire: 2009
Degree Program: Pepperdine University
Clinical and Research Interests: short-term therapy, depression, solution-focused therapy, panic disorder.
Email: seth.wintroub@va.gov
Information about the Internship Program Admission, Support and Post-Internship
Internship Program Admissions
Date Program Tables are updated: 09/01/2019.

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

The VA Eastern Colorado Health Care System, Rocky Mountain Regional VA Medical Center Psychology Doctoral Internship is fully accredited by the Commission on Accreditation. Psychology interns must be enrolled in an APA, CPA, or PCAS accredited clinical, counseling, or combined psychology program. Applicants must also be U.S. Citizens, and male applicants must be registered with Selective Service. As an equal opportunity training program, VA Eastern Colorado Health Care System 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.

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

<table>
<thead>
<tr>
<th>Total Direct Contact Intervention Hours</th>
<th>Yes</th>
<th>Amount: 350</th>
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<tbody>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>Yes</td>
<td>Amount: 75</td>
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</tbody>
</table>

Describe any other required minimum criteria used to screen applicants:

1) Must meet criteria outlined in Applicant eligibility requirements:
   a. Doctoral student in good standing at a graduate program in Clinical, Counseling, or Combined psychology that is fully-accredited by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or the Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
   b. Approval to Attend Internship by Graduate Program Training Director: Attestation by the graduate program Director of Clinical Training that the
student is approved and ready to attend internship; this is required as part of the APPIC application.

c. **Completion of Comprehensive/Qualifying Exams AND Approval of Dissertation/Doctoral Research Project**: Applicants must verify in the APPIC application successful completion of the comprehensive/qualifying exams AND successful approval of their dissertation/doctoral research project by the application deadline (November, 1).

d. **U.S. Citizenship**: All appointees must be a citizen of the United States. The 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.

e. **U.S. Social Security Number**: All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment and on-boarding process at the VA.

f. **Selective Service Registration**: Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [https://www.sss.gov/](https://www.sss.gov/). Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

g. **Fingerprint Screening and Background Investigation**: All Interns will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: [http://www.archives.gov/federal-register/codification/executive-order/10450.html](http://www.archives.gov/federal-register/codification/executive-order/10450.html). Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

h. **Drug Testing**: Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Health Professional Trainees (including psychology interns/fellows) are not drug-tested prior to appointment; however, these trainees are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. 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. Drug screening is for substances that are illegal under federal statute, regardless of state law.
2. Must meet contact and intervention assessment hours.

Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td></td>
<td>$28,457.00</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Program provides access to medical insurance for intern?

If access to medical insurance is provided:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee contribution to cost required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td></td>
<td>104</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td></td>
<td>104</td>
</tr>
</tbody>
</table>

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?

Other Benefits (please describe):

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

Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Category</th>
<th>2015-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>18</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
</tr>
</tbody>
</table>

PD    EP
<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

**RMR VAMC Psychology Internship Training Web page:**
[https://www.denver.va.gov/PsychologyTraining/Index.asp](https://www.denver.va.gov/PsychologyTraining/Index.asp)