Psychology Internship Program
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Rocky Mountain Regional VA Medical Center
Eastern Colorado Health Care System
1700 N. Wheeling St.
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APPIC Match Numbers: 117411, 117412 and 117413
Application due date: November 1, 2018

Accreditation Status
The doctoral 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.

* Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979
APAACCRED@APA.COM
http://www.apa.org/education/grad/program-accreditation.aspx

Application & Selection Procedures for 2019-2020

Match Number: 117411- General (4 slots)
Match Number: 117412- Primary Care-Mental Health Integration focus (1 slot)
Match Number: 117413 - Geropsychology/GRECC (1 slot)

The Eastern Colorado Health Care System Rocky Mountain Regional VA Medical Center (RMR VAMC) Psychology Predoctoral Internship is fully accredited by the Commission on Accreditation. Psychology interns must be enrolled in an APA-approved Clinical psychology program or an APA-approved Counseling psychology program. Applicants must also be U.S. Citizens. As an equal opportunity training program, the Rocky Mountain Regional VA Medical Center welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, race, ethnicity, sexual orientation, disability, religion or other minority status. As a generalist internship, we value applicants who have a wide range of backgrounds and experiences. Candidates with formal assessment experience are preferred.

❖ Internship Start Date: Monday July 1, 2019

Eligibility Requirements

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or 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. **Graduate Program Training Director:** Approved for internship status by graduate program training director.

3. **U.S. Citizenship:** 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.

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

5. **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.

6. **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.

7. **Drug Testing:** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. 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.

8. This above information and additional details is available at: [https://www.psychologytraining.va.gov/eligibility.asp](https://www.psychologytraining.va.gov/eligibility.asp)

**Application Policies**

The 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. 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.

Applicants missing materials from the checklist below will not be considered in the evaluation process. Completed applications of qualifying persons will be evaluated based upon written materials. The highest-rated applicants will then be invited for interviews, to be scheduled in January 2019. An in-person interview is preferred. If an in-person interview is not possible, we will arrange a telephone interview. Applicants will be notified by e-mail if they will not NOT be invited to interview. Notification will occur on or before the date outlined by APPIC. All costs for travel, meals and lodging are the responsibility of the applicant. The 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.

**Applicant Checklist**

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

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8. This above information and additional details is available at: [https://www.psychologytraining.va.gov/eligibility.asp](https://www.psychologytraining.va.gov/eligibility.asp)
If you apply for this internship, you are expected to submit all your application materials via the APPIC online application system. Go to the APPIC website at www.appic.org and click on the AAPI (APPIC Application for Psychology Internship) Online link. Completed internship applications are due on November 1 each year; this year the due date will be November 1, 2018. All application materials must be submitted and received by us on or before Nov. 1, 2018 11:59 pm MST. Incomplete applications will not be read by the Selection Committee.

Follow all instructions accompanying the AAPI Online to either enter your information directly, or upload your documents. We encourage all CVs to be uploaded as Microsoft Word or PDF files. Only the transcript should be mailed in hard copy form to the AAPI Online application address.

1. **Cover letter** - include:
   1) The RMR VAMC rotations of interest to you and,
   2) Your experience with evidenced based psychotherapies including the following information for each Evidence-Based Treatment (EBT):
      - Evidence-Based Treatment
      - Type of training obtained (e.g., didactic training only, didactic and applied training).
      - Experience using EBT with a clinical case or with participants in a research study?
      - Did this involve use of a manualized protocol? If so, please list reference below.
      - Type of supervision obtained
      - Number of applied hours with modality

   Please reference the following website if you have any questions about what constitutes an evidenced-based psychotherapy.
   http://www.div12.org/psychological-treatments/treatments/

2. All elements of the AAPI Online general application
3. Curriculum Vita
4. Transcripts of graduate work. The transcripts should cover all post baccalaureate course work.
5. Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online system.
6. Three letters of recommendation from faculty members or practicum supervisors who know your clinical and/or research work well. Letter writers should utilize the standardized APPIC recommendation form. Upload an electronic copy to the Reference Portal of the AAPI Online system.
7. Submit a brief case study that illustrates your theoretical orientation. Incorporate assessment data that you used to inform this case. Because we work in a hospital setting, concise and precise writing is essential. For that reason, we ask that you limit your essay to three pages maximum, (12 point font and 1" margins). Essays that exceed this limit will not be considered

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

**To request more information, contact:**

Michael Craine, PhD
Acting Psychology Doctoral Training Director
michael.craine@va.gov

**Psychology Training Program Setting**

The Eastern Colorado Health Care System Rocky Mountain Regional VA Medical Center Psychology Doctoral Internship (RMR VAMC Internship) is a comprehensive doctoral internship, fully accredited by the American Psychological Association. The major objective of the internship is to complement academic graduate training by introducing interns to the day-to-day knowledge and skills of practice as a psychologist. The program fosters the
development of concern for the social and ethical responsibilities of professional practice in the context of training for full professional responsibilities. The RMR VAMC has a multi-ethnic population that presents with a wide variety of human problems. We are interested in attracting applicants from diverse backgrounds to work with this population.

RMR VAMC is staffed by doctoral level psychologists. The psychology faculty represent a variety of theoretical perspectives including: Behavioral, Cognitive, Existential, Humanistic, Psychodynamic, and Systems, among others. Our psychologists provide inpatient and outpatient services throughout the Medical Center and in Community-Based Outpatient Clinics (CBOCS). The Training Faculty is made up of psychologists from the Mental Health Service and the Mental Illness Research, Education and Clinical Center (MIRECC).

Internship is a twelve-month, full-time placement beginning the first week of July each year. Interns can elect to participate in the federal employee health insurance program. As per the Office of Personnel Management (OPM) regulations, they 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 group shared office, access to computers, and psychological testing supplies to use during internship.

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

**Training Model and Program Philosophy**

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

The primary means of training occurs in the context of clinical rotations. At the start of each rotation, training faculty meet with interns to assess their skill level in various domains and discuss training goals and objectives.

Throughout the course of each rotation, the intern has opportunities to observe and participate in team meetings and clinical activities. Teams are 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 the rotation, the intern is assigned clinical responsibilities and provided with regular supervision to develop the skills and meet the goals and objectives that were outlined in the initial meetings. The expectation is that the intern will assume increasing autonomy for clinical services and will come to function as an integral member of the treatment team.

In addition to the learning that occurs through clinical activities on the rotation, the intern participates in didactic activities to facilitate learning skills related to that rotation. Training faculty model and instruct the intern 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. This facilitates thought-provoking discussion from which supervisors, supervisees and other members of the care team benefit.

The RMR VAMC Internship has required seminar programs on a variety of clinical and professional topics, including assessment, diversity, health psychology, mental health, supervision, and professional issues.

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. Through discussion of the case conceptualization, treatment process and assessment data, interns demonstrate their ability to integrate scholarly and professional practice issues into clinical interventions.

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 the intern's skills, perspectives, and professional identity.

For example, it is our goal that interns develop a psychologist's unique perspective and the ability to share this perspective with an interdisciplinary treatment team. This requires communicating so that non-psychologists clearly grasp and can apply an understanding of the complex social, emotional and cognitive factors that influence a patient's behavior.

Our internship seeks to foster these changes in an intern's professional identity and skills in an organized and systematic way. Students arrive for internship at different places in their professional development. The initial discussions with the Training Director about internship goals and objectives allow for the intern to clarify and individually tailor which areas of professional functioning will be a focus for the greatest growth, and which areas will require less intensive emphasis. The training program measures students' progress over the course of the year against 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.

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 population of consumers and will know how to access resources when required interventions exceed their knowledge base. 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. Instruction in issues specific to Veterans is provided in didactic and supervision settings throughout the year.

❖ The RMR VAMC internship has been an APA accredited program since 1980.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979

APAACCRED@APA.COM
http://www.apa.org/education/grad/program-accreditation.aspx

The RMR VAMC Psychology Internship Program 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. We abide by Nondiscrimination in Federally Conducted and Federally-Assisted (External) Program Policy (VHA DIRECTIVE 2008-024).

Program Goals & Objectives
In order to train students who are able to think critically about psychological issues and apply theory to practice, we are very clear about specific areas of competency expected of our graduates. At the same time, we are aware
that interns bring a unique array of individual skills and interests to the internship that may impact progress over the course of a rotation. As stated above, 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.

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

Program Structure
Clinical Rotations – Selection & Overview

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Program Structure
Clinical Rotations – Selection & Overview

At the start of the internship year each intern fills out a self-evaluation. During the initial orientation to the program, interns then meet individually with the Training Director prior to rotation selection. In this meeting, the intern and Training Director discuss and develop the training goals for the intern. They discuss degree of competence in all of the competency domains and the Training Director may offer suggestions of specific rotations and supervisors that the intern might consider to meet his/her goals.

Also during the initial orientation to the training program, faculty members meet with the intern group. 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. Each trimester of the intern year is comprised of a major clinical rotation and a minor clinical rotation.

Psychologists who offer psychotherapy supervision also introduce themselves and provide information about their supervision.

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.

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 (PCMH) or Geropsychology. The PCMH 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 PCMH 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.

After the interns have organized a plan, they present it to the Training Committee for review and approval. The Committee reviews the proposed rotations to ensure that the selected rotations and faculty members are available, and that reasonable time commitments are made. With the plethora of 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, to avoid the challenges of exploring new areas. Interns and training faculty will informally review training progress at the end of each rotation, and appropriate changes will be made to each interns 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 rotation, 3 minor rotations, psychotherapy case load, didactics, and research. We anticipate a 40 hour week, expectations for weekly hours are approximately as follows, some variations should be expected given individual training goals and needs: 16 hours major rotation; 10 hours minor rotation; 4 hours psychotherapy; 3 hours didactics; 1-2 hours supervision; 1-2 hours research and related scholarship.

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 the different rotations. These methods include live observation of intern-client or intern-staff interactions; review and co-signature of all written material such as progress notes or other additions to the computerized patient record system; observation of intern case formulation and case presentation in team meetings, treatment planning conferences, and other interdisciplinary settings; review of progress notes and audiotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Training faculty also receive feedback about the interns from professionals in other disciplines on the interns’ rotations. For example, on the psychiatric inpatient rotation feedback about an intern is solicited from both the nursing staff members and the attending psychiatrist with whom he or she is working.

Each rotation has a training faculty member assigned who meets regularly with the intern. Students receive at least 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.

Seminar leaders are also asked to evaluate the interns’ participation. Relevant information is integrated into formal and informal feedback. At the end of each trimester, a final copy of the intern’s evaluation is forwarded to the Director of Training at each intern’s graduate program.

In addition to formal feedback, provision of informal feedback to interns is expected to be ongoing by each faculty member and 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 achieve competency in all 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)**

**Clinical 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 general competency goals for training and provide more detailed reference for trainees and supervisors. Each rotation supervisor will establish the expectations and requirements that fit best for that setting. Interns are encouraged to discuss these criteria with the supervisor early in the rotation and as needed throughout the training year. The following rotations are currently available, listed alphabetically, and are subject to change:

**Brain Injury Rotation:**

*Supervising Psychologists: Jason A. Kacmarski, Ph.D. and Vanessa G. Williams, Ph.D.*

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. *The Brain Injury Team can be offered as a Major or Minor Rotation.*

**Rotation Expectations:**
- Meet with Veterans to complete brief evaluations as part of the DVAMC Brain Injury (BI) 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, DVAMC 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 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.

**Geropsychology track:**

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

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, and social work interns.

The Geropsychology track is designed to be consistent with the 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 feedback and education to Veterans,
Veterans’ caregivers and to provide 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:

1) The Geriatric Primary Care Clinic (GeriPACT) is an interdisciplinary team of social work, pharmacy, medicine, nursing, audiology and psychology who provide primary care services to older adults with complex medical problems. The intern will be available for consultation and warm-hand off 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 Thursday afternoons. 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.

2) 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.

3) 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. Interns must be available on Wednesday afternoons for this clinic.

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 are not safe to drive) as well as being part of family meetings with other disciplines.

Assessment opportunities include:

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

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 group.
- 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.

Inpatient Mental Health Rotation:

Supervising psychologists: Primary-Carrie Kelly Psy.D.; Secondary-Geoff Smith, Psy.D.

This minor rotation is designed to offer training in conceptualization and treatment of veterans in acute psychiatric crisis. Conceptual elements include 1) Developing knowledge of 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); and 2) Program development (e.g.,
the recovery model focused on prizing the voice of the veteran, informed consent, and highlighting strengths; program structure; philosophy of care and staff expectations of patients; and balancing patient safety and program flexibility such as legal status, certification process. This training experience is offered only as a Minor Rotation.

Operational elements include:

1) Group psychotherapy programming (student will practice process orientation versus psycho-education and be able to progress toward taking on choosing content and group facilitation with decreasing supervisor support over time; and exposure to evidence based practices including Illness Management and Recovery (IMR), Social Skills Training (SST), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Skills Training in Affect and Interpersonal Regulation (STAIR); and Motivational Interviewing (MI);

2) Individual psychotherapy (referral questions may include: focused skill-building, facilitating engagement to aftercare, or safety planning and suicide prevention);

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

4) 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).

Requirements:

Precise weekly rotation schedule to be determined at the beginning of training (all aspects should comprise 8-10 hours per week). Testing and psychotherapy referrals should be actively sought with the assistance of the supervisor, and students should expect that a regular week would include at least two of the following direct patient services: individual psychotherapy, group facilitation, and/or psychological testing. Items with asterisks (*) are mandatory each week.

a. Weekly group co-facilitation *
b. Individual psychotherapy *
c. Psychological testing
d. 2-3 inpatient staff meetings each week * (8-8:30am weekdays)
e. Individual clinical supervision *
f. Recovery Program Development Workgroup (11am-12pm Fridays)

Additional Information About Assessment on the Inpatient Rotation

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

Measures and Interpretation:

- The specific measures selected will differ based on the referral question, but in addition to a chart review and clinical interview, assessments on IPU often consist of an objective measure and a projective.
- Commonly used measures include:
  - The SCID  
  - the PAI  
  - the CAPS  
  - TAT or Sentence Completion
- During interpretation, students are asked to look for common findings/themes across tests, clinical observations, information from the team, etc.
Assessment Feedback:
- Given the fast-paced nature of the unit, interns are encouraged to provide verbal feedback to the team and the veteran within a few days of the testing (sometimes as soon as the next day). It is important that the veteran and treatment team receive this feedback in a timely manner, so as not to delay medication changes, dispo planning, discharge, etc. After verbal feedback is given, the formal report can be written and finalized.

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

Assessment supervision:
- We typically build on/emphasize a student’s existing knowledge of assessment measures, rather than teaching new measures

Inpatient Rehabilitation Medicine:

  Supervising Psychologist: This position is currently being recruited. Anticipate that the rotation will be offered in the 2019-2020 internship year. Please contact Acting Psychology Training Director with any questions.

Interns selecting this rotation will have the opportunity to work with veterans who are coping with a wide range of medical problems including stroke, traumatic brain injury, amputation, spinal cord injury and multiple sclerosis.

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

Rotation Expectations:

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

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

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

**Mental Health Clinic:**

*Supervising Psychologists: See Psychotherapy and Assessment sections below*

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

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

**Psychotherapy:** *(Supervising Psychologists: Dianne McReynolds, Ph.D.; Mark Stalnaker, Ph.D.)*

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

**Assessment:** *(Supervising Psychologists: Amy Dreier, Ph.D.)*

- Complete at least 8 MHC intakes (psychosocial assessments) on a new clinic patient over the course of the rotation.
- Complete at least 4 comprehensive integrative assessments (i.e., self-report measures, personality assessment, cognitive assessment, semi-structured interview) over the course of the rotation and provide feedback to patients and treatment team.
- Average 2-3 hours of assessment related activity per week (including supervision and/or didactic instruction).

**Interprofessional Practice:**

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

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

*Supervising Psychologists*: Nazanin Bahraini, Ph.D., Sean Barnes, PhD., Kaily Cannizzaro, Ph.D., Peter Gutierrez, Ph.D., Bridget Matarazzo, Psy.D., Lindsey Monteith, Ph.D., Suzanne McGarity, Ph.D., Sarra Nazem, Ph.D., Jennifer Olson-Madden, Ph.D

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). This rotation is available as a Major or Minor Rotation.

*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:**
1) The intern will engage in the learning activities necessary to gain a basic understanding regarding the current state of Suicidology. This may include reading, attending lectures, or watching videos.
2) The intern will complete at least 2 MIRECC suicide prevention consults.
3) The intern will complete a research related product.
4) The intern will co-facilitate the Crisis Survival Group.
5) Interns will attend lab (Tuesdays 1:00–2:00) and clinical consultation (Thursdays at 10:00-11:00) meetings, and will participate in individual supervision (at least one hour per week/per supervisor).

**Minor Research Rotation:**
1) The intern will engage in the learning activities necessary to gain a basic understanding regarding the current state of Suicidology. This may include reading, attending lectures, or watching videos.
2) The intern will complete a research related product.
3) Intern will attend lab meetings (Thursdays 10:00-11:00) and participate in research mentorship meetings.

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

**Neuropsychology:**

*Supervising Psychologists: Stacy Belkone, Ph.D. ABPP, Jason A. Kacmarski, Ph.D. and Vanessa G. Williams, Ph.D.*

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. *Neuropsychology is available as a Major Rotation.*

**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 (minimum 1 hour/week) with data scored (as much as possible) and questions prepared.
- 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.

**Pain Clinic/Interdisciplinary Pain Team:**

*Supervising Psychologists: Adriánne Sloan, PhD and Michael Craine, PhD*

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, veteran’s 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. *This is offered as a Minor Rotation.*

**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.

**Palliative Care:**

*Supervising Psychologist: Elizabeth Holman, Psy.D.*

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. This is available only as Minor Rotation.

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

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

Primary Care – Mental Health Integration Rotation: 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.

PC-MHI 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 one hour of individual supervision each week. Interns are required to attend a meeting for one hour each week where the team meets with the PC-MHI psychiatrist to review medication questions. There are also opportunities for observing sessions and for participating in co-therapy with your supervisor. Finally, urgent supervision for crises is always available. PCMHI is only available as a Major Rotation.

**Supervising Psychologists:** Stephen Bensen, Ph.D., Seth Wintroub, Psy.D., Teresa Simoneau, Ph.D., Darryl Etter, Ph.D.

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

**Psychosocial Rehabilitation and Recovery:**

*Supervising Psychologist: Aaron Murray-Swank, Ph.D.*

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. *This is available as a Major Rotation.*

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

**PTSD Clinical Team (PCT):**  
*Supervising Psychologist(s):* Tanya Miller, Psy.D., Katie Dahm, Ph.D., & Christopher Immel, Ph.D.

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

**Rotation Expectations:**

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

**Assessment opportunities include:**

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

**PTSD Residential Rehabilitation Program:** (Currently located the Clermont Street campus of the RMR VAMC.)  
*Supervising Psychologists:* Stephanie Kleiner-Morrissey, Psy.D., Larry Wahlberg, Ph.D., Mandy Rabenhorst, Ph.D.

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 also 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 (approximately 30 hours/week) rotation are actively involved in group psychotherapy, assessment, individual therapy/case management, and treatment team
consultation. This rotation is unique as a Full-time Rotation – no minor rotation is selected in conjunction with this rotation.

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

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.

Research Rotation: (Pending availability of staff and Training Committee approval.)
Supervising Psychologists: Negotiable pending approval of Training Committee

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. This is available only as a Minor Rotation.

Spinal Cord Injury and Related Disorders: 
**Supervising Psychologists:** Debbie Sorensen, Ph.D. and Sheila Saliman, Ph.D.

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). Students will be expected to follow at least one individual psychotherapy case and co-facilitate a weekly psychology group. **This is available only as a Minor Rotation.**

**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 – 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.

**Substance Use Disorders Clinic (SUD Clinic):**

*Supervising psychologist: Gretchen Kelmer, Ph.D.*

The Substance Use Disorders (SUD) Clinic is located at the new RMR VAMC campus in Building A. 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 couple- 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. The SATP is available as a Minor Rotation.

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

Psychotherapy Rotation – General Information, Documentation & End-of-year Disposition

Supervising psychologists: See below for supervisor descriptions

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

CPT Consultant: Christopher Immel, Ph.D.
Supervising Psychologist(s): Mandy Rabenhorst-Bell, Ph.D., Mark Stalnaker, Ph.D., & Christopher Immel, Ph.D., Katie Dahm, Ph.D.

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, 10 months): The supervision seminar is designed to help orient interns more fully to the issues they will face as a clinical supervisor and provide interns with references, resources, discussion, and 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 (Salem VAMC 2009-2018)
Degree Program: Fuller Theological Seminary
Clinical Interests: Neuropsychological assessment, aging, dementia, traumatic brain injury, cognitive rehabilitation
Research Interests: Teleneuropsychology, dementia, traumatic brain injury

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

Kaily Cannizzaro, Psy.D.
Position: Clinical Psychologist/Rocky Mountain MIRECC for Suicide Prevention
Year of Hire: 2017 (official start at VA 2012)
Degree Program: Illinois School of Professional Psychology (Argosy)
Clinical Interests: Trauma; Suicide Prevention; Military Transition; Womens Issues
Research Interests: Suicide Prevention
Email: kaily.cannizzaro@va.gov

Michael Craine, Ph.D. (Acting Training Director)
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

Darryl Etter, Psy.D.
Position: Clinical Psychologist (PCMHI)
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

Donald (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

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
Degree Program: California School of Professional Psychology - LA
Clinical Interests: PTSD, Interpersonal Process/Groups
Research Interests: PTSD, EMDR
Email: Steph.Kleiner-Morrissey@VA.gov

Name: Bridget Matarazzo
Position: Director of Clinical Services, Rocky Mounain MIRECC
Year of Hire: 2010
Degree and Alumi: 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 (optional): 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: jenniferolson-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: mandyrabenhorst-bell@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

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

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 Demencia, Audiology and Dementia Diagnosis, 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  
Email: vanessa.williams5@va.gov

**Name: 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

**Information about the Internship Program Admission, Support and Post-Internship**

**Internship Program Admissions**

Date Program Tables are updated: 09/01/2018

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
The Eastern Colorado Health Care System Denver VA Medical Center Psychology Doctoral Internship (Denver VA Medical Center) is fully accredited by the Commission on Accreditation. Psychology interns must be enrolled in an APA-approved clinical psychology program or an APA-approved counseling psychology program. Applicants must also be U.S. Citizens. As an equal opportunity training program, the Denver VA Medical Center 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: 500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>Yes</td>
<td>Amount: 75</td>
</tr>
</tbody>
</table>

Describe any other required minimum criteria used to screen applicants:

Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Annual Stipend/Salary for Full-time Interns</th>
<th>$28,457.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td></td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>If access to medical insurance is provided:</strong></td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>104</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</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?  
Yes  

Other Benefits (please describe):  

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

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

<table>
<thead>
<tr>
<th></th>
<th>2014-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total # of interns who were in the 3 cohorts</strong></td>
<td>16</td>
</tr>
<tr>
<td><strong>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</strong></td>
<td>PD</td>
</tr>
<tr>
<td>Community mental health center</td>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>9</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>1</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>0</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</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 Psychology Internship Training Web page**

https://www.denver.va.gov/PsychologyTraining/Index.asp