



# Psychology Internship Program

“Excellent Generalist” Rural Focus

## VA Nebraska-Western Iowa Health Care System

Application Due Date: 11/14/16

**MATCH Numbers:**

Track 221713 – “NWI – Rotation Based – Grand Island VA”

Track 221714 – “NWI – Rotation Based – Lincoln VA”

Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC”

**Grand Island VA  
Track 221713**

**Lincoln VA  
Track 221714**

**Norfolk CBOC  
Track 22175**



For the convenience of the reader, information about the three training tracks, and about the program as a whole, can be easily found through embedded links throughout this brochure, including links to the [Table of Content Links](#) at the end of the brochure, including information about [Shared Attributes of Training Across Training Sites](#) and [Site-Specific Training Experiences](#).

## Accreditation Status

The Psychology Internship Program of the VA Nebraska-Western Iowa Healthcare System (NWI) has been accredited under the new “Accreditation, On Contingency” status since the fall of 2015 after our site visit in the summer of 2015. This type of accreditation means that the program has met all other requirements but has not yet submitted outcome data about program graduates to the APA. NWI has until 2018 to submit such data at which time APA has options that include granting the program up to

three more years of accreditation or requiring another site visit. The NWI Internship intends to submit this data well ahead of the 2018 deadline. In the meantime, Interns who complete a program that is recognized as “accredited, on contingency” at time they graduate from the Internship are considered by APA to have completed an APA accredited program.

See the APA webpages for more details:

<http://www.apa.org/ed/accreditation/about/about-accreditation.aspx?item=2>

<http://www.apa.org/ed/accreditation/about/coa/decoding.aspx>

Questions related to the program’s accredited status should be directed to the Commission on Accreditation.

**APA’s Commission on Accreditation:**

Office of Program Consultation and Accreditation

American Psychological Association

750 1<sup>st</sup> Street, NE, Washington, DC 2002

Phone: (202) 336-5979/e-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: <http://www.apa.org/ed/accreditation>

## Application & Selection Procedures

### Eligibility

The 2017-18 Internship training year will begin at 8:00 AM on **Monday, August 21, 2017 and ends on Friday, August 17, 2018**. Eligible Interns must be able to be physically present and available to function as an Intern throughout the full 52-weeks per APA accreditation (and many state licensing) requirements (see [Training year defined](#)).

Internship applicants must meet the following criteria to be considered for the VA NWI Psychology Internship Program:

- 1) **Doctoral student in good standing**
  - A. in an APA-accredited graduate program in psychology or
  - B. in an APA approved re-specialization training program in Clinical or Counseling Psychology
- 2) **Approved for internship** status by graduate program director of training.
- 3) A **minimum of 250 direct intervention hours** and a **minimum of 25 direct assessment hours** of supervised graduate level pre-internship practicum experience
- 4) **U.S. citizenship.** All Interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA will not consider applications from anyone who is not currently a U.S. citizen
- 5) Match results and selection decisions are contingent upon passing these screens:
  - A. Male applicants born after 12/31/1959 must have registered for the draft by age 26; the Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed
  - B. Matched Interns are subject to fingerprinting and background checks.
  - C. Understanding starting and continuation in position is subject to passing random drug screening

**Note:** After Internship, to be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an APA-accredited graduate program in psychology AND must have completed an APA-accredited Internship in Psychology, with the specialty area of the degree consistent with the assignment for which the applicant is to be employed. The only

exception is for those who complete a new VA internship that is not yet accredited (such as the VA NWI Internship described herein); please note, this exception does not apply to other federal psychology positions.

Internship applicants must meet the following criteria to be considered for the VA NWI Psychology Internship Program:

All coursework required for the doctoral degree, including qualifying and comprehensive examinations, must be completed prior to the start of the Internship year. Applicants must have successfully proposed their dissertation by the Internship application deadline. **We prefer candidates whose doctoral dissertations will be complete by the time the Internship year begins, although this is not required.**

Note: A CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING are required to become a VA Intern or VA postdoctoral fellow.

After receipt of the initial application package all communication will be accomplished via the e-mail address provided on the APPIC application unless otherwise specified. Applicants who have been selected during the uniform notification period will need to complete a Standard Form 171 for the appointment to be processed; although this is an application for Federal employment, Interns are "trainees" and receive stipends rather than hourly wages.

All new Medical Center employees and trainees are subject to background checks and a random drug screen during their orientation period. Because of significant time delay between completion of criminal background checks and the start of the internship year, Interns will be instructed to begin the procedure for completing this background check process almost immediately upon selection. Drug screens are not expected prior to the start of the internship year; however, Interns are included in the random selection for drug screening during their appointment, and are expected to satisfactorily complete the background check and random drug screen to maintain their appointment. **Federal employment / trainee positions (including VA internship Match selection and subsequent appointment as an Intern trainee) is conditional upon successful completion of required fingerprinting and background check, and random drug screen, in addition to the other requirements listed in this brochure.**

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## ***Application Procedures***

Applications are due on or before 9 PM Central Standard Time (10 PM Eastern Standard Time) on **Monday, November 14, 2016**. We rely on the APPIC portal for all application materials. Applicants are required to submit: 1) a completed APPI; 2) three letters of recommendation; 3) two (2) sample assessment reports at least one of which must include WAIS-IV and at least one of which must include either an MMPI (MMPI-2 or MMPI-RF) or PAI, with or without other assessment measures; 4) a current Curriculum Vitae; and 5) transcripts from all graduate programs attended.

All applicants must submit the APPIC Application for Psychology Internship (AAPI) as per APPIC procedures, as well as graduate transcripts and letters of recommendation.

Applicants must have administered, scored and interpreted at least 5 integrated reports using psychological assessment batteries using the WAIS (III or IV), and either the MMPI (MMPI-2 or MMPI-RF) or PAI, in addition to any other neuropsychological assessment instruments, and must have written the accompanying reports by time of application. A report written for an assessment course may fulfill one (1) of the minimum number of reports required but should **not** be included as either of the two (2) de-

identified sample assessment reports submitted through the APPIC portal. Applicants with a greater number of integrated assessment reports will be given priority in selection.

During the interview process, applicants may be asked to demonstrate they have a working knowledge of basic psychological assessment principles in part by being able to describe a generalist level of understanding of z-scores, T-scores, scaled scores and standard scores, related to WAIS (preferably WAIS-IV) and the MMPI &/or PAI (essentially, the measures likely to be in the sample reports). Applicants may also be asked to demonstrate basic writing proficiencies by providing a writing sample about a specific case scenario given to them on the day of the interview.

Clinical work samples must be submitted through the APPIC portal and must be de-identified of client or patient identifying information.

The internship will consider information only through the APPIC portal; please do not send any application materials directly to the internship. Application materials will be reviewed upon receipt through the portal.

**ALL APPLICATION MATERIALS MUST BE RECEIVED BY 9 PM CENTRAL STANDARD TIME (10 PM Eastern Standard Time) ON MONDAY, NOVEMBER 14, 2016.**

If you have questions about the application process, please contact the Acting Training Director: Dr. A. Jocelyn Ritchie at [Jocelyn.Ritchie@va.gov](mailto:Jocelyn.Ritchie@va.gov).

The initial review of the total applicant pool will begin as applications are received and continue until interviews are arranged.

## ***Selection and Interviews***

Applicants may choose to apply to one, two or all of the three training tracks. Applications are reviewed by the entire NWI training committee with a single interview process after which applicants who have interviewed are ranked for each track separately by the NWI training committee.

The three training tracks are outlined below and described in greater detail in the following links:

- A) [Shared Attributes of Training Across Training Sites:](#)
- B) [Site-Specific Training Experiences](#)
  - [Grand Island VA](#)
  - [Lincoln VA](#)
  - [Norfolk CBOC](#)
- C) See also [Table of Content Links](#)

Outline of training tracks:

- 1) **Track 221713 – “NWI – Rotation Based – Grand Island VA”**
  - 2) **Track 221714 – “NWI – Rotation Based – Lincoln VA”**
  - 3) **Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC”**
- 1) **Track 221713 – “NWI – Rotation Based – Grand Island VA” Track – Grand Island, NE**  
 The VA NWI Psychology Internship “Grand Island - Rotation Based” Track (221713) has three (3) Intern slots for the 2017-18 Internship year, based at the Grand Island VA. The Grand Island VA no longer has inpatient treatment settings but continues to have residential nursing home and residential substance abuse treatment settings, as well as being a very large outpatient facility (akin to a “Super-CBOC”).

This training setting has three primary clinical rotations: General Mental Health, Primary Care Mental Health Integration, and PTSD, as well as a year-long Assessment Clinic. See below for further details on how this training track provides roughly equivalent training as the other training sites, as well as the differences across training sites.

**2) Track 221714 – “NWI – Rotation Based – Lincoln VA” Track – Lincoln, NE**

The VA NWI Psychology Internship “Lincoln - Rotation Based” Track (221714) has three (3) Intern slots for the 2017-18 Internship year based at the Lincoln VA. The Lincoln VA is a former hospital setting which was converted in the 1990’s to being a very large community-based outpatient clinic (aka “Super-CBOC”).

This training setting has three primary clinical rotations: General Mental Health, Primary Care Mental Health Integration, and PTSD, as well as a year-long Assessment Clinic. See below for further details on how this training track provides roughly equivalent training as the other training sites, as well as the differences across training sites.

**3) Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC” Track:**

The VA NWI Psychology Internship “NWI – NO Rotations – Rural Norfolk CBOC” Track (221715) has a single (1) Intern slot for the 2016-17 Internship year based at the smaller, more typically sized, rural “Community Based Outpatient Clinic” (aka “CBOC”) in Norfolk, NE.

The “Rural Norfolk NE/No Rotations” training setting does **not** have separate rotations but trains to the same competencies as the Grand Island and Lincoln training sites.

There is a single licensed supervising psychologist (Pam Hannappel, PhD) on site, but the Norfolk-based Intern also has exposure to other NWI supervisors as described in greater detail below. The supervising psychologist and Intern at the Norfolk CBOC address all types of client presentations across general mental health and PTSD all from within a primary care setting; in other words, the Intern can expect to see “anyone who steps in the door” which is typical of a generalist rural practice.

The Norfolk training site is based in Primary Care and includes experiences typical of a more traditional Primary Care Mental Health Integration rotation as described for the other training tracks. As this is a rural CBOC, the Norfolk-based Intern can also expect to have many similar training experiences from the other rotations described for the Lincoln and Grand Island training sites. These will become available at various times across the internship year as patient need dictates rather than within the confines of the formal rotations described for the other training sites.

In reading the descriptions throughout this brochure, applicants to the Norfolk-based Internship slot can apply the content contained in the descriptions of the three “Primary Rotation” in Grand Island and Lincoln to many of the aspects of the Norfolk-based Intern’s year-long clinical training experience. Note that the Norfolk-based Intern will be training towards the same types of overall competencies as Interns in the other two Tracks. At the same time, the term “rotation” can be applied to the Norfolk-based Intern to demark three 4-month periods for the purpose of trainee evaluations, setting and assessing progress towards individualized training goals, etc.. The first Intern was accepted into the Norfolk CBOC track in the 2015-16 training year. As a relatively new training experience, some of the details about the placement evolved across the 2015-16 and 2016-17 training years, and can be expected to continue to evolve; any such changes will be described in greater specificity at the time of the interviews.

## ***Interview Process***

The NWI Psychology Internship has been a member of APPIC since July 2013. All Veterans Affairs Psychology Internship Programs agree to follow APPIC and the National Matching Service's policies and procedures regarding internship selection and the Match process. No person at VA Internship Programs will solicit, accept, or use any ranking-related information from any Intern applicant.

Applicants will be notified via email whether they have been offered an on-site interview. Applicants for all three tracks will be interviewed within the same two- or three-day period.

Applicants may apply for any or all of the three tracks. The NWI faculty will rank order each track's applicants separately; it is expected that the applicant pool to each track may differ somewhat but with significant overlap across tracks.

Interns are selected based on a variety of factors but primarily based upon the Selection Committee's assessment of the "best fit" between Internship as described below and the candidate's prior experience, skills, and training goals.

Individuals whose application packet suggests they could be a good match to our site will be invited to an in-person interview. Interns are selected for interview (and subsequent Match rankings) based on a variety of factors including the NWI Internship Committee's decision regarding the "best fit" between Internship as described herein and the candidate's prior experience, skills, and training goals. The NWI Psychology Internship participates in the APPIC Match and adheres to all policies regarding Match procedures.

"Best fit" includes a number of sometimes overlapping factors, whether for determining interviews or later Match rankings. Our mission is to provide an integrated educational approach in support of the development and maintenance of psychologists in service to Veterans who live in rural and highly rural settings. As such, we evaluate application packets for quality of performance and areas of focus. The quality of the applicant's essays and submitted reports are also carefully read. We look in particular for evidence of real interest in working with Veterans and/or those who live in rural areas or have other work, personal, or professional experience with underserved populations. We seek those applicants whose experience suggests that current scientific knowledge plays an important role in their clinical practice, and who are evaluated highly in their professional recommendation letters. We also look at the quality of the training and settings (i.e., experience with empirically supported treatments, veterans, integrated care, and rural health).

Future competence as an "excellent generalist" professional psychologist practicing in rural America also suggests it is important for trainees to begin their internship year with a minimum of 250 hours of psychotherapeutic intervention in a variety of practicum settings and at least 25 hours of assessment experience (and typically greater number of hours are more preferred than meeting the minimum required). Although not required, we prefer that Interns have exposure to at least one type of empirically supported/evidence based therapy, and also prefer group therapy experience with 10 or more group therapy sessions. We believe that Interns should enter their training year with a minimum of 5 integrated psychological assessment reports and with evidence of diagnostic interviewing skills; confidence in administering, scoring and interpreting commonly used psychological instruments (including intelligence, personality, and cognitive instruments); and capability of producing a work sample that is clearly written, demonstrates critical thinking, integrates pertinent information and provides appropriate recommendations.

"Best fit" also includes indications of self-awareness and a budding identity as a professional psychologist, which can be shown by awareness of ethical principles, the importance of considering diversity in clinical practice, and a history of effective use of supervision. The applicant's professional references and their essays are reviewed for indications that this area of development is present. The

presence of these basic skills by incoming Interns allows for the development of professional levels of competence, as opposed to focusing on acquiring basic competence during the internship year

Interviews are bi-directional, with the opportunity for staff to interview applicants about their experience and goals, and for applicants to meet staff and better understand the program and expectations for a rural internship. In addition, on-site interviewees will have the opportunity to meet with current trainees.

Applicants who are interviewed will be invited to specific interview dates and times at the discretion of the Acting Training Director. For the 2017-18 training year, on-site interviews will likely be held on January 5<sup>th</sup> and 6<sup>th</sup>, 2017 (and depending on the number of applicants invited to interview possibly also on January 9). Applicants may be asked to rank order their preference of available interview dates, understanding that the top ranked preferences may not be available. The interview process starts around 0800 AM or 0830 AM and often extends into the mid to late afternoon.

Applicants invited for interviews are recommended to check transportation into both Lincoln and Omaha, as Omaha is only 50 miles away. Applicants will be sent information about local hotels and eateries as part of the interview preparation information provided at that time.

**Interviews for all three tracks will take place in Lincoln, with NWI faculty from all three sites in attendance, in addition to current Interns.**

**Optional Open-House” tours** are available but are not interviews, however, and do not take the place of the interview process. These optional in-person “Open House” tour times will be determined and announced at a later date for interested interviewees, and will include times at Grand Island and the Norfolk CBOC. These are typically the day before the first interview day (Grand Island and Norfolk CBOC) and the day after the second interview day (Grand Island only). Again, attendance at any of the in-person “Open Houses” is optional. These will be brief (approximately one-hour max) tours in each of the Open-House sites. These are optional for a number of reasons including the unpredictability of Nebraska winter weather. There is **no “extra credit”** for attending either of these brief optional “Open House” tours. Our intent is to give applicants invited to interview further information about the variations of wonderful opportunities available to any successfully Matched Intern stationed at various training sites. Therefore, invitations for interviews will include the specific “where, when and with whom” information for those invited interviewees who are interested in touring the Grand Island, and/or Norfolk training sites. While not guaranteed, in the past these “Open Houses” have been scheduled to make it possible for an applicant to go to at least two “Open House” sites over the course of the same day; in addition, they have been scheduled to increase the likelihood of being able to attend the in-person interview on one day and at least one “Open House” on the previous or subsequent day.

**Optional teleconference “Open Houses”** will also be scheduled to provide interested interviewees opportunities to learn more about each site and ask additional questions for which they may not have had time during the main (typically in-person) interview. Separate teleconference times will be announced with one for the two rotation-based tracks (Grand Island and Lincoln) as these are quite similar, and a separate one for Norfolk CBOC track. Dates for these informational teleconference calls have not yet been determined, but will be held via the VA Nationwide Teleconferencing System (VANTS) in which applicants who have been invited for interviews will be given the toll-free number to call and access codes. NWI faculty will join the teleconference calls from Lincoln, Grand Island and the Norfolk CBOC), as appropriate. As with the in-person “Open Houses”, attendance at any of the teleconferenced “Open Houses” is optional and offered only to applicants invited to interview. The teleconferenced “Open Houses” tend to be scheduled a few weeks after the in-person interviews.

**Weather Note:** The in-person interview and “Open House” dates are typically in early January. Nebraska weather can be unpredictable related to snow, ice, and other hazards and is typically quite cold at this time of year. Applicants are encouraged to dress appropriately for the weather. For information on winter driving conditions in Nebraska, see: <http://www.511.nebraska.gov/atis/html/index.html> which is updated frequently by the Nebraska State Patrol to describe current road conditions. There is also a “511

Nebraska” smart phone app. Information about Grand Island, Lincoln, and Norfolk as well as distances between the training sites can be towards the end of this brochure including a number of websites listed.

## **Equal Opportunity / Diversity**

The Department of Veterans Affairs is an Equal Opportunity Employer; even though technically not employees, all of our training programs are committed to inclusion to foster a range of diversity among our training classes. Thus, qualified applicants with a range of life experiences are encouraged to apply with consideration given to VA experience as well as professional or personal experience with historically underrepresented groups, such as ethnic minorities, as well as sexual orientation, and disability status.

Applicants with disabilities choosing to request reasonable accommodations to facilitate the interview process are invited to make requests in writing (preferably by email) after the invitation to interview is received but as early as possible thereafter in order to allow sufficient time to make necessary arrangements. Accommodations are individualized, and in the past have ranged from providing specific instructions on locating accessible entrances and elevators, to arranging secure V-tel interviews from a VA nearer to the applicant.

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## **Match Process**

The Internship adheres with all APPIC Match policies including the prohibition about communicating any ranking information. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any Intern applicant. Other than communicating information about the Internship more generally, the only information communicated by internship staff prior to the Match deadline is whether candidates remain under consideration and the size of the applicant pool.

Additional information regarding the Match will be available through the National Matching Services.

Any other questions can be directed to the Training Director and/or Associate Training Director. Please note that email communication is preferred to ensure a timely response.

**Acting Training Director:** A. Jocelyn Ritchie, JD, PhD  
 0.4 FTE Acting Training Director, Psychology  
 0.4 FTE Neuropsychologist, Polytrauma Support Clinic  
 (Lincoln, Omaha, and occasionally Grand Island)  
 0.2 FTE Psychologist, PTSD-PCT Clinic (Lincoln)

Mailing Address:

VA Nebraska-Western Iowa Healthcare System  
 600 South 70<sup>th</sup> Street  
 Lincoln, NE 68510

Email: [Jocelyn.Ritchie@va.gov](mailto:Jocelyn.Ritchie@va.gov)

Omaha Phone: 402-599-4000

Lincoln Phone: 402-489-3802 x 96883

**Acting Associate Training Director:** David L. Duke, PsyD  
 0.2 FTE Acting Associate Director of Training, Psychology  
 0.4 FTE Psychologist, Substance Abuse Residential  
 Rehabilitation Treatment Program (Grand Island)  
 0.4 FTE Psychologist, Outpatient Mental Health Clinic

(Grand Island)

Mailing Address:  
VA Nebraska-Western Iowa Healthcare System  
2201 Broadwell Avenue  
Grand Island, NE 68803  
Email: David.Duke@va.gov  
Phone: 308-382-3660 x 93206

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## Psychology Setting

Please note that the specific areas of interest and expertise of the current NWI psychologists are listed along with additional information about the three training sites are available at the following links: [Shared Attributes of Training Across Training Sites](#); and [NWI Facilities/Training Site Information](#).

NWI is comprised of multiple facilities. However, the Internship training is located within three community-based Clinics (CBOCs) located in Lincoln, Grand Island, and Norfolk. Interns have only limited contact with psychologists based in Omaha, primarily through intermittent didactics, and if the Intern pursues a preceptor from within the Omaha faculty.

Grand Island and Lincoln house the largest of the NWI CBOCs (“super-CBOCs” due their large patient population and array of services) and are locally referred to as the “Grand Island VA” and “Lincoln VA” respectively as they were previously free-standing full-service VA hospitals until a merger of three systems into what is now NWI in the mid-1990’s.

All NWI CBOCs provide primary care services; at the larger CBOCs, other services such as pharmacy, physical therapy, and radiology are also available. Patients needed more intensive or specialized services are typically referred to NWI’s one major medical center in Omaha or to community partners. The Omaha VA Medical Center provides inpatient services, emergency room care, and surgery/major medical procedures. The Omaha VAMC as well as Grand Island provide telehealth services to the smaller CBOCs.

VA Nebraska-Western Iowa Health Care System (NWI) has supervising psychologists at the three training sites (Grand Island VA, Lincoln VA, and Norfolk CBOC). The Norfolk CBOC is the only smaller satellite location in which a psychologist is based; the other rural CBOC facilities within the NWI system are served through or more recently through an on-site part-time clinical social worker. There are a number of additional psychologists based at the Omaha VAMC, however no Interns are based in Omaha and opportunities for training at the Omaha VAMC are limited, as noted above.

NWI serves over 10,000 unique Veterans needing mental health or behavioral health services in any given fiscal year, with increasing numbers each year. Approximately 50% of the Veterans seeking mental health services through NWI were seen through the Omaha VAMC, approximately 24% were seen in Lincoln, 20% in Grand Island, and the rest through smaller rural and suburban facilities. NWI serves Veterans from Nebraska, and parts of Western Iowa and Northern Kansas.

NWI has a wide array of services for rural and highly rural Veterans, which in turn provides a range of rich training experiences for psychology Interns interested in broad generalist training necessary for successful rural practice. The NWI Psychology Interns provide a significant portion of their services to rural Veterans – both face-to-face and, when appropriate, via telehealth. Western Iowa is primarily designated as Rural by the VA with no Highly Rural counties, whereas a significant portion of the

Nebraska areas served by the three training sites are designated by the VA as Rural and Highly Rural, with many counties served by Grand Island designated as “Frontier” by some criteria.

The majority of the NWI psychologists providing clinical care to Veterans are full-time. Most NWI psychologists function within the Mental Health Service Line, with three in the Extended Care and Rehabilitation Service Line. Four (4) psychologists are full-time at the Grand Island VA, one of whom is not yet licensed; a fifth Grand Island-based psychologist is the NWI-wide Health Behavior Coordinator and acts as the supervisor on the PCMHI rotation. Seven (7) psychologists are at the Lincoln VA, three of whom are half-time. One psychologist is stationed at the Norfolk CBOC working 32 hours per week. The remaining twelve (12) psychologists are stationed at the Omaha VAMC and for the most part are not involved with the Internship, other than providing intermittent didactics and occasionally serving as mentor/preceptors if requested.

The majority of NWI psychologists in Grand Island and Lincoln serve Veterans in outpatient settings (General Mental Health, PCT/PTSD Clinics, Primary Care Mental Health Integration). The exception is Grand Island which also includes services to the residential nursing home (CLC) and residential substance abuse treatment programs. In Lincoln, the outpatient substance abuse treatment team includes a psychologist who is also a Licensed Alcohol and Drug Counselor. The local Military Sexual Trauma (MST) Coordinator in Lincoln is a psychologist whereas in Grand Island the local MST Coordinator is a highly experienced social worker who is a PTSD Specialist. Both of these clinicians work collaboratively with the lead MST Coordinator for NWI, a psychologist based in Omaha. In Grand Island there is a psychologist whose time is split between being the psychologist on the skilled nursing home (Community Living Center or CLC) and serving rural Veteran via telehealth. In Grand Island one psychologist is part time in the outpatient General Mental Health clinic and part time serving within the residential substance abuse treatment team. The Mental Health Site Supervisor for Grand Island is a psychologist and PTSD Specialist. The Mental Health Site Supervisor for Lincoln is a psychologist in Primary Care who also happens to be the Chief of Psychology.

There are twelve additional psychologists stationed in Omaha who typically do **not** have supervisory roles with Interns although special arrangements are sometimes a limited option. The Omaha-based psychologists do provide intermittent didactic training and may agree to serve as mentor/preceptors upon request. Roles of the Omaha VAMC psychology staff include outpatient mental health as well as being part of the following teams of providers: inpatient psychiatric unit, residential rehabilitation programs, and residential substance abuse programs.

Several psychologists within NWI have several roles, some of whom travel across NWI sites. The Chief of all NWI residential substance abuse programs, and the PTSD Program Director/Evidence Based Treatment Coordinator for NWI are also Omaha-based psychologists. The NWI Health Behavior Coordinator travels from Grand Island to the other facilities within NWI. Her service line is within Primary Care and spends most of her time in medical education and providing consultation and training to providers on health coaching and motivational interviewing; her duties also include behavioral medicine group, individual, and telehealth interventions; and occasional bariatric surgery evaluations. There is a “Level 2-B” Pain Psychologist based in Omaha who travels across NWI sites to provide consultation to the Pain Management Teams at the individual sites and to train Primary Care teams more generally. There is a Recovery Specialist based in Omaha who consults to the inpatient and residential psychiatric services in Omaha but also to other clinical staff across NWI involved in the care of Veterans with severe and persistent mental illnesses across the system. This psychologist travels across NWI sites, coordinating psychosocial rehabilitation options for Veterans and the training of Peer Specialists in Lincoln, Omaha and Grand Island. Finally, the Polytrauma neuropsychologist has offices in Lincoln and Omaha and intermittently uses office space in Grand Island. She routinely travels between sites to provide services as near as possible to where the Veteran lives. The Polytrauma Support Clinic is part of the Extended Care and Rehabilitation service line; regardless of service line, the Polytrauma psychologist closely collaborates with Mental Health, PCT, and Primary Care psychologists across sites. Based in Lincoln, she also serves as the Acting Training Director to the VA NWI Psychology Internship and coordinates the Internship along with the Acting Associate Training Director and the Internship

Supervisory Faculty across all three sites. As with other NWI psychologists with multiple roles, she also works part-time in the PTSD/PCT outpatient clinic in Lincoln.

For additional information, see links related to

- [Grand Island-based Psychology Staff:](#)
- [Lincoln-based Psychology Staff:](#)
- [Norfolk-based Psychology Staff:](#)
- [Omaha VAMC Psychology Staff:](#)
- and, the [Preceptor Option:](#)

NWI psychologists employ a range of evidence-based therapies and continuing education is supported. The majority of NWI psychologists have participated in one or more evidence-based psychotherapy trainings provided by the VA. NWI psychologists who have not received at least one form of VA-sponsored evidence-based psychotherapy training are those who are not eligible under VA rules – typically due to their administrative duties or those whose VA position requires other types of training. In addition, all psychologists located in primary care have participated in specialized integrated care training through the VA.

**Please note** that the NWI Psychology Internship does **not** have the internal resources to provide the formal of EBP training sufficient to be “certified” within the VA after licensure. However, when opportunities arise, efforts are made to ensure Intern access if possible. Training for Interns in EBPs is primarily through shadowing of supervisors, direct observation of Intern intervention skills, supervision, and co-facilitation of groups.

NWI has been on the forefront of providing comprehensive tele-health services to our rural Veterans, and is one of the top VAs in the nation in tele-health use. Through an encrypted telehealth system, NWI Clinicians can provide individual and group mental health services to Veterans located at the rural CBOCs, as well as to their homes; note, however that internship policy is that Interns (when deemed competent to do so) may provide telehealth to a rural CBOC only due to the safeguards of having clinical staff (usually an LPN) present at the rural CBOC. NWI psychologists are able to conduct clinical interviews and evidence based treatments (individual and group) via telehealth, allowing for mental health services at the NWI CBOCs that do not have mental health staff stationed there (IA CBOC: Shenandoah; NE CBOCs: Bellevue, Holdrege, North Platte, and O’Neill ). The goal is to get Interns up and running with Telehealth as soon as they have “area level supervision” in face-to-face treatment in order to integrate this skillset into the training year in a meaningful way.

NWI psychologists and Interns are encouraged to attend live and webinar offerings provided their schedule allows. These include, for example, the national monthly PTSD treatment webinars, national Primary Care Integration webinars, etc.. NWI psychologists and/or Interns also take turns at the monthly psychology meetings (with all sites linked via V-tel) presenting topics of interest and/or discussing complex cases. Psychologists from across NWI are welcome to join the Interns in their didactic series offerings, either as students learning about a new (to them) topic area or as in-room discussants. Interns also present topics to peers in other settings, including during Assessment Clinic group supervision.

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## Training Model and Program Philosophy

The NWI Psychology Internship Training Program prepares Interns to be entry-level Professional Psychologist through a Scholar-Practitioner model. As mentioned above the program is a multi-site program, offering training at the Grand Island VA, Lincoln VA, and Norfolk CBOC. At all sites the program’s training is structured within a developmental model of training, gradually increasing the sequence, intensity, duration, and frequency of experiences across the training year.

The NWI Psychology Internship Program strives to balance depth and breadth of experience, all focusing on learning core competency skills through providing psychological services to Veterans, primarily those living in rural areas. Interns average approximately 45 hours a week to the Internship, recognizing that the goal of the Internship is the breadth and depth of training rather than simply time spent. Thus, the 8:00AM to 4:30PM / 40-hour per week expectation is a minimum, with the emphasis placed on the desired training and the Intern meeting basic professional and interprofessional competency expectations, rather than on the number of hours worked.

Note that Interns are trainees and therefore receive trainee stipends and not hourly pay. Interns are not employees and are considered “exempt” and therefore are not eligible for “comp time” for over 40 hours per week. Because trainees travel, the NWI Internship has elected to define a limited procedure entitled “travel-related AA” for trainees. See [NWI Intern Authorized Absence](#) for details.

The primary training method is experiential (i.e., service delivery in direct contact with service recipients) across a wide range of practice areas. Interns will have a range of supervisors capable of providing training experiences in various evidence-based and evidence-supported therapies. In addition to the VA defined “Evidence Based Psychotherapies” or EBPs described above (e.g., ACT-D, CBT-D, CBT-I, CBT-CP, IBCT, IPT-D, MI/ME, PE and CBSST), psychologists also provide other evidence-supported interventions including: CBT for Tinnitus; Dialectical Behavior Therapy (DBT); Seeking Safety (for PTSD and Substance Abuse); Coping Skills for PTSD groups; Imagery Rehearsal Therapy for Nightmares; Mindfulness Based Stress Reduction (MBSR) interventions; Mindfulness-Based “Yoga for PTSD and Polytrauma” and “Yoga for Chronic Pain”, “iRest Yoga Nidra Guided Meditation”, etc. Not all of these are available at each training site, however. See [Site-Specific Training Experiences](#) for details.

Interns are provided significant supervision and mentorship with movement toward relative independence and flexibility in practice skills as the year progresses, according to the graduated levels of responsibilities policies governing VA supervision of psychology trainees. As such, Interns often shadow their supervisors early in the rotation, and depending on their prior training may practice with the supervisor in the room (“room level supervision”) before competency determinations allow the Intern to practice under either “area” level or “available” level of supervision.

In addition to shadowing supervisors (leading to “room level” then “area level” of responsibility), co-facilitation of group therapies also provides opportunities for intensive supervision and skill acquisition. The experiential training component includes not only formal application of assessment and therapy skills, but also socialization into the profession of psychology. The experiential training is augmented by other appropriately integrated consultative guidance. As noted above, the internship typically relies on these types of internal training but will take advantage of other opportunities as they arise.

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## **Program Goals & Objectives**

The goal of the NWI Psychology Internship Training Program is to develop competent, well-rounded psychologists prepared for independent practice as “excellent generalists” in rural America, preferably within the VA. Training is the primary goal, with delivery of patient care as an essential vehicle through which training occurs. We recognize that each Intern will enter the training year with his or her unique set of prior experiences, strengths and individual training needs. Interns are encouraged to plan their Internship experiences in a manner that maximizes their individual training goals and improves upon identified weaknesses.

All VA staff and community partners are committed to applying current scientific research to clinical domains. Adding to the primary goal mentioned above, NWI strives to train future psychologists to

practice in rural clinical environments, as part of interprofessional collaborative teams, utilizing theoretically informed, with evidence-supported (preferably evidence-based) practices and the ability to think critically when addressing areas of limited research.

Interns work with a variety of Veterans in respect to background, cultures, age, disabilities, and presenting concerns to ensure a generalist training experience with a particular emphasis on skills relevant to rural practice. Interns have multiple opportunities to work within interprofessional teams throughout the internship year. Interns at any of the training sites are asked to work with their supervisors to develop opportunities to provide services through telemental health when deemed developmentally appropriate within their training plan.

Each of the training tracks teach to the same competencies across the entire year. See [Core Competencies](#) section for additional details. Please note that at the time of this writing (July 2016) APA is in the process of transitioning from “Guidelines & Principles” to “Standards of Accreditation” which may impact the description of the Core Competencies during your training year.

## Shared Attributes Across Training Sites:

In addition to these brief descriptions of training requirements and opportunities shared across the three training sites, please see descriptions below of [Site-Specific Training Experiences](#) for individual differences in the training available at the [Grand Island VA](#) ; [Lincoln VA](#) ; and [Norfolk CBOC](#) training sites.

In addition to the [Table of Content Links](#) at the end of the brochure, the following links are provided for the convenience for the reader to help find information about attributes shared across training sites:

- [Examples of Individualized Time Allocations](#)
- [Elective Hours and Sample Schedule Alternatives:](#)
- [Training Opportunities](#)
- [Assessment Training](#)
- [Telemental health training](#)
- [Didactics and other experiential education](#)
- [Supervision](#)
- [Important Caveats Regarding Future Licensure:](#)
- [Travel between training sites](#)
- [Core Competencies](#)
- [Schedules](#)
- [Requirements for Completion of the Internship](#)
- [Other necessary paperwork to assist with ongoing Accreditation](#)
- [Stipend and Benefits](#)
- [Facility and Training Resources](#)

## ***Examples of Individualized Time Allocations***

The training year is divided into four parts for all Interns. All Interns are together much of the time during the two week orientation period at the beginning of the year. Thereafter, Grand Island and Lincoln-based Interns each complete each of three Primary Rotations over the course of the training year. Although the Norfolk-based Intern does not have rotations, the Norfolk training site utilizes the same timeframes for evaluations, goal setting, and Intern projects, etc. as the other two rotation-based training sites. Thus, when the words “rotation” or “primary rotation” are used within this context, applicants interested in the Norfolk training experience can interpret these accordingly.)

The table below depicts alternative schedules available to Interns. Norfolk-based Interns do not separate their hours into “primary rotation” and “electives” but similar principles apply. It is expected that

approximately 28 hours per week Interns are engaged in “clinically related” activities (e.g., a combination of 16-24 hours for Primary Rotation activities and 4-12 hours for elective activities if any). Note that this is not 28 hours of client contact per week, but rather includes both client contact hours as well as other clinically related activities such as documentation of therapy sessions, intake report writing, rotation-related program development activities, etc.. Primary Rotation hours and elective hours are flexible; additional hours devoted to the Primary Rotation experiences are typically offset by fewer number of elective hours, and vice versa.

Another 8 or so hours per week are devoted to the year-long Assessment Clinic which typically includes both test administration and report writing. The Polytrauma neuropsychological battery may take longer for Interns to complete and write up, so this may need to be augmented by some additional time out of the elective hours.

Before being given permission to branch out into significant elective training activities, an Intern is expected to be on track with all other expectations such as timely report writing, area level supervision for primary rotation and assessment clinic duties, etc.,. As a result, Interns can expect fewer elective hours early in the Internship, as they learn new skills and prepare to obtain area level supervision. After the intense training occurring in the first 2 week orientation period, didactics average 3 hours per week. Five (5) hours of supervision are scheduled to ensure Interns meet the minimum of 4 hours of scheduled supervision per week, including a minimum of 2 hours of scheduled individual supervision.

An individual Intern’s schedule is developed by the Intern in conjunction with his or her Primary Rotation supervisor within the constraints of the overall schedule devoted to the Assessment Clinic. Possible Intern schedules might include a different combination of hours depending on rotation and Intern interests, strengths and need to address areas of weakness, but all having 28 hours divided between primary rotation and electives plus 8 hours of Assessment Clinic.

		Example 1	Example 2	Example 3	Example 4
	Total	44	44	44	44
	Hours				
Primary Rotation	16-24	18	24	16	20
Electives	4-12	10	4	12	8
Assessment Clinic	8	8	8	8	8
Didactics	3	3	3	3	3
Supervision	4-5	5	5	5	5

More information regarding each site will be offered in subsequent sections of this document further highlighting how the training sites provide roughly equivalent training, as well as the differences across training sites.

Please note that there is some travel between VA training sites in order to allow all NWI Interns to be physically together for some training experiences. Travel is consistent with rural psychology practice. Although Intern travel is most concentrated during the first two weeks orientation period, Interns continue to travel throughout the training year. Weather permitting, all NWI Interns meet as a group in Norfolk on the second Wednesday of the month for didactics and rural-focused discussions. See [Travel between training sites](#) for details.

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## ***'Elective' Hours and Sample Schedule Alternatives:***

As mentioned previously, early in the internship some of the so-called 'elective' hours are used to meet minimum required for training to demonstrate minimum telemental health competencies; this requirement is for Interns at all sites. In addition, depending on their background, some Interns require more time to learn assessments and gain area level supervision for these and other skills. To ensure that 'elective' hours are being used appropriately within the broader training context, the Intern and his/her Primary Rotation supervisor(s) will develop a written plan for the 'elective' hours, in collaboration with the Assessment Clinic supervisor and any 'elective' supervisor, and that such plan will be submitted to the Acting Training Director. Interns who are not meeting the basic expectations of their Primary Rotations, Interns will not engage in 'elective' activities until they are meeting those basic expectations, understanding that the basic expectations will increase across the span of each rotation and across the span of the training year, consistent with the developmental model.

Provided an Intern is meeting expectations for satisfactory progress in his or her primary rotation and Assessment Clinic, the Intern can collaboratively work with his or her supervisor to use so-called 'Elective Hours' to further enrich their training. Some options are not available at all sites.

One choice could be to complete additional hours related to a prior rotation or to complete additional hours in the Assessment Clinic. This could mean continuing with a therapy case or two over an extended period across rotations from an earlier rotation, for example. Another choice could be to focus additional time in particular aspect of a current rotation, for example: doing additional hours within the General Mental Health (GMH) rotation developing a group not currently offered in addition to the basic GMH rotation requirements. At times, Interns have chosen to use 'elective' hours to prepare for an upcoming rotation with which they have little foundational experience.

Often, Interns find the learning curve for Internship quite steep so by necessity use their 'elective' hours towards mastery of the essentials within their current, particularly early in the training year. Thus, these additional hours can be used to meet the additional demands of transitioning from practicum to Internship. For example, early in the internship, 'elective' hours are used to meet the Telehealth training demands and/or learning their way around the VA Computerized Patient Record System (CPRS). In addition, Interns doing more complex neuropsychological or other assessments may need to use 'elective' hours to augment the 8 hours provided within the Assessment Clinic schedule.

Early in the year, 'elective' hours can be used (in whole or in part) to give Interns the opportunity prepare for experiences later in the year. How this occurs may vary from site to site, supervisor to supervisor. For example, Interns with little prior experience have sometimes used 'elective' hours to co-facilitate CPT groups in earlier rotations in order to hit the ground running for the PTSD rotation towards the latter part of the year, or to co-facilitate sleep/insomnia groups to prepare for a later Primary Care Mental Health Integration rotation. Alternatively, 'elective' hours could be used (in whole or in part) to continue with longer-term therapy patients from prior Primary Rotations. 'Elective' hours can be used to study evidence-based treatment manuals in preparation for potential future clients, for example the Norfolk-based Intern reading and discussing the PE manualized treatment even though the Intern may or may not be involved in PE during the training year. 'Elective' hours can be used to pursue more extensive program development projects or to learn more extensive neuropsychological assessment skills or other specialty skills not typically included in any of the three Primary Rotations (if available). Finally, some 'elective' hours may be spent at different training sites. For example, an Intern from Grand Island may arrange to travel to Lincoln or Omaha to spend a day shadowing a psychologist for a particular training experience. An Intern based in Lincoln might arrange to travel to Grand Island to spend a day in the CLC or to sit in on a particular group not offered in Lincoln.

Other than use of hours within the current rotation under the primary rotation supervisor, use of 'elective' hours requires approval of the Training Director and the Chief of Psychology, with input from the Intern's Primary Rotation supervisor and Assessment Clinic supervisor. As indicated elsewhere, it is an

expectation that Interns submit a **brief** written plan for how they plan to use their 'elective' hours, the number of 'elective' hours used and when, the number of hours used for the Primary Rotation hours and when, the number of Assessment Clinic hours (including both testing and writing hours) and when, and any other relevant factors. This can be done via email to coordinate across the relevant parties.

Because the goal of the Internship is for all Interns to successfully graduate and go on to be "excellent generalists" or "excellent post-docs" as the case may be, ensuring that each Intern is making expected progress in the program is our primary concern. In cases where the Intern is having difficulty meeting the regular demands of the Assessment Clinic, or meeting the regular demands of their primary clinical rotations (e.g., timeliness of Assessment Clinic reports or Rotation notes or Intake reports in the chart, slower than expected acquisition of basic testing or therapy skills, etc.), the use of 'elective' hours may be an option prior to development of a more formal deficiency plan. In this case, the Training Director and Chief of Psychology will subsequently review the Intern's progress with the primary supervisor to determine when the Intern can begin to use their 'elective' hours in an alternative manner, or if a formal deficiency plan is required.

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## ***Training Opportunities***

Descriptions of [Site-Specific Training Experiences](#) are available at the [Grand Island VA](#) ; [Lincoln VA](#) ; and training sites.

NWI faculty train Interns in their respective rotations to use evidence-based therapies through shadowing of supervisors, direct observation of Intern intervention skills, supervision, and co-facilitation of groups. The Internship typically relies upon these internal resources for training.

**Please note** that, like many VA programs, the NWI Psychology Internship does **not** currently have the internal resources to provide the type of EBP training sufficient to be "certified" within the VA. In other words, Interns should not anticipate being able to attend formal EBP training with the 6 month consultation required to be deemed a VA-certified provider (upon licensure). Instead, training is primarily done via shadowing their supervisors, discussions and role-play within supervision sessions, as well as study of EBP manuals and didactic presentations.

That said, the NWI Internship also makes effective use of opportunities for external training as they arise. Each training year is different in terms of the external training opportunities that arise, all of which are outside the control of the NWI Internship faculty.

For example, in the fall of [2012](#) Interns and psychologists not already trained had the opportunity to participate in on-site trainings in CPT (with 6 months of ongoing phone consultation) as well as a 2-day training in DBT, both by regional trainers traveling to Lincoln from the Minneapolis VA.

These trainings were not available in the 2013-14 training year. Instead, the [2013-14](#) Interns participated in a 2-day ACT training in Lincoln by two Minneapolis VA psychologists, although this was not accompanied by the 6 months of ongoing consultation and was not eligible for eventual certification through the VA. As the formal VA CPT training was not available that year, one of the 2013-14 Interns who had no prior CPT training opted to co-facilitate CPT groups with experienced supervisors during her elective hours in the 1<sup>st</sup> and 2<sup>nd</sup> rotations which allowed her to hit the ground running when she entered her PTSD Primary Rotation during the 3<sup>rd</sup> and final rotation of the training year.

The [2014-15](#) Interns were invited participate in regional CPT training, traveling to the Minneapolis VA due to one of the Interns having a close relationship with the Minneapolis trainers and having a house in which the Interns could stay while in Minneapolis. Due to limited availability of travel funds, however, the

internship is able to support this only to the extent of providing a VA station car as well as granting “authorized absence” allowing Interns to attend without using their annual leave (vacation). The 2014-15 Interns also participated in a 2-day Virtual Reality for PTSD training held at the Grand Island VA alongside PTSD psychologists from both Lincoln and Grand Island, as well as a 4-hour training on Prolonged Exposure (also in Grand Island) (in addition to PE didactics within the regular didactic series).

The 2015-16 Interns were invited participate in the 2.5 day DBT training from the Minneapolis VA, this time via V-Tel. It was hoped that Interns and staff would again have the opportunity to participate in an in-person regional CPT training with sufficient time to participate in the 6-months consultation, but this did not happen. A regional training did occur in June of 2016 but this did not leave time for the Interns to participate in the 6-months of consultation thereafter so were not invited to attend.

The 2016-17 Interns again participated in the 2.5-day V-tel training by the Minneapolis VA’s DBT program given to the incoming Minneapolis VA Interns and Post-Docs (in the room) and a variety of other V-tel sites. This is expected to continue into the future. However, we are attempting to have a 2-day CPT training followed by the 6-months of consultation with the Minneapolis VA regional trainers in the winter of 2016 for the 2016-17 training class, with the Interns travelling from their respective training sites to Lincoln for the training. If successful, this will allow the 2016-17 Interns to become eligible for VA certification in CPT once they are licensed.

In addition to didactics (see discussion in the Didactics section, below), Interns have been encouraged to attend the Nebraska Psychological Association Fall and/or Spring Conference trainings alongside the NWI psychology faculty. These have included Russell Barkley PhD in 2012 (Executive Functioning); Jeff Younggren PhD in 2013 (Ethics and Risk Management); Stephen Behnke PhD in the Spring of 2015 (Ethics and Professionalism); Daniel Taube PhD in the Fall of 2015 (“Ethics and Risk Management in the Age of the Affordable Care Act”); and, Robert Emery PhD in the Spring of 2016 (“Two Homes, One Childhood”). The 2015 Behnke training was shortly prior to the release of the APA Hoffman Report, which stimulated further discussions among the VA psychologists and Interns. Since that time, the Hoffman Report as well as the review of the Nebraska Psychological Associations historical stand against involvement in torture continues to be a part of the monthly Ethics discussions in the “Depth” didactics.

Interns are encouraged to attend live and webinar offerings, subject to prior approval by the primary supervisor. Web-based or V-tel offerings include, for example, the national monthly PTSD treatment webinars, national Primary Care Integration webinars, national monthly post-doc level HIV/Hep C didactics, etc. NWI psychologists and Interns also take turns at the monthly psychology meetings (with all sites linked via teleconferencing) presenting topics of interest and/or discussing complex cases.

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## **Assessment Training**

As noted above, descriptions of [Site-Specific Training Experiences](#) are available at the [Grand Island VA](#) ; [Lincoln VA](#) ; and [Norfolk CBOC](#) training sites, including:

- [Grand Island Assessment Clinic](#)
- [Lincoln Assessment Clinic](#)
- [Norfolk Assessment Clinic](#)

Regarding assessment/psychological testing training, Interns at all sites are required to complete year-long training experience (Assessment Clinic). How this plays out varies from site to site. Testing typically involves neurocognitive screenings and may also include more complex neuropsychological assessment depending on the training site. In addition, assessment is considered more broadly than more traditional testing. The number of assessments and the

types of measures actually used with patients vary across training sites, but there are basic competencies that common across sites; please refer to the sections related to each training site in addition to descriptions below.

Interns across all sites gain experience with a variety of psychological testing approaches, learn to clarify referral questions, select test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to patients and referring providers. The majority of psychological testing referrals are for neurocognitive screenings and dementia evaluations. However, referrals may also include a range of other types of assessments and tools, including psychodiagnostic assessments, suicide risk assessments, homicide and other threat assessments (e.g., for the Disruptive Behavior Committee), behavioral assessments and functional behavioral analysis, pre-surgical assessments, or other types of assessment on an as needed basis. All Interns have the chance to work with Dr. Ritchie who is the Polytrauma Support Clinic neuropsychologist, although the extent of this varies by training site. Assessments are assigned by the supervisor based on the Veteran's service needs and availability, the Intern's availability, as well as the Intern's individual training needs.

An individualized developmental approach is taken. Depending on the incoming Intern's prior training, it is often the case that more supervision and time to complete reports may be needed early in the training year with greater efficiency with experience. As with other clinical skills, the VA requires that Interns be observed under "room level" supervision to ensure basic assessment competencies prior to being allowed to administer measures without direct supervision (aka "area level" supervision) per the VA graduated level of responsibility and supervision guidelines.

Interns across all training sites are required to learn and demonstrate competencies in the administration and interpretation of a number of required and optional cognitive assessment instruments over the course of the training year. Much of the first two weeks of orientation and training is devoted to ensuring that each Intern attains (or is close to attaining) "area level" supervision status regarding a basic clinical interview and administering a basic neurocognitive battery. This is relatively easy for Interns coming in with significantly more than the minimum assessment experience and harder for others with only the bare minimum. Peer supervision by more advanced students typically helps those with less experience and provides valuable teaching experience for the more advanced students as well, recognizing that each of the incoming Interns has their own strengths and weaknesses and the favor is likely to be returned as the training year progresses.

The basic neurocognitive screening battery on which Interns must initially demonstrate competence to attain "area level" supervision status includes the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka "FAS" & "Animals") and TOMM, in addition to other screeners such as the MOCA. After demonstrating psychometric competencies for administration of neuropsychological measures under "room-level" supervision, Interns will administer and score neuropsychological batteries, write reports, and provide test feedback under "area-level" supervision, with greater supervisor involvement in all aspects of assessment earlier in the training year, moving to less direct involvement as the year progresses.

At some point in the training year, each Intern across all training sites is required to demonstrate basic competencies (equivalent to "area level" supervision) in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT. Only the Lincoln-based Interns will be required to actually administer the Polytrauma battery (during their General Mental Health rotation). The Interns based in Grand Island and Norfolk are required to demonstrate basic competencies on these measures over the course of the year but will not necessarily have opportunities to administer them for an actual evaluation of a Veteran, depending on opportunity.

Across the training year, Interns are also required to use either the MMPI-2 or MMPI 2-RF at least once, and to also use the PAI at least once during the training year, irrespective of training site and track. One

or more of the supervisors are proficient with the Rorschach but this is not typically used at our VA and therefore is unlikely to be included within the NWI Interns' training experiences.

Optional assessment instruments that Interns may also choose to learn over the course of the training year range from dementia instruments (e.g., DRS-II, Cognistat) to additional neuropsychological assessment instruments (e.g., NAB, WMS-IV, Booklet Categories, MBMD, VSxVT, VIP, DKEFS, etc.) either by Intern choice or Supervisor determination. Additional measures typically learned in the Primary Rotations may also be used in the Assessment Clinic, such as various pain inventories, PTSD inventories, depression inventories, CAPS, other structured interviews, etc.

The Assessment Clinic experience typically involves the equivalent of 1 day per week. Time is allocated in the Intern's initial schedule for report writing. The time taken to complete written reports for the Assessment Clinic may be augmented by the use of the Intern's 'elective' hours, particularly in the first rotation. This typically occurs if the Intern is not experienced with neurocognitive assessment and is not initially able to complete reports within the given time frames using only the hours allotted for the Assessment Clinic. The process taken to produce "completed reports" typically includes submission of what the Intern believes is ready for the chart, supervision on the Intern's written submission, rewrites as required, culminating in subsequent entry into the Computerized Patient Record System (CPRS), typically within 5 business days of the initial assessment session. Thus, it is expected that the Intern will continue to reserve defined time in his or her schedule for writing, consistent with the initial schedule for each rotation handed out to Interns at the beginning of the training year which indicates scheduled supervision times, scheduled testing times, and scheduled report-writing times. This direction is to counter past experience that Interns often underestimate the amount of time it takes to write their reports.

When Interns do not have an assessment during a particular week (e.g., no referrals that week, no-shows, etc.), it is expected that Interns will engage in other Assessment Clinic related activities during the hours otherwise devoted to the Assessment Clinic had testing been accomplished. These could be learning to become more efficient in writing, reviewing edits from prior reports to improve future writing, learning new measures (with priority given to the Polytrauma measures), or writing reports related to testing given by other psychologists or Interns (essentially acting as psychometrists), etc. When the Intern feels he or she cannot avoid scheduling non-Assessment Clinic patients or activities during their typical Assessment Clinic hours, this shall be discussed in advance with and approved by the Assessment Clinic supervisor in conjunction with the Primary Rotation Supervisor before making the appointment with the non-Assessment Clinic client. If Assessment Clinic hours must be used, then make-up hours are expected to be identified for Assessment Clinic activities, involving confirmation by both the Assessment Clinic supervisor and the Primary Rotation supervisor (or other 'elective' supervisor).

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## ***Telemental health training***

Early in the training year Interns at all sites are required demonstrate a minimum level of competence in telehealth technologies and considerations related to effective telemental health interventions. Training in the effective use of telehealth offers Interns the chance to gain and master some of the technical knowledge of telehealth, which is becoming more and more widely utilized across the country to provide mental health services, in particular to rural/underserved regions.

The goal is for Interns to be complete the training by the end of the 4<sup>th</sup> month of the internship, sooner if possible. This will allow them to offer individual telemental health services, which means a greater access to a variety of individuals. The telehealth program at NWI has certain requirements that must be met. When those are met and an Intern has been deemed to be competent to provide telehealth services under "area" level supervision by an Internship Supervisor, the Intern can begin offering individual telehealth services to those who are appropriate for telehealth.

Actual use of telehealth interventions can depend on a number of factors, e.g., Veteran's availability, Veteran's needs and permission, etc. These factors are discussed in depth with primary rotations supervisors.

Interns are required to use some of their 'elective' hours as dedicated time early in the Internship year to complete the necessary didactic and experiential training requirements outlined in VISN 23 and NWI policies on the use of telehealth equipment. Opportunities to provide telehealth interventions are based on a developmental approach, with Interns first demonstrating skills in face to face encounters prior to utilizing telehealth interventions. Initial telehealth sessions will be observed as part of the Intern competency process.

Interns and their supervisors collaborate to develop an individualized training plan for each rotation. Depending on the Intern's prior experience, such plans often start with a "shadow" caseload, first watching NWI mental health clinicians providing telehealth interventions or the supervisor observing the Intern under "room level" supervision. Then when developmentally appropriate, Interns are deemed ready for "area" level of supervision. An Intern must have "area level" supervision status before the Intern can begin to provide telehealth services to other NWI facilities including to the NWI rural CBOCs who are without an on-site mental health presence.

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## Didactics and other experiential education

Formal didactics and other experiential education is designed to give Interns the content and skill practice required for successful transition into entry level professional psychology. Skill practice includes clinical skills, but also professional presentation skills and skill in the selection and use of scientific information relevant to their current practice.

3 hours of planned didactics are provided most weeks of the year with required attendance, in person or via V-tel depending on the training site and presenter. Additional seminar / webinar / conference trainings are offered intermittently, some of which are required but most optional. Didactics and other training opportunities are graded in complexity and consistent with development of professional development and practice skills in expected in doctoral psychology training programs. The focus of all training is on developing the core competencies necessary for entry-level psychologists in rural and/or interprofessional practice consistent with the Standards of Accreditation; although these APA SOPs do not become mandatory until January 2017, the NWI Psychology Internship has chosen to adopt these standards from the beginning of the 2016-17 training year.

There are two formal weekly didactics series, both held on Wednesday afternoons. These include:

1. a 2-hour "**Breadth**" didactic series covering a wide range of topics from 13:00 to 14:50  
[Appendix A: Sample "Breadth" Didactic Schedule 2016-17](#)
2. a 1-hour "**Depth**" didactic series from 15:00 to 16:00  
[Appendix B: Sample "Depth" Didactic Schedule 2016-17](#)

The "**Breadth**" didactic series consists of weekly didactic seminars provided by NWI psychologists covering a broad range of topics. Until the 2016-17 training year, the 2-hour didactics were shared with two other rural VA internship partners through a weekly 2-hour V-Tel "Rural Shared Didactic" series or "RSD." This arrangement started when each of the three partner VA internships was new and each had only two Interns. However, as each of our programs grew in number of Interns and number of sites served, as well as some scheduling changes that became necessary within the NWI side, it became less feasible to continue this shared arrangement.

The weekly “Breadth” didactic series includes most of the topics from the previous “RSD” series such as: rural mental health, military culture, various diversity/multicultural-related topics, ethics, supervision, risk assessment, psychodiagnostic and neurocognitive assessment, consultation, professional identity and development, and various evidence-based treatments.

The weekly “**Depth**” didactic series (formerly known as the “NWI-Only” didactics) continues to offer greater exposure in certain key areas and include even more experiential components. “Depth” topics rotate between 4 content areas throughout the training year:

- a) Motivational Interviewing micro-skills,
- b) Diversity-related topics,
- c) Ethics, and
- d) Interprofessional Core Competencies (ICC).

The ICC trainings are on the first Wednesday of each month. These are labelled as “Interprofessional Education” (IPE) in the series schedule, at which time the 7 NWI Interns are joined by trainees from other health professions. Most typically these include Pharmacy Residents and Social Work Interns stationed at the Grand Island site, and at times may also Dentistry Residents stationed in Grand Island, Pharmacy Residents stationed in Lincoln, and other NWI trainees. There are funded placements for Psychiatry Residents in Grand Island but these tend to be filled only sporadically with Residents at this point. We hope to also include APRN and PA trainees in the future.

In addition to more typical seminar participation, Interns and trainees of other professions give presentations, either to each other or collaboratively. For example, differences in the start and end of their respective training years, towards the end of their training year (in July or August) experienced Interns present or co-present about PTSD and Depression to the newly arrived pharmacy residents (who arrive July 1 of each year). In the following Winter or Spring, these same pharmacy residents and the Interns of the following class team up to co-present to the group on subjects of shared interest such as pain management and substance abuse. Finally, the pharmacy residents present to the group about their pharmacy research projects, which can serve as a dress rehearsal for their final presentations to the pharmacy faculty. Because of the number of topics, it is possible that more than one Intern may partner with a pharmacy resident for the presentations in pain management and substance abuse etc., but this determination is likely to evolve over time.

Interns also provide in-service trainings and other presentations to their peers, NWI psychologists and/or the interdisciplinary teams associated with their rotations. These can include the two (2) brief case presentations that are required of Interns in each rotation interval. The Intern and his or her supervisor can choose among a variety of locations in which to present including the Psychology monthly meeting (V-tel across all sites), treatment team meetings at their home station, the NWI-wide Disruptive Behavior Committee, or the Monday 8AM group supervision time. In addition to case presentations within the Assessment Clinic Group supervision, Interns give also presentations on assessment related topics of interest including presentations on assessment instruments (e.g., MMPI-RF, symptom validity measures, etc.) presentations on conditions or syndromes of relevance (e.g., various types of dementias, overlap of cognitive symptoms in TBI and PTSD and other psychiatric disorders, etc.), as well as presentations on legal issues impacting or otherwise involved in psychological assessments (e.g., civil commitment, guardianship, US Supreme Court *Daubert* standards, etc.).

In preparing for case presentations, topic presentations, or interprofessional presentations, Interns have access to the VA library and interlibrary loan, as well as an extensive electronic library. In addition, Interns have access to an array of pre-developed materials available through the VA’s Psychology Training Council as well as by prior Interns and NWI faculty. The use of pre-developed materials is not mandatory, but rather are a resource that Interns are free to use or not, or to adapt when developing their presentations. Interns also have mentoring available through the Internship faculty if needed. Interns have significant advance warning on the dates of their various presentations so we expect that even if

using the materials provided, updated research findings will be included. When doing topic presentations Interns may be asked to partner with each other as co-presenters.

On the second Wednesday of each month all Interns meet together in Norfolk (weather permitting) as part of rural experiential learning as well as bring cohesion to the training class. VA station cars will be made available to the Interns from Grand Island and Lincoln. In addition, while in Norfolk there will be time set aside for face-to-face peer supervision without the presence of faculty as well as a journal-club or other planned discussion related to rural psychology practice to be led by one or more Interns in rotation, with the discussion facilitated as needed through questions and comments by the presence of Dr. Hannappel. Because of the travel to Norfolk on these Wednesdays, the "Depth" didactic meets instead on Monday once a month to allow the travelers to leave Norfolk by 3 PM.

During the first two-week Orientation period prior to the start of the first rotation, Interns from all training sites engage in a number of other trainings and didactics as well as basic on-boarding processes. Time is spent in administrative orientation to the VA - such as setting up access to computers, completing paperwork and obtaining their Personal Identity Verification (PIV) cards, learning about the computerized patient Record System ("CPRS"), setting up health insurance, etc.. Interns also spend a significant amount of time in basic didactic training. Topics during this orientation period typically include but are not limited to:

- Welcome to the VA Culture and Expectations
- Introduction to Professional Ethics within the VA
- Suicide Risk Assessment and Management
- Homicide/Violence Risk Assessment and Management
- Introduction to Motivational Interviewing
- Foundations of Multicultural Diversity Self-Awareness
- Introduction to Military Culture
- Introduction to Rural Culture and Rural Psychology Practice
- Introduction to other multicultural awareness topics

The two other goals for the first two week orientation period are 1) the development of group cohesion of the Intern class, and 2) for all 7 Interns ready to attain "area level" supervision status on the basic neurocognitive assessment battery as early as possible in the first rotation. Neurocognitive training is facilitated by several hours of in-person and V-tel trainings by Dr. Ritchie, as well as peer-to-peer practice among Interns.

Taken together these orientation week topics set a minimum level of shared basic knowledge and skills across the training class with which to begin their first rotation with their respective supervisors. This also sets up Interns up for additional skill building through the planned sequence within the "Breadth" and "Depth" didactic series over the course of the rest of the training year. This is particularly true for Motivational Interviewing which is one of the monthly "Depth" topics where Interns will observe, discuss and participate in role-plays in order to develop mastery of core MI skills the Interns can use with a variety of clients.

Across the rest of the training year there are a wide range of mostly optional educational opportunities to support the overall training goals. The one mandatory educational attendance requirement other than the 3-hours of weekly didactics) relates to the educational presentations within the monthly Psychology Meeting, bringing together all Interns and faculty across all four sites (the three training sites plus the psychologists at the larger Omaha VA Medical Center) via V-tel. Otherwise, Interns with an interest may choose to work it out with their supervisors to use elective time to attend specific webinars – for example a national VA-sponsored weekly V-tel didactic series focused on the psychological impact of HIV, Hepatitis C, and other long-term liver diseases. There are also many training options available through the VA's Talent Management System (TMS), HSR&D Cyber Seminar Program, The Center for Deployment Psychology, MyVeHU Campus, and other VAs across the country that open trainings/didactics/grand rounds to all VA facilities (typically through telephone and/or Adobe Connect).

We do ask that Interns pre-arrange with their primary supervisors before attending a training to avoid these choices interfering with Veteran access to care and to ensure the rich array of offerings do not interfere with meeting basic graduation requirements.

The Intern's individualized training plan within each rotation also tasks the Intern to complete the equivalent of ten (10) brief educational activities, to be determined in collaboration with the rotation supervisor. This is actually more flexible than it might seem, and generally would be met by the basic readings etc. necessary for each rotation. In addition, the rotation supervisor is able to give some activities more weight than others. For example, Interns could agree with their supervisor to read and discuss 10 specified articles related to their rotation that can be found within the Internship pdf library. On the other hand, a different Intern-Supervisor dyad could agree that the Intern would read a longer training manual or to prepare a psychoeducational resource of some kind for patients, which the supervisor could weight, e.g., as equaling 3 or 4 or 5, etc. of the required 10 educational activities for that rotation. At least one (1) of the 10 educational activities that related to the rotation must have a multicultural focus that is generally related to the clinical area of the rotation.

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## Supervision

Consistent with APA accreditation standards, Interns receive at least 4 hours of planned (pre-scheduled) supervision every week of which a minimum of 2 hours are scheduled in-person individual supervision with their primary rotation supervisors. NWI Interns are scheduled for more than the minimum, in part to ensure the minimum is met, and in part to ensure good training. Interns may have additional supervision beyond the APA minimum requirements on an as-needed basis or due to specific training goals.

Briefly, each Intern has 2 hours of scheduled individual supervision with his or her primary rotation supervisor. Interns often receive additional individual supervision from their Assessment Clinic supervisors, particularly at the beginning of the training year or when new skills are being developed. The amount of time spent in individual supervision with an Assessment Clinic supervisor is likely to vary based on number of factors, for example the complexity of the case and the Intern's experience with various testing instruments. There are 2.5 hours of scheduled group supervision. These include 1.5 hours of scheduled Assessment Clinic group supervision, and a 1-hour group supervision every Monday morning, both of which are discussed in greater detail below.

**The physical present of supervising psychologist on site is required of all clinical interactions undertaken by Interns at each training site.** Interns may not have clinical interactions with individuals face-to-face, or by phone, or by any other means if there is not a psychologist supervisor present on-site at the time the clinical interaction. When a supervisor is not on site, Interns may engage in report-writing, notes and other clinical documentation, and other forms of learning. If a mental health emergency occurs in the clinic and a supervising psychologist is not present, the clinic staff must respond according to the established protocols in place for that clinic for when a mental health provider is not present, and behave as if the Intern is in fact not present.

V-tel or phone supervision does not take the place of the physical on-site supervision requirement. V-tel or phone supervision does not take the place of the minimum supervision required by APA.

Interns always know who their primary supervisor is on each rotation as well as the backup supervisors designated for each rotation in case an internship faculty member is on leave or becomes otherwise unavailable. If needed, the Chief of Psychology, the Training Director, or Associate Training Director also serve as "backup to the backup" supervisors. Individual tele-supervision is a last resort alternative, and if needed used consistent with APA policy. See [Telesupervision Policy](#):

It should be noted that at the rotation-based sites (Lincoln and Grand Island) Primary Rotation supervisors change with each rotation, and Assessment Clinic supervisors may or may not change across rotations. The Norfolk-based psychologist is responsible for providing supervision for therapy. Other psychologists from the other two training sites are responsible for providing supervision to the Norfolk-based Intern for assessment cases, as described in greater detail in the Norfolk training site section below. See [Norfolk CBOC](#) and [Norfolk Assessment Clinic](#).

There are two scheduled group supervision meetings twice a week. Group supervision utilizes a hybrid model, combining in person supervision (internship faculty are present at each site) and telesupervision (at the same time the sites connect via video conference).

One weekly 90-minute group supervision is specific to the Assessment Clinic. During the first few weeks group supervision tends to focus be non-case specific and rather relates to learning new instruments, with more case-specific discussions as Interns start actual testing on “room level” or “area level” supervision status. Due to Intern feedback in prior training years, a series of mini-didactics related to various areas of assessment skills has been incorporated occasionally. Examples of topics for these mini-didactics are: assessing dementia, pre-surgical evaluations (bariatric or spinal cord stimulator implant), providing feedback to patients and their family, assessment in forensic settings, civil commitment evaluations, US Supreme Court *Daubert* case, etc. These tend to be presented by faculty at the beginning of the training year and increasingly by Interns (individually or in pairs) as the training year progresses.

The other weekly group supervision is known as the “Monday 8AM” group supervision. This is led by three psychologists, one in each of the three training sites bringing the 7 Interns together through this hybrid in-room / V-tel model. These include: the Chief of Psychology whose primary work station is Lincoln, the Grand Island VA’s Mental Health Site Supervisor, and the Norfolk-based psychologist. This supervision covers a range of topics, including case presentations and additional discussion of issues raised in individual supervision, as well as supervision skills, psychologists’ roles as consultants and administrators, program evaluation, and other topics related to professional role development.

Using telehealth technology in this hybrid model of group supervision provides a number of advantages to the Interns’ training experience. First, the NWI Doctoral Psychology Internship faculty believe it is very important to foster an integrated Internship experience across the three training sites, allowing the Interns to experience as a larger group, with access to a greater range of supervisors. This is also important in facilitating collegial bonds between the Interns across the three training sites, building upon the bonds forged through in-person group activities that occur during the first two weeks the Internship and as scheduled throughout the rest of the training year, as well as through other V-tel activities (i.e., “Breadth” and “Depth” didactic series, the Psychology Meeting, group supervision, etc.).

### ***Telesupervision Policy:***

Please note that NWI’s telesupervision policy is consistent with but more restrictive than APA telesupervision requirements. APA allows one hour of individual telesupervision and one hour of group telesupervision to count towards the weekly minimum requirements. However, VA nationally does not encourage telesupervision to the same extent.

NWI does not consider the hybrid model used in group supervision to be “telesupervision” as a supervisor is physically present in the room with the Intern. NWI strives to use telesupervision (V-tel without supervisors present in the room) as a last resort only. NWI strives to have as much supervision as possible to be in-person, with ‘make-up’ supervision hours for those times when a live supervisor is not on-site in the hybrid model group supervision described above.

This is particularly relevant for the Norfolk-based Intern who receives additional individual and/or group supervision to ‘make up’ for the Norfolk supervisor not being present during the Assessment Clinic group supervision sessions. The Norfolk supervisor is present during the Monday AM group supervision, and

provides 3 hours of individual supervision, and the assessment supervisor provides additional individual or group supervision as well.

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### ***Preceptor Option:***

If they wish, Interns are given the option of selecting a year-long preceptor whose role is to provide professional mentorship (e.g., professional development and career planning) throughout the internship year. Selection of a preceptor by an Intern is not required but can be very helpful. Similarly, the proposed preceptor is not obligated to accept entering into this type of relationship.

The preceptor role is not intended to be therapeutic in nature; it is advised that in agreeing to enter into the preceptor relationship, that the Intern and preceptor discuss the scope and limits of such scope related to their roles. For more personal issues, Interns are encouraged to use their health insurance and/or any access to EAP services that may be available if the topic areas might be considered therapy or come close to therapy.

Interns are encouraged to choose a preceptor from the Omaha VA psychology staff, allowing for exposure to a fuller range of the NWI psychology faculty. VA faculty are not required to accept a request by an Intern to become their preceptor. Sometimes Interns may wish to request a particular training faculty at the same or different NWI training site to be the preceptor; however, Interns are cautioned that in the few occasions where this came up in the past the faculty member has declined to accept the invitation to engage in the preceptor role. This has typically been due to the faculty member's perception of not having sufficient time necessary to effectively meet the role of preceptor (e.g., too much on their VA clinical or Internship plate already to give the preceptor role the time needed) or sometimes for reasons outside the VA (e.g., family commitments, illness, etc.).

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### ***Supervision Training:***

Supervision skills training occurs in a variety of direct and indirect ways.

Along with indirect learning through participating as a supervisee regarding their own cases in individual supervision, supervision skill development can also become a direct topic within individual supervision, both generally as well as in supervising trainees' peer supervision development. In addition, at least one of the weekly group supervision sessions periodically includes discussion of supervision skill development. Supervision is also a topic within the "Breadth" didactics. Interns are expected to be active participants in any NWI in-house trainings directed at faculty regarding their supervision competencies; for example, about an hour of the November 14, 2016 NWI Psychology Retreat will specifically focus on multicultural competency-based supervision skills, directed at both Interns and supervisors within the Internship and other psychologists within NWI more generally.

Prior to the 2016-17 training year, peer supervision has been most evident at the rotation-based sites when Interns change rotations, offering guidance to each other about the requirements for upcoming rotations. In addition, Lincoln-based Interns have had (and continue to have) opportunities to engage in supervision of practicum students which was not available to Interns at the other training sites.

Starting in the 2016-17 training year (anticipating the 2017 APA Standards of Accreditation requiring greater supervision training of Interns), Interns at all three sites now come together 3.5 hours per month for scheduled peer supervision to practice supervision skills related to actual cases making the training more relevant to the overall training program. The 7 Interns meet for 60 minutes at least three Mondays a month connected via V-tel across the three training sites. In addition to these three 60-minute peer supervision sessions, approximately 30 minutes of face-to-face time has been set aside for peer supervision during the monthly 'rural day' when Interns based in Grand Island and Lincoln travel to Norfolk to meet in person with their Norfolk classmate for a rural education discussions and the regularly scheduled weekly didactics.

In addition, additional unscheduled, informal peer supervision can occur for Interns share their various strengths with each other. A great example of this has been the Interns with more neuropsych experience providing formal and informal peer supervision to others who have less neuropsych experience, and Interns with particular advanced therapy skills sharing their knowledge in a similar manner. With limited exceptions, all Interns have 30 minutes per day in common (12:30-13:00) which is set aside for peer interactions and support irrespective of the form taken which can be used for unscheduled or informal peer supervision in addition to any other forms of peer interactions chosen (or foregone). The two exceptions are on Thursdays when one Lincoln-based Intern and one Grand Island-based Intern each are scheduled to participate in a yoga group over the noon hour.

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### ***Important Caveats Regarding Future Licensure:***

NWI attempts but cannot guarantee the minimum scheduled supervision will meet all states' licensure requirements. If an Intern is aware of the state or territory in which he or she intends to be licensed in the future, it is the Intern's responsibility to contact that state and become familiar with any requirements needed to be met – for example, regarding Internship supervisors' CEUs and tenure of licensure, etc. for a particular state or states. To the extent possible, the NWI Internship will work with Interns to develop individualized plans to assist the Intern in meeting the requirements that the Intern identifies will meet his or her future needs. Because we cannot guarantee to know what each state requires nor that meeting these requirements are automatically part of the curriculum, it is especially important for the Intern to be vigilant of his or her future licensing needs and plan accordingly.

For example, some states may require that an Intern's supervisors have a certain number of CEUs related to supervision in order for the Intern's hours to count towards his/her own licensure application. Some states require that an Intern's supervisors be licensed for a minimum number of years. Some states require both and/or additional requirements.

It is noted that most states do not object to supervision hours above the minimum standards they articulate. If, for example, a particular faculty member experienced in a particular EBP training experience in which the Intern is interested does not meet the state's CEU requirement or does not have sufficient post-licensure tenure to meet a particular state's requirements, the plan might be for the Intern to arrange to have additional supervision in that EBP with the faculty member and while meeting the minimum with faculty members who do meet that state's requirements, if available.

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## ***Travel between training sites***

There is some travel required between VA training sites in order to allow all NWI Interns to be physically together for some training experiences. This happens more frequently in the first two weeks orientation period and then less frequently throughout the training year. The training class is typically physically together for 5 days during the initial 2-week orientation period. This not only helps develop cohesion among the training class, but also introduces travel as a fact of life in rural psychology practice, both for psychologists and our patients.

During the 2-week orientation period at the beginning of the training year Interns travel 1-3 days of each week in order to meet as a group for training in the fundamentals that apply to all rotations and to demonstrate competencies in basic assessment tools. In the 2016-17 training year, the Lincoln and Norfolk Interns traveled to Grand Island twice the first week. The Grand Island and Norfolk Interns travelled to Lincoln twice – first on the Friday of the first week and again on the Monday of the second week. The Lincoln and Grand Island Interns traveled once to Norfolk the second week for “Rural Day.” On the non-travel days, Interns engage in individual supervision at their home station, come together via V-tel for additional training, or practice their neurocognitive screening battery skills on their own.

Travel to Grand Island on the first day of the Internship helps ensure all Interns get set up for health insurance, as well as get their Homeland security PIV cards issued as quickly as possible, without which they will have no VA computer access. Travel to Lincoln later in the week and the following week allows all Interns to meet basic Telehealth training requirements, and also get training on the VA computerized patient record system (CPRS). These travel days also foster early discussions about rural culture, particularly when culminating in a “Rural Day” during the second week with travel to Norfolk CBOC where a primary focus is to introduce the Interns as a class to rural practice and rural culture. To make travel between sites possible, Interns are given the opportunity to use government vehicles where/when available (Lincoln and Grand Island are only sites with vehicles), or interns are reimbursed when they use their own vehicle.

Although travel is most concentrated during the first two weeks orientation period, Interns continue to travel throughout the training year. The travel requirements increased during the 2015-16 training year in response to concerns raised by APA regarding sufficient inclusion and peer support for the sole Norfolk-based Intern. As a result, a supervisor and one Intern from a designated rotation in Lincoln and Grand Island began driving to Norfolk for Assessment Clinic experiences alongside the Norfolk-based Intern.

Weather permitting, whichever Grand Island Intern is in the General Mental Health rotation travels to Norfolk with Dr. Duke on the first Friday of the month, and whichever Lincoln Intern is in the PTSD rotation travels to Norfolk with Dr. Fleischer (or sometimes Dr. Marius) on the third Friday of the month. with an assessment supervisor once a month (weather permitting) during that 4-month rotation.

Once in Norfolk, both the Norfolk-based Intern and the traveling Intern are scheduled to administer an assessment battery to a Veteran. This is followed by in-person group supervision with the travelling supervisor. This assessment ‘counts’ towards Assessment Clinic requirements for both Interns. If there is a cancellation or no-show, the Norfolk-based Intern typically has priority as the Norfolk-based Intern has fewer assessment opportunities compared with Interns at the other two training sites. In this case, the travelling Intern has access the VA computer to work on other Internship-related projects or engages in telemental health activities if available. Typically the supervisor and both Interns have then gone out for lunch together in Norfolk but the Interns could choose to have lunch on their own if they wish. There is also some time designated for peer supervision with or without the supervisor present.

On the second Friday of the month, the Norfolk-based Intern can choose either Lincoln or Grand Island for additional Assessment Clinic experiences. If the Norfolk-based Intern so chooses, he or she can come on a Thursday and stay over for the Friday. In this case the Norfolk-based Intern can arrange to participate in selected groups and activities available on the Thursday such as Pain Clinic and other

training activities not available in Norfolk. This requires permission from the Norfolk supervisor and advance coordination with the Interns and supervisors in Grand Island and Lincoln. Provided the Norfolk-based Intern has demonstrated proficiency in the more complex Polytrauma neuropsychological battery, he or she can arrange to come to Omaha to shadow or participate in the Polytrauma evaluations. These arrangements can be a little more involved and may also involve coordination with the Lincoln-based Intern who is in the rotation with Polytrauma Assessment Clinic duties.

On the second Wednesdays of the month, all Interns based in Grand Island and Lincoln travel to Norfolk for additional discussions regarding rural psychology practice and will stay in Norfolk through the weekly didactics all in the same room. Interns are given access to a VA station car and leave their home stations in time to arrive in Norfolk ready for a rural focused discussion at 10:30 AM. This discussion is typically led by one or more Interns, and facilitated by Dr. Hannappel, the Norfolk-based supervisor. At 11:30 there is 30 minutes designated for peer supervision without the supervisor present. After lunch, the Interns have "Breadth" didactics from 1 PM to 3 PM. To facilitate travel, the "Depth" didactics for that week are held on Monday afternoons from 3L30-4:30. Time spent in transit outside the 8AM to 4:30 PM tour of duty can be counted within the Internship towards "travel-related AA."

**"Travel-related AA"** may be granted at the discretion of the Chief of Psychology based on Intern travel outside of normal duty hours. If granted, this is for time actually in transit related to travel between VA training sites. This includes travel during the first two weeks orientation period as well as travel during assessment clinic Fridays and for monthly 'rural day' didactics. This is estimated not to exceed 40 hours of travel-related AA for Interns based in Lincoln and Grand Island, but possibly somewhat more for the Intern based in Norfolk. See [NWI Intern Authorized Absence](#) for more details.

When Interns travel between training sites, Interns are able to access their "personal" VA drives from anywhere within the VA system. In addition, they can access the shared Internship drives behind the VA firewall which assists in supervision. Protocols completed can remain in the place where the testing is done because they can be scanned into pdf documents and saved in the shared folders behind the VA firewall and retrieved when back at their home station. Finally, if Veterans cancel or no-show, Interns traveling can use their time productively. For example, they can access their personal drives to do other Internship related activities, such as finish notes in CPRS, complete drafts of prior reports, respond to VA email, do literature reviews for their individualized projects, etc.

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## **Core Competencies .**

Training didactics, supervision, and clinical experiences focus on development of core professional and interprofessional competencies as well as development of overall professional identity. With Veteran consent, supervisors may at times choose to require audio and/or visual review of clinical interactions and interventions to enhance skill development. In addition to participating on interprofessional treatment teams, skills in interprofessional collaboration are also fostered through role play and other training exercises. Consistent with VA's policies regarding graduated levels of responsibility (and in turn APA's new "Standards of Accreditation"), supervisors engage in direct observations of core clinical skills prior to allowing Interns to progress from "Room Level" to "Area Level" supervision (where the supervisor is not in the room but in the nearby area if needed).

Core competency expectations for each training goal are outlined at the end of this brochure and are discussed at the beginning of the year and each rotation, with formal evaluation at the end of each rotation.

Specific Internship goals have been adjusted to reflect changes due to APA's shift from "Guidelines and Procedures" (G&P) to "Standards of Accreditation" (SOA). The SOA goals and competencies are due to go into effect by January of 2017. NWI is currently in the process of rewriting our competencies and evaluation tools to match prior to the start of the 2016-17 training year, so there may be some additional changes prior to the 2017-18 Match which we will inform applicants during the interview process. The content of the prior goals and competencies were previously consistent with most of the changes within the SOA. Starting in the 2016-17 training year the goals listed below were re-ordered to be consistent with the order provided by APA within the new SOA for the convenience of the site visit process; experiences underlying the goals differ from previously primarily in emphasis, for example greater emphasis on hands on supervision skills through peer supervision, etc..

- Goal #1: Interns will develop competence in applying scientific knowledge and method.
- Goal #2: Interns will develop competence in the area of ethical and legal standards.
- Goal #3: Interns will develop competence in professional ethics and issues of individual and cultural diversity.
- Goal #4: Interns will competence in professional values, attitudes, and behaviors (including professional identity).
- Goal #5: Interns will competence in communication and interpersonal skills.
- Goal #6: Interns will competence in assessment.
- Goal #7: Interns will competence in intervention.
- Goal #8: Interns will competence in supervision.
- Goal #9: Interns will competence in consultation and the four identified Interprofessional Core Competency Domains developed by the Interprofessional Education Collaborative (see: [www.une.edu/wchp/ipec](http://www.une.edu/wchp/ipec) which include:
  1. Values/Ethics for Interprofessional Practice;
  2. Roles/Responsibilities;
  3. Interprofessional Communication; and,
  4. Teams and Teamwork.

Interns have multiple opportunities to work within interprofessional teams across the various rotations and any 'elective' experiences. Regardless of setting (e.g., Pain Team, Mental Health Team, PTSD/PCT Team, Polytrauma Support Clinic Team, etc.), the Intern is working to develop and demonstrate same core competencies, albeit their expression may be somewhat different in different settings.

Most of the training comes through experiential activities, with skill development also woven into some didactic training experiences, supervision discussions, and peer supervision experiences. For example, consultation and interprofessional skills are one of the focuses of the "Depth" didactics, with Interns meeting alongside trainees from Pharmacy, Social Work and other disciplines as available for an hour once a month to specifically focus on interprofessional core competencies. Consultation skills are also modelled during supervision, particularly later in the internship year when supervision becomes more consultative in nature. In addition, Interns complete case consultation via active participation on various treatment teams and collaboration with other providers, supervisors, and peers. Interns frequently observe supervising psychologists provide consultation. Consultation skills are also facilitated during peer supervision, Assessment Clinic group supervision, individual supervision with staff psychologists, DBT Consultation Group experiences, discussions within the monthly Psychology Department Meetings, and discussions within the weekly rotation-specific interprofessional meetings (e.g., Mental Health Team meetings, PTSD Treatment Team meetings, and in Grand Island residential services Rounds). Over the course of the training year, Interns are expected to become increasingly skillful in their consultations with others. Skills are evidenced by the quality of participation by Interns during team meetings regarding assessment findings, observations of patients' mental status, therapy interventions, case management, diagnoses and discharge interventions, etc.. Interns gain further knowledge by consulting with their supervisors on therapy and assessment cases, and providing peer supervision during group supervision, as well as reading professional articles and books. Finally, Interns each complete at least two case presentations during the course of each 16-week rotation, in addition to several other types of presentations.

As noted above under the [Supervision Training](#) section, development of supervision skills includes scheduled weekly peer supervision, as well as specific didactics related to supervision. Interns are engage in training other disciplines, including providing some staff training in Mindfulness skills and interprofessional training of and/or alongside trainees from other disciplines (e.g., social work, pharmacy, dentistry, and physical therapy) through the “Depth” didactic series (see descriptions in the narrative elsewhere in this document). Topics which Interns train other disciplines’ trainees include Motivational Interviewing, Depression and suicide risk management, PTSD, etc., as well as team teaching with other disciplines (e.g., teaming up with pharmacy residents to present to the group on pain management).

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***In order to maximize Interns’ abilities to successfully meet these competencies the NWI Psychology Internship aims to:***

- Offer the Intern a broad range and diversity of clinical and testing experiences and challenges;
- Assist the Intern in refining already acquired skills and in expanding and developing greater expertise in the areas of diagnosis, assessment and intervention;
- Offer the Intern experience with rural and highly rural populations as well as other diverse populations;
- Provide the Intern the opportunity to work with a variety of programs, patients, supervisors, and role models;
- Develop in the Intern a sensitivity to cultural differences, and offer a knowledge base to support psychological work within that awareness;
- Provide practical guidance and support as the Intern copes with therapeutic issues and integrates clinical experiences with academic knowledge;
- Provide a structure for the Intern to develop not only professional knowledge and skills, but an appreciation of the uniqueness of our discipline, an understanding of the diversity of our roles, and an opportunity to participate fully in the application of our skills to various segments of the institution;
- Allow the Intern to demonstrate an awareness of how ethics and standards affect all areas of our practice and daily functioning;
- Foster and encourage the Intern's ability to independently assume a variety of roles, such as diagnostician, teacher, psychotherapist, supervisor, consultant, etc. including development of interprofessional core competencies consistent with entry-level psychology practice;
- Assist the Intern to realize and to strengthen his/her unique and independent characteristics as a professional and a psychologist;
- Facilitate a transition to independent professional within the context of an ever-changing health care arena, and become better prepared for the reality of the practice environment including practice as part of interprofessional healthcare teams.

Core competency expectations for each training goal are discussed at the beginning of the year and each rotation, with formal evaluation at the end of each rotation. By the end of the training year the goal is for Interns to have obtained ratings of at least "4" for the items in each Goal/Competency area listed in an Excel-based Intern Evaluation Form. Supervisors and Interns complete Excel-based evaluation forms which allows for the aggregated information to be analyzed across supervisors and across rotations to ensure the goals are met across rotations and by the end of the training year.

It should be noted that the NWI Internship does not require participation in research as a graduation requirement. Instead, the focus is on the application of scientific knowledge and method in the delivery of patient care in a variety of clinical settings including consultation-liaison services, as well as discussion of the application of scientific knowledge and methods within didactics, and supervision or mentoring. During each rotation period, the Intern is required to complete 10 educational activities to be

accomplished prior to the end of the rotation. At least one of the 10 educational activity must be related to multicultural or diversity concerns. The remainder typically involve one of the following: program development activities based in current relevant literature, case presentations (including current relevant literature), and/or didactic presentations (including current relevant literature). The exact makeup of these educational experiences is up to the primary supervisor in concert with the Intern's individualized training plan for each rotation (or rotational time period in the case of the Norfolk-based Intern).

Based on the examples regarding consultation competency and research competency noted above, if a project includes sufficient information and discussion of current relevant literature demonstrating competence with the use of scientific knowledge and method, a single project could help the Intern demonstrate more than one competency area. For example, both research competencies as well as consultation competencies can be demonstrated within a single case presentation, provided the case presentation includes sufficient use of scientific evidence and also has sufficient elements of consultation and not just given for the sake of giving a case presentation. The sufficiency of evidence is up to the Intern's supervisor with feedback from faculty or colleagues on the receiving end of the case presentation. Similarly, based on the complexity of the project or activity, the Intern's supervisor could give the activity additional weight to count for more than one of the ten required educational activities.

It is important to note that the end-of-rotation evaluations regarding any of the competencies required for successful graduation are based on the totality of the Intern's demonstrated skills, rather than during any single demonstration,

As an aside, the projects and presentations noted above not only contribute to Internship graduation requirements, but also are excellent topics of discussion within job and/or post-doc interviews.

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## Schedules

NWI work schedules for trainees as well as full time psychology staff are typically Monday through Friday, 8:00 AM to 4:30 PM (Military time: 0800 to 1630). This is the default schedule for all Interns. Thus, unless otherwise given advance permission, Interns are expected to be on site and ready to engage in internship activities at 0800 AM, take only 30 minutes for lunch, and leave no earlier than 4:30 PM. Similar to requirements for permanent employees, Interns may request a change of tour of duty which must be approved in advance by the Chief of Psychology and Training Director. To meet the breadth and depth of available training, the expectation is that Interns will often average 45-50 hours per week, particularly early in the training year. Because Interns are trainees there is no 'overtime' or AA for this additional time spent in training activities - for example, Interns staying late one night must still come in at 8AM the following day.

Interns can work with the Acting Training Director and Chief of Psychology to get approval for individualized schedules ("tours of duty") to meet certain clinical experiences (e.g., when the Intern and the Primary Rotation supervisor desire the Intern to have routine involvement in evening or Saturday clinics). Without prior approval, the standard 5-day tour of duty is from 08:00 to 16:30 (4:30 PM) with 30 minutes roughly in the middle of the workday for lunch (typically 12:00 to 12:30).

Arriving after 8AM should be the rare exception rather than a regular occurrence. Habitual lateness (arriving after 08:00 or the designated start time if a tour change is approved) or habitually leaving early may result in the Intern being deemed to having used Annual Leave for the time missed, per the Chief of Psychology. Please note that the VA does not close for inclement weather.

In addition to their 30-minute lunch period, Interns will have a half-hour (from 12:30 to 1:00 each day M-F) that is scheduled as "protected" time in order give all Interns the option to use this time (as well as any

other that they fit into their schedule from time to time) to informally meet with each other, whether in person, or via the VA's internal messenger system (Microsoft Lync), the Cisco Jabber V-tel system from their office computers, or by phone. The only exceptions are for two Interns on Thursdays when one of the Interns in Grand Island and one in Lincoln participate in the PCMHI "Yoga for Chronic Pain" group (functioning as the mental health presence alongside a Registered Yoga Teacher) that occur at each site over the Thursday noon hour.

An Intern's particular schedule will be based on individual rotations and that Intern's Internship plan. As can be seen in the sample schedules along with individualized descriptions of the three training sites later in this document, the sample week in Lincoln might look different from a sample week in Grand Island, and the weekly schedule of two Interns at the same site may be quite different regarding particular activities on particular days. However, all experiences will allow Interns to develop the common set of core competencies necessary for successful completion of the internship.

- [Grand Island Schedule Examples \(subject to change\)](#)
- [Lincoln VA Schedule Examples \(subject to change\)](#)
- [Norfolk CBOC Schedule Examples \(subject to change\)](#)

The 2-week orientation period is followed by the start of clinical activities – for Lincoln and Grand Island this is the start of the first of three Primary Rotations, each lasting approximately 16 weeks and, depending on electives, encompassing 16-24 hours per week: General Mental Health, Primary Care Mental Health Integration, and PTSD. All three training sites follow the same evaluation schedule and focus on training towards the overall competencies described elsewhere.

Note that Interns are expected to be physically on-site the first day of the Internship and the last day of the Internship. Interns in the 2017-18 Internship year (FY2017) report at 8 AM on Monday August 22, 2017 at the place designated by the Training Director. Please note that paperwork is likely to list Sunday August 21 as the official beginning of the two-week Federal pay period. Timing may vary but the first stipend installment is typically made via electronic transfer on the third Friday of the training year (September 9<sup>th</sup> for the 2016-17 training year), and every two weeks thereafter for 26 equal installments. See [Stipend and Benefits](#) and [Training year defined](#) for additional details.

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## Requirements for Completion of the Internship

The Internship is a 52-week, 2080+ hour experience. Consistent with APA Accreditation, the Internship is required to be a 'full 52 weeks' which we interpret to require on-site presence by the successful graduate on both the first day and last day of the training year. Most states also require a 'full 52 week' internship for licensure.

To successfully complete the program, each Intern is required to meet psychology-specific competencies as well as interprofessional core competencies, and successfully complete the individualized learning plan developed by the Intern and his or her supervisors at the start of the year and the start of each rotation. Please note that the successful Intern will be focused on the breadth and depth of available training and not simply on time spent; consistent with other internships, this will likely involve a commitment of hours beyond the 40 hour minimum, typically averaging 45-50 hours per week depending on the Intern's incoming skill level and other factors.

Per APA accreditation standards, the successful Intern will have at least 25% of his or her time in face-to-face clinical activities (aka 'direct' clinical activities). We interpret time spent shadowing supervisors doing clinical work while learning new skills can be counted towards this requirement, typically at the beginning of the training year and at the beginning of subsequent rotations.

The performance criteria for each competency area are provided to Interns at the start of the training year. These same competencies are common across the training year at all sites, although how they are expressed vary from rotation to rotation where applicable (e.g., the particular evidence-based interventions used will be different in a PTSD rotation versus the interventions used in a Primary Care Mental Health Integration rotation). By the end of the training year, Interns must meet all competency areas with a rating “4” (*Year-End Intern Level*). In turn, each Intern will be given the opportunity to evaluate the rotation, including quality of supervision.

Formal evaluation of individual Intern competencies occurs three times a year at each training site, timed to coincide with the end of each of the three rotations in Lincoln and Grand Island. In addition to weekly discussions, supervisors and Interns engage in informal mid-rotation reviews during their regular supervision hours, using the Intern’s individualized training goals, the rotation expectations, and the evaluation forms to guide the discussions in order to give time within the rotation to make necessary adjustments along the way. Frequent review and/or evaluation provides timely feedback that validates trainees’ achievements by noting areas of strengths; this also facilitates trainees’ further growth by identifying areas that would benefit from additional training, and similarly provides feedback to the Internship.

The formal evaluations take into account three principles: (a) that psychological practice is based on the science of psychology which, in turn, is influenced by the professional practice of psychology; (b) training for practice is sequential, cumulative, and graded in complexity; and (c) that the interprofessional core competencies are among the key skills in modern psychological practice. Educational quality is linked to content in terms of individual knowledge, skills, achievement, and the ability of the Intern to integrate these together in an adaptive manner to meet the needs of a diverse group of patients. Ratings on the competency evaluations of individual Interns serve as markers for the overall success of the program.

Evaluation processes are designed to meet APPIC and APA accreditation standards.

A grievance process with articulated steps providing due process is available to resolve any disputes regarding progress toward meeting competency criteria or any other aspect of the Internship. The goal of the Internship is to assist Interns in attaining all competencies. Supervisors will collaborate with Interns to develop an individualized plan of remediation if necessary designed to bring the Intern to meet all expected competencies and successful completion of the Internship.

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## **Other necessary paperwork to assist with ongoing Accreditation**

The internship requires Interns to complete internship-defined paperwork necessary to safeguard accreditation. The internship recognizes that Interns may keep additional paperwork as required by their home academic programs. Any paperwork required by the home academic program must not include any identifiable PHI. Please note that these requirements by the graduate program etc. are separate and distinct from the paperwork required by the internship for the purposes described below, and Interns should not expect to substitute the paperwork required by their graduate programs for that required by the internship.

First: APA accreditation requires that Interns receive at least 4 hours of scheduled supervision, at least two of which must be group supervision. Although APA also allows telesupervision (as long as it does not exceed 50% of individual supervision or 50% of group supervision) this is not encouraged by the VA at a national level so whenever possible we make every effort to have the minimum APA hours of scheduled supervision to be in person, even if this requires the Intern to obtain additional supervision hours beyond the minimum required. As a result, Interns will be asked to keep track of individual, group and

telesupervision hours on a weekly basis and to actively seek out additional supervision as needed. Interns are provided an Excel sheet on which to track their individual and group supervision hours. Interns and primary supervisors also bring up meeting supervision hours as a standing agenda item within their weekly individual supervision so that both individual supervision and group supervision hours are kept on the radar for both parties. Interns are also be asked to periodically send an email copy of the Excel sheet tracking supervision hours to the Associate Training Director, likely in the middle and end of each rotation or as otherwise requested.

In addition, APA requires that Interns have at least 25% of their hours involved in direct clinical care. Interns are also be given an Excel sheet on which to track your hours of clinical care versus other activities. This is typically incorporated into a single Excel sheet along with supervision hours. Interns are requested to complete all Excel sheets on a weekly basis and to discuss their hours with their supervisors on a regular basis. Interns are requested to submit the requested data on frequent intervals to the Associate Training Director including in the middle and end of each rotation, or as otherwise requested.

Please note that the evaluation process and other aspects of the NWI paperwork also utilize Excel to a great extent to facilitate aggregating the data for accreditation purposes, as well as to provide more rapid feedback to Interns and supervisors, as needed. Any Intern not familiar with using an Excel-based form or just wanting a refresher is welcome to ask for a tutorial session from the Training Director which can take place in person or over the VA computer system which allows individuals to view each other's screens across training sites while discussing the processes involved.

Interns are requested to come up with ideas for improvement but to please not make changes to the Excel sheets without prior discussion with the Training Director. Changes may not be a good idea for reasons unknown to the Intern; additionally, beneficial changes that are not universal across Interns will impede the process of amalgamating data across Interns and across sites. The overarching goal of all internship-related paperwork is to keep the Intern informed of his or her progress through the training year, as well as to prepare for future re-accreditation self-studies for which we require Interns' help and cooperation.

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## Stipend and Benefits

See the following VA website for additional details: <http://www.psychologytraining.va.gov/benefits.asp>

**Stipend:** Interns receive a competitive stipend paid in 26 biweekly installments. The first installment is paid at end of week 3 of the internship (covering the first two weeks of duty). VA internship stipends are locality adjusted to reflect different relative costs in different geographical areas. Effective July 1, 2016, the stipend for the VA NWI Internship is \$24,043.

**Benefits:** VA Interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. However, unmarried partners of either sex are not eligible for health benefits. Dental and vision insurance are also made available to interns if they wish to sign up for one or both.

**Holidays and Leave:** Interns receive the 10 annual federal holidays. In addition, Interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as an Intern, for a total of between 96 and 104 hours of each during the year.

**NWI INTERNSHIP CLARIFICATION NOTES:**

- 1) Unlike typical employees, trainee annual leave and sick leave remaining typically cannot be transferred to post-internship positions (whether jobs or post-docs).
- 2) All trainees earn and use the same amount of leave throughout the training year. As such, trainees with prior federal service will not earn leave at greater amounts than available to all other Interns, nor will trainees with prior federal leave be allowed to use leave at a rate greater than that available to all other Interns. In other words, the same amount of holiday and leave will accrue regardless of amount of prior federal service, as described above.

**Authorized Absence:** According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence (AA) without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training.

**NWI INTERNSHIP CLARIFICATION NOTE:**

- 1) See [NWI Intern Authorized Absence](#) below for a more in-depth description of the 3 types of NWI Internship defined authorized absence (AA) available to NWI Interns in their roles as trainees. These have been developed and defined within the discretion of the NWI Training Director and Chief of Psychology as being related to activities providing substantial benefit to the VA and are tracked outside of the typical VA timekeeping system.
  - “5-days AA”
  - “travel-related AA”
  - “education-related AA”
- 2) Interns are encouraged to save annual leave and any AA accrued in order to allow the Intern sufficient time for travel to and from post-doc interviews and job interviews, as applicable.
- 3) To meet restrictive licensure requirements and to safeguard the accreditation of the internship, Interns must be physically present on site on the last day of the Internship; thus, Interns may not curtail their training year by ‘saving’ leave or AA days in order to finish the internship in less than the full 52-week time span.

**Liability Protection for Trainees:** When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

***Training year defined:***

Per APA accreditation standards, the training year is defined as “a full 52 weeks” and is measured from the first day of the first pay period. Federal holidays (10 workdays), absences due to annual leave (13 workdays), sick leave (13 workdays) and AA days are included in those 52 weeks. For time accounting purposes, leave and other absences are assumed to be idiosyncratically distributed throughout the training rotations and are included in/counted as part of the duration of the rotation in which they occur.

Many states require a certain number of internship hours for licensure. In addition, APA’s Commission on Accreditation (CoA) requires the equivalent of a whole year, or a “full 52-weeks.” To ensure their record reflects ‘a full 52 week’ duration of the Internship, Interns are required to be on-site for the entirety of the first day of the Internship and for the entirety of the last day of the Internship, and to plan their leave accordingly.

Sometimes circumstances arise which require unexpected/lengthy emergency leave requests. This could include maternity leave or extended sick leave (e.g., for the Intern’s health or for family care of an immediate family member) or for extended military leave. Depending on the length of leave taken, this may mean staying on after the original graduate date to log the required hours and demonstrate the required competencies. This is likely to be without additional stipend support. Although VA’s Office of

Academic Affairs have sometimes in the past (prior to the onset of the NWI Internship) been able to provide additional funds under certain circumstances, Interns (and programs) cannot count on this.

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## ***NWI Intern Authorized Absence \*\*\****

\*\*\* Please note that Interns are trainees, not employees. As such, “Authorized Absence” (AA) is granted and tracked through the Internship and Chief of Psychology, not through VISTA and the VA’s employee timekeeping system available to non-trainee employees.

There are three (3) types of AA defined by the NWI Internship which may become available to NWI Interns which may accrue for activities deemed by the NWI Training Director and Chief of Psychology as providing substantial benefit to the VA and its educational mission. These three types of “NWI Intern AA” are:

- “5-days AA”
- “travel-related AA”
- “education-related AA”

Interns are encouraged to save annual leave and any AA granted to allow for travel to post-doc interviews and job interviews, as applicable. To meet restrictive licensure requirements and to safeguard the accreditation of the internship, Interns must be physically present on site on the last day of the Internship; thus, Interns may not curtail their training year by 'saving' leave days in order to finish the internship in less than the full 52-week time span.

Leave must be requested through the Chief of Psychology and should be planned to minimize absences during mandatory training experiences. There is no reimbursement for Annual or Sick Leave not used by the year’s end and it does not necessarily transfer to other VA post-doc or training sites. A "Certificate of Internship" is issued upon successful completion of the full 52-week program.

The NWI internship has determined three basic categories for granting AA for NWI Interns, two of which are known as “5-day AA” and “travel-related AA”. The third category is AA granted when Interns attend specific trainings or other educational activities at the internship’s suggestion.

All requests to use AA must be given at the earliest possible time in order to provide **sufficient notice to avoid disruption to Veteran access to services**. Therefore, AA must be approved by the Intern’s supervisor as well as the Chief of Psychology. Even if accrued, requests to use AA are not automatic.

First, up to five (5) days of AA (hereinafter “**5-days AA**”; 40 hours total) **may** be granted at the discretion of the Training Director and/or the Chief of Psychology taking into consideration the Intern’s progress in training, clinical needs of the Intern’s patient caseload, prior use of AA, use of other leave, etc. Per the decision of the NWI Training Director and Chief of Psychology, use of “5-days AA” is **restricted** to the following post-doc interviews, job interviews, and dissertation defense, **and may not be used for other purposes** such as: dissertation data collection or writing, meetings with dissertation committee members, or graduation.

Second, “**travel-related AA**” may be granted based on Intern travel outside of normal duty hours, per the decision of the NWI Training Director and Chief of Psychology. “Travel-related AA” accrues for time actually in transit related to travel between VA training sites. This includes travel during the first two weeks orientation period as well as travel during assessment clinic Fridays and for monthly ‘rural day’ didactics. This is estimated not to exceed 40 hours of travel-related AA for Interns based in Lincoln and Grand Island, but possibly somewhat more for the Intern based in Norfolk. Use of accrued “travel-related

AA” is **not restricted** and may be used for any purpose. However, if used in conjunction with the use of one or more days of “5-days AA” then this must be explicitly stated as part of the application.

The third type, “**education-related AA**” is for situations where the internship itself suggests Interns attend a training or other educational training off-site, an Intern decides he or she would like to attend and puts in a request for AA to attend, and then does in fact attend the training or other suggested educational activity. For example, when the internship offers Interns the opportunity to attend the Fall and Spring Conferences of the Nebraska Psychological Association (and assuming there are no reasons why the request for AA would not be granted e.g., the Intern is up to date with all internship requirements, for example), then these AA hours are would not be charged against your “5-day AA.”

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## Facility and Training Resources

Interns matched to the NWI Psychology Internship are stationed at one of three training sites based on the APPIC approved Internship Match process through the National Matching Service.

The NWI Mental Health and Behavioral Science Division has allocated adequate facilities conducive to a supportive training environment, with office space in Grand Island, Lincoln, and Norfolk as needed. Interns have assigned physical office space in their base station with access to office space wherever they are providing care if away from their offices. They have access to computers in their home office and at other sites, as well as computer access in any temporary offices. Interns have access to telehealth equipment.

Interns based in Lincoln and Norfolk are assigned to their own offices in which they are able to do therapy and testing or other assessment. Interns based in Grand Island share a single office in which they do not meet patients. Instead, Grand Island-based Interns have access to private ‘hotel’ offices and conference rooms for meeting with patients for therapy and testing or other assessment. Interns at all three locations have their own desks, locking drawer space, separate phone numbers, and separate voicemail. Appropriate temporary office space is provided to Interns travelling to Polytrauma in Omaha.

There is limited clerical support at both training sites, primarily for scheduling patients. Intermittent travel by Interns stationed in Lincoln or Grand Island typically utilizes a VA-provided station car. Travel by the Norfolk-based Intern is supported through travel requests and mileage reimbursement via internal VA mechanisms.

Library resources are also available and include access to the VA Medical Library in Omaha with interlibrary loan clerk assistance, as well as the VA’s access to electronic library databases. Local resources also include the medical libraries associated with the University of Nebraska Medical Center in Omaha, UNO, and UNL.

Various psychological tests and other assessment materials are provided for use at the three training sites.

Each Intern can access their VA file system from any VA computer within the NWI system and can apply to the VA Administration for remote computer access if approved by the Chief of Psychology.

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## ***Policies and Procedures***

The NWI Internship program adheres to and makes available to all interested parties formal written policies and procedures that govern Intern selection; practicum and academic preparation requirements; administrative and financial assistance; Intern performance evaluation; feedback, advisement, retention, and termination; and due process and grievance procedures for Interns and training staff.

Our privacy policy is clear: We will collect no personal information about you when you visit our website.

## **Training Staff**

The Internship Faculty/Supervisors are listed for each of the training sites along with site-specific information. Note the staff with \* by their name are part time staff.

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## NWI Facilities/Training Site Information:

The map below of the eastern half of the state of Nebraska offers a sense of where the main NWI facilities/training sites are in relation to each other. Drive times estimated are in good weather on dry roads; more time should be allowed under varying weather conditions.

Roughly speaking, the Grand Island VA is almost exactly 100 miles (parking lot to parking lot) from the Lincoln VA, and takes approximately 2 hours' drive-time.

The Norfolk CBOC is approximately 2.25 to 2.5 hours' drive-time from each of the other sites (Grand Island VA, Lincoln VA and Omaha VAMC) depending on your route and driving habits. Because there is little if any interstate travel, weather conditions may make a more significant impact on drive times to and from Norfolk.

The Omaha VAMC is almost exactly 50 miles (parking lot to parking lot) east of Lincoln VA and about 50 minutes' drive time.



The Interstate (I-80) within Nebraska has a speed limit of 75 mph outside of Omaha and Lincoln. State highways tend to have a speed limit of 60 or below, depending on how population.

About a third of the time spent driving from Lincoln to Grand Island is not on the Interstate, going through much of Lincoln, which slows one down. Driving directly from Grand Island VA to the Omaha VAMC is quicker therefore than driving first to the Lincoln VA and then on to the Omaha VA.

For winter driving conditions in Nebraska, see: <http://www.511.nebraska.gov/atis/html/index.html> which is updated frequently by the Nebraska State Patrol to describe current road conditions. There is also a "511 Nebraska" smart phone app.

## Site-Specific Training Experiences

Go to [Shared Attributes Across Training Sites](#) for aspects of training that is shared across training sites or for additional information go to the [Table of Content Links](#) or [Top of the Document](#).

### **Grand Island VA**

#### **3 Internship Positions**

Track 221715 → “NWI - Rotation Based – Grand Island VA”



The Grand Island VA sits on a picturesque parcel of land, is easily accessible, and has plentiful parking. The Grand Island VA is 100 miles from the Lincoln VA (parking lot to parking lot) and about 150 miles to Omaha.

Known locally as the “Grand Island VA”, the Grand Island training site is technically a very large CBOC (Community Based Outpatient Center) but may also be considered to be a hospital due to having residential services. In the 1990’s the Grand Island VA, along with the Lincoln VA and the Omaha VA – all then freestanding VA hospitals - merged into the VA Nebraska-Western Iowa HCS (NWI). Inpatient medical and psychiatric services, surgical services and medical specialty care consolidated in the Omaha VAMC. The Omaha VAMC is a full-service VA Medical Center with NWI’s only 24-hour emergency services department. The Omaha VAMC also houses NWI’s higher echelon administrative structure. Since the 1990’s, services at the Grand Island VA have included outpatient mental health, outpatient primary care, and two residential programs: a rehabilitative/nursing home known as a Community Living Center (CLC) and residential substance abuse treatment program.

Mental health services in Grand Island include both General Mental Health (with one psychologist and several clinical social workers), and PTSD focus within General Mental Health (which includes one psychologist and two clinical social workers designated “PTSD Specialists”) There is also one psychologist integrated into Primary Care (PCMHI). The GMH psychologist also serves the residential substance abuse treatment unit (SAARTP) in Grand Island (18 beds). In addition, a psychologist functions part time within the treatment team in the 54-bed CLC skilled nursing home which accepts referrals from across the NWI system, although for Veterans living far afield it is preferred that they utilize a nursing home in the Veteran’s home community if possible. That psychologist’s other half-time function is to do telehealth interventions. Grand Island provides more telehealth training to Interns than other sites because of this, although the other sites are striving to catch up.

Approximately 80% of the individual Veterans seeking services of any kind at the Grand Island VA are from rural or highly rural counties. Approximately 80% of the in-person, face-to-face mental health encounters in Grand Island are with Veterans from rural areas, with an additional approximately 10% from highly rural areas. Urban referrals to the Grand Island facility are typically to the Residential Substance

Abuse Program. In addition, some Veterans from urban areas may spend time at the Grand Island CLC for annual care-giver (and Veteran) respite stays.

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## **Grand Island Rotations**

The following provides specific information that is site-specific to the Grand Island VA training site. See [Shared Attributes of Across Training Sites](#) for aspects of training shared across training sites.

Outpatient General Mental Health (GMH) - This is a general outpatient clinic providing a full range of mental health treatment to Veterans diagnosed with mental health disorders including mood and anxiety disorders (other than combat-related PTSD) and psychotic disorders. The Intern's primary rotation supervisor is typically Dr. David Duke, but may have contact with Dr. Diane Todd as well during this rotation regarding the Community Living Center (see below).

Interns provide individual and group psychotherapy, initial evaluations, team consultation, and diagnostic assessment. Interns gain exposure to evidence-based treatment modalities including CBT and ACT etc., as well as other evidence-supported interventions. Group interventions in which Interns are required to participate are set by the primary rotation supervisors. These typically include Mindfulness Group and ACT group. Additionally, the following groups may be available in which interns may participate: Seeking Safety group, Barlow's Transdiagnostic groups (titled Mood Management), Cognitive Behavioral Therapy for Depression, and Anger Management groups. Interns also learn to develop treatment plans and interventions that are aligned with Veterans' individualized preferences and goals. The clinic's interdisciplinary team consists of psychologists, social workers, mental health nurse practitioners, and psychiatrists. There are opportunities for interdisciplinary collaboration and honing skills for working in interdisciplinary settings. Interns participate in a weekly interdisciplinary mental health clinic treatment team meeting (sometimes called a "huddle"), as well as larger monthly interdisciplinary mental health meetings. NWI also implemented outpatient mental health teams (Behavioral Health Interdisciplinary Program teams - BHIP), with current Interns as active participants. Through their participation on BHIP teams, Interns learn through experience and supervision discussions how teams provide a means of leveraging the expertise of individual members and provide recovery-oriented, evidence-based treatments for mental health issues presented by Veterans.

When completing this 4-month rotation Interns will be required to travel to Norfolk once a month - typically on the first Friday per month (weather permitting). The Intern will be accompanying their rotation supervisor who provides area level supervision to the Norfolk Intern since the tour of duty for the psychologist stationed at the Norfolk CBOC is Monday through Thursday.

There is significantly more access to substance abuse treatment training in Grand Island than at the other two training sites, due to the presence of the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). There is no separate substance abuse rotation, as this is incorporated with the General Mental Health rotation. However, Interns can discuss extending their SUDP experiences through a limited use of elective hours outside the GMH rotation. While on the GMH rotation, Interns based in Grand Island have the opportunity to work with patients from the SARRTP. SARRTP is a residential treatment program for patients with problems with alcohol and other drugs. This multidisciplinary unit treats both drug and alcohol dependent patients with the understanding that many of the patients also suffer with a variety of mental health problems. The treatment program aims to improve the quality of life for veterans by integrating substance abuse services with evidence-based psychological services with a strong emphasis on the practice of mindfulness. The program emphasizes individual and group psychotherapy. Substance use treatment and psychological services are integrated into a program which consists of the principles of bio-psychosocial rehabilitation, combining pharmacological, psychological, educational, and social interventions to assist the veteran in recovering a healthy lifestyle and to establish a meaningful role in the community. Psychology Interns in the Grand Island General Mental Health

rotation have the opportunity to receive training in group therapy, individual therapy, clinical interview assessment, and psychodiagnostic testing.

Post-Traumatic Stress Disorder - Treatment for PTSD (military/combat and non-military/combat) in Grand Island is conducted by clinicians from the General Mental Health Clinic who specialize in trauma treatment. At least three Grand Island clinicians (1 psychologist and two highly experienced clinical social workers) are VA-certified in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Grand Island-based Interns will have greater opportunity to shadow clinicians certified through the VA in PE and CPT than elsewhere in the NWI Psychology Internship. Training is also done through involvement in individual therapy, and co-facilitate evidence-based group therapies. If available and as directed by their Primary Rotation supervisor(s), Interns are also involved in various therapies for Veterans not ready or otherwise not appropriate for more direct trauma work. These could include the application of ACT to PTSD; involvement in group interventions (e.g., Relaxation Group, Mindfulness Group, or Seeking Safety, Imagery Rehearsal Therapy for Nightmares, and CPT group). During this rotation Interns have in the past been required to participate in Dialectic Behavior Therapy (DBT) Skills Group which is facilitated by Social Worker DBT Therapists. This requirement is likely to continue, however due to the growth of social work practicum students in Grand Island, the logistics of how this occurs in Grand Island are currently being worked out. Interested Interns may investigate whether they could be assigned to engage in individual DBT therapy if deemed appropriate by the PTSD supervisor and part of the Intern's individualized training plan. In addition, Interns will be involved in all aspects of treatment including diagnostic assessment, treatment planning, individual psychotherapy, and group psychotherapy. If interested, Interns can meet with the local Military Sexual Trauma (MST) coordinator for Grand Island and participate in or help develop treatment programs/options.

Primary Care - Mental Health Integration (PCMHI) - The PCMHI rotation experience is somewhat different in Grand Island from the PCMHI rotation experience in Lincoln and the year-long experience in Norfolk. This rotation is supervised by Dr. Tabitha Carlson.

NWI has been a leader in Primary Care - Mental Health Integration, with psychologists, social workers, and psychiatrists integrated into our primary care clinics. The Grand Island PCMHI team uses a co-located collaborative care model and interacts extensively with Primary Care staff including physicians or allied health providers, nursing, pharmacy, dieticians, social work and medical support staff. Primary care staff in Grand Island often contact the PCMHI team to either meet a patient while in the primary care office, or to enlist assistance with consultation or liaison services. Primary Care medical providers request help with a variety of needs or issues related to lifestyle and behavioral difficulties, such as medical compliance and health promoting practices; coping with illness or chronic diseases, pain management, sleep difficulties, crisis situations, coordination of care, and brief treatment of psychological conditions.

The Grand Island PCMHI rotation offers training in individual assessment and brief intervention, as well as group psychoeducation. Interventions may include: crisis management, relaxation training, smoking cessation, weight management, chronic illness self-care, goal setting, short-term psychotherapy, motivational interviewing, problem-solving groups, behavioral self-analysis and assertive communication training. The PCMHI Rotation emphasizes training in consultation skills, effective clinical communications, and health coaching practices. Interns also develop skills in educating medical staff from an array of professional backgrounds through the provision of in-services and brief consultation. The PCMHI Rotation requires familiarity with medical syndromes; psychological problems that impact medical care outcomes; and methods of communication to which medical providers are responsive; thus Interns receive extensive exposure to appropriate methods of written, electronic, and verbal interdisciplinary communication, report writing and other documentation.

Interns in the Grand Island PCMHI Rotation are involved in all aspects of treatment, including diagnostic assessment, consultation, individual psychotherapy, and group psychotherapy, as well as program development and team building practices key to the PCMHI role. Interns also attend Patient Aligned Care Team (PACT) meetings, as well as teamlet huddles to enhance exposure to effective communication and interprofessional team processes.

Evidence-based psychotherapies learned in the PCMHI rotation typically include CBT for Insomnia (CBT-I) and other sleep interventions, as well as CBT for Chronic Pain (CBT-CP). Interns on the PCMHI rotation participate as the mental health provider in the “Yoga for Chronic Pain” group for which NWI contracts with a community yoga instructor. Interns lead group therapies such as Brief Problem Solving Therapy, Sleep Education group, and a 4-session Depression group. A significant training activity is Interns’ participation in the weekly Interdisciplinary Pain Clinic, a specialty clinic serving Veterans with complex cases of chronic/intractable pain. With supervision, Interns conduct chronic pain assessments / evaluations, provide brief intervention, and assist with coordination of psychological care for patients with chronic pain. Interns will also be able to assist with the multidisciplinary psychoeducational class, Chronic Pain 101, as well as co-facilitate “Managing Chronic Pain” therapy groups. The Chronic Pain 101 includes a telehealth component with Veterans participating from several sites and offers information about effective pain management and includes topics about stress, activity pacing, living a balanced lifestyle, cognitive restructuring, anger management, assertiveness, family dynamics, and relapse prevention. A variety of treatment modalities are utilized within Pain Psychology.

One of the interventions offered through PCMHI is weight management. At the VA this program is called MOVE. MOVE is a national weight management program designed by the VA National Center for Health Promotion and Disease Prevention (NCP), a part of the Office of Patient Care Services. MOVE is a multi-stepped model of increasingly intensive interventions designed to help Veterans lose weight, keep it off and improve their health. MOVE features five levels of care, ranging from individual counseling and dietary intervention, group psychoeducation, medication management for weight loss, Very Low Calorie Diet programs, to bariatric surgery. NWI is the only site in the upper Midwest offering all five levels of intervention. Interns may be involved with psychological assessment and individual/group interventions. Interns will be exposed to evidenced based health behavior interventions, Motivational Interviewing (MI) and CBT. Interns can participate in interdisciplinary team meetings and staff education. Very occasionally, Interns might be able to be involved in Bariatric pre-surgical evaluations, although these do not arise often. The NWI MOVE program offers a weekly group to Veterans at all NWI locations, connecting them via telehealth. Facilitators/presenters rotate and the PCMHI Psychologist does presentations occasionally.

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### ***Grand Island Assessment Clinic***

This year-long training experience involves neurocognitive screenings and occasionally more complex neuropsychological assessments (e.g. Grand Island area Veteran in need of Polytrauma evaluation). Beginning in the 2016-17 training year, and likely continuing in 2017-18, Dr. Diane Todd has become the Assessment Clinic supervisor across all rotations. She is backed up by the other Grand Island psychologists who have excellent assessment skills as well, and were previously rotated through the Assessment Clinic supervision role for the 5 years prior to Dr. Todd taking over.

Please see the general requirements for the Assessment Clinic for all Interns at all three training sites for additional details. In addition to gaining “area level” supervision status early in the training year, at some point in the training year, each Grand Island-based Intern is required to demonstrate basic competencies (essentially equivalent to “area level” supervision) in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT. However, only the Lincoln-based Interns will be required to actually administer the Polytrauma battery near the beginning of their General Mental Health rotation.

Grand Island-based Interns will not necessarily have opportunities to administer them for an actual evaluation of a Veteran, depending on opportunity. The Grand Island-based Interns may choose to administer parts of this battery in individual cases in Grand Island under the supervision of their Grand Island Assessment Clinic supervisors and can request consultation from the Polytrauma psychologist who

is often present during Assessment Clinic group supervision via V-tel. Occasionally the Polytrauma psychologist travels to Grand Island to administer the battery, at which times Grand Island-based Interns have been invited to observe or to administer under the Polytrauma psychologist's observation depending on the Intern's demonstrated competencies. Whether or not those opportunities arise, Interns in Grand Island prepare by practice administering the tests with fellow interns and supervisors during individual and/or group supervision. In addition, they are given access to samples of completed protocols and reports which they can review and discuss in order to obtain basic competencies. Provided the neuropsychologist is available, Grand Island-based Interns interested in improving their neuropsychological skills can request to use some of their elective time to write reports under the Polytrauma neuropsychologist's supervision, basing their report on test administered by the neuropsychologist or other clinician acting as their psychometrist.

See [Assessment Training](#) for further details about the Assessment Clinic shared across all three NWI Internship training sites.

**Other experiences** that Grand Island-based Interns may choose to incorporate into the primary rotations/Assessment Clinic are:

Community Living Center (CLC) - The CLC for NWI is housed in the Grand Island VA. The mission of the CLC is to provide compassionate care to eligible Veterans with sufficient functional impairment to require this level of care. Veterans with chronic stable conditions including dementia, those requiring rehabilitation or short term specialized services such as respite or intravenous therapy, or those in need of comfort and care at the end of life are served in the CLC. A full-time psychologist, Dr. Diane Todd, provides 0.5 FTE as part of the CLC multi-disciplinary team, providing cognitive and psychological assessments and team consultation. Interns can also gain experience in interventions that assist Veterans and families cope with death and dying issues.

Access to the Grand Island CLC provides Interns interested in geriatric care a wealth of experiences related to skilled nursing facilities. This also applies to non-geriatric Veterans with significant health issues more generally. Interns may be involved with the CLC for assessment Clinic referrals during the year-long Assessment Clinic. They may be involved with CLC patients during the General Mental Health rotation, providing psychotherapy for residents due to any number of psychiatric issues, and during the PTSD rotation due to trauma-related issues. When on PCMHI rotation Interns are not likely to see Veterans from the CLC. They are however very likely to see Veterans from the local state-run Veteran's Home or community skilled nursing facilities who are seen on-site at the Grand Island VA.

Depending on the technical and clinical availability, Interns stationed in Grand Island may have the option of periodically shadowing a Lincoln-based Board Certified Geriatric Psychiatrist. Dr. Filips conducts telehealth behavior rounds, as well as individualized telehealth consultations to VA skilled nursing facilities throughout the VISN 23. The VISN 23 network consists of VAs located in NE, IA, ND, SD, and MN). It is unlikely Grand Island-based Interns would be able to shadow Dr. Filips working with individual patients, nor her work with the other skilled nursing elsewhere in the VISN 23 network. However, Dr. Filips consults with the Grand Island CLC regularly on Thursdays and a psychologist Dr. Diane Todd is a member of the CLC treatment team. An interested Grand Island-based Intern could work with his or her supervisor and Drs. Filips and Todd to determine options for participating in the CLC team meetings with or without the presence of Dr. Filips.

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### ***'Elective' Hours***

Interns at all three training sites may use 'elective' hours in which they can further individualize their training program. Please see details at the following [Shared Attributes of Training Sites](#).

### Grand Island Schedule Examples (subject to change)

Note that the 2<sup>nd</sup> Wednesday of the month, all Interns from Grand Island and Lincoln travel to Norfolk for rural-focused training activities and didactics (weather permitting); to facilitate travel back from Norfolk, the “Depth” didactics move to Monday afternoons those weeks.

#### GMH Rotation

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors) & Primary Rotation PM: Primary Rotation; 1-hr individual Supervision; 1-hr Peer Supervision
Tuesday	8+	AM: Primary Rotation; 1-hr individual Supervision PM: Primary Rotation; 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Primary Rotation; Elective V-tel Geriatric Behavior Rounds PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series PM: Psychology Staff Meeting (4 <sup>th</sup> Wed only)
Thursday	8+	AM: DBT Skills Group; Elective V-tel Geriatric Behavior Rounds PM: Electives – e.g., Telehealth training, also Report Writing;
Friday	8+	All Day: Assessment Clinic testing, scoring and report Writing

#### PTSD Rotation

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors) & Primary Rotation Activities PM: Primary Rotation; 1-hr Peer Supervision
Tuesday	8+	AM: Primary Rotation; 1-hr individual Supervision; DBT Consultation Meeting PM: Primary Rotation; 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Electives; Elective V-tel Geriatric Behavior Rounds PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series PM: Psychology Staff Meeting (4 <sup>th</sup> Wed only)
Thursday	8+	All Day: Primary Rotation; 1-hr individual supervision AM: DBT Skills Group (if available)
Friday	8+	All Day: Assessment Clinic testing, scoring and report Writing

#### PCMHI Rotation

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors); Rest of Day: Assessment Clinic testing, scoring and report Writing 1-hr individual Supervision; 1-hr Peer Supervision
Tuesday	8+	AM: Primary Rotation; 1-hr individual Supervision PM: Primary Rotation; 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Electives; Elective V-tel Geriatric Behavior Rounds PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series PM: Psychology Staff Meeting (4 <sup>th</sup> Wed only)
Thursday	8+	All Day: Primary Rotation; Pain Clinic Interdisciplinary Team Meeting (re next day’s patients); Yoga for Chronic Pain group
Friday	8+	AM: Pain Clinic; other Primary Rotation; 1-hr individual Supervision PM: other Primary Rotation

### Grand Island-based Psychology Staff:

1. Tabitha A. Carlson, Psy.D. (Forest Institute of Professional Psychology 2008). Grand Island. VA since November 2009. PCMHI Psychologist until 2016. Since 2016 NWI-wide Health Behavior Coordinator. Travels between NWI sites as needed. National CBT-I Consultant. Provides consultation and training to providers on health coaching and motivational interviewing. Duties include behavioral medicine groups and brief individual interventions. Clinical/Research interests include health psychology, motivational interviewing, behavioral medicine for sleep, neuropsychological screening, psychological assessment, preventative health behaviors, medical decision making, interdisciplinary collaboration, self-management education, adjustment to illness, family and couples counseling. 5-10 hours/week devoted to internship. Duties include brief health psychology interventions and medical education. Clinical interests include health behavior change associated with chronic health conditions, interdisciplinary collaboration, and brief health psychology intervention and assessment.
2. David L. Duke, Ph.D. (Auburn University 2004). Grand Island. VA since January 2011. Associate Training Director (0.2 FTE). Mental Health Clinic (0.4 FTE); Substance Abuse Recovery and Rehabilitation Treatment Program (SARRTP, 0.4 FTE). Duties include CBSST, neuropsychological screening, SAARTP. Clinical interests include SMI, mindfulness skill training, ACT, substance use, couples therapy, and ethical decision-making in psychotherapy.
3. Krista K. Krebs, Ph.D. (Iowa State University 2000). Grand Island. VA since 2007. PTSD Specialist and acting Grand Island Site Supervisor, as well as Co-PTSD Mentor for VISN 23. 8-10 hours/week devoted to internship. Duties include PTSD screening and intervention. Clinical/Research interests include Prolonged Exposure Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, neuropsychological screening. Research interests include PTSD, ACT, impact of killing on PTSD symptoms, group therapy via telemental health technologies, rural mental health issues. Part-time faculty at Capella University.
4. Diane L. Todd, Ph.D. (Oklahoma State University 1997). Grand Island. VA since 2012; beginning in Tomah, WI; transferred to Grand Island in April of 2015. Clinical psychologist in Outpatient Mental Health, providing outpatient services primarily through telemental health to Veterans through local CBOCs (community-based outpatient clinic) and/or at home (using VA technology similar to a secure version of Skype). Veterans agree to be seen using this system because it is the most convenient (or only feasible) option for them. Services provided are intended to be as close as possible to the traditional, in-office therapy experience as possible. Psychologist supporting the Community Living Center (CLC); providing an array of services, including individual counseling, cognitive assessment, consultation, and interdisciplinary team duties. Assessment supervisor for NWI's APA accredited pre-doctoral internship. Helps explore the world of assessment, augmenting experiential learning with role plays of various testing/assessment scenarios. Clinical interests include CBT, Interpersonal therapy (IPT), serious and persistent mental illness (SMI), the intersection of personality (broadly defined) and change.
5. Joshua M. Brown, Ph.D. (University of Kansas 2016). Dr. Brown recently joined the Grand Island Primary Care team as a graduate psychologist in August 2016 upon completing his doctoral internship at the Dwight D. Eisenhower VAMC in Leavenworth, KS. He additionally completed practica experiences at both the Leavenworth and Topeka VA Medical Centers working in the outpatient mental health clinic and the Stress Disorder Treatment Program, a 7 week inpatient trauma focused unit for Veterans. He completed his dissertation using archival VA data. Clinical and research interests include military Veterans and their families struggling with trauma related experiences and reintegration and exploring the psychological, cultural, societal, and environmental factors of life and community, and individual impacts.

Go to [Shared Attributes Across Training Sites](#) for aspects of training that is shared across training sites or for additional information go to the [Table of Content Links](#) or [Top of the Document](#).

## **Lincoln VA**

### **3 Internship Positions**

**Track 221714 → “NWI - Rotation Based – Lincoln VA”**



The Lincoln VA is housed on a graceful campus with plentiful parking, easily accessed as it is located near two major streets on the eastern side of Lincoln. The Lincoln VA was dedicated in 1930 and as such is one of the oldest VA hospital buildings in the United States. The Lincoln VA is made up of a cluster of building joined into one facility through shared corridors, with the mental health and substance abuse treatment services provided in an adjoining building to the right, just out of view in the picture above. Parking lot to parking lot, the Lincoln VA is approximately 100 miles east of the Grand Island VA, 120 miles south-southeast of Norfolk, and 50 miles west of the Omaha VA.

Known locally as the “Lincoln VA”, the Lincoln training site is in fact a large community-based outpatient clinic (CBOC) that serves such a large number of Veterans it classifies as a “Super CBOC” with no residential services. In the 1990’s the Lincoln VA, along with the Grand Island VA and the Omaha VA – which had each been freestanding VA hospitals - merged into a single entity - the VA Nebraska-Western Iowa HCS (NWI). Inpatient medical and psychiatric services, surgical services and medical specialty care consolidated in the Omaha VAMC. The Omaha VAMC is a full-service VA Medical Center with NWI’s only 24-hour emergency services department. The Omaha VAMC also houses NWI’s higher echelon administrative structure. Lincoln VA patients needing more intensive services are sometimes served at the Omaha VAMC or in one of the two residential programs at the Grand Island VA.

Since the merger into NWI in the 1990’s, the Lincoln VA (“Super-CBOC”) provides only outpatient medical and mental health care. Services include a large primary care service, with some limited specialty care with more medical specialty care available through the Omaha VAMC or in the community. The Lincoln VA provides extensive outpatient behavioral health services, such as individual, group, and family counseling through the General Mental Health clinic as well as Primary Care Mental Health Integration.

Approximately 40% of the individual Veterans seeking services at the Lincoln VA are from rural counties; approximately 40% or so of all in-person, face-to-face mental health encounters are with patients from rural areas, with another 3% or so from highly rural areas. Lincoln is also a primary telemental health service delivery site to rural areas.

The Lincoln VA offers Interns several unique clinical experiences. Mental Health Services in Lincoln include a General Outpatient Mental Health Clinic, a specialized PTSD clinic, referred to as a “PCT

(please see below), an outpatient Substance Abuse Clinic, Mental Health in Primary Care Integration, Pain, and Telemental Health. The Lincoln VA serves Veterans of all ages including a large number of geriatric Veterans with a variety of mental and medical needs. A number of these Veterans seek neurocognitive evaluations related to possible dementia. Some also participate in group and individual psychotherapy, as well as psychoeducation for families caring for Veterans. Depending on logistics, Interns stationed in Lincoln also have the option of being in the room with Dr. Julie Filips, a Board Certified Geriatric Psychiatrist who conducts telehealth consultations to VA skilled nursing facilities throughout the VISN 23 (the network of VAs to which NWI belongs; it consists of VAs located in NE, IA, ND, SD, and MN).

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### **Lincoln Rotations**

The following provides specific information that is site-specific to the Lincoln VA training site. See [Shared Attributes Across Training Sites](#) for aspects of training shared across training sites.

Outpatient General Mental Health (GMH) - This is a general outpatient clinic providing a full range of mental health treatment to Veterans diagnosed with mental health disorders including mood and anxiety disorders and psychotic disorders. Staff include psychiatry, social work, nursing (RN and APRN), and clinical pharmacy, in addition to psychology, in addition to a mental health peer specialist. Lincoln-based Interns will provide individual and group psychotherapy, initial evaluations, team consultation, and diagnostic assessment. Interns gain exposure to evidence-based treatment modalities including CBT and ACT, as well as other evidence-supported interventions. Interns also learn to develop treatment plans and interventions that are aligned with Veterans' individualized preferences and goals. We currently have psychologists, social workers, mental health nurse practitioners, and psychiatrists integrated into our outpatient mental health clinics enhancing opportunities for interdisciplinary collaboration and honing skills for working in interdisciplinary settings. Interns participate in a weekly interdisciplinary mental health clinic treatment team meeting (sometimes called a "huddle"), as well as larger monthly interdisciplinary mental health meetings. NWI also implemented outpatient mental health teams (Behavioral Health Interdisciplinary Program teams - BHIP), with current Interns as active participants. Through their participation on BHIP teams, Interns learn through experience and supervision discussions how teams provide a means of leveraging the expertise of individual members and provide recovery-oriented, evidence-based treatments for mental health issues presented by Veterans.

Lincoln's Outpatient General Mental Health Clinic provides Interns with both group and individual psychotherapy experiences. Interns in this rotation primarily receive training in Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT). Less frequently, training in Marital/Couples Therapy may be available. One established group that Interns are encouraged to co-facilitate is the interdisciplinary telehealth group "Cognitive Behavioral Therapy for Tinnitus." An audiology provider also co-facilitates.

Interns with an interest in substance use disorders can make arrangements through the GMH rotation to participate in Seeking Safety and other substance abuse-related services. There is no separate SUDP rotation, so in addition to engaging in substance abuse interventions as part of the GMH rotation, Interns can also discuss extending SUDP experiences through a limited elective outside the GMH rotation. One psychologist is actively involved in the SUDP program, leading Seeking Safety groups as well as Anger Management groups.

Similar to the other rotations, Interns in the GMH rotation must complete a project during the course of the rotation. This can involve developing a new group, completing a program evaluation project, or developing recommendations for improving groups or processes within the PCT, etc. Interns are counselled to take the first several weeks observing and noting any gaps in services or inefficient

processes that could be improved upon, then discussing the proposed project in supervision before embarking.

Post-Traumatic Stress Disorder - The PTSD Care Team (PCT) provides specialized mental health treatment to Veterans who have a diagnosis of PTSD due to trauma during in the military service. The PCT staffing currently includes a 0.5 FTE psychiatrist and the equivalent of 1.8 FTE provided by three individual psychologists (one 1.0 FTE psychologist, one 0.3 FTE of a full-time psychologist with remainder in other duties, and one 0.5 FTE part-time psychologist).

Our experience has been that Lincoln-based Interns have no difficulty getting supervised experience offering Cognitive Processing Therapy (CPT) in individual therapy and when a sufficient cohort exists, in a group format. All three psychologists in the PCT, as well as some of the psychologists and social workers in the General Mental Health clinic are also trained in CPT. Lincoln-based Interns will have the opportunity to shadow clinicians certified through the VA to provide Prolonged Exposure (PE) to the extent this is available. However, due to staffing changes only one psychologist offers PE in Lincoln at the current time.

Availability of training experience with PE varies from year to year. Updates on PE training availability in Lincoln can be given at the time of the interviews as well as in response to questions prior to Match decision-making. Because we are a unified internship, there is sometimes an option to shadow a Grand Island PE provider via V-tel (subject of course to Veteran and Therapist agreement).

Interns are also involved as assigned in various therapies for Veterans not ready or otherwise not appropriate for more direct trauma work. Supervisors may or may not assign the Intern to become involved in mindfulness-based group interventions (e.g., Relaxation Group, Yoga for PTSD) depending on Intern interest and/or necessity, etc..

Interns in the PTSD rotation are required to participate in Dialectic Behavior Therapy (DBT) Skills Group, co-leading alongside a PCT psychologist. The DBT Skills Group utilizes a hybrid V-tel model in which groups are combined across sites via V-tel. Interns participating in DBT in any manner attend the weekly DBT Consultation meeting in which DBT providers from both Lincoln and Grand Island consult about cases, provide support to each other related to difficult situations not uncommon in DBT populations, and continue to learn from each other. Interns with a particular interest in DBT may request to do individual DBT therapy if deemed appropriate by the PTSD supervisor and part of the Intern's individualized training plan.

Lincoln-based Interns will be involved in all other aspects of PTSD treatment including diagnostic assessment, treatment planning, individual psychotherapy, and group psychotherapy. Interns quickly take ownership of providing two weekly psychoeducational groups (a 2-session sequential PTSD Education group and a 5 session drop-in at any point PTSD Coping Skills Group). If interested, Interns have the opportunity to meet with the 1.0 FTE PCT psychologist in her role as the Military Sexual Trauma (MST) Coordinator for Lincoln and if appropriate participate in and/or help develop treatment programs/options.

Similar to the other rotations, Interns in the PCT rotation must complete a project during the course of the rotation. This can involve developing a new group, completing a program evaluation project, or developing recommendations for improving groups or processes within the PCT, etc. For example, the configuration of the current PTSD Education Group / PTSD Coping Skills series is an adaptation of what used to be an 8-session series, created by one of the prior Interns in a successful effort to make start point of therapy more readily available to Veterans as they present themselves to the clinic. Another year an Interns in the PCT rotation and an Intern in the PCMH rotation collaborated to create a 4-session Imagery Rehearsal for Nightmares therapy group which has continued since that time in the PCMH rotation.

Primary Care - Mental Health Integration (PCMH) – As with other Primary Care settings throughout the VA, primary care services in Lincoln are based on a collaborative care model. Primary Care staff includes

physicians or mid-level providers, nursing, pharmacy, dieticians, social work and medical support staff, in addition to psychology. Although primary care staff contact with the Lincoln PCMHI psychologist has typically involved referrals rather than more instantaneous access through use of a beeper as in Grand Island, this has been changing beginning in the 2016-17 training year. As such, Interns may be increasingly required to carry a pager and be available for immediate consultation and patient access much as Interns typically have in the Grand Island PCMHI rotation. Referrals involve a variety of needs or issues related to lifestyle and behavioral difficulties, such as medical compliance and health promoting practices; coping with illness or chronic diseases, crisis situations, coordination of care, and brief treatment of psychological conditions.

As in Grand Island, Lincoln-based Interns in the PCMHI rotation also develop skills in educating medical staff from an array of professional backgrounds through the provision of in-services and brief consultation.

PCMHI offers Interns an experience in providing brief, evidence-based treatments to patients referred from primary care, collaborative, team-based care, and a variety of pain and insomnia treatment options. The PCMHI rotation also affords regular interdisciplinary consultation with nurses, physicians, and mid-level providers. Interns in the PCMHI Rotation are involved in all aspects of treatment, including diagnostic assessment, consultation, individual psychotherapy, and group psychotherapy, as well as program development.

The PCMHI Rotation emphasizes training in consultation skills, effective clinical communications, and health coaching practices. The PCMHI Rotation requires familiarity with medical syndromes; psychological problems that impact medical care outcomes; and methods of communication to which medical providers are responsive. Thus, Interns receive extensive exposure to appropriate methods of written, electronic, and verbal interdisciplinary communication, report writing and other documentation.

Interns in the rotation participate in the weekly Interdisciplinary Pain Clinic, a specialty clinic serving Veterans with complex cases of chronic/intractable pain. With supervision, Interns conduct chronic pain assessments / evaluations, provide brief intervention, and assist with coordination of psychological care for patients with chronic pain.

PCMHI offers individual assessment and brief intervention, as well as group psychoeducation. Individual evidence-based psychotherapies used by Interns in the PCMHI rotation typically include CBT for Insomnia (CBT-I), CBT for Chronic Pain (CBT-CP), and Motivational Interviewing. Other individual interventions may include: relaxation training, smoking cessation, weight management, chronic illness self-care, goal setting, problem solving, behavioral self-analysis, assertive communication training, and short-term psychotherapy for depression, anxiety and other disorders.

The PCMHI rotation also provides Interns with an array of group experience. PCMHI Interns facilitate weekly groups including Coping with Chronic Pain, Sleep Enhancement, and Smoking Cessation groups. Interns periodically lead a group format for Imagery Rehearsal Therapy for Nightmares, as well as being the mental health provider (or co-provider) in the Yoga for Chronic Pain group, co-leading with the RYT-200 yoga instructor(s) and/or the PTSD/PCT psychologist who is also a registered yoga teacher (RYT-200).

Depending on scheduling during a particular Intern's PCMHI rotation, there can be some limited contact with the MOVE program during the PCMHI rotation. MOVE is a national weight management program designed by the VA National Center for Health Promotion and Disease Prevention (NCP), a part of the Office of Patient Care Services. MOVE is a multi-stepped model of increasingly intensive interventions designed to help Veterans lose weight, keep it off and improve their health. MOVE features five levels of care, with *individual counseling and dietary intervention, group psychoeducation, medication management* for weight loss, Very Low Calorie Diet programs, and bariatric surgery. NWI is the only site in the upper Midwest offering all five levels of intervention. The PCMHI Intern may be able to participate in the psychologist's role within the interdisciplinary psychoeducational "MOVE Group" depending on timing. The NWI MOVE program offers a weekly group to Veterans at all NWI locations, connecting them

via telehealth. Facilitators/presenters rotate and the PCMHI Psychologist does presentations occasionally.

Interns may be involved with psychological assessment within the PCMHI rotation (separate from the Assessment Clinic). Interns in the PCMHI rotation are exposed to evidence-based health behavior interventions, including formal and informal assessments within Motivational Interviewing (MI) and CBT. Interns can participate in interdisciplinary team meetings and staff education. Very occasionally, Interns might be able to be involved in Bariatric or Spinal Cord. Stimulator pre-surgical evaluations, although opportunities for these are limited.

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### **Lincoln Assessment Clinic**

The Assessment Clinic is a year-long training experience which involves neurocognitive screenings as well as more complex neuropsychological assessments. Lincoln-based Interns on the General Mental Health and PTSD rotations test on Fridays, whereas Interns on the PCMHI rotation test on Tuesdays or Thursdays. Dr. Esseks, the PCMHI supervisor, is part time and is not on site on Tuesdays or Thursdays making these days suitable for testing and other elective activities outside of the scope of the PCMHI rotation.

Interns in the GMH rotation learn to administer neuropsychological assessment as part of a larger Polytrauma evaluations. These assessments are supervised by Dr. Ritchie in her role as the Polytrauma neuropsychologist. Interns in the other rotations do their Assessment Clinic work under the supervision of Dr. Fleischer, Chief of Psychology. The Polytrauma psychologist is also available to consult with Interns and their supervisors or directly supervise other Interns through her V-tel attendance at the Assessment Clinic Group Supervision as she is in Omaha on the day the Assessment Clinic group supervision meets.

Please see the general requirements for the Assessment Clinic for all Interns at all three training sites for additional details. In addition to gaining “area level” supervision status early in the training year, at some point in the training year related to the basic neurocognitive screening, the Lincoln-based Intern in the GMH rotation must also quickly gain area level supervision for the more complex Polytrauma battery. This includes the WAIS-IV, CVLT-II, BVMR, WCST (hand administered), and RCFT. The remaining Lincoln-based Interns must learn the Polytrauma battery prior to the beginning of their GMH rotation. This typically involves training with other Interns and then giving a mock testing with the neuropsychologist as the client; when deemed sufficiently competent, the Intern is allowed to administer the battery to an actual Veteran under direct observation (“room level” supervision). Polytrauma evaluations typically take place in Omaha at the Polytrauma Clinic’s offices in a mini-CBOC across the street from the Omaha VA in what is known as the Center Mall.

Overall, Interns learn to administer and interpret a number of required and optional cognitive assessment instruments over the course of the training year. Much of the first two weeks of orientation and training is devoted to ensuring that each Intern is (or close to) attaining “area level” supervision status regarding a basic clinical interview and administering a basic neurocognitive battery including the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka “FAS” & “Animals”) and TOMM, in addition to other screeners such as the MOCA.

See [Assessment Training](#) for further details about the Assessment Clinic shared across all three NWI Internship training sites.

**Other experiences** that Lincoln-based Interns may choose to incorporate into the internship are:

Clinical Supervision – Lincoln-based Interns have access to supervision opportunities with externs from the University of Nebraska-Lincoln's Doctoral Counseling Program. The number of externs each year varies; some years there are no externs. When there are externs Interns are able to gain supervision experience by rotating Intern supervision responsibilities among themselves. Each Intern will have the opportunity during at least one of his/her rotations to meet weekly with a graduate student to provide supplemental supervision to the graduate student and gain clinical supervision experience. This does not replace the supervision externs receive from licensed psychologists. In addition, the Intern's supervisory experiences will be reviewed with the Intern's clinical supervisors. This training experience is not available at the other training sites.

Shadowing Dr. Filips - Depending on the technical and clinical availability, Interns stationed in Lincoln may have the option shadowing a Lincoln-based Board Certified Geriatric Psychiatrist. Dr. Filips conducts telehealth behavior rounds twice a month, as well as weekly telehealth consultations to VA skilled nursing facilities throughout the VISN 23 (the network of VAs to which NWI belongs; it consists of VAs located in NE, IA, ND, SD, and MN). Dr. Filips is at the Lincoln VA on Tuesdays and Wednesdays. Availability to shadow her will depend on the Intern's rotation schedule as well as Dr. Filips' availability.

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### ***'Elective' Hours***

Interns at all three training sites may use 'elective' hours in which they can further individualize their training program. Please see details at the following link: [Shared Attributes Across Training Sites:](#)

### **Lincoln VA Schedule Examples (subject to change)**

Note that the 2<sup>nd</sup> Wednesday of the month, all Interns from Lincoln and Grand Island travel to Norfolk for rural-focused training activities and didactics (weather permitting); to facilitate travel back from Norfolk, the "Depth" didactics move to Monday afternoons those weeks.

#### **GMH Rotation**

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors) Electives e.g., Telehealth training; Primary Rotation experiences; Additional Assessment experiences PM: 1-hr Individual Supervision, Primary Rotation experiences; 1-hr Peer Supervision
Tuesday	8+	All Day: Primary Rotation; 8-9AM BHIP Meeting; 1-hr Indiv. Supervision; 1.5-hr Grp Assesment Supervision
Wednesday	8+	AM: Primary Rotation; Elective V-tel Geriatric Behavior Rounds PM: 2-hr "Breadth" didactic series & 1-hr "Depth" didactic series PM: Psychology Staff Meeting (4 <sup>th</sup> Wed only)
Thursday	8+	All Day: Electives – (e.g., Telehealth training; Report Writing; Yoga for Chronic Pain, etc)
Friday	8+	All Day: Assessment (Omaha Polytrauma Clinic), Report Writing & 1+ hrs Indiv Assmt Supervision

#### **PTSD Rotation**

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors) & Primary Rotation PM: Primary Rotation; 1-hr Peer Supervision
Tuesday	8+	AM: 8-8:30 AM BHIP Meeting;

		8:30-9:30 AM DBT Consultation Meeting; Primary Rotation; 1-hr Individ. Supervision PM: Primary Rotation; 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Primary Rotation; Elective V-tel Geriatric Behavior Rounds; 1-hr Individ. Supervision; Elective Yoga for PTSD PM: 2-hr "Breadth" didactic series & 1-hr "Depth" didactic series PM: Psychology Staff Meeting (4 <sup>th</sup> Wed only)
Thursday	8+	AM: DBT Skills Group PM: Electives – (e.g., Telehealth training, also Report Writing; Yoga for Chronic pain, etc)
Friday	8+	All Day: Assessment, Report Writing

### **PCMHI Rotation**

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors) & Primary Rotation; 1-hr Individ. Supervision PM: Smoking cessation group; Primary Rotation; 1-hr Peer Supervision
Tuesday	8+	All Day: 8-9 AM BHIP Meeting; Assessment, Report Writing & 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Primary Rotation; Elective V-tel Geriatric Behavior Rounds; 1-hr Individ. Supervision PM: 2-hr "Breadth" didactic series & 1-hr "Depth" didactic series PM: Psychology Staff Meeting (4 <sup>th</sup> Wed only)
Thursday	8+	AM: Patient appointments and other tasks – e.g., Telehealth training; Projects, Report Writing and other documentation; etc. PM: Yoga for Chronic Pain group (rotation requirement); Other
Friday	8+	AM: Pain Clinic; Pain Group PM: Pain Clinic report writing; Sleep Group

### **Lincoln-based Psychology Staff:**

1. Jerry Bockoven, Ph.D. (University of Oregon, 1988). Lincoln. VA since September, 2012. Mental Health Clinic. 4-6 hours/week devoted to internship. Primary duty is to provide evidence-based psychological therapies addressing a wide range of clinical issues. Clinical/research interests include mindfulness-based treatments, psycho-educational approaches, integration of spirituality and psychotherapy and anxiety disorders.
2. \*Rosemary J. Esseks, Ph.D. (University of Nebraska-Lincoln 2003). Lincoln. VA since August 2010. Primary Care- Mental Health Integration (part time, 24 hrs/week). 5-7 hours/week devoted to internship. Duties include brief individual and group therapy. Clinical interests include motivational interviewing, health psychology, marital/family counseling. Research interests include program evaluation and motivational interviewing. Lecturer in the Department of Psychology, University of Nebraska-Lincoln and the Creighton University School of Medicine.
3. Todd Fleischer, Ph.D. (University of Nebraska-Lincoln 1994). Lincoln/Omaha. VA since 2007. Chief of Psychology and Mental Health Site Supervisor (Lincoln); visits other sites (Grand Island and Norfolk) as well for bi-annual reviews with Psychology staff. General Mental Health (Omaha, 1 day) and Primary Care-Mental Health Integration (Lincoln, 4 days). Duties include brief therapy, neurocognitive screenings, disruptive behavior committee case reviews, and supervising all NWI Psychologists. 5+ hours/week devoted to internship. Clinical and research interests include the cognitive impact of PTSD, discriminating cognitive impairment caused by PTSD and/or TBI, enhancing the cognitive screening of dementia.

4. William Keller, Ph.D. (University of Iowa 1971). Lincoln. VA since June 1971. Mental Health Clinic, SUDP, and PCT. 2-4 hours/week devoted to internship. Duties include individual, couples, and group counseling, neuropsychological and diagnostic assessment. Clinical/Research interests include complex cases including of childhood trauma, substance abuse, medical, psychiatric and personality disorders.
5. Mariela Marius, Psy.D. (Argosy University, 2013). Lincoln. VA since 2010. PCT. 3-5 hours/week devoted to internship. Duties include group and individual therapy utilizing Cognitive Processing Therapy, Prolonged Exposure, and Seeking Safety Therapy. Clinical/Research interests include trauma / PTSD, impact of trauma on physical health
6. \*Maria Prendes-Lintel, Ph.D. (University of Nebraska-Lincoln, 1996). Lincoln. VA from 2016. PCT. 1-2 hours/week devoted to internship. Duties include group and individual interventions to address trauma. Clinical/Research interests include PTSD, refugees, and torture survivors.
7. A. Jocelyn Ritchie, JD, Ph.D. Lincoln/Omaha. (University of Nebraska-Lincoln 1990 plus UNL Retraining 1992-1996 and neuropsychology post-doc Yale University 1997-1999). Internship Training Director (0.3 FTE), PCT (Lincoln; 0.3 FTE) & Polytrauma Neuropsychology (NWI-wide; 0.4 FTE). VA since Sept. 2007. Clinical and Research interests include civil and criminal forensic neuropsychological assessment and symptom validity; Yoga and Mindfulness for PTSD, TBI, and Chronic Pain; Violence Risk Assessment; Americans with Disabilities Act; Civil Commitment Law; Serious Mental Illness; Traumatic Brain Injury.

Go to [Shared Attributes Across Training Sites](#) for aspects of training that is shared across training sites or for additional information go to the [Table of Content Links](#) or [Top of the Document](#).

## **Norfolk CBOC**

### **1 Internship Position**

**Track 221715 → “NWI – NO Rotations – Rural Norfolk CBOC”**



The Norfolk community-based outpatient clinic (CBOC) was established in Nov. of 2008 and is located in a strip mall on one of the main thoroughfares in town. Parking is easily accessed and is within walking distance to other shops and eating establishments.

The CBOC provides primary care services for Veterans in the Northeastern part of Nebraska and in Western Iowa. Mental health services at Norfolk are provided on-site by a part-time psychologist (4 days per week, Monday through Thursday), with additional psychotherapy and all psychiatric involvement provided to Norfolk Veterans through telehealth from other NWI facilities. Approximately 95% of the Veterans served at the Norfolk CBOC are from rural counties with an additional 2% from highly rural counties.

The Norfolk CBOC is in a rural community with a population of approximately 24,000 people. The catchment area for this clinic spans over 120 miles with over 2,300 veterans currently enrolled. The mental health service is co-located in primary care and serves Veteran experiencing a wide range of mental health issues including anxiety and mood disorders, trauma and stressor related disorders, acute and chronic health issues, chronic and severe mental illnesses, substance use disorders, adjustment problems and relationship issues. On-site team members include a Psychologist, Primary Care Providers, Dietitian, nursing staff, and medical support assistants. Telehealth Team members include psychiatry, social work, and pharmacy. The primary mode of treatment in the Mental Health Clinic is individual therapy, although group work can be developed by the Intern with supervisor approval. Currently group work is offered via tele-mental health for PTSD, pain management, weight management, nightmares, and insomnia, so the addition of on-site groups by the Intern is a valuable addition to the Norfolk CBOC's capacity to serve the mental health needs of this rural and highly rural Veteran population. The Norfolk CBOC also manages emergency and walk-in cases on an as-needed basis. The Norfolk-based Intern will complete the full internship year at this site embedded within this Primary Care team, rather than rotating through specific clinics. Therefore, the divisions in the internship year may sometimes be referred to by trimesters rather than “rotations,” although the latter may be used to provide consistency with the other Interns' experiences.

Given the nature of the Norfolk CBOC's elderly population, the Intern will undoubtedly have exposure to this population in terms of intake assessment, neurocognitive evaluations, and psychotherapy for the

individual as well as psychoeducation for families caring for the Veteran. Work with a geriatric population certainly necessitates close interdisciplinary communication, as this population tends to have complicated medical needs.

Interns at all three sites train to meet the same overall competencies. However, the Norfolk-based training track in particular has its own APPIC number to reflect the significant differences in structure due to not being rotation-based. The Norfolk training site is based entirely within a Primary Care. The psychologist and Intern at the Norfolk CBOC address all types of client presentations across general mental health and PTSD. In other words, the Intern can expect to see “anyone who steps in the door” which is typical of a generalist rural practice. This ensures that across the training year, the Norfolk-based Intern will have the opportunity to see patients with a wide variety of diagnoses including PTSD, thereby gaining similar training experiences as Interns at the other two training sites, just not confined within the context of a rotational structure.

Interns at all training sites are supervised by psychologists or have access to psychologists who have received training in evidence-based psychotherapies (EBPs). Currently the primary supervisor at the Norfolk CBOC is certified in CPT to treat PTSD, and CBT-Insomnia and can offer the Intern with supervised experience in those EBPs. The Intern may be able to obtain training in other EBPs by observing via telehealth psychology staff at other NWI sites. Also, co-supervision or consultation other psychologists in the NWI system may be available to provide greater depth of training within the context of a particular case. Evidence-based psychotherapies are frequent topics in the didactic training series. Multiple on-line trainings in EBPs have been identified to round out the Intern’s training as well.

The Norfolk-based Intern will have the unique advantage of being able to follow a significant number of cases for an extended time throughout the internship year rather than having to terminate/transfer cases at the end of each rotation or limit him or herself to those that fit into their elective hours, as in Grand Island and Lincoln. The Norfolk-based Intern will enjoy the greater flexibility of being able to custom the experience to the clinical needs and interests of the Intern on the site within the limitations of the clinical opportunities available. Other advantages enjoyed by the Norfolk-based Intern relate to the depth of Interdisciplinary training opportunities described below.

**An important note about supervision:** The Norfolk-based Intern may have no clinical contact with patients whatsoever in the absence of an on-site licensed psychologist to supervise the Intern’s activities. As mentioned above the Intern or internship faculty travel to ensure the Intern has on-site supervision available so that the Intern can have clinical contact with patients and round out his or her clinical training. When the Intern travels to Lincoln or Grand Island he/she has opportunities to experience a greater range of supervised experiences, as well as to engage in face-to-face peer interactions with other NWI Interns. When internship faculty from Grand Island or Lincoln travel to Norfolk typically an Intern from one of those sites will also go to Norfolk. This provides the other Intern with a more rural experience as well as providing the Norfolk Intern with additional formal and informal face-to-face peer interactions.

During times when no on-site supervision is present, the Norfolk-based Intern will follow an individualized plan developed in conjunction with the on-site supervisor. Typically, this will include writing assessment reports, writing intake reports, completing notes, meeting with other supervisors via telehealth related to assessment skill development, and/or engaged in a variety of pre-planned training activities. These other pre-planned training activities can include program development activities such as developing groups for the Norfolk CBOC, program quality improvement activities, literature reviews, and other projects as assigned. In addition, the plan may include pre-arranged opportunities to shadow community psychologists, or learn about the administrative complexities of billing in a busy private practice, for example. The NWI Psychology Internship Standard Operating Procedure (SOP; related to the expectations for the Intern when the Norfolk supervisor is off-site) includes an addendum listing examples of activities the individualized training plan could include, designed to help assure any planned or unplanned absences by the supervising psychologist does not interfere with the Intern’s overall training.

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### **Non-Rotation Training Experiences:**

The following provides specific information that is site-specific to the Norfolk CBOC training site. See [Shared Attributes Across Training Sites](#): for aspects of training shared across training sites.

Outpatient General Mental Health - Much of the generalist rural practice of the Norfolk Clinic is consistent with a traditional GMH clinic in terms of the diversity of clinical presentations as well as opportunities to work with other disciplines. The Intern is embedded within Primary Care full-time with offices next to the offices of the Norfolk Clinic Primary Care Providers, and just down the hall (it's not a big clinic) from all the other disciplines. This type of close contact over the course of the year allows the Norfolk-based Intern a unique opportunity to develop and operate within deeply rooted interprofessional relationships. There will be opportunities for the Norfolk-based Intern to shadow selected disciplines within the clinic, as described elsewhere.

PTSD - Historically, the Norfolk CBOC has had an ample number of PTSD cases, a trend that has continued over many years, thus ensuring that the Norfolk-based Intern will have significant exposure to evaluation and treatment of this population across the training year. The clinic supervisor's is highly knowledgeable about PTSD treatment; her dissertation was on PTSD and one of her dissertation supervisors was a key figure in the development of CPT for PTSD. The Norfolk supervisor is also certified by the VA in CPT for PTSD, all of which combines to offer the Intern options for hands-on training in this core evidence-based practice. The Norfolk-based Intern also has access to the PTSD education class (delivered via V-tel out of Grand Island) with 2 different 2-hour sessions each month. Veterans are also able to be involved in V-tel PTSD group therapy in which the Intern could participate.

The Norfolk-based Intern may also have the opportunity to shadow the implementation of PE via V-tel from Grand Island, depending on clinician and Veteran agreement. These latter V-tel therapies also afford the Norfolk-based Intern opportunities for diversity in supervision related to PTSD, albeit not necessarily interprofessional. The Norfolk-based Intern will also have the opportunity to take several on-line trainings related to PTSD (as well as other disorders) including CPT and PE trainings through the Medical University of South Carolina as part of the activities the Intern has available during times there is no on-site supervision.

The Norfolk-based Intern will likely not have an opportunity to participate in the DBT Skill Group, which is available to Grand Island and Lincoln-based Interns in their PTSD rotations.

Primary Care-Mental Health Integration - Given that psychology at the Norfolk clinic is 100% embedded in a Primary care clinic, the Norfolk-based Intern will have opportunities to engage in traditional Motivational Interviewing. The Intern has continuing opportunities to work directly with a skilled clinical dietitian and other Primary Care Provider staff related to an array of health related diagnoses including diabetes, smoking cessation, pain management, and weight related concerns. As noted above, being so closely embedded within Primary Care brings the Intern into consistently close contact with other team members affording the Norfolk-based Intern a unique opportunity to develop and operate within deeply rooted interprofessional relationships.

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### **Norfolk Assessment Clinic**

The Assessment Clinic is a year-long training experience primarily involving neurocognitive screenings and possibly more complex neuropsychological assessments (e.g. Norfolk area Veteran in need of Polytrauma evaluation). The Norfolk-based Intern will typically do his/her hands-on assessment training on Fridays. Since the primary supervisor for the Norfolk-based Intern is not in the clinic on Fridays, a

Grand Island-based supervisor and Intern are scheduled to travel to Norfolk on the first Friday of the month and a Lincoln-based supervisor and Intern are scheduled to travel to Norfolk on the third Friday of the month. This will allow on-site supervision for the Norfolk-based Intern and the travelling Intern to both be engaged in administering the basic neurocognitive screening battery to two Veterans, followed by group supervision.

The Norfolk-based Intern's assessment training also includes monthly travel (typically to Grand Island or Lincoln on a Thursday and/or Friday) to provide additional supervised assessment experience. For example, in Grand Island, the Norfolk-based Intern will be able to conduct neurocognitive assessments (same battery used at Norfolk) and/or pain assessments during the pain clinics, as well as gaining experience with the Community Living Center geriatric residents and CLC treatment team meetings.

Due to the increased travel, the Norfolk-based Intern may be able to arrange to be gone from the Norfolk clinic on the fourth Friday of the month when no clinical activities are available (i.e., when the Norfolk supervisor is not on site, and no travel is scheduled to or from Norfolk for supervision). Other clinical staff are on-site at the Norfolk clinic throughout the extended days. However, the Norfolk supervisor is not on site for the final 2 hours of the extended day, during which time the Intern may not have clinical contact with patients but may engage in clinically relevant paperwork (e.g., writing notes in CPRS, writing assessment reports, etc.), or working on Internship projects that do not involve any contact with Veteran clients or potential clients. Approval for this type of compressed schedule is unlikely to occur in Grand Island or Lincoln. Changes of tour schedule for Interns based in Grand Island and Lincoln are likely to be limited to off-setting an evening group for example.

Interns in all training sites learn to administer and interpret a number of required and optional cognitive assessment instruments over the course of the training year. Much of the first two weeks of orientation and training is devoted to ensuring that each Intern is (or gets close to) attaining "area level" supervision status regarding a basic clinical interview and administering a basic neurocognitive screening battery including the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka "FAS" & "Animals") and TOMM, in addition to other screeners such as the MOCA.

Just like his or her peers based in Grand Island and Lincoln, over the course of the training year the Norfolk-based Intern will be required to demonstrate basic competencies (roughly equivalent to "area level" supervision) in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVM-T-R, WCST, and RCFT. However, only the Lincoln-based Interns are likely to use the full array of these measures within an actual evaluation of a Veteran, depending on opportunity. If an opportunity arises for the Norfolk-based Intern to administer parts of this battery in individual cases, consultation with the Polytrauma neuropsychologist (who is also the Training Director) would be available to the Intern and his or her on-site supervisor. Very occasionally, the Polytrauma neuropsychologist might be available to travel Norfolk to administer the Polytrauma battery, at which times the Intern is invited to observe or to administer under the Polytrauma psychologist's observation depending on the Intern's demonstrated competencies. It has been more typical, however, that the Norfolk-based Intern has travelled to Grand Island for this purpose when the Polytrauma neuropsychologist has travelled from Lincoln to meet with a Veteran with a Polytrauma assessment referral nearer the Veteran's home. For example, this happened most recently with a Veteran travelling 4 hours from western Nebraska to meet in Grand Island. If such opportunities do not arise the Intern will still practice administering the tests with fellow interns and supervisors during individual and/or group supervision, and will also be given access to samples of completed protocols and reports which he/she can review and discuss in order to obtain basic competencies (equivalent to "area level" supervision). During the 2015-16 training year when the Norfolk-based Intern could not come to Grand Island as planned (e.g., due to weather or sick leave), the Intern participated in the report writing process to gain experience that way, with the neuropsychologist playing the role of both supervisor and psychometrist.

After demonstrating competencies as psychometrists for neurocognitive assessments under “room-level” supervision, the Intern will be able to administer and score neurocognitive batteries, write reports, and provide test feedback under “area-level” supervision.

See [Assessment Training](#) for further details about the Assessment Clinic shared across all three NWI Internship training sites.

**Other experiences** that the Norfolk-based Intern may encounter or that may be able to be incorporated into the internship involve travel to Grand Island and/or Lincoln. Please see descriptions of opportunities elsewhere in NWI including: [Grand Island Rotations](#) and [Lincoln Rotations](#).

**Pain clinic-** The Norfolk-based Intern will have the opportunity to participate in within-clinic referrals for therapy or consultation related to pain issues that Veterans present via PCMHI under the Norfolk psychologist’s supervision. In addition, the Intern has opportunities to sit in on sessions during intermittent on-site visits from the NWI “Level 2-B” pain consultant (Rex Schmidt, Psy.D.) who provides on-site psycho-education and individual sessions during visits to Norfolk. Time permitting, the Intern will have the option of one-on-one discussions with Dr. Schmidt about pain management topics/issues. The Intern also has access to participation in the Pain 101 class presented via V-tel, a group that is co-led by Dr. Schmidt and a psychologist based in Grand Island.

The Intern can travel to Lincoln on Fridays when the multidisciplinary Pain Clinic is conducted, as well to shadow the psychologist who is part of the Pain Assessment Team and/or the Lincoln Intern who is assigned to the PCMHI rotation at that time. Similarly, the Norfolk-based Intern and his or her supervisor can discuss travel to Grand Island on a Thursday to experience the Pain Clinic there, which works slightly differently from that in Lincoln. Grand Island also is the home-station of the NWI Health Behavior Specialist – Dr. Tabitha Carlson - who was the PCMHI psychologist at Grand Island until recently and continues to be the PCMHI rotation supervisor at least until Dr. Brown is licensed and possibly beyond. Travel to Grand Island could provide the Norfolk-based Intern opportunities to meet with Dr. Carlson in both capacities. In addition, Dr. Carlson also travels throughout NWI to train staff and may be able to make some time available when travelling to Norfolk, with enough advance notice.

**Substance use treatment-** Traditionally, the Norfolk Veteran population has included a number of dual diagnosis cases including both mental health as well as substance abuse such as alcohol abuse, abuse of pain medications, and other illicit substances such as methamphetamine and cannabis. Those requiring residential or intensive out-patient treatment are referred to other VA programs, typically the residential treatment programs at the Omaha VA or the Grand Island VA. Patients completing these programs are often referred back to the Norfolk clinic as an after-care treatment option. In addition, the Norfolk clinic is able to work with less intense substance use cases who do not need residential or intensive out-patient treatment. Veterans discharged to local ½ or ¾ way homes within Norfolk and surrounding areas are often followed in the Norfolk clinic as well.

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### **'Elective' Hours**

Interns at all three training sites may use 'elective' hours in which they can further individualize their training program. Please see details at the following link: [Shared Attributes Across Training Sites](#). However, it is noted that the whole concept of an 'elective' hour is not as relevant to the Norfolk-based Intern as he or she already has a great deal of flexibility to develop a plan with the Norfolk-based supervisor to allow the Intern to pursue individual interests outside the structure of rotations.

### **Norfolk CBOC Schedule Examples (subject to change)**

Note that the 2<sup>nd</sup> Wednesday of the month, all Interns from Grand Island and Lincoln travel to Norfolk for rural-focused training activities and didactics (weather permitting); to facilitate travel back from Norfolk, the "Depth" didactics move to Monday afternoons those weeks.

#### **Single Year-Long "Primary Rotation"**

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with L, GI, & N MH Site Supervisors) & Primary Rotation Activities PM: Primary Rotation; 1-hr individual Supervision;
Tuesday	8+	AM: Primary Rotation; 1-hr individual Supervision PM: Primary Rotation; 1.5-hrs Grp Assessment Supervision (V-tel 3-4:30 PM) PM: Weekly Norfolk CBOC Clinic Staff Meeting - 30minutes
Wednesday	8+	AM: Primary Rotation; V-tel Geriatric Behavior Rounds PM: 2-hr "Breadth" didactic series & 1-hr "Depth" didactic series PM: Psychology Staff Meeting (4 <sup>th</sup> Wed only)
Thursday	8+	AM: Primary Rotation Activities, 1-hr Individual Supervision PM: Electives – e.g., Telehealth training, also Report Writing;
Friday	8+	No On-Site Supervision Available in Norfolk: Every other week Assessment Clinic activities; 1-hr additional Individual Assessment Supervision if Dr. Fleischer is in Norfolk or Intern travels to do assessments in GI or Lincoln. Otherwise activities include: Assessment report writing and submission of first draft Completion of outstanding documentation, projects from "In Absence" folder, etc.

#### **Norfolk-based Psychology Staff:**

11. Pamela P. Hannappel, Ph. D. (University of Missouri- St. Louis 1996). Norfolk CBOC. VA since 2009. Primary Care Mental Health Integration (part time, 32 hours/week). 8-10 hours/week devoted to internship. Duties include brief and longer term therapy, intake assessments, diagnostic clarification, and neuropsychological evaluations. Clinical/Research interests include rural mental health, geriatric psychology, PTSD, depression, parenting issues, and health/weight management.

#### **Other Psychology Staff meeting face-to-face with Norfolk-based Intern:**

12. Dr. Duke travels from Grand Island once a month or so (accompanied by a Grand Island-based Intern) for Friday Assessment Clinic – generally the 1<sup>st</sup> Friday of the month.
13. Drs. Fleischer or Dr. Marius travel from Lincoln once a month or so (accompanied by a Lincoln-based Intern) for Friday Assessment Clinic – generally the 3<sup>rd</sup> Friday of the month.

14. Dr. Ritchie travels from Lincoln for several days in Norfolk during the first two week orientation period, ensuring the Norfolk-based Intern gains “area level” supervision status for the basic neurocognitive screening battery, and other measures as indicated.
15. Infrequently, Dr. Carlson and Dr. Schmidt.

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## **Omaha VA Medical Center**

**No Interns are stationed in the Omaha VAMC.** However, there are some limited elective hour opportunities available to Interns at all three training sites which will be outlined below. Also two internship supervisors from Lincoln travel to Omaha regularly such as the Chief of Psychology and the Polytrauma Neuropsychologist.

The Omaha VAMC is the flagship facility for NWI, providing both primary care and mental health services for Omaha and the rural areas of eastern Nebraska and Western Iowa, as well as specialty care for Veterans throughout the entire NWI catchment areas. The only NWI inpatient psychiatric unit is in Omaha (12 beds). The Omaha VAMC also has a residential mental health psychiatric residential rehabilitation treatment program (PRRTP; 10 beds), and a residential substance abuse program (SAARTP; 11 beds). The Mental Health and Behavioral Science service line includes subspecialties of Mental Health Clinic, Recovery Program, Substance Use Disorder Program, Mental Health Intensive Care Management Program, Posttraumatic Stress Disorder clinic, and Psychology services. In addition, Omaha VAMC's Extended Care and Rehabilitation Services include mental health services through Home Based Primary Care. Omaha (like the Lincoln, Grand Island, and Norfolk facilities) also has psychologists integrated into Primary Care as well as extensive interaction with psychiatry, social work, and other mental health providers. The Omaha MHC/PCT serves a majority of Western Iowa and much of rural eastern Nebraska where no other VA mental health services exist. Approximately 30% of the in-person, face-to-face outpatient mental health/PTSD encounters at the Omaha VAMC are from rural areas and 1.5% from highly rural areas (not including telehealth encounters).

The Omaha VAMC is the main medical center for NWI and houses the main NWI administration, although there are site-level administrators at each training site. Parking is very tight at the Omaha VAMC, so if interns do need to go to the Omaha VA for some reason they should arrive early. There is parking across the street at the "Center Mall" and shuttle service from there to the main hospital. Lincoln based Interns in the General Mental Health rotation typically do their Assessment Clinic duties during that rotation in the Polytrauma Support Clinic in Omaha which is located in the Center Mall a building across the street from the Omaha VA medical center, where NWI leases offices. These assessments are supervised by the Polytrauma Clinic's psychologist.

The Polytrauma Support Clinic (PSC) offers continued medical and rehabilitation care and support to Veterans with injuries to multiple organs or systems. PSC programs may also be the entry point for outpatient rehabilitation services for those who have experienced a mild (and less frequent, moderate) TBI in addition to other injuries. Many Veterans seen through the PSC also experience PTSD and other psychiatric disorders, so close collaboration with other services is routine, and much of the psychotherapy within the PSC relates to either PTSD or Depression, and occasionally insomnia. Yoga for PTSD and Polytrauma is also offered. The PSC is a highly integrated interprofessional collaborative team, including a neuropsychologist, the Psychiatrist (MD; team leader), RN Case Manager, Social Work Case Manager, PhD-level Speech Therapist, Physical Therapist and Clerk.

Interns at all training sites may have occasional access to patients from Omaha via telehealth. There are also some Elective options available at the Omaha VA which are **VERY LIMITED**. Those include:

**Psychosocial Rehabilitation and Recovery Center (PRRC; extremely limited, primarily consultative):** This very time-limited elective is difficult to arrange and is most likely available as a consultation via V-tel with the Omaha-based psychologist who is the NWI Psychosocial Rehabilitation specialist if available. The PRRC is based in Omaha and helps Veterans with serious mental illness and significant functional impairment to integrate into meaningful, self-determined community roles. PRRC programming utilizes the recovery model and is geared toward empowering Veterans to work toward achieving their self-defined goals. Interns completing a rotation in PRRC will receive education about the recovery model and be provided the opportunity to complete initial assessments/treatment plans and provide individual and/or group psychotherapy/psycho-education. The evidence-based treatment models

of Social Skills Therapy (SST) and Cognitive Behavioral Social Skills Therapy (CBSST) are typically conducted by a psychologist or a clinical social worker and if appropriate and appropriate to the Intern's schedule can be co-facilitated by an Intern (if available). Interns may be able to travel to Omaha to shadow PRRC for a day or two but it is unlikely to be a large part of training.

**Home Based Primary Care: (HBPC; extremely limited availability):** Due to the nature of home-based services, this is difficult to arrange, and is therefore a very time-limited elective available on a case-by-case basis. It requires travel to Omaha. The Omaha HBPC team has a psychologist team member. The HBPC program provides comprehensive, interdisciplinary primary care services in the homes of Veterans with complex, chronic disease. Interns in Omaha may be able to assist in providing a full range of psychological services including assessment, diagnosis, and treatment employing individual psychotherapy and prevention-oriented services. HBPC teams also educate families of Veterans on behavior management strategies to enhance their effectiveness as caregivers. Interns may be able to provide consultation services and participate in interdisciplinary team meetings, where deemed appropriate by the supervisor, Interns may be able to shadow HBPC for a day or two but it is unlikely to be a large part of training.

**Additional Assessment hours:** This elective offers the opportunity to observe or conduct assessments in two different settings: The Polytrauma Clinic and the Psychiatric Inpatient Care Unit. This experience would be above and beyond what is required for the Assessment Clinic. Travel to Omaha would be required.

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## ***Omaha VAMC Psychology Staff:***

**The Omaha Psychology Staff who may provide didactics, consultation, and/or mentoring as a preceptor:**

1. Denis G. Birgenheir, Ph.D. (University of Wyoming 2012). Omaha. VA since 2011. Local Recovery Coordinator. 0-2 hours/week devoted to internship. Duties include administrative supervisor of peer support program, coordinating and evaluating recovery implementation and associated programming, reporting to national recovery coordinator, and educating providers on recovery model. More specifically educates and consults to the inpatient service in Omaha and clinical staff involved in the care of Veterans with severe and persistent mental illnesses across NWI system. Travels to Lincoln and Grand Island periodically. Clinical and research interests include psychosocial rehab for individuals with serious mental illness, program implantation and evaluation, transition of health care networks to recovery programming.
2. Myla Browne, Ph.D. (University of Nebraska-Lincoln 2005). Omaha. VA since December 2010. Mental Health Clinic. 0-2 hours/week devoted to internship. Duties include CBSST, cognitive assessment, individual and group therapy. Clinical interests include severe mental illness. Research interests include treatment and rehabilitation for severe mental illness, program evaluation.
3. Sarah J. Bujarski, Ph.D. (University of Arkansas, 2015). Omaha. VA since 2014. Substance Abuse Treatment Programs. 0-2 hours/week devoted to internship. Duties include individual and group therapy in both the outpatient and residential substance abuse programs. Clinical interests include trauma, substance abuse, PTSD and the family, and PTSD and Veterans.
8. Todd Fleischer, Ph.D. (University of Nebraska-Lincoln 1994). Lincoln/Omaha. VA since 2007. Chief of Psychology and Mental Health Site Supervisor (Lincoln); visits other sites (Grand Island and Norfolk) as well for bi-annual reviews with Psychology staff. General Mental Health (Omaha, 1 day) and Primary Care-Mental Health Integration (Lincoln, 4 days). Duties include brief therapy,

neurocognitive screenings, disruptive behavior committee case reviews, and supervising all NWI Psychologists. 5+ hours/week devoted to internship. Clinical and research interests include the cognitive impact of PTSD, discriminating cognitive impairment caused by PTSD and/or TBI, enhancing the cognitive screening of dementia.

4. Chris Heaney, Psy.D. (Illinois School of Professional Psychology 1996). Omaha. VA since 6/2000. Home Based Primary Care. 0-4 hours/week devoted to internship. Primary duty is to provide a broad range of psychological interventions and assessment in veteran's homes as a member of an interdisciplinary primary care team. Clinical interests include health psychology, dementia assessment, caregiver education, grief/bereavement counseling, psychological interventions at end of life. Assistant Clinical Professor in the Department of Psychiatry, Creighton University School of Medicine. Research interests include the ecological validity of cognitive assessment.
5. Ronn Johnson, Ph.D. (Oklahoma State University 1986). Omaha. VA since 2016. Outpatient Mental Health Clinic. 0-2 hours/week devoted to internship. Duties include providing both individual and group psychotherapy. Clinical/Research interests include forensic psychology, public safety, private practice, program development, and teaching.
6. Constance A. Logan, Ph.D. (University of Minnesota-Twin Cities 1987). Omaha. VA since 2002. Psychology Clinic, MOVE Clinic, Psychology Teaching, Rehab Program. 0-2 hours/week devoted to internship. Duties include MST Coordinator, CBSST, patient education, neurocognitive screening, C & P testing, general psychological assessment. Clinical/Research interests include obesity, bariatric surgery, Seeking Safety with PTSD. Adjunct Clinical Instructor, Creighton University Department of Psychiatry.
7. Terry North, Ph.D. (University of South Dakota-Vermillion 1989). Omaha. VA since 1993. PCT. 0-2 hours/week devoted to internship. Duties include NWI PTSD Program Director, PTSD therapy, neurocognitive assessment. Travels to PCT/PTSD Specialty clinics in Lincoln and Grand Island periodically. Clinical/Research interests include Seeking Safety, Prolonged Exposure Therapy, Virtual Reality Facilitated Prolonged Exposure Therapy, Cognitive Processing Therapy, Yoga for PTSD Therapy. Clinical Assistant Professor, Department of Psychiatry, University of Nebraska Medical Center; Assistant Professor, Department of Psychiatry, Creighton University.
8. R. Dario Pulido, Ph.D. (George Mason University 2004). Omaha. VA since August 2009. Dom Chief, Omaha Residential Rehabilitation Treatment Programs (RRTPs) and Outpatient Substance Use Disorders Program (SUDP) (1.0 FTE). 0-2 hours/week devoted to internship. Duties include program management of the substance use and psychosocial (mental health) non-acute residential programs, and SUDP in Omaha, as well oversight of substance use programs in Lincoln and Grand Island. Clinical interests include substance use, trauma, CBT, cultural diversity, DBT, mindfulness, motivational interviewing. Research interests include PTSD and substance use, PTSD and memory, integrated treatment for co-occurring disorders, cross-cultural issues.
9. Rex Schmidt, Psy.D. (Forest Institute of Professional Psychology 1998). Omaha and all NWI Sites. VA from 2001 – 2003 and since February 2014. Pain Clinic. 0-2 hours/week devoted to internship. "Level 2-B" Pain Psychologist. Duties include facility-wide pain management program development, clinical consultation and staff training. Travels across NWI sites to provide consultation to the Pain Management Teams at each site and to train Primary Care teams more generally. Provides patient pain education and therapy groups, individual therapy, pre-surgical screening evaluations, and interdisciplinary pain evaluations. Clinical/Research interests include clinical outcomes of pain interventions, neuroplasticity and chronic pain, mindfulness-based meditation, interdisciplinary pain rehabilitation, and health psychology.
10. Mark R. Tims, Psy.D. (Florida Institute of Technology 1989). Omaha. NWI VA since July 2014, Iowa City VA 2010-2014 (20 years as USAF clinician). Available 0-2 hours per week for internship

supervision. Duties include Primary Care Mental Health Integration. Clinical interests include the further integration of empirically/evidence-based treatment modalities in addictions treatment, PTSD assessments/ interventions, military and law enforcement psychology.

11. James C. Willcockson, Ph.D. (University of Arkansas 1987). Omaha. VA since February 2011. PCT. 0-2 hours/week devoted to internship. Duties include group and individual therapy utilizing Cognitive Processing Therapy, Group Coping Skills Training and Seeking Safety Therapy, Individual Therapy, psychological and cognitive assessment. Clinical/Research interests include health psychology and chronic pain management.
12. Nancy K. Willcockson, Ph.D. (University of Arkansas 1985; Neuropsychology Post-Doc Letterman Army Medical Center, SF CA 1987). Omaha. VA since 2012. Duties include psychological services to the inpatient Psychiatric Intensive Care Unit (PICU). 0-2 hours/week available for assessment training and supervision of interns. Clinical and Research interests include Neuropsychological Assessment of TBI, TBI with PTSD, Dementia, Degenerative Disorders, Prevention Strategies for MCI/Dementia, Women's Issues and Adult Psychotherapy.
13. Michael E. Worsley, Psy.D. (Forest Institute of Professional Psychology 2003). Omaha. VA since 2008. PCT. 0-2 hours/week devoted to internship. Duties include providing psychological services to veterans who have been diagnosed with Posttraumatic Stress Disorder and/or substance use disorders. This includes assessment, diagnosis, empirically validated individual and group treatment protocols, group treatments, and supportive treatments as appropriate. Responsible for behavioral, developmental, and/or clinical aspects of assessment, diagnosis, prognosis, and treatment of veterans diagnosed with PTSD and/or substance use disorders. Clinical interests include the empirically/evidence-based treatment modalities in PTSD and addictions treatment, PTSD assessments, LGBT and Transgender veteran treatment, and military psychology.

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## Facility and Training Resources

Interns matched to the NWI Psychology Internship are stationed at one of three training sites based on the APPIC approved Internship Match process through the National Matching Service.

The NWI Mental Health and Behavioral Science Division has adequate facilities conducive to a supportive training environment, with office space in Grand Island, Lincoln, and Norfolk as needed. Interns have assigned physical office space in their base station with access to office space wherever they are providing care if away from their offices. They have access to computers in their home office and at other sites, as well as computer access in any temporary offices. Interns have access to telehealth equipment.

Interns in Lincoln and Norfolk have their own offices where they do therapy and testing or other assessment. Interns in Grand Island share an office in Grand Island and have access to other 'hotel' offices and conference rooms for meeting with patients for therapy and testing or other assessment. Interns at each location have their own desks, locking drawer space, separate phone numbers, and separate voicemail. Appropriate temporary office space is provided to Interns travelling to Polytrauma in Omaha.

There is limited clerical support at both training sites, primarily for scheduling patients. Intermittent travel by Interns stationed in Lincoln or Grand Island typically utilizes a VA-provided station car.

Library resources are also available and include access to the VA Medical Library in Omaha with interlibrary loan clerk assistance, as well as the medical libraries associated with the University of Nebraska Medical Center in Omaha, UNO, and UNL.

Various psychological tests and other assessment materials are provided for use at training sites.

Information about the training staff at each site are located along with site-specific information. the following links:

[Grand Island-based Psychology Staff:](#)

[Lincoln-based Psychology Staff:](#)

[Norfolk-based Psychology Staff:](#)

[Omaha VAMC Psychology Staff:](#)

## Info about Nebraska more generally

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### **Nebraska Ethnic / Multicultural Diversity Data:**

Below are some brief demographics of Nebraska and specific demographics of the communities in which the training sites are located. All data are based on the US Census Bureau website as of July 13, 2016 unless otherwise noted. The demographic makeup of the state and of each city is quite reflective of the demographic makeup of the Veterans who seek services through the Lincoln, Grand Island and Norfolk CBOCs.

**Nebraska** has an estimated population of approximately 1.9 million as of July 2015. Per the 2010 Census, the racial makeup of the state was approximately 86.1% White/Caucasian, 4.5% Black/African American, 1.0% Native American/Indian, 1.8% Asian, 0.1% Pacific Islander, 4.3% other race, 2.2% two or

more races, and 9.2% any race Hispanic/Latino. According to a survey done by Gallup for UCLA Law School's Williams Institute, 3.2% of Nebraska's residents identify as LGBT. Gender-wise the split is 50/50. With regard to age 28% are ages 18-24, 37% ages are 25-39, 27% are ages 40-59, and 8% are ages 65+.

Nebraska is home to eight Native American Indian tribes:

- |                  |               |
|------------------|---------------|
| ➤ Santee Sioux   | ➤ Pawnee      |
| ➤ Omaha          | ➤ Ponce       |
| ➤ Ogallala Sioux | ➤ Sac and Fox |
| ➤ Oto            | ➤ Winnebago   |

**Lincoln** is the capital of Nebraska and the second-most populous city in the state. In 2015 the estimated population was 277,348. It is also the county seat of Lancaster County, and home to the University of Nebraska, Lincoln (UNL). Per the 2010 Census, the racial makeup of the city was approximately 86.0% White/Caucasian, 3.8% African American/Black, 0.8% Native American, 3.8% Asian, and 6.3% any race Hispanic/Latino.

**Grand Island** is the third-most populous city in Nebraska. In 2015 the estimated population was 51,440. It is the county seat of Hall County, and home to the Nebraska State Fair. Per the 2010 Census, the racial makeup of the city was approximately 80.0% White, 2.1% African American/Black, 1.0% Native American, 1.2% Asian, and 26.7% any race Hispanic/Latino. As of 2014, the number of Veterans living in Grand Island was 3,323. The number of foreign born persons was estimated at 15.8%. About 23.4% spoke a language other than English in the home. 17.2% had bachelor's degrees or higher education.

**Norfolk** (pronounced "Nor-fork") is the ninth-most populous city in Nebraska. In 2015 the estimated population was 24,366. Per the 2010 Census, the racial makeup of the city was approximately 88.0% White, 1.6% African American/Black, 1.4% Native American, 0.6% Asian, and 12.1% any race Hispanic/Latino. As of 2014, the number of Veterans living in Norfolk was 1,465. The number of foreign born persons was estimated at 6.7%. About 11.2% spoke a language other than English in the home. 22.3% had bachelor's degrees or higher education.

**Omaha** is Nebraska's most populous city. In 2015 the estimated population was 443,885. Per the 2010 Census, the racial makeup of the city was approximately 73.1% White, 13.7% African American/Black, 0.8% Native American, 2.4% Asian, and 13.1% any race Hispanic/Latino. As of 2014, the number of Veterans living in Omaha at that time was 27,728. The number of foreign born persons was estimated at 9.8%. About 15.4% spoke a language other than English in the home. 33.8% had bachelor's degrees or higher education.

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## **Grand Island – Local Information**

Grand Island is a growing community in south central Nebraska offering natural beauty, easy commutes and friendly people. Grand Island and surrounding communities also offer good schools and reasonable rents.

Grand Island is the fourth largest city in Nebraska, with an estimated population of 49,989. As one of only three metropolitan areas in Nebraska, Grand Island is recognized for the depth and diversity of its economy and the wealth of businesses and industries that serve the community, region, state, and nation. The community also serves the retail needs of residents in much of rural Nebraska including an area of over 20,000 square miles with an estimated population of over 200,000. Grand Island is also proud to be the host community for the Nebraska State Fair.

Grand Island attractions include: the Nebraska State Fair (late August - early September), the Hall County Fair (mid-July), the Stuhr Museum, and other attractions and events listed below.

Grand Island offers malls and plazas, a thriving Downtown with many unique shops, and small commercial outlets. Conestoga Mall ( [www.shopconestogamall.com](http://www.shopconestogamall.com) ) is the largest mall in the area, serving both Grand Island and most of the surrounding rural Nebraska population, but there are also smaller strip malls as well. As one of the highest per-capita retail centers in the state, shoppers travel to Grand Island from across the region. Grand Island offers a diverse array of shopping experiences with options ranging from national brand stores to locally owned boutique shops. Major chain restaurants are represented and there is an ever-increasing diversity of other dining experiences, including Thai food, Mexican food, and specialty bakeries. Dining options in Grand Island range from national chain restaurants to locally owned delis and markets that offer ethnic foods.

For a quick affordable get-away without having to drive to Lincoln or Omaha for a flight, Grand Island's Central Nebraska Regional Airport offers daily nonstop jet service to Dallas/Fort Worth on American Eagle Airlines. In addition, there are twice-weekly nonstop service to Las Vegas and Phoenix-Mesa on Allegiant. Air service to and from Grand Island is available, reliable, and affordable.

#### **Grand Island Events:**

- Art in the Park : <https://www.facebook.com/Grand-Island-NE-Art-in-the-Park-Stolley-Park-353776683348/>
- Prairie Lights Film Festival: <http://www.prairielightsfilmfest.com/>
- Central Nebraska Ethnic Festival: <https://www.facebook.com/CentralNebraskaEthnicFestival/>
- Children's Groundwater Festival <http://www.groundwater.org/kids/festival.html>
- Harvest of Harmony Parade <https://www.facebook.com/harvestharmony>
- Community Arts & Concert Association
- Husker Harvest Days <http://hallcountyfair.com>
- Hoops Mania: <http://hoopsmania.com>
- Hall County Fair <http://hallcountyfair.com>
- Nebraska State Fair [www.statefair.org](http://www.statefair.org)

#### **Grand Island Area Attractions:**

- Stuhr Museum of the Prairie Pioneer, [www.stuhrmuseum.org](http://www.stuhrmuseum.org)
- Nebraska Nature Center, [www.nebraskanature.org](http://www.nebraskanature.org)
- Fonner Park, [www.fonnerpark.com](http://www.fonnerpark.com)
- Grand Island Little Theatre
- Plum Street Station
- Heartland Events Center, [www.heartlandeventscenter.com](http://www.heartlandeventscenter.com)

#### **Grand Island Websites:**

- <http://www.theindependent.com>
- <http://www.visitgrandisland.com>
- <http://www.grandislandnebraska.com>
- <http://www.grand-island.com>
- <http://www.visitgrandisland.com>
- <http://www.grandisland.org>
- <http://www.gichamber.com>

#### **Websites of other towns near Grand Island:**

<http://doniphanne.com>  
<http://doniphanherald.com>  
<http://www.cityofhastings.org>  
<http://www.hastingstribune.com>

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## Lincoln - Local Information

Lincoln is the capitol city of Nebraska and home to the Nebraska Legislature and much of state government. The Nebraska Legislature is the nation's only Unicameral, and is housed in the beautiful and historic State Capitol Building. Lincoln is home to the University of Nebraska-Lincoln and several other smaller colleges including Nebraska Wesleyan University, so access to various academic libraries is available (in addition to librarian services through the Omaha VAMC and other medical libraries in Omaha). The UNL Psychology Department has strong ties with NWI Psychology and includes the Clinical Psychology Graduate Training Program, the acclaimed Law and Psychology Graduate Training Program, and the yearly Nebraska Symposium on Motivation. UNL houses the university system's Law College and Dental School.

Overall, Lincoln is a highly livable city with an extensive park system and multiple entertainment venues (e.g., Lied Center for Performing Arts, Pinnacle Bank Arena, Rococo Theatre, Pinewood Bowl Theater). Nebraska tends to have reasonable rents compared with other parts of the nation, and the overall cost of living is lower, with some exceptions depending on where you are from.

For young families, Lincoln has good schools and reasonable rents compared with other parts of the nation. There are a wide variety of restaurants all across town, and particularly in the Haymarket area of downtown which has recently expanded due to the addition of the Pinnacle Arena, adding lots of new restaurants, bars and other entertainment. Lincoln is home to the University of Nebraska Cornhuskers so there are a number of college sports events, the most popular being football (85,000-90,000 fans attend home games). The minor league baseball team the Saltdogs and the minor league hockey team the Stars, call Lincoln home as well. Some other family-friendly places/activities include bike trails, the Sunken Gardens, Lincoln Children's Zoo, and Lincoln Children's Museum. There are also nearby apple orchards, pumpkin patches, and berry fields where one can do their own picking.

There is a wide variety of things to do in Lincoln itself. However, if one can't find something in Lincoln, Omaha is just an hour away and Kansas City or Des Moines are 3 hours away. Also it is not too far to Denver (7 hours), Minneapolis (7 hours), St. Louis (7 hours) or Chicago (8 hours) and one can easily reach a ski resort in 8-10 hours (e.g. Vail, CO is 8 hours away). If one would like to fly somewhere the Lincoln airport offers direct flights to larger hubs such as Chicago or Denver.

Children:	<a href="http://www.lps.org">http://www.lps.org</a> <a href="http://www.lincolnzoo.org">http://www.lincolnzoo.org</a> <a href="http://www.lincolnchildrensmuseum.org">http://www.lincolnchildrensmuseum.org</a>
Parks & Gardens:	<a href="http://lincoln.ne.gov/City/parks/parksfacilities/publicgardens/sunken/index.htm">http://lincoln.ne.gov/City/parks/parksfacilities/publicgardens/sunken/index.htm</a>
Sports:	<a href="http://lincolnstars.com">http://lincolnstars.com</a> <a href="http://www.lincolnhockey.org">http://www.lincolnhockey.org</a> <a href="http://www.saltdogs.com">http://www.saltdogs.com</a>
Theater & Arts:	<a href="https://theross.org">https://theross.org</a> <a href="http://www.liedcenter.org">http://www.liedcenter.org</a> <a href="http://www.pinewoodbowltheater.com">http://www.pinewoodbowltheater.com</a> <a href="https://www.pinnaclebankarena.com">https://www.pinnaclebankarena.com</a> <a href="http://rococotheatre.com">http://rococotheatre.com</a> <a href="http://www.unl.edu/finearts">http://www.unl.edu/finearts</a>

UNL Psychology: <http://psychology.unl.edu/psylaw>  
<http://psychology.unl.edu/symposium/nebraska-symposium-motivation>

Advocacy: <http://outlinc.org>  
<http://www.malonecenter.org>  
<http://leagueofhumandignity.com>  
<http://www.disabilityrightsnebraska.org>  
<http://www.urbanleagueneb.org>  
<http://www.mha-ne.org>  
<http://pti-nebraska.org/state-and-local-organizations>  
<http://www.elcentrodelasamericas.org>  
<http://www.malonecenter.org>

Lincoln websites:  
<http://www.lincoln.ne.gov>  
<http://www.lincoln.ne.gov/city/parks>  
<http://www.lincoln.org>  
<http://lincolnmagazine.com/publisher.htm>  
<http://journalstar.com>  
<http://www.dailynebraskan.com>

To read about the “Yoga for PTSD and Polytrauma” group at NWI see the following:

<http://www.nebraska.va.gov/TheLink/09SeptemberTheLink2011.pdf>

OR

[http://journalstar.com/news/local/war-torn-veterans-their-dreams-and-a-yoga-instructor/article\\_3205773e-761d-51c1-af95-2a60a17639e4.html](http://journalstar.com/news/local/war-torn-veterans-their-dreams-and-a-yoga-instructor/article_3205773e-761d-51c1-af95-2a60a17639e4.html)

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## Norfolk – Local Information

The Village of Norfolk was organized in 1881. The settlers proclaimed “North Fork” to be their permanent post office address, named after the river, but suggested “Norfork” as the simplest compounding of “North Fork”. Postal authorities in the East Coast, mistakenly thinking the word had been misspelled, changed the spelling to “Norfolk” on the post office maps, akin to the spelling of Norfolk, Virginia. Residents of Norfolk and indeed most native Nebraskans continue to verbally say “Nor’fork” while maintaining the post office spelling.

Norfolk is located in Northeast Nebraska in Madison County in the Elkhorn River Valley, 112 miles northwest of Omaha, 121 miles north of Lincoln and 75 miles southwest of Sioux City, Iowa. U.S. Highways 81 and 275, and Nebraska Highways 24 and 35 intersect in Norfolk. The population was 24,210 at the 2010 census, making it the ninth-largest city in Nebraska

Norfolk has been rated the 98th best place to live in the nation and Madison County has been rated the 2nd best place for jobs in the nation by CNNMoney.com. It is the economic center for an area encompassing six counties. Basic economic activities of Norfolk are manufacturing, farming (both livestock and grain), education, retailing, and wholesaling. Manufacturing employs over 4,059 persons. Norfolk is the major retail trade center for Northeast Nebraska.

Norfolk boasts a large array of shopping opportunities. Larger retailers include a Super Walmart, Target, J. C. Penny's, Herberger's, the Buckle, Shopko, Menards, Bomgaar's, HyVee grocery stores, and Earl May. There are a number of appliance stores, furniture stores, small boutiques, and stores that sell locally made/grown items. There are also a wide variety of restaurants, common fast food restaurants, national chains (e.g., Applebee's, Perkins, and Pizza Hut), and smaller independently own restaurants (e.g., Chinese, Steak Houses, Bistros, Hispanic, Bar B Que, and Sushi).

With regard to schools, Norfolk offers private Catholic and Lutheran schools from Preschool through 12. Public school offers K-12 as well as a public Montessori (K-4) school which transitions into traditional education 5-12. Public schools include smaller elementary schools (K-4), a single middle school (5-6), a Junior High (7-8), and a High School (9-12). The High School is the site of the Johnny Carson Theater, used for a variety of functions by the town. There is also a community college, Northeast Community College. There courses are offered as part of a traditional college tract, tech degrees, as well as a number of adult/community oriented courses.

For medical attention there is Faith Regional Health Services, which has two campuses and approximately 133 beds. This hospital employs over 700 people and offers an array of in-patient and out-patient services including a cancer treatment center, specialty clinics, and in-patient psychiatric services.

In Norfolk there are a number of different houses of worship. There are a number of nondenominational Christian Churches, as well as more traditional denominations such as Catholic, Lutheran, Methodist, Baptist, Jehovah's witnesses, Episcopal, and 7<sup>th</sup> Day Adventist.

Places to go/things to do include:

- ▶ The Great American Comedy Festival - <http://www.greatamericancomedyfestival.com/> - Created in 2008 to pay tribute to the legacy of Norfolk's favorite native son, Johnny Carson, in 2012, the festival was named Nebraska's outstanding tourism event among the state's larger cities. It begins with amateur competitions in the Winter at various locations across the state and culminates with a week-long competition and exhibition in June at the Johnny Carson Auditorium in Norfolk, NE.
- ▶ DeGroots Apple Orchard - <https://www.facebook.com/degrootorchards/>
- ▶ Elkhorn Valley Museum and Research Center - <https://www.facebook.com/ElkhornValleyMuseum/> - home to the Johnny Carson exhibit, has a working one room school house, the restored first home of Norfolk, a children's Discovery Zone, the Square Turn Tractor, research center and a birding library
- ▶ Memorial AquaVenture Waterpark - <http://www.ci.norfolk.ne.us/parks/AquaVenture.htm> - wave pool, water slides
- ▶ Norfolk Arts Center - <http://www.norfolkartscenter.org/> - art exhibits, classes for all ages, performing arts, and more
- ▶ Poppy's Pumpkin Patch - <http://www.poppypumpkinpatch.com/> - Jared's jungle, the observation tower, corn maze, petting zoo, craft activities, jail, dress up cabin and so much more.
- ▶ Ashfall Fossil Beds - <http://ashfall.unl.edu/> - educational site offers a unique window to the past; barrel-bodied rhinos, three-toed horses, llama-like camels and saber tooth deer are just a

few of the intact skeletal remains you can view; visit with the paleontologists and learn about the animals that lived millions of years ago in Nebraska

- ▶ Cuthills Vineyards - <http://www.cuthills.com/> - Nebraska's first winery offers a variety of wines to suite any palate; holds tastings and special events throughout the year
- ▶ Maskenthine Lake Mountain Bike Trail - mountain bike trail for riders of all skills; the area features over five miles of single-track trails with a wide variety of terrain
- ▶ Willow Creek Recreation Area - <http://nebraskastateparks.reserveamerica.com/camping/willow-creek-sra/r/campgroundDetails.do?contractCode=NE&parkId=230256> - 1,633 acres with a 700-acre lake; 100 camping pads (64 with 30 amp electrical hookups, 19 with 50 amp electrical hookups), picnic tables and shelters, fire grates, water, showers, modern restrooms, an accessible fishing pier, an archery field course, unsupervised swimming, two playgrounds and an 8-mile hiking/horseback trail around the lake
- ▶ Cowboy Trail - <http://outdoornebraska.gov/cowboytrail/> - for biking or hiking - Once part of the Chicago & North Western Railroad's Cowboy Line, this limestone trail covers 321 miles from Norfolk to Chadron. From east to west, the trail passes through the farmland of the Elkhorn River Valley, into Plains ranchland, across the scenic Niobrara River Valley, along the northern Sandhills and to the edge of the Pine Ridge. The Cowboy Trail is the longest rail-to-trail conversion in the United States, which includes a 148-foot high bridge over the Niobrara River at Valentine. A portion of the trail was damaged near Norfolk in the June 2010 flood, however 70+ miles recently re-opened and is ready to be traveled.

Road trip options:	Omaha (2 hours)	Lincoln (2 hours).
	Grand Island (2 hours)	Sioux City, IA (1+ hours)
	Des Moines (4 hours)	Kansas City (5 hours)
	Minneapolis (6 hours)	Mount Rushmore (6 hours)

Norfolk websites:

[www.ci.norfolk.ne.us](http://www.ci.norfolk.ne.us)  
[www.norfolkpublicshools.org](http://www.norfolkpublicshools.org)  
[www.norfolkdailynews.com](http://www.norfolkdailynews.com)  
[www.us92.com](http://www.us92.com)  
[www.106kix.com](http://www.106kix.com)

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## Omaha - Local Information

Omaha is the largest city in Nebraska, with an estimated population of 446,599 as of 2014. It is currently the 42nd largest city in the United States. The metropolitan area is home to over 900,000 people. In recent years, the Omaha riverfront and downtown area have experienced tremendous growth with over two billion dollars in new development. A one-of-a-kind pedestrian bridge S-curves its way across the Missouri River, the signature, cable-stayed Bob Kerrey Bridge is one of the longest pedestrian bridge projects ever constructed, giving Omaha visitors a breathtaking view of the ever changing skyline.

The city's convention center and arena, The CenturyLink Center, attracts big name talent. In front of the Center is the public art project, "Illumina," which is a colorful display of sculptures inspired by the 13th Century Carnival of Venice; they were created by artist Matthew Placzek. This is a small sample of the public art that can be found around the city. Nearby the CenturyLink Center is the Old Market neighborhood which has cobblestone streets, and a diverse mix of shopping, galleries, restaurants, taverns and people-watching. Also nearby is the Orpheum Theater, another venue where big name talent/shows perform.

With regard to sports, Omaha offers college sports through Creighton University and University of Nebraska, Omaha, and a minor league baseball team (Storm Chasers), as well as a minor league hockey team (Lancers).

More places to go/things to do:

- ▶ Henry Doorly Zoo and Aquarium: <http://www.omahazoo.com/>
- ▶ Joslyn Art Museum: <https://www.joslyn.org/>
- ▶ Lauritzen Gardens: <https://www.lauritzengardens.org/>
- ▶ Omaha's Children Museum: <http://www.ocm.org/>
- ▶ Durham Museum: <http://www.durhammuseum.org/>
- ▶ NCAA Men's College World Series: <http://www.cwsomaha.com/>
- ▶ Summer Arts Festival: <http://www.summerarts.org/>
- ▶ Intertribal Powwow: <https://www.everfest.com/e/fort-omaha-intertribal-powwow-omaha-ne>
- ▶ Greek Festival: <http://www.greekfestomaha.com/>
- ▶ Other Omaha Festivals: <https://www.everfest.com/nebraska/omaha-festivals>

Omaha websites:

- <http://www.visitomaha.com>
- <http://www.cityofomaha.org>
- <http://www.omahaperformingarts.org>
- <http://www.omaha.com>

**External Link Disclaimer:** By clicking on the links above, you will leave the Department of Veterans Affairs website. VA does not endorse and is not responsible for the content of the linked website. Each link will open in a new window.

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  - [Lincoln-based Psychology Staff:](#)
- [Norfolk CBOC](#)
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  - [Other experiences that the Norfolk-based Intern may encounter or that may be able to be incorporated into the internship](#)
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[Appendix A: Sample “Breadth” Didactic Schedule 2016-17](#)

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## Appendix A: Sample “Breadth” Didactic Schedule 2016-17

(Wednesdays : 1PM –2:50 PM ; Topics subject to change)

Date	Time	Topic	Presenter	Site of Origin
2-week Orientation	8 hrs	Basic Neurocognitive Screening Battery Training, etc.	J. Ritchie, PhD; T. Fleischer PhD; D. Todd PhD, K. Krebs, PhD	Grand Island & Lincoln
2-week Orientation	8 hrs	Basic Neurocognitive Screening Battery Training, etc.	J. Ritchie, PhD; T. Fleischer PhD; D. Todd PhD, K. Krebs, PhD	Grand Island & Lincoln
2-week Orientation	1 hr	Multicultural Day: Intro (8 hrs total)	R. Esseks, PhD	Lincoln
2-week Orientation	2 hrs	Multicultural Day: Acceptance & Commitment Therapy (ACT) : 1 (ACT & Diversity)	J. Bockoven, PhD	Lincoln
2-week Orientation	1 hr	Multicultural Day: Homeless Veterans	K. Miller Loos, LIMSW	Lincoln
2-week Orientation	1 hr	Multicultural Day: Alatross Simulation Activity	M. Prendes-Lintel, PhD	Lincoln
2-week Orientation	1 hr	Multicultural Day: Native American Perspective	Mr. Echohawk Lefthand	Grand Island

Date	Time	Topic	Presenter	Site of Origin
2-week Orientation	2 hrs	Multicultural Day: Military Culture	J. Brown PhD,, D. Todd, PhD, T. Fleischer, PhD, etc.	Grand Island & Lincoln
2-week Orientation	3 hrs	Rural Day: "Coming to the Country" Film & Discussion	P. Hannappel	Norfolk
2-week Orientation	3 hrs	Rural Day: Rural Museum Tour & NE Model Railroad Museum Tour	P. Hannappel	Norfolk
2-week Orientation	2 hrs	Intro to Motivational Interviewing	R. Esseks, PhD	Lincoln
2-week Orientation	1 hr	Telehealth Checkout with Preceptor		Lincoln
2-week Orientation	1 hr	Telehealth for Psychologists Intro	D. Todd PhD & J. Ritchie PhD	Grand Island & Lincoln
2-week Orientation	2 hrs	Intro to VA Ethics	R. Esseks, PhD	Lincoln
2-week Orientation	2 hrs	Suicide Risk Assessment and Management	R. Esseks, PhD	Lincoln

Date	Time	Topic	Presenter	Site of Origin
2-week Orientation	2 hrs	Homicide Risk Assessment and Management	R. Esseks, PhD	Lincoln
09/07/16	13:00-15:00	Posttraumatic Stress Disorder (PTSD) : 1 - Overview	K. Krebs, PhD & J. Ritchie, PhD	Grand Island & Lincoln
09/14/16	13:00-15:00	Cognitive Behavioral Therapy for Insomnia (CBT-I) : 1	T. Carlson, PsyD	Grand Island
09/21/16	13:00-15:00	V-TEL DBT Training (9/21 1300 through 9/23 1630)	Minneapolis VA (Laura Meyers PhD et al)	Mpls VA
09/28/16	13:00-15:00	Coping with Pain : 1 - Introduction to Pain and Pain Management	R. Schmidt, PsyD	Omaha
10/05/16	13:00-15:00	Mindfulness : 1	D. Duke PhD & R. Esseks PhD	Grand Island & Lincoln
10/12/16	13:00-15:00	Cognitive Processing Therapy (CPT) : 1	M. Marius, PhD	Lincoln
10/19/16	13:00-15:00	Cognitive Processing Therapy (CPT) : 2	M. Marius, PhD	Lincoln

Date	Time	Topic	Presenter	Site of Origin
10/26/16	13:00-15:00	Posttraumatic Stress Disorder (PTSD) : 2 - Neurobiology	K. Krebs, PhD & J. Ritchie, PhD	Grand Island & Lincoln
11/02/16	13:00-15:00	Polyvagal Theory: Applications to PTSD & beyond	J. Ritchie, PhD & K. Krebs, PhD	Lincoln & Grand Island
11/09/16	13:00-15:00	Acceptance & Commitment Therapy (ACT) : 2	J. Bockoven, PhD	Lincoln
11/16/16	13:00-15:00	Interpersonal Therapy for Depression (IPT)	D. Todd PhD & D Duke PhD	Grand Island
11/23/16	13:00-15:00	Consultation in Primary Care vs. Traditional Mental Health	T. Carlson, PsyD	Grand Island
11/30/16	13:00-15:00	Self-Care for Psychologists	J. Bockoven, PhD	Lincoln
12/07/16	13:00-15:00	Posttraumatic Stress Disorder (PTSD) : 2 - Moral Injury	K. Krebs, PhD & J. Ritchie, PhD	Grand Island & Lincoln
12/14/16	13:00-15:00	Prolonged Exposure (PE) : 1	K. Krebs, PhD & M. Marius, PhD	Grand Island & Lincoln

Date	Time	Topic	Presenter	Site of Origin
12/21/16	13:00-15:00	Home-Based Primary Care (HBPC)	C. Heaney, PsyD	Omaha
12/28/16	13:00-15:00	Preparing for Post-Doc Interviews (via V-Tel)*	2015-16 Graduate Jonathan Feinberg, PsyD	SF Bay Area
01/04/17	13:00-15:00	Sexual Dysfunctions	R. Esseks, PhD	Lincoln
01/11/17	13:00-15:00	Cognitive Behavioral Therapy for Insomnia (CBT-I) : 2	T. Carlson, PsyD	Grand Island
01/18/17	13:00-15:00	Coping with Pain : 2 - The Psychology of Pain	R. Schmidt, PsyD	Omaha
01/25/17	13:00-15:00	Mindfulness : 2	D. Duke, PhD & R. Esseks, PhD	Grand Island & Lincoln
02/01/17	13:00-15:00	Serving LGBT Veterans	R. Esseks, PhD	Lincoln
02/08/17	13:00-15:00	Prolonged Exposure (PE) : 2	K. Krebs, PhD & M. Marius, PhD	Grand Island & Lincoln

Date	Time	Topic	Presenter	Site of Origin
02/15/17	13:00-15:00	Managing Disruptive Behaviors	T. Fleischer, PhD	Lincoln
02/22/17	13:00-15:00	Trauma and PTG, Bereavement, End of Life	C. Heaney, PsyD	Omaha
03/01/17	13:00-15:00	Imagery Rehearsal Therapy for Nightmares (IRT)	R. Esseks, PhD	Lincoln
03/08/17	13:00-15:00	TBI and Substance Abuse	J. Ritchie, PhD	Lincoln
03/15/17	13:00-15:00	Psychoeducational Programs for Relationship Enhancement	J. Bockoven, PhD	Lincoln
03/22/17	13:00-15:00	Military Sexual Trauma (MST)	C. Logan, PhD	Omaha
03/29/17	13:00-15:00	Program Evaluation	R. Esseks, PhD	Lincoln
04/05/17	13:00-15:00	TBD	J. Ritchie, PhD	Lincoln

Date	Time	Topic	Presenter	Site of Origin
04/12/17	13:00-15:00	Working with Religious Clients: Religiosity as Culture	J. Bockoven, PhD	Lincoln
04/19/17	13:00-15:00	Multicultural Discussion	M. Prendes-Lintel, PhD	Lincoln
04/26/17	13:00-15:00	Rural Mental Health and Dementia Caregiver Issues	C. Heaney PsyD & P. Hannappel PhD	Omaha & Norfolk
05/03/17	13:00-15:00	Posttraumatic Stress Disorder (PTSD) : 3	K. Krebs, PhD & J. Ritchie, PhD	Grand Island & Lincoln
05/10/17	13:00-15:00	Cognitive Behavioral Therapy for Insomnia (CBT-I) : 3	T. Carlson, PsyD	Grand Island
05/17/17	13:00-15:00	Coping with Pain : 3 - Psychological Interventions for Pain	R. Schmidt, PsyD	Omaha
05/24/17	13:00-15:00	Mindfulness : 3	D. Duke, PhD & R. Esseks, PhD	Grand Island & Lincoln
05/31/17	13:00-15:00	Acceptance & Commitment Therapy (ACT) : 3	J. Bockoven, PhD	Lincoln

Date	Time	Topic	Presenter	Site of Origin
06/07/17	13:00-15:00	Prolonged Exposure (PE) : 3	K. Krebs, PhD & M. Marius, PhD	Grand Island & Lincoln
06/14/17	13:00-15:00	Challenges Facing Military Families	R. Esseks, PhD	Lincoln
06/21/17	13:00-15:00	Integrative Behavioral Couples Therapy (IBCT)	D. Duke, PhD	Grand Island
06/28/17	13:00-15:00	Trauma in the Community: Working with Refugees	M. Prendes-Lintel, PhD	Lincoln
07/05/17	13:00-15:00	Becoming a Supervisor: Nuts & Bolts	P. Hannappel, PhD	Norfolk
07/12/17	13:00-15:00	Schizophrenia / WRAP program	D. Todd, PhD & D. Birgenheir, PhD	Grand Island & Omaha
07/19/17	13:00-15:00	Smoking cessation	T. Carlson, PsyD & R. Esseks, PhD	Grand Island & Lincoln
07/26/17	13:00-15:00	Yoga for PTSD & Chronic Pain & ...	J. Ritchie, PhD	Lincoln

Date	Time	Topic	Presenter	Site of Origin
08/02/17	13:00-15:00	Diversity in Private Practice: Location, Location, Location	Carlson, Hannappel, Prendes-Lintel, Todd	Grand Island, Lincoln, & Norfolk
08/09/17	13:00-15:00	Quick Before You Go: Ethics Update	R. Esseks, PhD	Lincoln
08/16/17	13:00-15:00	<i>Professional socialization activities</i>	Faculty	Grand Island, Lincoln, & Norfolk
08/23/17	13:00-15:00	New Intern Orientation for 2017-18		

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## Appendix B: Sample "Depth" Didactic Schedule 2016-17

(Wednesdays : 3 PM - 4 PM; Exception once a month on Mondays to accommodate "Rural Travel Day")  
(Topics subject to change)

IPE = Interprofessional Education. On the first Wednesday of each month, the "Depth" didactic is joined by Pharmacy Residents and Social Work Interns in Grand Island, and when available Dentistry Residents in Grand Island, Pharmacy Residents in Lincoln, and trainees in other health professions.

Date	Time	Topic	Presenter	Site of Origin
09/07/16	15:00 - 16:00	IPE - Sources of VA Data	G. Woods, RN & Darrel Willoby	Grand Island & Omaha

Date	Time	Topic	Presenter	Site of Origin
09/14/16		(1 <sup>st</sup> Rural Travel Day)	(P. Hannappel, PhD)	Norfolk
09/21/16		(2.5 Day DBT training)	L. Meyers, PhD	Mpls VA
09/28/16	15:00 - 16:00	Ethics - breach of confidentiality: 1	R. Esseks, PhD	Lincoln
10/03/16	15:00 - 16:00	MI Microskills - MI Spirit	R. Esseks, PhD	Lincoln
10/05/16	15:00 - 16:00	IPE - Interprofessional Core Competencies	R. Esseks, PhD	Lincoln
10/19/16	15:00 - 16:00	Multicultural Issues - Veterans of color and racial microaggressions	R. Esseks, PhD	Lincoln
10/26/16	15:00 - 16:00	Ethics - breach of confidentiality: 2	R. Esseks, PhD	Lincoln
11/02/16	15:00 - 16:00	IPE - Diseases of various military eras	G. Woods, RN	Lincoln
11/07/16	15:00 - 16:00	MI Microskills - OARS	R. Esseks, PhD	Lincoln
11/16/16	15:00 - 16:00	Multicultural Issues - challenges facing student Veterans	R. Esseks, PhD	Lincoln
11/23/16	15:00 - 16:00	Ethics - boundaries in rural settings	R. Esseks, PhD	Lincoln
11/30/16	15:00 - 16:00	Bonus Multicultural Issues - balancing personal/cultural values and practice	R. Esseks, PhD	Lincoln
12/07/16	15:00 - 16:00	IPE - Motivational Interviewing (for non-psychologists)	R. Esseks, PhD & Interns	NWI
12/12/16	15:00 - 16:00	MI Microskills: addressing ambivalence	R. Esseks, PhD	Lincoln
12/21/16	15:00 - 16:00	Multicultural Issues - poverty and impression management	R. Esseks, PhD	Lincoln

Date	Time	Topic	Presenter	Site of Origin
12/28/16	15:00 - 16:00	Ethics - preparing for internship interviews	R. Esseks, PhD	Lincoln
01/04/17	15:00 - 16:00	IPE - rural ethics	Interns	NWI
01/09/17	15:00 - 16:00	MI Microskills - rolling with resistance	R. Esseks, PhD	Lincoln
01/18/17	15:00 - 16:00	Multicultural Issues - Intern presentation 1	Intern(s)	Lincoln
01/25/17	15:00 - 16:00	Ethics - ending therapy	R. Esseks, PhD	Lincoln
02/01/17	15:00 - 16:00	IPE - pain management	Interns & Pharmacy Residents	NWI
02/06/17	15:00 - 16:00	MI Microskills - focusing the session	R. Esseks, PhD	Lincoln
02/15/17	15:00 - 16:00	Ethics - Testing	R. Esseks, PhD	Lincoln
02/22/17	15:00 - 16:00	Multicultural Issues - Intern presentation 2	Intern(s)	NWI
03/01/17	15:00 - 16:00	IPE - emergency preparedness	Grand Island Staff	Grand Island
03/06/17	15:00 - 16:00	MI Microskills - expressing a concern	R. Esseks, PhD	Lincoln
03/15/17	15:00 - 16:00	Multicultural Issues - Intern presentation 3	Intern(s)	NWI
03/22/17	15:00 - 16:00	Ethics - confidentiality & professional education	R. Esseks, PhD	Lincoln
03/29/17	15:00 - 16:00	Bonus Multicultural Issues - recognizing, eliciting, & responding to change talk Part 1	R. Esseks, PhD	Lincoln
04/05/17	15:00 - 16:00	IPE - conflict management	Intern(s)	NWI

Date	Time	Topic	Presenter	Site of Origin
04/10/17	15:00 - 16:00	Bonus Multicultural Issues - recognizing, eliciting, & responding to change talk Part 2	R. Esseks, PhD	Lincoln
04/19/17	15:00 - 16:00	Multicultural Issues - Intern presentation 4	R. Esseks, PhD	Lincoln
04/26/17	15:00 - 16:00	Ethics - interprofessional cooperation	R. Esseks, PhD	Lincoln
05/03/17	15:00 - 16:00	IPE - pharmacy project presentations	Pharmacy Residents	NWI
05/08/17	15:00 - 16:00	MI Microskills - explore-offer-explore	R. Esseks, PhD	Lincoln
05/17/17	15:00 - 16:00	Ethics - technology	R. Esseks, PhD	Lincoln
05/24/17	15:00 - 16:00	Multicultural Issues - Intern presentation 5	R. Esseks, PhD	Lincoln
05/31/17	15:00 - 16:00	Bonus multicultural - do no harm and the culture of disability	R. Esseks, PhD	Lincoln
06/07/17	15:00 - 16:00	IPE - treatment of substance use disorders	Interns & Pharmacy Residents	NWI
06/12/17	15:00 - 16:00	MI Microskills - change planning	R. Esseks, PhD	Lincoln
06/21/17	15:00 - 16:00	Multicultural Issues - Intern presentation 6	R. Esseks, PhD	Lincoln
06/28/17	15:00 - 16:00	Ethics - supervision	R. Esseks, PhD	Lincoln
07/05/17	15:00 - 16:00	IPE - PTSD presentation to new Pharmacy residents	Interns	NWI
07/10/17	15:00 - 16:00	MI Microskills - MI Sandwich	R. Esseks, PhD	Lincoln
07/19/17	15:00 - 16:00	Multicultural Issues - Intern presentation 7	R. Esseks, PhD	Lincoln

Date	Time	Topic	Presenter	Site of Origin
07/26/17	15:00 - 16:00	Ethics - independent practice	R. Esseks, PhD	Lincoln
08/02/17	15:00 - 16:00	IPE - depression & suicide risk	Interns	NWI
08/07/17	15:00 - 16:00	MI Microskills - pass on what you have learned	R. Esseks, PhD	Lincoln
08/16/17	15:00 - 16:00	Professional Socialization Activity	R. Esseks, PhD	Lincoln

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