Psychology Internship Program

VA Nebraska-Western Iowa Healthcare System
600 South 70th Street (116)
Lincoln, NE 68510
402-489-3802 x 9-6883

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"

Application Due Date: 11/20/15

Accreditation Status

The Psychology Internship Program at the VA Nebraska-Western Iowa Healthcare System (NWI) is accepting applications for our fifth incoming class of Interns and is NOT currently accredited. Please note that successful completion of an unaccredited VA Internship will allow future VA employment as a VA psychologist, but not employment in other federal psychologist positions.

The NWI internship is now accredited through the Commission on Accreditation of the American Psychological Association. Our accreditation is under the new "Accredited, on contingency" status, meaning we have two years to get outcome data about our graduates to APA, at which time they can grant us up to three more years of accreditation or require another site visit.

Questions related to the program's accredited status should be directed to the Acting Training Director and/or to the Commission on Accreditation.

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 2002
Phone: (202) 336-5979/e-mail: apaaccred@apa.org
Web: http://www.apa.org/ed/accreditation

Application & Selection Procedures

Eligibility

The fifth class of Interns will begin on **Monday, August 22, 2016**. Eligible Interns must be available for a full-time Internship position in Lincoln, Grand Island or Norfolk at that time (depending on the Track to which the Intern matches).

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 training director

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
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
    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.

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. 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.

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 and can expect to be engaged in Internship training activities 45-50 hours per week to successfully meet the goals of the Internship training.

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 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. Federal employment (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.

Application Procedures

Applications are due on or before 9 PM Central Standard Time (10 PM Eastern Standard Time) on **Friday, November 20, 2015**. 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 the MMPI 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-2 (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) sample assessment reports submitted through the APPIC portal. Applicants with a greater number of integrated assessment reports will be given priority in selection.

Please note that during the interview process, applicants are likely to 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 FOR THE 2015-2016 YEAR MUST BE RECEIVED BY 9 PM CENTRAL STANDARD TIME (10 PM Eastern Standard Time) ON FRIDAY, NOVEMBER 20, 2015.

If you have questions about the application process, please contact the Acting Training Director: Dr. A. Jocelyn Ritchie at 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 apply to any or all of the three training tracks outlined below:

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 2016-17 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 2016-17 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" track 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 aspects of the 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 accepted into the Norfolk CBOC track in the 2015-16 training year - originally called the "Rural Norfolk NE/No Rotations" track. As a relatively new training experience, some of the details about the placement are expected to evolve across the 2015-16 training year, and 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 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. (We will also look at writing ability more generally, including writing samples and responses to interview questions later in the process in determining Match rankings.) 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 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. 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 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 2016-17 training year, on-site interviews will likely be held on January 7th and 8th, 2016. 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.

Interviews for all three tracks will take place in Lincoln, with NWI faculty from all three sites in attendance.

Optional in-person "Open House" 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). 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 for each of the two "NWI-Rotation Based" tracks (Grand Island and Lincoln) as well as for the "NWI-NO Rotations - Rural 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.

Please note: Information about Lincoln, Grand Island, Norfolk and other cities in Nebraska can be found towards the end of this brochure including a number of websites listed.

Please note: The in-person interview and "Open House" dates are typically in 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 to describe current road conditions.

The Department of Veterans Affairs is an Equal Opportunity Employer; even though technically not employees, all of our training programs are committed to insuring a range of diversity among our training classes. Please note that the training committee is committed to ensuring a range of diversity among our training classes. Thus, all things being equal, consideration is given to applicants with respect to Veteran status and members of historically underrepresented groups, sexual orientation, and disability status.

Applicants with disabilities choosing to request reasonable accommodations to facilitate the interview process are invited to make their 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.

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.

Acting Training Director:

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

Mailing Address:
VA Nebraska-Western Iowa Healthcare System
600 South 70th Street
Lincoln, NE 68510

Email: Jocelyn.Ritchie@va.gov

Phone:
Dr. Ritchie's Omaha Polytrauma Phone: 402-599-4000
Dr. Ritchie's 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, 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

Psychology Setting

VA Nebraska-Western Iowa Health Care System (NWI) includes three main facilities in which psychologists function: the Omaha VAMC, Lincoln VA, and Grand Island VA. One "satellite" location – Norfolk CBOC (Community Based Outpatient Clinic) – has an on-site psychologist 32 hours per week (M-Th). The other rural CBOC facilities are served through telehealth.

NWI Demographics:

NWI has a wide array of services for rural and highly rural Veterans, which in turn will provide a range of rich training experiences for psychology Interns interested in generalist training necessary for successful rural practice. The NWI Psychology Interns provide the overwhelming 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, and much of Nebraska is designated by the VA as Rural and Highly Rural, with many counties designated as “Frontier” by some criteria.

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. Approximately 80% of the Veteran population seeking services at the Grand Island VA are from rural or highly rural counties. At the Lincoln VA, about 40% are from rural counties. Although the Omaha VAMC is located in a large urban city, about 30% its clients live in rural counties. The vast majority of Veterans seen for therapy by the Intern stationed at the Norfolk CBOC are from rural or highly rural counties, although some urban therapy clients are seen through telehealth; testing clients seen through the Assessment Clinic experiences may also be from either rural or urban areas.

NWI currently employs twenty-two psychologists providing clinical care to Veterans, the majority of whom are full-time. Three additional psychology positions are currently open. Most NWI psychologists function within the Mental Health Service Line, with three in Extended Care and Rehabilitation Service Line. The specific areas of interest and expertise of the current psychologists are listed elsewhere in this brochure. There are twelve psychologists primarily stationed in Omaha, six in Lincoln, and four in Grand Island. The Norfolk CBOC has one 0.8-FTE psychologist embedded within the Primary Care clinic. Mental health services at the one suburban CBOC and three other rural CBOCs are served exclusively via telehealth, or alternatively Veterans from those CBOCs travel to a larger facilities.

Several NWI psychologists travel across sites. The Director of the PTSD/PCT Clinic is one of the Omaha psychologists listed above, but travels to the PCT Clinic in Lincoln and the PTSD Specialty Clinic in Grand Island on a periodic basis. The Chief of Psychology spends four days in Lincoln and one day in Omaha, and also serves as the Lincoln Mental Health Site Supervisor; he continues to work in Primary Care Mental Health Integration in Lincoln one day a week (in addition to the 0.5 FTE psychologist primarily assigned to Primary Care). The Health Behavior Coordinator travels from Omaha to the other two main sites and CBOCs. 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 who consults to the inpatient service in Omaha but also to clinical staff involved in the care of Veterans with severe and persistent mental illnesses across the system. This psychologist coordinates psychosocial rehabilitation across NWI is also based in Omaha but travels across the three main sites. Finally, the Polytrauma neuropsychologist has offices in Lincoln and Omaha and use of office space in Grand Island, and routinely travels between sites to provide services as near as possible to where the Veteran lives. Polytrauma recently moved from being part of the OEF/OIF service line to being part of the Extended Care and Rehabilitation service line; however, regardless of service line, the Polytrauma psychologist closely collaborates with Mental Health, PCT, and Primary Care psychologists. She also serves as the Acting Training Director to the VA NWI Psychology Internship.

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 , including:

- Acceptance and Commitment Therapy for Depression (ACT-D)
- Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
- Cognitive Behavioral Therapy for Depression (CBT-D)
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Cognitive Processing Therapy for PTSD (CPT)
- Dialectical Behavior Therapy (DBT)

- Integrated Couples Behavioral Therapy (ICBT)
- Interpersonal Therapy for Depression (IPT-D)
- Motivational Interviewing and/or Motivational Enhancement (MI/ME)
- Prolonged Exposure for PTSD (PE)
- Social Skills training for chronic and persistent mental illness (CBSST)

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.

NWI faculty train Interns in their respective rotations to use evidence-based therapies through supervision, shadowing of supervisors, observation of Intern skills, and co-facilitation of groups. The Internship typically relies upon these internal resources for training, but 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 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) and 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 1st and 2nd rotations which allowed her to hit the ground running when she entered her PTSD Primary Rotation during the 3rd and final rotation of the training year.

The 2014-15 Interns were invited participate in regional CPT training at the Minneapolis VA; due to limited availability of travel funds, however, the internship is able to support this only to the extent of granting "authorized absence" allowing Interns to attend without using 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).

The 2015-16 Interns were invited participate in a 2.5 V-tel DBT training from the Minneapolis VA. It is hoped that Interns and staff will again have the opportunity to participate in a regional training, likely in the winter or spring of 2016. The goal is to that the Minneapolis regional trainers will travel to the Lincoln VA to provide the training, with the Interns travelling from their respective training sites to Lincoln.

Another example of training using internal resources for Interns in the Lincoln and Grand Island training tracks comes through co-facilitating the V-tel assisted DBT Skills Group along with two highly experienced DBT social workers in Grand Island and DBT-focused psychologists in Lincoln during the PTSD rotation. Interns involved in the weekly DBT Skills Group participate in weekly DBT Consultation Group discussions bringing together the DBT therapists across NWI via V-tel; when appropriate, Interns may decide with their Primary Rotation supervisor to carry an individual DBT therapy client. At this writing, logistics do not allow the Norfolk-based Intern to participate in the DBT Skills Group; the Norfolk-based Intern will have access to the DBT materials and access to the training videos if desired.

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), and Daniel Taube PhD in the Fall of 2015 ("Ethics and Risk Management in the Age of the Affordable Care Act"). The Behnke training was shortly prior to the release of the APA Hoffman Report, which stimulated further discussions among the VA psychologists and Interns, as well as the review of the Nebraska Psychological Associations historical stand against involvement in torture.

NWI psychologists and Interns are encouraged to attend live and webinar Grand Rounds and other offerings, for example the national monthly PTSD treatment webinars, national Primary Care Integration webinars, 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. Finally, Interns at all sites have the opportunity to shadow a Lincoln-based board certified geriatric psychiatrist (Julie Filips MD) performing telehealth consultations and assessments to VA CLC nursing home residents across the 5 states in the administrative unit known as "VISN 23" (Minnesota, North Dakota, South Dakota, Nebraska, and Iowa). Starting in the 2014-15 class, Interns from all three training sites have the opportunity to participate in monthly V-tel "behavior rounds" discussing complex behavioral issues arising in a VA skilled nursing home setting at the Des Moines VA, along with Interns from the Des Moines Psychology Internship. These experiences tie in well with other discussions during the Assessment Clinic Group Supervision relating to assessing various dementias, as well as additional discussions facilitated by Dr. Filips about unusual dementia presentations and behavior management issues within nursing home settings.

The majority of NWI psychologists serve Veterans in outpatient settings. The Omaha VA inpatient psychiatric unit has a full-time psychologist (who used to be the neuropsychologist stationed at the Grand Island VA so is very familiar with the site as a resource to the Interns if needed). The Omaha VA also has access to the psychologist who is the Recovery Coordinator, also based in Omaha, who works with both residential and outpatient day treatment programs, although he also consults with all training sites regarding recovery philosophies more generally. Psychologists are involved in our residential rehabilitation programs, offering group and individual interventions on the mental health PRRTP program in Omaha and at the residential substance abuse SAARTP programs in both Omaha and Grand Island. In Lincoln, a psychologist who is also a Licensed Alcohol and Drug Counselor participates on the SUDP treatment team and provides "Seeking Safety" groups in which Interns can choose to participate as part of their elective hours. In addition, the Grand Island Assessment Clinic offers assessment and consultation services to the 65-bed Community Living Center in Grand Island, which is a skilled nursing home unit offering extended care, rehabilitation, geriatric care, palliative care, respite care, supportive/restorative and long-term care, and general nursing home care. The Grand Island-based Interns have more opportunities to work with Veterans residing in a skilled nursing home environment and Veterans in residential substance abuse treatment. Lincoln-based Interns may have intermittent access when travelling to Grand Island. The Norfolk-based Intern may have access to the CLC when he/she travels to Grand Island for assessment experiences. Training opportunities at each site are described in more detail below.

The main NWI facilities are described below:

Grand Island VA

As of the 2016-17 training year, three (3) Interns are stationed at the Grand Island VA. (**Track 221713– "NWI – Rotation Based – Grand Island VA"**).

Mental health services in Grand Island include both General Mental Health which includes one psychologist and two clinical social workers designated "PTSD Specialists." There is also one psychologist integrated into Primary Care. There is a second SAARTP in Grand Island (18 beds). Approximately 80% of the individual Veterans seeking services 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, the Grand Island VA includes 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. Many of the Veterans from urban areas spend time at the Grand Island CLC for annual care-giver (and Veteran) respite stays.

There is some travel between the VA training sites to allow all NWI Interns to be physically together for some training experiences, particularly at the beginning of the training year, as described above, as well as some travel to off-site training such as the Nebraska Psychological Association Fall and/or Spring Conferences. There are also weekly V-tel interactions for group supervision and didactics. Designated offices with computer access are provided to Interns at their designated training site (home station). Conditions during each Internship year may vary. When there is travel to another training site, Grand Island-based Interns typically use a VA-provided station car. The VA computer network allows Interns to access their "personal" drives from any VA computer in the NWI system, which makes travel among the training sites (if any) more efficient.

The Grand Island-based track and the Lincoln-based track provide a similar range of clinical training experiences in that there are three rotations. Interns at all three sites train to meet the same overall competencies. However, the two training tracks each has its own APPIC number to reflect that there sometimes slight and sometimes significant differences in structure across training sites.

Additional details about the training available at the Grand Island training site are provided elsewhere in this document.

Lincoln VA

Three (3) Interns are stationed at the Lincoln VA. There is some travel, limited to driving the Omaha Polytrauma Support Clinic once a week when on the General Mental Health rotation.
(**Track 221714 – "NWI – Rotation Based – Lincoln VA"**)

The Lincoln VA is a community-based outpatient clinic (CBOC) that serves such a large number of Veterans it classifies as a "Super CBOC." The Lincoln VA include a large primary care service, and extensive behavioral health services, such as individual, group, and family counseling through the General Mental Health clinic as well as Primary Care Mental Health Integration. There is also a separate specialized "PTSD Clinic Team" (PCT) which includes psychologists, a psychiatrist and a nurse practitioner. Approximately 40% of the individual Veterans seeking services at the Lincoln VA are from rural counties; approximately 40% or so of in-person, face-to-face mental health encounters are 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.

There is some travel between the VA training sites to allow all Interns to be physically together for some training experiences, particularly at the beginning of the training year, as described above, as well as some travel to off-site training such as the Nebraska Psychological Association Fall and/or Spring Conferences. There are also weekly V-tel interactions for group supervision and didactics. Designated offices with computer access are provided to Interns at their designated training site (home station). Conditions during each Internship year may vary. When there is travel to another training site, Lincoln-based Interns typically use a VA-provided station car. The VA computer network allows Interns to access their VA "personal" drives from any VA computer in the NWI system, which makes travel among the training sites (if any) more efficient.

The Grand Island-based track and the Lincoln-based track provide a similar range of clinical training experiences in that there are three rotations. Interns at all three sites train to meet the same overall competencies. However, the two training tracks each has its own APPIC number to reflect that there sometimes slight and sometimes significant differences in structure across training sites.

Additional details about the training available at the Lincoln training site are provided elsewhere in this document.

Norfolk CBOC

One (1) Intern is stationed at the Norfolk CBOC, with travel to Lincoln or Grand Island approximately once a month to participate in Assessment Clinic activities.
(**Track 221715 – "NWI – NO Rotations – Rural Norfolk CBOC"**)

The Norfolk community-based outpatient clinic (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 (0.8) psychologist, 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 psychologist is present on site 4 days per week (Monday through Thursday). Dr. Hannappel is a highly experienced psychologist with a wide breadth of training. Her dissertation was on PTSD and was supervised by one of the CPT for PTSD authors. While at the VA, Dr. Hannappel has become certified in two key evidence-based psychotherapies including CPT for PTSD and CBT for Insomnia, and is well-versed in a variety of other evidence-based therapies and evidence-supported interventions more typical of General Mental Health and Primary Care Mental Health Integration.

Dr. Hannappel is also well trained in assessment, although the Norfolk-based Intern will typically do his/her assessment training on Fridays including one day of assessment per month in Norfolk under Dr. Fleischer's (or occasionally Dr. Ritchie's) on-site supervision; this is currently scheduled on the second Friday of the month. The Norfolk-based Intern's assessment training also includes travel (typically to Grand Island or Lincoln) at least every other month or so for additional on-site supervised assessment experiences. The Norfolk-based Intern is expected to gain "Area Level" supervision status for the basic neurocognitive screening battery and gain a working familiarity with the measures used in the Polytrauma Neuropsychological Battery even though this is not required to be given by the Norfolk-based Intern, which is consistent with the expectations of the Grand Island-based Interns described below.

There are a number of alternatives regarding Intern activities on the Fridays when no on-site supervision is available. On these days (whether due to the typical schedule, vacation or illness, etc.) the Norfolk-based Inter may not engage in any direct clinical care, nor consult to a clinical provider about patients. During times when no on-site supervision is present, the Intern will follow an individualized plan developed with the on-site supervisor. Typically, this will include writing assessment reports, writing intake reports, completing notes, meeting with Dr. Ritchie or other supervisors via V-tel related to assessment skill development, and/or engaged in a variety of pre-planned training activities. These other pre-planned training activities 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 on days when Dr. Hannappel is not present on site, or learn about the administrative complexities of billing in a busy private practice, for example. In any event, when an on-site psychologist is not present, the Intern and the Norfolk CBOC staff understand there is to be no patient contact, per VA rules. 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. Finally, the Chief of Psychology (after consultation with the Acting Training Director and the Norfolk supervisor) may approve temporary or permanent changes in the Intern's "tour of duty" (VA parlance for work schedule) to allow the Intern to have a compressed schedule; this would allow the Norfolk-based Intern to work fewer than 10 work-days within each 2-week pay period, allowing for example 2 Fridays a month off-duty while maintaining the expected hours of the internship. This option may be considered at various times across the training year, particularly during winter months when travel to (or from) Grand Island or Lincoln may become less predictable.

The Norfolk-based track provides a similar range of clinical training experiences but does not have formal rotations such as experienced in the Lincoln-based and Grand Island-based training tracks. Interns at all

three sites train to meet the same overall competencies. However, this training track in particular has a its own APPIC number to reflect the significant differences in structure due to not being rotation-based.

As noted above, there is some travel between the VA training sites to allows the Norfolk-based Intern to be physically together with the other NWI Interns for some training experiences, particularly at the beginning of the training year, as described above. The Norfolk-based Intern also travels intermittently with the Norfolk supervisor to off-site training such as the Nebraska Psychological Association Fall and/or Spring Conferences, or NWI activities including Internship interview days, meeting up with the other NWI Interns at those functions as well. There are also weekly V-tel interactions during group supervision and didactics, as described below. Designated offices with computer access are provided to Interns at their designated training site (home station). Conditions during each Internship year may vary. There is no VA-provided station car available at the Norfolk CBOC, so travel reimbursement is arranged through alternate mechanisms. The VA computer network allows Interns to access their "personal" VA drives from any VA computer in the NWI system, which makes travel among the training sites (if any) more efficient.

The Norfolk-based Intern does not have another Intern on site and is 2-2.5 hours away from the other training sites. However, the internship attempts to integrate the Norfolk-based Intern into the larger peer group to the extent practical. As described elsewhere in this brochure, all Interns train together during the first two week orientation period, driving to each other's training sites for day-long trainings (at least twice to Lincoln and twice to Grand Island, as well as at least once with Lincoln-based and Grand Island-based Interns driving to Norfolk in the 2015-16 training year). In addition to this face-to-face contact, the Interns are frequently in V-tel contact on the other days during the 2-week Orientation period for additional trainings. During the rest of the training year, the Norfolk-based Intern and the Norfolk supervisor join the other Interns for the 1-hour Monday Morning group supervision along with the Chief of Psychology and the Grand Island Mental Health Site Supervisor. The Norfolk-based Intern has additional V-tel interaction with other NWI Interns when he/she participates in the 1.5 hour Assessment Clinic group supervision; although there are assessment supervisors present in Lincoln and Grand Island, as well as a neuropsychologist joining from Polytrauma in Omaha (who is also the Acting Training Director), the Norfolk-Intern is not joined by an on-site supervisor so these latter hours do not 'count' towards the minimum supervision required by APA. The Norfolk-based Intern has V-tel interaction with other Interns during the two weekly didactics series, and is paired with Interns from other sites for various projects throughout the year, particularly in the Interdisciplinary Core Competencies components of the "NWI-Only" didactics series. The Norfolk-based Intern can also choose to interact with Interns at other sites without faculty presence during a daily dedicated half-hour time slot reserved for this purpose, whether via phone, Microsoft Lync (text instant messaging and real-time video messaging) or through more traditional V-tel, all from their offices. In addition, the Interns may choose to communicate in similar ways at any other times if available. Collegial interactions among the peers/Interns is encouraged whenever Interns are together at conferences and other trainings or NWI activities, and although invited to attend they often they choose to eat as a group rather than attend the NPA business meeting. Finally, the Norfolk-based Intern travels at least every two months or so to Lincoln or Grand Island for additional assessment experience; at these times, face-to-face interactions with their peers is encouraged, including pre-planning of other Interns' schedules at the distant site to allow time for these interactions.

Additional details about the training available at the Norfolk CBOC training site are provided elsewhere in this document.

Omaha VAMC

No Interns are stationed in the Omaha VAMC.

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 all 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).

Other Community Based Outpatient Clinics (CBOCs)

No Interns are stationed in at any of the other NWI CBOCs.

The North Platte, Holdrege, and Shenandoah Iowa CBOCs receive mental health services exclusively through telemental health, and do not have any on-site mental health professionals. Almost all of the Veterans served at these CBOCs are from rural or highly rural areas, with highly rural Veterans making up approximately 44% of the Holdrege encounters and approximately 22% of the North Platte encounters. Even though the Bellevue CBOC is located in a suburb of Omaha, almost half of the mental health encounters seen at the Bellevue site are with Veterans from rural areas, and another 2-3% from highly rural areas.

Interns at all training sites may have occasional access to patients from Omaha and the other CBOC sites through telehealth.

Training Model and Program Philosophy

The overall goal of NWI Psychology Internship Training Program is to prepare each Matched psychology Intern with entry-level skills in Professional Psychology through a scholar-practitioner model of "excellent generalist" training relevant to practice in rural communities and/or with rural Veterans. The program's training activities are structured in terms of their sequence, intensity, duration, and frequency within a developmental model of training. 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.

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..

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.

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.

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 based in Lincoln, Grand Island or Norfolk also have 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. The descriptions below apply to all Interns but should be read with the understanding that training will be structured differently for the Interns in the “Rural Norfolk CBOC” track versus the “Rotation Based” tracks in Grand Island and Lincoln.

The NWI Internship program is based on the Scholar-Practitioner model, with all VA staff and community partners committed to applying current scientific research to clinical domains. NWI’s goal is 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. While the majority of the NWI psychologists were trained in the scientist-practitioner model, the NWI Internship does not require participation in research as a graduation requirement. Instead, the primary methods of training are the delivery of patient care in a variety of clinical settings, consultation-liaison services, didactics, and supervision or mentoring.

Each of the Lincoln and Grand Island Primary Rotations require some involvement in program development activities, as well as case presentations (including relevant literature). Each of the three Primary Rotations requires a minimum number of rotation-relevant educational experiences such as reading and summarizing required and/or optional articles from the literature. The Norfolk-based Intern is also required to be involved in program development activities and educational experiences similar to the requirements of theother training tracks. Regardless of training track, the exact makeup of these educational experiences is up to the primary supervisor in concert with the Intern’s individualized training plan for that rotation (or time period in the case of the Norfolk-based Intern).

Broad Internship goals for all Interns are listed below, with core competencies oultined in the Appedices at the end of this brochure. Each rotation provides a list of overall expectations to orient the Intern, and the Intern’s Individualized Training Plan is more specific yet.

Goal #1: Interns will develop competence in the area of psychological assessment.
Goal #2: Interns will develop competence in the area of intervention.
Goal #3: Interns will demonstrate professionalism through development of professional role behaviors, professional identity, and competency development in the areas of consultation, program evaluation and supervision.
Goal #4: Interns will develop competence in professional ethics and issues of individual and cultural diversity.
Goal #5: Interns will develop competence in the four identified Interprofessional Core Competency Domains:
Goal #6: Interns will develop competence the Use of Telemental Health Technologies.

Goal #7: Interns will develop competence in applying scientific knowledge and method.

In order to maximize Interns' abilities to meet the overall internship competencies (described elsewhere in this brochure) the VA NWI Psychology Internship strives 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.

Training Experiences

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 45-50 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 VA 8AM-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 on trainee stipends and not hourly pay and are not eligible for "comp time" for over 40 hours per week.

There is a 2-week orientation period at the beginning of the training year for Interns in both tracks during which time the 7 Interns often travel to meet as a group for training in the fundamentals that apply to all rotations and to demonstrate competencies in basic assessment tools. The Interns travel to meet at each of the training sites, meeting as a group in Lincoln for 2-3 days, Grand Island for 2-3 days and Norfolk at least 1 day. These travel days also foster early discussions about rural culture, particularly when culminating in a "Rural Day" with a primary focus on rural practice and rural culture on the day spent in the Norfolk CBOC and Norfolk/Madison communities during the second week.

The 2-week orientation period is followed by the start of the first of three Primary Rotations in the "Rotation-Based" tracks, 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. The same three Primary Rotations are in place at both the Lincoln VA and Grand Island VA

training sites and provide roughly equivalent experiences, with the focus on training towards the overall competencies described elsewhere, regardless when in the year the Intern is placed in a particular Primary Rotation and regardless of whether the Intern is stationed in Grand Island or Lincoln.

Note re the Norfolk-based training track: Although the Norfolk-based Intern does not have a rotation structure, the following also provides guidance to the Norfolk-based Intern and supervisor in terms of time frames. The content of the Norfolk clinical experiences will be dictated in part due to "whomever comes through the door" rather than rotations. The Norfolk-based Intern and supervisor follow the rotation structure for the timing of evaluations to keep them on par with the Interns in the Grand Island and Lincoln-based training tracks, and train towards the same general competencies.

As noted elsewhere, the Norfolk supervisor works Mondays through Thursdays and is never present on-site at the Norfolk CBOC on Fridays. Briefly, the Norfolk-based Intern is not allowed to undertake any face-to-face, telephonic, telehealth or in-person direct clinical service activities unless the supervising clinician is physically on-site. The Norfolk-based Intern cannot engage in any direct services, even in an emergency. Dr. Hannappel is not present on site on Fridays but may be absent on other days due to illness, planned absences, etc.. Dr. Hannappel and the Norfolk-based Intern have an articulated plan of action for the Intern's training to progress in the absence of Dr. Hannappel, as described above, for when there are no assessment reports to write. When Dr. Hannappel is off-site on NWI business the Intern will often have the opportunity of shadowing her – for example, the 2015-16 Intern will shadowed Dr. Hannappel when she travels to Omaha during the Fall of 2015 when she gives an invited lecture to the Creighton Law School regarding treating PTSD, or when presenting to the Nebraska Vietnam Veteran's Annual Conference. The Norfolk-based Intern also accompanied other clinic staff to a "Project 22" suicide prevention program in the community.

Additional details are available in the Standard Operating Procedure attached as an addendum to this brochure.

Schedule Examples:

Note: The tables below depicts alternative schedules in the various training tracks. Norfolk-based Interns do not separate their hours into "primary rotation" and "electives" but rather may choose to combine hours into one category. It is expected that approximately 28 hours per week engaged in "clinical" or other rotation specific activities, while the expected amount of time spent in the Assessment Clinic, Didactics, and Supervision should remain the same as for Interns in the other training tracks.

Each rotation period includes 28 hours of clinical or other rotation-specific activities, which itself includes approximately 4-12 hours to be used for "elective" activities. These elective hours and the 16-24 Primary Rotation hours are flexible, so 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. 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., before being given permission to branch out into significant elective training activities. As a result, Interns can expect fewer elective hours during the first rotation, as they learn new skills and prepare to obtain area level supervision. Didactics average 3-4 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.

Primary Rotations (Lincoln and Grand Island) :

1) GMH: General Mental Health
2) PTSD: Post-Traumatic Stress Disorder
3) PCMHI: Primary Care Mental Health Integration

Other Requirements:

- Assessment Clinic – year long - required during each rotation
- Elective Hours

Regardless of the order in which the three 16-week Primary Rotation are assigned (GMH, PTSD, or PC-MHI in the “Rotation Based” tracks) together with the year-long Assessment Clinic, the overall goal of the Internship is to develop entry-level Psychology-Specific Competencies and Interprofessional Collaboration Core Competencies which are the developmental focus of the Internship training year.

Each Intern in the “Rotation Based” tracks participate in each of the three Primary Rotations by the end of the year and uses the elective hours to round out experiences not accommodated by flexibility already built into the three Rotations. For example, in the 2012-13 training year one of the Interns took a post-internship entry-level position at another VA doing 50% PTSD and 50% SUDP work, so in the third rotation she drove to Omaha once per week to shadow the Omaha VA psychologist with a similar position. Other options for the use of elective hours are outlined below.

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 as determined by the Training Director. 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..

		Example 1	Example 2	Example 3	Example 4
	Total Hours	45	45	45	45
Primary Rotation	16-24	18	24	16	20
Electives	4-12	10	4	12	8
Assessment Clinic	8	8	8	8	8
Didactics	3-4	4	4	4	4
Supervision	4-5	5	5	5	5

Elective Hours and Written Elective Plan:

During the first rotation, at least some of the elective hours are used to meet minimum required telemental health competencies, whether the Intern is based out of Lincoln, Grand Island or Norfolk. 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, it is expected that the Intern and his/her Primary Rotation supervisor(s) will develop a written plan for the elective hours for the rotation, in collaboration with the Assessment Clinic supervisor and any elective supervisor, and that such plan will be submitted to the Acting Training Director. It is expected that if Interns 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.

For the Interns based in Lincoln and Grand Island, the elective hours in earlier rotations can be used (in whole or in part) to give Interns the opportunity prepare for later Primary Rotations. In the past, Interns have 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 also be used to have more time available to foster greater depth of experience within the current Primary Rotation if deemed appropriate by the Primary Rotation supervisor and Training Director. Finally, 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).

For the Norfolk-based Intern, the Intern and supervisor have more flexibility in use of time throughout the training year. Even so, a written plan for the use of 'elective' hours could be helpful, at the supervisor's discretion, or folded into the overall training plan. Regardless, the Norfolk-based Intern and supervisor may wish to use the equivalent of "elective" time to carve out time for the Intern to prepare for the types of cases or interventions not immediately needed but anticipated for later in the training year (for example, familiarizing himself or herself with Cognitive Processing Therapy to prepare for later co-treating patients with the Norfolk supervising psychologist in order to more quickly attain 'area level' supervision status). Alternatively, as was done by a Lincoln-based Intern in the 2013-14 class, the Norfolk-based Intern could use V-tel technology to shadow a Grand Island faculty member through a Prolonged Exposure case, with the Veteran and the psychologist meeting in person in Grand Island, and the Intern shadowing from off-site via telehealth (with the Veteran's prior permission). The equivalent of these 'elective' hours could also be used to gain additional experience with additional assessment by traveling to a different training site to meet do assessments with different populations or with different supervisors, to get inpatient or residential experience not available in the home training site, or for additional program development activities, etc.

Clinical Experiences / Rotations and Supervision:

The Interns based in Lincoln and Grand Island complete each of three Primary Rotations. Primary Rotations are assigned by the Training Director after consulting the Internship Committee regarding each Intern's strengths and weaknesses balanced with the logistics of the program itself, taking into account each individual Intern's career/professional goals and the fact that only one Intern can be in a Primary Rotation at any one time. For example, Interns with little prior PTSD experience are likely to be assigned to one of the other Primary Rotations early in the training year to allow some underlying skills to develop (using elective hours) before engaging in the PTSD Rotation later in the training year.

The Interns based in Lincoln and Grand Island have designated Primary Rotation supervisors and it is strongly encouraged that they have specific back-up supervisors assigned at each site. Similarly, supervisors will be designated for each elective experience. The Training Director and Chief of Psychology (or Mental Health Site Supervisor) act as a back-up to the back-up wherever possible.

Whether based in Lincoln, Grand Island or Norfolk, in the first few weeks or months of the training year, each Intern has the option to choose a year-long "preceptor" who will be an additional advisor to the Intern across the Internship year. The role of the preceptor is to provide an additional voice and sounding board for the Intern, and is clearly articulated to not be a therapy-like relationship. Often (but not always) these preceptors are chosen from the Omaha VAMC in order to expose the Intern to mentors beyond their home station. Interns can also request psychologists at one of the other training sites (Grand Island or Norfolk if stationed in Lincoln, etc.) to serve as preceptors although in the past these psychologists have often declined due to the number of hours already provided to the Internship.

Approximately 75-80% of an Intern's time is spent in direct or indirect patient care related activities (e.g., assessment, consultation, therapy, treatment team meetings, documentation, and supervision). Per APPIC and APA requirements, Interns spend at least 25% of their time in direct patient contact (face-to-face; later in the year including face-to-face clinical services via telehealth). Under the developmental model, time spent in face-to-face direct service delivery is expected to increase over the course of the Internship year. The number of hours spent in the Primary Rotation and time spent in direct patient care overall may fluctuate depending on rotation and the direction of the rotation supervisor. Consistent with a developmental model of training, expectations increase over the course of the year, and as such the number of hours spent in direct patient contact is expected to increase over the course of the year, from an approximately 10 hours per week, to 15 or so by the start of the third trimester. Although there is a lot of flexibility in creating one's internship experience, the specific written program (developed by Interns and their primary supervisors, with input as requested from their preceptors) must be approved by the Acting Training Director who may also seek consultation with the Internship Committee.

Supervision and back-up supervision is more complicated for the Norfolk-based Intern as there is only one Intern, he or she is on-site M-F, and there is only one supervisor based in Norfolk who is on-site M-Th. The Internship has back-up plans and policies in place to address other issues that arise due to Dr. Hannappel not being on site on Fridays, as well as to address the need for back-up to address planned and unplanned absences (vacations and illnesses, respectively). Briefly, the Training Director, Associate Training Director, and Chief of Psychology act as back-up mentors and can provide after-the-fact supervision, but cannot provide a back-up for on-site supervision from off-site. Therefore, the Norfolk-based Intern -- and the other staff at the Norfolk training site – must have a clear understanding that when the supervising psychologist (Dr. Hannappel) is not present, the Norfolk-based Intern must not engage in any direct services, even in an emergency. Dr. Hannappel is not present on site on Fridays but may be absent on other days due to illness, planned absences, etc.. Please see the attached Standard Operating Procedure as well as the general NWI Policy regarding on-site supervision.

Training Experience Descriptions:

Note: Because having only one trainee at a site is unusual and could result in Intern isolation, the NWI Internship strives to provide significant opportunities for the Norfolk-based Intern encouraging all Interns to become integral members of the larger cohort of Interns, despite the distance between sites and despite having only one Intern at the Norfolk training site. To this end, all of the NWI Interns are given opportunities to communicate with each other prior to the start of the training year, and they spend a considerable amount of face-to-face time with each other during the initial two weeks of training, contact which is continued via V-tel throughout the rest of the year.

The 2-week orientation began in the 2014-15 training year with Interns in the then-two training sites for the first time, and then further extended when the Norfolk CBOC training site began in the 2015-16 training year when all six Interns (3 based in Lincoln, 2 based in Grand Island and the single Norfolk-based Intern) spent the equivalent of an entire week together during the two week orientation period - twice in Lincoln, twice in Grand Island and once in Norfolk during the first 2 week orientation period – each time traveling with a designated faculty member for more informal orientation discussions. The number of days spent in each others' physical company was cut short in the 2015-16 training year due to the invitation to participate in a 2 ½ -day V-tel DBT training offered through the Minneapolis VA. In 2014-15, there were a larger number of orientation days prior to starting the first rotation due to a Virtual Reality for PTSD training that was offered in Grand Island during the third week of the Internship, when typically the first rotation would have begun.

On the days when the newly arrived Interns are not together during the orientation period, the group typically meets via V-tel for group supervision with supervisors present at each site, including ongoing discussions and demonstrations related to the Neuropsychological Screening Battery. When Interns are physically together, the group trains together in basic orientation to the VA and learning the computerized record system, signing up for health insurance, etc.. In addition, the group engages in face-to-face demonstration of assessment techniques while learning the basic neuropsychological screening battery, they receive formal training on suicide and violence risk assessment and management, they have a basic 3 hour presentation on motivational interviewing (setting the stage for role playing MI micro-skills throughout the rest of the year), as well as a 3-hour introduction to PTSD and PTSD therapies, among other trainings. These in-person and V-tel interactions fosters the Interns' peer-to-peer relationships with each other and the different training sites, which facilitates deeper interactions using the V-tel technology thereafter.

"Rural Day" in Norfolk furthered this goal by introducing the group to the physical lay-out of the Norfolk CBOC and to the town and history of the rural Northeast Nebraska region, in addition to a

specific didactic presentation by Dr. Hannappel and discussion about rural culture and rural psychology practice; Interns toured Norfolk and a nearby town together before going to a rural museum, and then briefly toured specific small towns on their respective journeys back to their home stations with the expectation that their observations will be discussed at a future date. By design, the Norfolk-based Intern previously travelled to and from Lincoln and Grand Island through each of the towns assigned for tours by the Lincoln and Grand Island-based Interns as an additional means to facilitate her inclusion into the discussion about the various towns. (Note that "Rural Day" is also designed to be a part of a developing series of experiential training opportunities related to diversity education.)

In addition to the above, there are other intermittent face-to-face interactions across the year – for example during the Nebraska Psychological Fall and Spring Conferences, Internship Interview days, and other trainings as they arise during the year. There are also built in opportunities to encourage frequent informal interactions of Interns across training sites, including the Norfolk-based Intern. In addition to V-tel didactics and the hybrid in-person/V-tel group supervision sessions described below, Interns' schedules have protected times during the week which supervisors have been asked to refrain from designating for any other activities in order to encourage Interns to use these times to have informal contact with each other. These times occur 5 days per week from 12:30 PM to 13:00 PM (after their designated lunch period of 12:00 PM to 12:30 PM), although Grand Island Interns in the PCMHI rotation may not be able to do this on Thursdays due to involvement in the "Yoga for Chronic Pain" group. Interns are also free to arrange other times during their training schedules for similar interactions (whether as a group or sub-group or dyad), provided these times do not interfere with other training activities. Interns (along with all VA staff) are connected via Microsoft Lync which allows instantaneous texting and video conferencing without the need to arrange this through an administrator, and also have more traditional V-tel access from their office computers of they choose to use it, also without need for administrative assistance.

1) "NWI – Rotation Based –Grand Island VA" - Track 221713
2) "NWI – Rotation Based – Lincoln VA" - Track 221714

Note: The Grand Island and Lincoln rotations and electives are described together as there is so much overlap between the two tracks. The different strengths of these two tracks are outlined after the more general descriptions.

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. 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 etc., 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.

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. There is greater access to substance abuse training in Grand Island than in either Lincoln or Norfolk due to the presence of the residential substance abuse treatment program in Grand Island, as outlined below in the section further highlighting Grand Island's strengths as a training site.

Post-Traumatic Stress Disorder (PTSD/PCT in Omaha and Lincoln / PTSD Specialty Clinic in Grand Island): These specialized outpatient programs provide mental health treatment to Veterans who have a diagnosis of PTSD and who are presenting for treatment of trauma, military-related or otherwise. Interns will have the opportunity to shadow clinicians certified through the VA to provide Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) 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 in Grand Island (ACT is typically a part of the General Mental Health rotation in Lincoln). In both Lincoln and Grand Island, supervisors may assign the Intern to become involved in mindfulness-based group interventions (e.g., Relaxation Group or Mindfulness Group in Grand Island, Yoga for PTSD and Polytrauma in Lincoln). Interns in the PTSD rotation are required to participate in Dialectic Behavior Therapy (DBT) Skills Group, and may 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 will have the opportunity to meet with the Military Sexual Trauma (MST) coordinators at each site; the lead MST coordinator is an Omaha psychologist, with licensed clinical social workers or psychologists serving in this capacity at other sites.

The Norfolk-based Intern will have some comparable experiences including shadowing Dr. Hannappel in doing CPT and learning the skills necessary for "Area Level" supervision in CPT. The Intern may be able to shadow Dr. Krebs via V-tel from Grand Island doing PE provided there is Veteran consent; this worked well in the 2013-14 training class when a Lincoln-based Intern shadowed Dr. Krebs doing PE. Some of the "In Absence" activities the Norfolk-based Intern will do when Dr. Hannappel is off site include multi-module CPT and PE training through the Medical University of South Carolina website. The Norfolk-based Intern participated in the V-tel DBT training during the second week of orientation, in the same manner as the Lincoln and Grand Island-based Interns. The current Norfolk-based Intern is interested in developing an MST Group for the Norfolk Clinic and will be in increasingly close contact with the MST coordinators across NWI as part of this development, although generally not on-site, this could be arranged on days the Intern travels to Lincoln or Grand Island.

Primary Care - Mental Health Integration (PCMHI): NWI is a leader in Primary Care - Mental Health Integration, with psychologists, social workers, and psychiatrists integrated into our primary care clinics. For example, 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 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. PACT 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, crisis situations, coordination of care, and brief treatment of psychological conditions.

PCMHI offers individual assessment and brief intervention, as well as group psychoeducation. Interventions may include: relaxation training, smoking cessation, weight management, chronic illness self-care, goal setting, short-term psychotherapy, motivational interviewing, problem solving, 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.

There is 1.0 FTE psychologist in the primary care setting in each of the major NWI locations - Omaha, Lincoln, Grand Island, and a psychologist for 32 hours per week at the Norfolk CBOC. In addition, the NWI Health Behavior Coordinator is a post-doctoral trained health psychologist based in Omaha who travels across sites, providing consultation to providers in Primary Care and teaching patient education and behavior change principles. 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 and team building practices key to the PCMHI role. Interns also attend PACT team 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, CBT for Chronic Pain (CBT-CP). Interns also offer group therapies such as Imagery Rehearsal Therapy for Nightmares, as well as a 4-session Depression group. They also participate on the weekly Interdisciplinary Pain Clinic.

More specifically about the strengths of the Grand Island-based training:

Mental health services in Grand Island include both General Mental Health which includes one psychologist and two clinical social workers designated “PTSD Specialists.” There is also one psychologist integrated into Primary Care. There is a second SAARTP in Grand Island (18 beds). Approximately 80% of the individual Veterans seeking services 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, the Grand Island VA includes 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. Many of the Veterans from urban areas spend time at the Grand Island CLC for annual care-giver (and Veteran) respite stays.

Three (3) Interns are stationed at the Grand Island VA.

<u>Primary Care-Mental Health Integration</u> –Grand Island offers a true PCMHI rotation that is consistent with the VA’s vison of providing co-located collaborative care for Veterans. The Intern works on site in Primary Care clinics conducting short-term treatment, evaluation and triage to patients referred from PC providers. Interns will have opportunity to provide short term evidence based treatment, including brief health psychology interventions such as stress management, pain management, medical non-compliance, weight management, and relaxation training. Interns will carry a small case load of individual patients and have opportunities to facilitate or co-facilitate health psychology groups. Current group work focuses on managing chronic illness, pain management, and psycho-educational classes to treat insomnia.

<u>Pain clinic</u> – The Grand Island Pain Clinic is a multidisciplinary, 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 therapy group 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 including, but not limited to, cognitive behavioral therapy, acceptance and commitment therapy, dialectical behavior therapy, and motivational interviewing.

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) - The Grand Island 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 General Mental Health rotation have the opportunity to receive training in group therapy, individual therapy, clinical interview assessment, and psychodiagnostic testing.

Community Living Center (CLC) - The mission of the Grand Island VA Community Living Center 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 functions as part of a 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 in Grand Island 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. CLC patients are less likely to be seen during the PCMHI rotation, whereas Veterans brought to the VA from the local state-run Veteran's Home are likely to be seen; the Interns' familiarity with the CLC and skilled nursing more generally will stand them in good stead with these and other referrals from community skilled nursing facilities.

Rural experience: – The majority of patients seen in Grand Island are from rural settings.

Telemental Health - Telemental health training and opportunities for the Intern are woven into the General Mental Health and PTSD rotations. Interns may pursue opportunities for telemental health training experience under supervision of a Telemental Health Psychologist. Interns are required to demonstrate competencies in therapeutic skills in a face-to-face format prior to advancing to the telehealth medium. Telehealth skills are also practice in weekly tele-group supervision and didactics, tele meetings, shadowing other telehealth appointments with other disciplines, and in the DBT Skills Group which is shared across V-tel with clinicians and patients present for the group in Grand Island. Grand Island-based Interns typically have opportunities to provide telehealth services to other NWI facilities including the several NWI CBOCs where there is no mental health presence other than through telehealth. One of the Grand Island psychologists is 0.5 FTE doing telemental health interventions and provides an excellent resource, as do the other psychologists in Grand Island who also do a significant amount of work via telehealth, reaching patients across the NWI catchment area including, when available, services to Veterans via technology in their own homes.

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More specifically about the strengths of the Lincoln-based training:

The Lincoln VA "Super CBOC" employs six psychologists and 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 Insomnia Services,and Telemental Health. We have a part-time psychologist integrated into primary care, plus twofull-time psychologists integrated into our Outpatient Mental Health clinic, two in our PCT, and one psychologist who operates as the clinic administrator and Chief of Psychology but also provides some assessment and Pain Management Services.

One of our PCT providers, Dr. Marius, is a graduate of our initial Internship training class (2012013) and provides current Interns with invaluable insights into the successful transition into the roles of Intern at the beginning of the training year and later into the roles of entry-level psychologists towards the end of the training year. Lincoln is also the base site for the NWI’s director of telehealth services (who is also a leader in telehealth for the entire VISN) which potentially enhances the availability of training at this site, although telehealth is a strength across all NWI sites.

Three (3) Interns are stationed at the Lincoln VA

Primary Care – Mental Health Integration, Pain, and Insomnia – Like Grand Island, Lincoln’s site 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. Lincoln’s Mental Health in Primary Care psychologist, Dr. Rose Esseks, is a regional consultant for motivational interviewing and CBT for Insomnia training in the VA. Not only does she provide cutting-edged behavioral health services in Lincoln (Pain, insomnia, MI), but also trains other professionals across the Midwest in these techniques. The PCMHI rotation also affords regular interdisciplinary consultation with nurses, physicians, and mid-level providers on a regular basis, although the Intern does not typically participate in interdisciplinary team meetings during this rotation due to scheduling issues as Dr. Esseks is at the VA three days per week (M, W, F).

Outpatient General Mental Health – Lincoln’s Outpatient General Mental Health Clinic provides Interns with both group and individual psychotherapy experiences. Lincoln-based Interns in the this rotation consistently enjoy training with Dr. Jerry Bockoven, who has extensive experience in Acceptance and Commitment Therapy (ACT) and Marital Therapy. Dr. Bockoven not only provides a series of didactics about ACT to all NWI Interns as part of the Rural Shared Didactics series (along with other topics), he provides Lincoln-based Interns with a unique supervisory experience in ACT, carefully using the developmental model to ensure expected progress towards mastery of skills on the part of the trainee. He also provides at least one RSD didactic on couples counselling and one on the role(s) of spirituality in therapy. Interns can also work alongside Dr. Bockoven in the interdisciplinary V-tel group “Cognitive Behavioral Therapy for Tinnitis” which is co-facilitated by audiology.

PTSD – Unlike Grand Island and Norfolk which provide PTSD treatment from within an outpatient Mental Health setting by PTSD Specialists, the Lincoln VA is the site of a dedicated PTSD clinic (referred to in the VA as “PCT” Clinics), which typically receives additional oversite and training for treatment with clients who suffer from PTSD when compared with the other NWI training sites. Dr. Amber Kutayli is the primary PTSD rotation supervisor, with Dr. Ritchie also playing a role, particularly related to the Intern’s experience in the DBT Skills Group. One of the other Lincoln PTSD psychologists, Dr. Mariela Marius, has a regular presence in the local Vets Center, which would potentially provide interested Interns access to these experiences.

Clinical Supervision - Lincoln is the home base of the VA’s psychology Externship program. We have an academic affiliation with the University of Nebraska-Lincoln’s Doctoral Counseling Program placing at least two practicum students at the Lincoln VA during each academic year. Lincoln-based Interns gain supervision experience by rotating Intern supervision responsibilities among the three Lincoln-based Interns with these two graduate students. Each Intern will have the opportunity during at least one of their 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 of these students with licensed psychologists. The Intern's supervisory experiences will be reviewed with the Intern's clinical supervisors.

Geriatric experience- Interns based at the Lincoln VA will have significant out-patient exposure to geriatric populations, mostly related to neurocognitive evaluations related to possible dementia in older geriatric populations, but also in group and individual psychotherapy in younger geriatric patients, as well as psychoeducation for families caring for the Veteran. Lincoln-based Interns will also have the option being in the room while following Dr. Filips (Board Certified Geriatric Psychiatrist) on her V-tel behavior rounds twice a month (described elsewhere) as well as her weekly V-tel consultations to VA skilled nursing facilities throughout the 5-state VISN.

Rural experience- Although as not as prominent as in the Norfolk or Grand Island-based training sites, the Lincoln VA treats a large number of rural Veterans, as well as Veterans who were originally rural before moving to Lincoln.

Telehealth experience- Lincoln-based Interns complete the same telehealth training as the other training tracks in the NWI Internship. As with the other training sites, telehealth skills are also practiced via weekly tele-group supervision and didactics, tele meetings, shadowing other telehealth appointments with other disciplines, and in the DBT Skills Group which is shared across V-tel with clinicians and patients present for the group in Grand Island. There are very specific discussions in didactics and group supervision about ways to improve the telehealth experience for patients and providers. Finally, when deemed appropriate by the supervisor, Lincoln-based Interns will have opportunities to provide telehealth services to other NWI facilities including the several NWI CBOCs without a mental health presence and, when available, services to Veterans via technology in their own homes.

3) *"NWI – NO Rotations - Rural Norfolk CBOC" - Track 221715*

The Norfolk-based Intern trains to the same competencies but the training is not organized around rotations. The Norfolk-based Intern and his or her supervisor review the expectations for the rotations in Lincoln and Grand Island to assist them to identify ways in which the Norfolk-based Intern can experience a rich array of roughly equivalent training opportunities building towards the same competencies. See the descriptions above.

The Norfolk Community Based Outpatient Clinic (N-CBOC) is located in a rural community in North East Nebraska 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 in the. 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.

The Intern on this rural Norfolk-based track will have the opportunity to provide psychological services involving intake assessment, consultation, program development and psychotherapy. As elsewhere, appropriate documentation in CPRS is required for all clinical work and must be in compliance with VA policy and professional standards. Interns are also expected to take a proactive stance with respect to their own development as professionals and challenging themselves to grow in their understanding and skills as effective treatment providers. These include setting goals, attending didactics (via V-tel or Movi/Jabber technology from the N-CBOC site), reading relevant empirical research and materials associated with various forms of treatment, and developing productive multidisciplinary relationships and their professional identities within the interdisciplinary treatment team. The Intern on this track will also participate in the same training didactics as their peers in Grand Island and Lincoln.

More specifically about the strengths of the Norfolk-based training:

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:

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 three 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, as noted above. 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.

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 which allows the Norfolk-based Intern a unique opportunity to develop and operate within deeply rooted interprofessional relationships.

Pain clinic- In addition to within-clinic referrals for therapy or consultation related to pain issues that Veterans present via PCMHI under Dr. Hannappel's supervision, there are intermittent on-site visits from the NWI "Level 2-B" pain consultant, psychologist Rex Schmidt PsyD, during which the Norfolk-based Intern has the opportunity to sit in on Dr. Schmidt's on-site psycho-education and individual sessions. Time permitting, the Intern will have the option of one-on-one discussions with him related to pain management. It is noted that Dr. Schmidt also presents 2-3 didactics related to pain each year so the Intern will be familiar with him through that medium as well. The Norfolk-based Intern also has access to participation in the Pain 101 class presented via V-tel; this group is co-lead by Dr. Schmidt from Omaha and Dr. Carlson, the pain psychologist in Grand Island. Finally, there will be the intermittent option for the Intern to participate in on-site pain evaluations when the Chief of Psychology, Dr. Fleisher, is in clinic on the Second Friday of each month to supervise neuropsychological screening assessments (described elsewhere). Dr. Fleischer is an experienced pain psychologist as well, and is a member of the Lincoln VA's pain evaluation team.

Evidence-Based psychotherapies- As previously mentioned, Norfolk supervisor is certified in CPT to treat PTSD. The Norfolk supervisor is also certified in CBT-Insomnia. Training in other evidenced based psychotherapy (EBP) may be available via V-tel observation of other EBPs in which other supervising psychologists are certified. Even if Dr. Hannappel remains the primary supervisor, there may be cases in which additional co-supervision or consultation from other psychologists in the NWI system may available to provide greater depth of training within the context of a particular case. For example, Dr. Krebs is a VISN 23 PTSD Mentor, and Dr. Carlson is a national CBT-I consultant, both of Grand Island, and Dr. Kutayli in Lincoln is highly skilled in PTSD treatment including CPT, PE and DBT. Evidence-based psychotherapies are frequent topics in the didactic training series. As noted above, multiple on-line trainings in EBPs have been identified to round out the Intern's training.

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 facilities such as 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.

Geriatric experience- Given the nature of the Norfolk Clinic rural and elderly population, the Norfolk-based 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. We are working to address technical issues in order to allow the Norfolk-based Intern to have the option of following Dr. Filips (Board Certified Geriatric Psychiatrist) on her V-tel behavior rounds as well as her weekly V-tel consultations to VA skilled nursing facilities throughout the 5-state VISN. Work with a geriatric population certainly necessitates close interdisciplinary communication, as this population tends to have complicated medical needs.

Rural experience- Of all of the Internship training tracks offered currently at NWI, the Norfolk CBOC (followed by Grand Island). The Norfolk-based Intern will have a greater opportunity to learn about and become involved in the local rural culture via out-of-clinic experiences.

Telehealth experience- Although the preponderance of the Intern's clinical practice at the Norfolk clinic will be face-to-face, the Norfolk-based Intern will likely engage in more telehealth work than

in a typical internship. The Norfolk Intern will complete the same telehealth training as the other training tracks in the NWI Internship. Telehealth skills are also practiced via weekly tele-group supervision and didactics, tele meetings, shadowing other telehealth appointments with other disciplines. There are very specific discussions in didactics and group supervision about ways to improve the telehealth experience for patients and providers. Finally, when deemed appropriate by the supervisor, the Intern will have opportunities to provide telehealth services to other NWI facilities including the several NWI CBOCs without a mental health presence and, when available, services to Veterans via technology in their own homes.

Because of the absence of a supervisor on site on Fridays, the Norfolk-based track is careful to meet both the Intern's training needs as well as APA and VA policies about on-site supervision. See also descriptions of the Norfolk-based Intern's training experiences on pages 11-13 above:

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. One way to address this is that once a month, Dr. Todd Fleischer, Chief of Psychology, travels to Norfolk to provide on-site supervision for neuropsychological screening assessments administered by the Intern, and occasionally provide pain consultation and/or supervision. Provided the weather cooperates, on one other Friday at least every other month or so the Norfolk-based Intern will also travel to Grand Island or Lincoln to engage in neuropsychological screening assessments under the supervision of one of a variety of psychologists. Travel to Lincoln or Grand Island not only provides the Norfolk-based Intern opportunities to experience a greater range of supervision, this also provides additional opportunities for the Norfolk-based Intern to engage in face-to-face peer interactions with other NWI Interns.

Another way to address the time when the Norfolk-based Intern is not allowed to have any clinical contact with patients is for Dr. Hannappel and the Norfolk-based Intern to articulate a plan to foster progress in the Intern's training in the planned or unplanned absence of an on-site supervisor. The plan is individually developed but typically would have pre-identified alternative activities related to the Intern's overall training goals. These include assessment report writing and other clinical paperwork, pre-determined program development activities, pre-determined on-line or other training conferences or webinars, and pre-determined readings, literature searches related to VA clinical activities, etc. An example of activities included in such a plan is described in the addendum to the Norfolk Standard Operating Procedure, attached. Another option is to network with community psychologists or other professionals. For example, Dr. Hannappel has close connections with a variety of psychologists in the Norfolk community (including but not limited to her husband's private practice in which she is a partner) and has formed agreements with some of these community psychologists for the Intern to shadow these community providers on short notice – for example, on days Dr. Hannappel is absent due to illness or family care. When Dr. Hannappel is off-site for professional reasons, the Intern will often have the opportunity of shadowing her – for example, the current plan is that the 2015-16 Intern will shadow Dr. Hannappel when she travels to Omaha during the Fall of 2015 when she gives an invited lecture to the Creighton Law School regarding treating PTSD, or when presenting to the Nebraska Vietnam Veteran's Annual Conference.

Finally, the Chief of Psychology (after consultation with the Acting Training Director and the Norfolk supervisor) may approve temporary or permanent changes in the Norfolk-based Intern's "tour of duty" (VA parlance for work schedule) to allow the Intern to have a compressed schedule; this could allow, for example, the Norfolk-based Intern to work 9 of the 10 work-days within each 2-week pay period, with 2 or more days (typically Fridays) off-duty each month while also maintaining the expected training hours of the NWI Internship. This option is likely to be considered only for the Norfolk-based Intern; although it may be considered at any time during the training year particular consideration will be given during winter months when Friday travel may become less difficult. See schedule examples below.

4) *Assessment Clinic (Both Tracks):*

> **Please note:** Interns gain assessment experience both within their Primary Rotations as well as within the year-long Assessment Clinic. Within their Primary Rotations, Interns typically conduct intake interviews, administer rotation-specific assessment instruments, and write intake reports under the supervision of their Primary Rotation supervisors. Primary Rotation assessments are separate and distinct from the Assessment Clinic experiences described below, for which specific Assessment Clinic supervisors are assigned. The following applies to Assessment Clinic training experiences only.

The Assessment Clinic is a required year-long training experience and typically involves neurocognitive screening and more complex neuropsychological assessment. Interns are assigned specific Assessment Clinic supervisors and backup supervisors who are typically not engaged in other clinical supervision with the Intern.

Interns 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 Assessment Clinic referrals typically involve neurocognitive screening and dementia evaluations, but may also include a range of types of other types assessments and tools, including psychodiagnostic assessments, risk assessments, behavioral assessments and functional behavioral analysis, or other types of assessment on an as needed basis. 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 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. Over the course of the training year, each Intern at all training sites will be required to demonstrate basic competencies (equivalent to "area level" supervision) in the administration and interpretation of additional required measures used in the Polytrauma Support Clinic, such as WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT, even though only the Lincoln Interns are required to actually use those measures in clinical practice during the training year.

The timing of when competency must be demonstrated for these additional required measures varies by training site. Lincoln-based Interns administer the Polytrauma Assessment Battery during their General Mental Health Rotation; this requirement occurs during the GMH Rotation due to other scheduling issues and thus may occur during the 1st, 2nd, or 3rd rotation. Interns based in the Grand Island and Norfolk are required to demonstrate basic competencies on these same measures over the course of the year but will not necessarily have opportunities to administer them depending on opportunity. The Norfolk-based Intern may choose to have the opportunity to administer and interpret measures through the Omaha Polytrauma Support Clinic if she wishes to travel or there may be instances when Veterans from the Norfolk area are referred to the Polytrauma Support Clinic in which case Dr. Ritchie may choose to travel to Norfolk. The Grand Island-based Interns may have the opportunity to administer parts of this battery in individual cases in Grand Island under the supervision of their Grand Island Assessment Clinic supervisors with Dr. Ritchie as a consultant. Similarly, Dr. Ritchie occasionally travels to Grand Island to

administer the Polytrauma Support Clinic battery, at which times Grand Island-based Interns are invited to observe or to administer under Dr. Ritchie's observation depending on the Intern's demonstrated competencies.

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 Polytrauma neuropsychologist operates within a highly integrated interprofessional collaborative team, including the Neuropsychologist (and Intern) alongside the Physiatrist (MD; team leader), RN Case Manager, Social Work Case Manager, PhD-level Speech Therapist, Physical Therapist and Clerk. The neuropsychologist member of the PSC team travels, with dedicated offices in Lincoln and Omaha, and 'hotel' office space in Grand Island (as the Polytrauma neuropsychologist is also the Internship Training Director and 'gave up' her dedicated Grand Island office in order to provide office space for the Grand Island-based Interns.

After demonstrating competencies as psychometrists for neuropsychological assessments under "room-level" supervision, Interns will administer and score neuropsychologial batteries, write reports, and provide test feedback under "area-level" supervision. In addition to testing, interested Interns may seek permission to use elective hours for additional opportunities within the PCS to follow up with the patients they have tested, for example to offer individual evidence-based psychotherapies (e.g., CPT for PTSD; CBT-I) and other therapies such as mindfulness-based group interventions (e.g., Yoga for PTSD and Polytrauma) and Cog-Smart groups.

Across the training year, Interns are also required to use the MMPI-II (or MMPI-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 <u>unlikely</u> to be a focus of the NWI Interns' experiences. Interns may also help staff explore ways to use telehealth to facilitate the assessment screenings for rural Veterans, as has been developed elsewhere in the country.

Optional assessment instruments that Interns may also choose to learn over the course of the training year range from additional 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. 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, if the Intern is not initially able to complete reports within the given time frames using only the 8 hours allotted for the Assessment Clinic. "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 block out 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. It has been our experience that Interns often underestimate the amount of time it takes to write their reports, or 'squeeze in' additional clinical work because of their enthusiasm for the various clinical learning opportunities, but sometimes then don't have time to adequately write reports, making the timeline for completion in jeopardy.

Please note that the time taken to complete Polytrauma Support Clinic assessments may take even longer than the other types of assessments, however, due to travel and the more comprehensive nature of the assessment. Dr. Ritchie assists in the scoring of the measures as part of supervision, and together the Intern and Dr. Ritchie may adjust expectations on the number of assessments per month on an individualized basis depending on Intern experience and efficiency, particularly at the beginning of the rotation. In this way, the Intern can complete a good draft of the record review portion of the assessment report in the week prior to seeing the patient, which will not only make the interview more effective, but also assist the Intern in meeting the 5 business day deadline. Interns wishing to complete a larger number of assessments (e.g., those wishing to apply for neuropsychological or other assessment-rich postdoctoral training experiences) may choose to use some of their elective hours to accomplish this, provided this is part of their individualized training plan and cleared through their primary supervisor and Training Director.

It is expected that when Interns don't have an assessment during a particular week (e.g., no referrals that week, no-shows, etc.) that the Intern 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), 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 with and approved by the Assessment Clinic supervisor in conjunction with the Primary Rotation Supervisor before making the appointment with the non-Assessment client. If Assessment Clinic hours must be used, then make-up hours must be identified for Assessment Clinic activities, involving confirmation by both the Assessment Clinic supervisor and the Primary Rotation supervisor (or other "elective" supervisor).

"ELECTIVE" Hours:

Note: These are examples. What is available during the training year may vary due to factors outside the control of the Internship (e.g., availability of supervision for Home-Based Primary Care, or poor schedule match due to required didactics, conflict with inflexible aspects of a particular Primary Rotation schedule, etc).

Other than the use of hours to meet the Telehealth training demands during the first rotation, 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. In cases where the Intern is having difficulty meeting the regular demands of the Assessment Clinic, or meeting the demands of their primary clinical rotations (e.g., timeliness of Assessment Clinic reports or Rotation notes or Intake reports in the chart), the use of elective hours to rectify the situation is a first choice prior to development of a more formal deficiency plan. The Training Director and Chief of Psychology will review the Intern's progress to determine when the Intern can begin to use their elective hours in an alternative manner.

Telehealth: (first rotation requirement for both the "Rotation Based" tracks in Grand Island and Lincoln and "Rural Norfolk CBOC" tracks): Interns are required to demonstrate a minimum level of competence in telehealth technologies and considerations during the first Rotation period. 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 will develop an individualized training plan. Depending on the Intern's prior experience, such plans often start with a "shadow" caseload, first watching NWI mental health clinicians providing telehealth interventions, and in certain cases when developmentally

appropriate taking more active roles within the therapy sessions until “area” level of supervision is appropriate.

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. NWI Clinicians provide individual and group mental health services through tele-health to Veterans located at the rural CBOCs, with Lincoln, Grand Island and Norfolk sites each providing telemental health psychotherapy (individually and/or group depending on the site). Co-facilitation of groups is a powerful training tool whether face-to-face or telehealth; DBT Skills Group is shared over telehealth with a DBT Group Leader in both Lincoln and Grand Island, and telehealth MOVE groups made up from multiple CBOCs are also available for Intern learning. The current internship program at NWI includes a developmental approach to training future VA psychologists to use this technology appropriately and effectively. In addition to co-facilitating the DBT Skills Group via telehealth, Interns at each of the training sites can opt (after discussing with their supervisor) to shadow Dr. Julie Filips, NWI Board Certified Geriatric Psychiatrist based in Lincoln, in her telehealth geriatric consultations to VA-run CLC skilled nursing units and state-operated Veterans Homes across VISN 23. Due to logistics, this elective experience may be time limited in order to allow different interested Interns to rotate through the experience. Finally, telehealth can be used to shadow supervisors at other training sites, for example, the Norfolk-based Intern shadowing a Grand Island psychologist in the delivery of Prolonged Exposure to a Grand Island Veteran (depending on availability and Veteran consent).

Training in effective use of telehealth is required during the first 4-month rotation period to allow Interns to gain and then master some of the technical knowledge of telehealth. This time can also be used to shadow telehealth providers in GMH, PTSD, PC-MHI or other service areas as Interns go through the developmental process required before being deemed competent to provide telehealth services under “area” level supervision. Actual use of telehealth interventions depends on Veteran availability, needs and permissions, therefore actual use of telehealth is not required but rather strongly encouraged by the internship, although involvement in telemental health interventions may be required by individual Primary Rotation supervisors.

Additional hours in General Mental Health or Primary Care or PTSD (GMH or PCMHI or PTSD): Elective hours could be used to allow Interns a few hours per week to carry selected cases across the longer-term and not be limited by the rotation structure. Any cases begun under the PTSD/PCT can continue under the PCT stop-codes, and similarly General Outpatient MH cases can continue under the MH stop-codes. In addition, SUDP experiences can be part of a GMH elective. Alternatively, these hours could be used to gain experience co-facilitating groups to learn techniques or procedures outside of the rotation structure. This would include co-facilitating one or more CPT groups to learn CPT skills prior to entering the PTSD rotation later in the training year, or to co-facilitate Pain Group or Sleep Group in Primary Care prior to or after doing the PCMHI rotation.

Additional Assessment hours – Lincoln-based Interns only - including Polytrauma Support Clinic (PSC): This elective allows Lincoln-based Interns with greater interest in Assessment to build upon skills and experiences gained in the year-long Assessment Clinic and continue their involvement with Polytrauma either before or after (in addition to) the required involvement in Polytrauma during the GMH rotation. The Assessment Clinic typically uses a brief neurocognitive battery for Interns in the PTSD and PCMHI rotations under Dr. Fleischer and/or Dr. Ritchie’s supervision. As noted above, the Lincoln-based Intern in the GMH rotation does more extensive Polytrauma neuropsychological assessments under Dr. Ritchie’s supervision in the Omaha Polytrauma Support Clinic office. The additional Assessment Clinic elective hours allow Lincoln-based Interns in any of the rotations to build upon their existing neuropsychological skills, or alternatively allows Interns with very little neuropsychology experience to prepare for the greater demands placed on Assessment during a subsequent GMH rotation. In order to engage in PCS testing, this elective requires a full 8 hour day from the Intern’s schedule, typically on Fridays, and travel to Omaha. Using elective hours to simply prepare for the PCS testing in the future can be done in Lincoln without necessarily traveling to Omaha.

Elective hours can also be used to follow-up with testing by providing individual evidence-based psychotherapies (e.g., CPT for PTSD; CBT-I) and other therapies such as mindfulness-based group interventions (e.g., Yoga for PTSD and Polytrauma) and Cog-Smart groups.

Additional Assessment hours – Grand Island-based Interns only – including CLC and Grand Island Outpatient: This elective allows Grand Island-based Interns to also have access to additional assessment experience if desired, for example having additional assessments within the Grand Island referral pool of patients. These hours can also be used to develop greater proficiencies in a variety of assessment tools, as above, for example to prepare for attaining "area level" supervision status on the measures involved in the Polytrauma neuropsychological battery. When the Polytrauma neuropsychologist (who is also the Training Director) has an assessment to do in Grand Island, the GI-based Interns are invited to observe or when ready be observed to gain "area level" supervision on these skills even if opportunity to use the skills may or may not be a part of the training year thereafter, depending on client and supervision availability. Grand Island Interns can also request additional training and assessment through Dr. Ritchie if interested in expanding their neuropsychological repertoire. They can choose to administer more involved assessments under the supervision of their Grand Island Assessment Clinic supervisors with Dr. Ritchie as a consultant. In addition, Dr. Ritchie occasionally travels to Grand Island to administer the Polytrauma Support Clinic battery, at which times Grand Island-based Interns are invited to observe or to administer under Dr. Ritchie's observation depending on the Intern's demonstrated competencies.

Additional Assessment hours – Norfolk-based Interns only: This elective allows Norfolk-based Interns with greater interest in Assessment to build upon skills and experiences gained in the year-long Assessment Clinic. The Norfolk-based Intern typically administers a brief neurocognitive battery under Dr. Fleischer's supervision in Norfolk or alternatively when travelling to either Grand Island or Lincoln (weather permitting). This elective allows the Norfolk-based Intern to travel to Omaha to participate (or at least shadow) Dr. Ritchie and the other Intern administering the Polytrauma Support Clinic battery, or to gain additional neuropsychology experience by actually administering the Polytrauma battery through the Polytrauma Assessment Clinic. In some circumstances the Norfolk-based Intern may also be able to travel to Grand Island to gain additional experience in the CLC, for example.

Weight Management (MOVE): This limited elective experience may be separate from or integrated into the PC-MHI 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. Interns may be involved with psychological assessment and individual/group interventions. Interns will be exposed to evidenced based health behavior interventions, including Stages of Change assessment, Motivational Interviewing (MI) and CBT. Interns would participate in interdisciplinary team meetings and staff education. Very occasionally, Interns might be able to be involved in Bariatric pre-surgical evaluations, although these are not arise often across the training year.

Dr. Carlson in Grand Island offers a V-tel MOVE group across NWI sites in which Interns can participate as part of their PCMHI Rotation (if based in Grand Island) or part of their electives (if based in Lincoln or Norfolk if this works out with scheduling and other logistics). In Lincoln and Norfolk, other MOVE opportunities may be available.

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). Outside of Omaha, there is a CBSST group in Grand Island which Interns may be able to access with his permission. Lincoln-based 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; Omaha & Grand Island only, 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. This requires travel to Omaha or Grand Island. The only HBPC team with a psychologist member is in Omaha. 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. Interns in Grand Island take on more of an observer role as there is no on-site psychologist available for more active clinical roles. 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.

Administrative Roles for Psychologists : Interns may allocated several hours per week to shadow VA psychologists in administrative roles, building on the exposure to these issues in the Monday morning group supervision with Drs. Krebs and Fleischer. Drs. Krebs and Fleischer are the Mental Health Site Supervisors for Grand Island and Lincoln, respectively; Dr. Fleischer is also the Chief of Psychology and chair of the NWI Disruptive Behaviors Committee. Elective hours may also be used to engage in a Program Evaluation project worked out with either Dr. Krebs or Fleischer, depending on the training site.

Sample Schedules

The Internship appointment is for a minumum of 2080 hours per year, with Interns on trainee stipends and not hourly pay. Interns average approximately 45-50 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 VA 8AM-4:30PM / 40-hour per week expectation is a minimum. Changes of tour are available but must be pre-approved. Again, the emphasis of the Internship is placed on the training experiences leading to the Intern meeting basic professional and interprofessional competencies, rather than on the number of hours worked. Each Intern is responsible for ensuring that his or her schedule and the number of direct versus indirect clinical hours meets the licensure requirements of the states in which he or she may potentially practice in the future.

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). Habitual lateness to arrive 08:00 (or the designated start time if a tour change is approved) may result in the Intern using Annual Leave for the time missed, per the Chief of Psychology.

Note that the Norfolk-based Intern may be granted a "compressed" alternate schedule allowing 4 x 10-hour days on one or both weeks of the pay period. Granting of this type of compressed schedule is unlikely to occur in Lincoln and Grand Island. The supervisor is not on site for the final 2 hours of each day, during which time the Intern may not have clinical contact with patients. Other clinical staff are on-site throughout the extended days. Changes of tour schedule for Interns based in Lincoln or Grand Island are likely to be limited to off-setting an evening group for example.

An additional half-hour from 12:30 to 1300 M-F is protected from other appointments in order to allow easy scheduling of informal Intern interaction across sites, essentially giving 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 via the VA's internal messenger system (Microsoft Lync) or via the Cisco Jabber V-tel system from their office computers. The only exception is that in Grand Island, the Intern on the PCMHI rotation will not be able to access this on Thursdays due to their participation in the Yoga for Chronic Pain Group and other PMCHI groups.

An Intern's particular schedule will based on individual rotations and that Intern's Internship plan. A 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 sucessful completion of the internship.

The following are offered as illustrations of potential schedules. Intern schedules may vary within and across training years.

Lincoln Schedule Examples:

Lincoln: 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
Tuesday	8+	All Day: Primary Rotation; 1-hr Indiv. Supervision; 1.5-hr Grp Assesment Supervision
Wednesday	8+	AM: Primary Rotation; V-tel Geriatric Behavior Rounds PM: 1 hr NWI-only Didactics, 2-hrs Rural Shared Didactics (V-tel)
Thursday	8+	All Day: Electives – e.g., Telehealth training; Report Writing; 1 hr V-Tel Geriatric Behavior Rounds
Friday	8+	All Day: Assessment (Omaha Polytrauma Clinic), Report Writing & 1+ hrs Indiv Assmt Supervision

Lincoln: PCMHI Rotation

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors) & Primary Rotation PM: Primary Rotation; 1-hr Indiv. Supervision;
Tuesday	8+	All Day: Assessment, Report Writing & 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Primary Rotation; V-tel Geriatric Behavior Rounds PM: 1 hr NWI-only Didactics, 2-hrs Rural Shared Didactics (V-tel)
Thursday	8+	All Day: Electives – e.g., Telehealth training; Report Writing; 1-hr V-Tel Geriatric Behavior Rounds
Friday	8+	AM: PAIN Clinic; other Primary Rotation; 1-hr Indiv. Supervision PM: Pain Group; Sleep Group, Other

Lincoln: PTSD Rotation

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors) & Primary Rotation PM: Primary Rotation; 1-hr Indiv. Supervision;
Tuesday	8+	AM: Primary Rotation; 1-hr Indiv. Supervision PM: Primary Rotation; 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Primary Rotation; V-tel Geriatric Behavior Rounds PM: 1 hr NWI-only Didactics, 2-hrs Rural Shared Didactics (V-tel)
Thursday	8+	AM: DBT Skills Group; V-tel Geriatric Behavior Rounds PM: Electives – e.g., Telehealth training, also Report Writing;
Friday	8+	All Day: Assessment, Report Writing

Grand Island Schedule Examples:

Grand Island: 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;
Tuesday	8+	AM: Primary Rotation; 1-hr individual Supervision PM: Primary Rotation; 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Primary Rotation; V-tel Geriatric Behavior Rounds PM: 1 hr NWI-only Didactics, 2-hrs Rural Shared Didactics (V-tel)
Thursday	8+	AM: DBT Skills Group; V-tel Geriatric Behavior Rounds PM: Electives – e.g., Telehealth training, also Report Writing;
Friday	8+	All Day: Assessment, Report Writing

Grand Island: PCMHI Rotation

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors); Assessment, Writing PM: Report Writing; 1-hr individual Supervision;
Tuesday	8+	AM: Primary Rotation;1-hr individual Supervision PM: Primary Rotation; 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Electives; V-tel Geriatric Behavior Rounds PM: 1-hr NWI-only Didactics, 2-hrs Rural Shared Didactics (V-tel)
Thursday	8+	All Day: Primary Rotation; Pain Clinic Interdisciplinary Team Meeting (re next day's patients)
Friday	8+	AM: Pain Clinic; other Primary Rotation; 1-hr individual Supervision PM: other Primary Rotation

Grand Island: PTSD Rotation

Day	Hrs	Duties
Monday	8+	AM: 1-hr 8AM Group Supervision (with Site Supervisors) & Primary Rotation Activities PM: Primary Rotation;
Tuesday	8+	AM: Primary Rotation;1-hr individual Supervision PM: Primary Rotation; 1.5-hr Grp Assessment Supervision
Wednesday	8+	AM: Electives; V-tel Geriatric Behavior Rounds PM: 1 hr NWI-only Didactics, 2-hrs Rural Shared Didactics (V-tel)
Thursday	8+	All Day: Primary Rotation; 1-hr individual supervision DBT Skills Group
Friday	8+	All Day: Assessment, Report Writing

Norfolk Schedule Examples:

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 PM: Weekly Norfolk CBOC Clinic Staff Meeting - 30minutes
Wednesday	8+	AM: Primary Rotation; V-tel Geriatric Behavior Rounds PM: 1 hr NWI-only Didactics, 2-hrs Rural Shared Didactics (V-tel) PM: Psychology Staff Meeting (4th Wed only)
Thursday	8+	AM: V-tel Geriatric Behavior Rounds; 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.

Potential Alternate Norfok Compressed Schedule:

Day	Hrs	Duties
Monday	10+	AM: 1-hr 8AM Group Supervision (with L, GI, & N MH Site Supervisors) & Primary Rotation Activities PM: Primary Rotation; 1-hr individual Supervision;
Tuesday	10+	AM: Primary Rotation; 1-hr individual Supervision PM: Primary Rotation; 1.5-hrs Grp Assessment Supervision PM: Weekly Norfolk CBOC Clinic Staff Meeting - 30minutes
Wednesday	10+	AM: Primary Rotation; V-tel Geriatric Behavior Rounds PM: 1 hr NWI-only Didactics, 2-hrs Rural Shared Didactics (V-tel) PM: Psychology Staff Meeting (4th Wed only)
Thursday	10+	AM: V-tel Geriatric Behavior Rounds ; Primary Rotation Activities, 1-hr Individual Supervision PM: Electives – e.g., Telehealth training, also Report Writing;
Friday	0	-.

Supervision

Interns receive at least 4 hours/week of scheduled supervision every week, at least 2 hours of which is required to be individual supervision. Interns often exceed this minimum 4 hours of supervision, particularly at the beginning of the training year, at the beginning of rotations, and when faced with at particularly challenging clients. The goal of the Internship is to have more supervision than the minimum, in part due to the demands of the training, but also to better ensure that the minimum requirements are met despite periodic unavailability of an Intern or supervisor for scheduled supervision. Another goal is that each Intern will always know in advance to whom they are to go in the event they require back-up supervision for any reason.

At least two (2) hours of scheduled individual supervision occurs weekly, with pre-determined back-up on-site supervisors available whenever possible. Individual supervision is defined as in-person, face-to-face supervision between one Intern and one or more supervisors. Interns may also meet with their on-site

supervisors on an as-needed basis in addition to these scheduled hours. If the Primary Rotation supervisor is not able to meet at the scheduled time (due to illness, for example), Interns have backup supervisors designated for each rotation, and Interns also know they can call on the Training Director or Chief of Psychology as back-ups to their back-ups if necessary. Typically Interns receive at least 2 hours of individual supervision from their Primary Rotation supervisor, and an additional 30-60 (or more) minutes of individual supervision from their Assessment Clinic supervisor.

Interns also meet for 2-3 hours of scheduled group supervision which utilizes a hybrid mode in which Interns are physically present with at least one supervisor on site while connected via V-tel with supervisors and Interns at different training sites (Lincoln, Grand Island, and the Polytrauma Support Clinic in Omaha).

The Norfolk-based Intern typically receives 3 hours of in-person individual supervision from the on-site psychologist, and 1 hour of hybrid-model of group supervision (described below) in which the on-site supervisor is present with the Intern in the same room, while also including supervisors and Interns from other NWI training sites. The Norfolk-based Intern attends an additional1.5 hours of group supervision for the Assessment Clinic; as there is no on-site supervisor present in Norfolk during this group supervision, these hours are not 'counted' towards the 4 hour minimum but are considered a valuable training experience for the Norfolk-based Intern.

Telehealth technologies make possible a hybrid model in group supervision, as described below and in the Internship Standard Operating Procedure (SOP) regarding telesupervision. Individual telesupervision is extremely rare (if ever) and would only be available as a last resort back-up to ensure each Intern meets the minimum individual supervision requirements. Please note that although otherwise allowed by the telesupervision policy which is consistent with APA requirements, the NWI Internship consistently strives to have all supervision 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 below.

Group supervision is scheduled for the Assessment Clinic once a week for 1.5-hour period (currently Tuesdays at 3:00-4:30 PM). The Assessment Clinic group supervision primarily addresses supervision of individual cases brought by Interns and supports the individual supervision routinely provided related to assessment activities. As noted in the "Didactics" section, the Assessment Clinic group supervision also includes periodic didactic or other hands-on demonstrations or discussions relating to assessment. These may include didactics on a wide range of topics including assessment of various dementias, symptom validity assessments, how to feedback to Veterans and their families about different types of findings, and assessment of individuals with different types of disabilities (e.g., which WAIS-IV subtests or other measures to use or avoid when testing an individual with low vision or with hearing impairments or with motor difficulties or missing arms, etc.). Discussions regarding assessment in various forensic contexts could include (based on time and Intern interest) such topics as: civil commitment, civil lawsuits, criminal cases including assessment of competency to stand trial and not responsible by reason of insanity, and various other competencies such as the need for guardianship or conservatorship, the need for a VA fiduciary questions, competency to consent to treatment, competency to consent to research, etc.. Other than Compensation and Pension evaluations (which are not done by VA psychologists at NWI but rather by contracted psychologists), the VA clinical staff is rarely involved in forensic assessment; however, a basic understanding of forensic issues are important topics for generalist training. As Dr. Ritchie is both a licensed (but not practicing) attorney and licensed psychologist, she often takes the lead in these discussions but other members of the NWI psychology staff are also knowledgeable in these areas so also contribute, and various Interns also bring their experiences to the discussion.

Group supervision is also scheduled on Monday mornings from 8:00-9:00 AM for 1-hour with the two Mental Health Site Supervisors meeting (Dr. Krebs is in Grand Island and Dr. Fleischer in Lincoln, who is also the Chief of Psychology) plus the Norfolk supervisor (Dr. Hannappel is the only mental health provider in Norfolk).. The Monday Morning group supervision gives all Interns contact with two highly placed psychologists who balance both clinical and administrative duties within the VA, and allows issues across sites to be addressed in a harmonious and efficient manner. The Monday Morning group supervision addresses not only more typical supervision issues, but also discussions related to various

administrative roles for psychologists, learning supervision skills, program evaluation skills, etc.. Both of these use the hybrid model described below. The Monday morning group supervision with Drs. Krebs and Fleischer is technically beyond the APA CoA requirements but provides a wonderful training setting for Interns and also a back-up to the back-up to meet supervision hours, which is one of the administrative goals of the Internship Committee. The overall intent is to meet (and more typically exceed) the minimum APA accreditation requirements for supervision hours by having three hours of scheduled group supervision in addition to the two hours of individual supervision.

Group supervision across training sites utilizes a hybrid model. In this hybrid model, if all supervisors are in attendance (the typical expectation), each individual Intern is physically present in the same room with the supervisor taking clinical responsibility for their Assessment Clinic clinical activities, in addition to any participating faculty member in the room at the other end(s) of the secure V-tel connection. In this case the group supervision is 'counted' as live, in-person group supervision by the Intern. However, V-Tel (aka Pic-Tel) plays an important role, both to extend the reach of limited expertise resources across both training sites (described in detail below) as well as a back-up to ensure the minimum supervision requirements are met in the event of illness or other reason the on-site supervisor at any one site is delayed or cannot make it for some reason. If the regular Lincoln supervisor and his or her designated back-up is unavailable for whatever reason, and there is an NWI supervisor present at the Grand Island and Norfolk end(s) of the V-tel connection, then the Lincoln-based Intern would 'count' this session as "telesupervision." In the latter case, the other Grand Island and Norfolk-based Interns at the other end(s) of the V-tel would 'count' the same session as live, in-person group supervision, even as the same supervisor 'counted' under "telesupervision" by the first Intern. Each situation would be 'counted' as group supervision even if only one Intern is present in the same room as one or more supervisors, due to the 'group supervision' nature of the overall discussion. <u>As noted above, although otherwise allowed by the telesupervision policy which is consistent with APA requirements, the NWI Internship consistently strives to have all supervision 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 below.</u>

This hybrid model 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 and thus for the 6 Interns to experience a variety of similar assessment-related experiences as a single unit. This joint group supervision is also felt important to continue to facilitate collegial bonds between the Interns across the three training sites, building upon the bonds forged through in-person group activities during the first two weeks of the Internship year and intermittently throughout the rest of the year, as well as through other V-tel activities such as the NWI-only didactic series and the "Rural Shared Didactic" series, the Psychology Meeting, etc..

Second, the NWI Internship faculty members feel that the hybrid model will allow the Internship to maximize limited resources and thereby enrich the assessment expertise to which Interns are exposed. Dr. Ritchie is primarily stationed in Lincoln and Omaha, and only occasionally travels to Grand Island or Norfolk in her role as the neuropsychologist for the NWI-wide Polytrauma Support Clinic. Grand Island previously had a neuropsychologist on staff, Dr. Nancy Willcockson, but she has transferred to the Omaha VAMC and is no longer taking an active role in the Internship at this point. The hybrid model allows the Grand Island- and Norfolk- based Interns to have routine access to the neuropsychological expertise of Dr. Ritchie along with the assessment expertise of their Grand Island Assessment Clinic supervisor and the assessment expertise of Dr. Fleischer, and vice versa. Eventually, we hope to again have at least intermittent access to the neuropsychological expertise of Dr. Willcockson joining via V-tel from Omaha as her schedule permits – but still with in-person supervisors present alongside Interns at their respective training sites.

Please note that Primary Rotation supervisors change with each rotation, and Assessment Clinic supervisors may change across rotations. However, the Monday morning group supervision with Drs. Fleischer, Hannappel, and Krebs continues throughout the year. During the first two weeks orientation period, Interns meet both Drs. Fleischer, Hannappel, and Krebs in person prior to this hybrid form of supervision / telesupervision occurring. This model of joint supervisors and Interns meeting weekly also helps to assure consistent evaluation and feedback throughout the year.

Finally, Interns are encouraged but not required to choose a year-long preceptor whose role is to provide professional mentorship throughout the internship year, including guidance in professional development and career planning. The Intern and preceptor are encouraged to 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 to engage in what might be considered therapy or come close to therapy. This will help ensure that roles of the preceptor remain clearly focused on the Intern's successful completion of the Internship. As most internship experiences will be in Grand Island, Lincoln and Norfolk, Interns are encouraged (but not required) to choose a preceptor from the Omaha VA psychology staff if possible to allow 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 request a particular training faculty at a different training site to be the preceptor but that person may decline to engage in the preceptor role. This may be due to unavailability of time necessary to effectively meet the role of preceptor – possibly for reasons within the VA (e.g., too much on their VA plate already to give the preceptor role the time needed) and sometimes for reasons outside the VA (e.g., family commitments, illness, etc.).

Didactics

Seven to eight hours per week are devoted to Internship training activities, including at least two hours of didactic seminar (and more typically 3 to 4 hours). NWI offers varied didactic opportunities consistent with development of professional development and practice skills in psychology. The focus is on developing the core competencies for psychology and for interprofessional practice.

There are two formal weekly didactics series: (1) a 2-hour "Rural Shared Didactic" or "RSD" and (2) a 1-hour "NWI-Only" didactic. Both occur on Wednesday afternoons.

The first of the two series consists of weekly didactic seminars provided by NWI psychologists along with other rural VA partners offered through a weekly 2-hour V-Tel "Rural Shared Didactic" or "RSD." The majority of these RSD V-tel didactics are provided by NWI faculty with valued additional expertise from our partner VAs. Generally these RSD didactics have included: rural mental health, military culture, various diversity issues, ethics, supervision, risk assessment, psychodiagnostic and neurocognitive assessment, consultation, professional identity and development, and various evidence-based treatments.

NWI takes Intern feedback seriously and makes adjustments as needed. This trend began with our first Internship class (2012-13) and continues to date. This year NWI is responding to Intern feedback from the 2014-15 training class to have more depth and more discussion/hands-on for certain topics. As a result, the 2015-16 didactic schedule includes some repetition of topics for depth while balancing the need for breadth in training. Repeated topic areas include PTSD, Sleep Disorders, Pain Disorders, ACT, and Mindfulness. Another recommendation is when possible to have the same presenter or co-presenters as part of the various presentations on a particular topic in order to avoid repetition of basics from presentation to presentation. The NWI Internship is fortunate to have significant expertise upon which to draw, augmented by our wonderful rural VA partners. For example, NWI's Dr. Krebs is a presenter or co-presenter in most of these presentations and is a VISN 23 PTSD Mentor. the PTSD series covers CPT, PE, the neurophysiological impact of trauma and PTSD/PTSD treatment, Moral Injury, Post-Traumatic Growth, discussion of complex cases, etc.. NWI is also fortunate to have Dr. Carlson present on sleep disorders as she is a national CBT for Insomnia consultant taking part in the national trainings funded by the VA to bring competency in CBT-I to VAs across the nation. The ACT series is presented by a skilled ACT therapist who uses the several sessions to cover the use of basic to more complex ACT skills across increasingly complex case presentations, and also including a didactic (adapted from the Minneapolis VA) on the use of ACT concepts to inform discussions of diversity with Interns.

Starting in 2013-14, we added another 1-hour per week for additional didactic and experiential training exclusively for NWI Interns by NWI staff. This "NWI-Only" didactic provides even greater depth in certain key areas. With limited exceptions, the topics rotation between Interprofessional Core Competencies (ICC; first Wednesday of each Month), Motivational Interviewing micro-skills, Diversity-related topics, and Ethics. The Interns are joined on the first Wednesday of each moth in these ICC trainings by other trainees most often including Pharmacy Residents and Social Work Interns stationed at the Grand Island site, but at times also including other trainees from nursing including APRN students and other disciplines as may be interested.

During the first two-week Orientation period prior to the start of the first rotation, Interns engage in a number of other trainings and didactics. In addition to more administrative orientation to the VA - such as setting up access to computers, completing paperwork and photographing for PIV security cards issued by Homeland Security, 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 include but are not limited to: Welcome to the VA and Introduction to Professional Ethics within the VA (2 hrs), Suicide Risk Assessment and Management (2 hrs), Homicide/Violence Risk Assessment and Management (2 hrs), Introduction to PTSD in Combat Veterans (3 hrs), and Introduction to Motivational Interviewing (3 hrs), as well as numerous hours in-person and via V-tel related to assessment skills. These topics set up the incoming Intern class to have a shared minimum of basic knowledge and skills to begin their first rotation with their respective supervisors, and also sets them up for additional skill building through the planned sequence of topics in both the RSD and "NWI-Only" didactic series over the course of the rest of the training year. This is particularly true for Motivational Interviewing which is followed at least monthly with additional didactics and role-plays to develop mastery of core MI skills the Interns can use with a variety of clients.

Although not formal didactics, there is a third avenue for topic-focused discussions, which occurs during part of the two scheduled group supervision per week, as time allows as current case-related issues take priority. That said, during the early months of the Assessment Clinic group supervision (1.5 hours per week) the focus of these non-case specific discussions tend to relate to learning new instruments. In response to Intern feedback, this year we plan to have a series of mini-didactics within group supervision – likely at some point in the first rotation – related to the assessment of dementia. This will be followed at least once in each subsequent rotation with several other planned Geriatric-focused discussions. Topics planned include learning about some of the progressive dementias and later some of the less common dementias. Also planned are further discussions of neuropsychological screening and testing for different dementias, decision-making capacity evaluations, and potentially role-playing giving feedback to families and other team members. Dr. Julie Filips, NWI's Board Certified Geriatric Psychiatrist based in Lincoln, has offered to participate in at least some of these discussions as her time allows. She has also invited Interns at all three training sites to shadow her in her telehealth consultations to VA-run CLC units and state-operated Veterans Homes across VISN 23 to the extent this fits in with the Interns' primary rotation schedule and their individualized training goals, as well as logistics regarding how many people can be on the V-tel simultaneously depending on the context. Dementia-related discussions might include, for example: How do the Interprofessional Core Competency skills express themselves differently in the context of a Geriatric Team versus a Pain Team versus a Polytrauma Team, etc.?. How do patient capacity issues impact the team process, for example in a progressive dementia? What ethical issues arise when treating geriatric patients (or a neurologically or emotionally impaired patient) in the unique situations that arise in rural and highly rural situations as well as in more general clinical situations?

We recognize that 'assessment' is broadly defined beyond neurocognitive assessment. Therefore, other topics for the Assessment Clinic group supervision being considered include: an outside speaker invited to speak about her specialized practice related to bariatric pre-surgical evaluations; Dr. Fleischer presenting on pre-surgical evaluations related to spinal cord stimulator implants; a presentation on functional assessment and how this fits into a broader assessment process; and Dr. Ritchie presenting on assessment in a variety of forensic settings including civil commitment, guardianship, civil trials, criminal competency to stand trial, etc. depending on Intern interest and time permitting. These are not typically done in the VA, and especially in a VA internship, but are felt to be important areas of exposure for "excellent generalist" trainees irrespective of their primary area(s) of focus for the future.

There are a wide range of other educational opportunities to support the overall training goals. For example, for Interns with an interest, elective time can be used 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 many other training options available through the VA's Talent Management System (TMS). In addition, in 2013-14 Interns were invited to V-tel into the weekly one-hour Minneapolis VA Internship PTSD training series; this was discontinued after the 2014-15 Intern class echoed earlier concerns that the multiple presentations were by different speakers and therefore covered essentially the same information ("what are the diagnostic criteria for PTSD" etc) across many of the presentations. Interns also participate in other V-tel learning opportunities if this fits in with their individualized training plan and they have permission of their primary supervisor. In the 2012-13 training year, for example, Interns participated in a 4-hour training on the assessment and treatment of Native Americans with PTSD offered through the New Mexico VA. Since that time, an array of web-based opportunities cross the email desk of the Training Director, who passes them on to the Interns, but always with the proviso that they should "as always, please discuss this with your primary supervisor before adding this or any other extra training to your schedule" in order to avoid Interns becoming so involved in extras that the basic requirements of the internship are ignored.

Another form of learning is when Interns participate in providing didactics to their peers, NWI psychologists and/or the interdisciplinary teams associated with their rotations. One way this occurs is through the two (2) brief case presentations required of Interns in each rotation in Lincoln and Grand Island and at similar intervals and locations for the Norfolk-based Intern. A second way is through the "NWI-Only" didactics. For example, the ICC trainings began in the 2014-15 training year; these Interns gave feedback that it was not a good use of their time to listen to general presentations on depression and PTSD, etc. Therefore, starting in the 2015-16 training year, Interns will also be partnering with each other and with trainees from other disciplines to do presentations during the "NWI-Only" once-per-month Interprofessional Core Competency (ICC) sessions.

Topics for the monthly ICC trainings typically include:

- Military Diseases by Veteran Era
    - (Presenter: Gina Woods, RN, NWI Rural Education Coordinator),
- The Four Major Areas within Interprofessional Core Competencies
    - (Presenter: Rose Esseks, PhD, NWI Psychologist)
- Emergency Preparedness – Table Top exercise
    - (Presenter: NWI disaster management staff)
- Pharmacy residents will —
    - Partner with Psychology Interns re pain management
    - Partner with Psychology Interns re substance use disorders
    - Present their own Pharmacy research projects
- Psychology Interns—in addition to above, present on (alone or in pairs)
    - Ethics in rural settings
    - Conflict management within interprofessional teams
    - PTSD
    - Depression/suicide

Note that the Pharmacy Residents' training year is July 1 to June 30, whereas Psychology Interns' training year is the end of August to the end of August. Therefore, the Pharmacy Residents and Psychology Interns will team up to present on pain management and substance abuse in the winter months after the Psychology Interns adjust to Internship. The Pharmacy Residents will present on their individual pharmacy research projects to the Psychology Interns (and other trainees) towards the end of their tenure (May or June). Teams of Psychology Interns will present to the incoming Pharmacy Residents in July and August towards the end of the Psychology training year. Typically, teams of Psychology Interns will be made up of Interns from different training sites. In addition, it is important to note that trainees in other disciplines may also be attending – for example Social Work and Nursing.

Regarding preparation for these interprofessional presentations, Psychology Interns will have access to an array of pre-developed materials available through the VA's Psychology Training Council, and are free to use, adapt or ignore these in developing their presentations. They also have mentoring available through the Internship faculty if needed. Interns have significant advance warning on the dates and topics on which they are presenting, and will be asked to partner with other Interns at one of the other training sites for the Psychology Intern presentations (Ethics, PTSD, etc.). At the moment the only participating Pharmacy Residents are stationed at the Grand Island VA; therefore, some Interns will be partnering at their own site and some not. 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, but this determination is likely to evolve over time.

NWI continues to seek out educational opportunities and arrange for Interns to attend, where possible. For example, during the fall of 2012, NWI was fortunate to be able to host two on-site trainings (CPT for PTSD over 2.5 days ; DBT over 1.5 days) provided in Lincoln by regional trainers from the Minneapolis VA. While these cannot be guaranteed to recur (and did not in the 2013-14 internship year), this exemplifies the commitment to utilize relevant training opportunities as they arise. In the 2014-15 training year, Interns attended a 3-day CPT training with regional trainers at the Minneapolis VA. At the start of the 2015-16 training year, Interns attended a 2.5 day DBT training via V-tel hosted by Minneapolis VA, and in the spring NWI is scheduled to be again hosting a CPT training by the Minneapolis regional trainers.. "Authorized absence" **may** be granted at the discretion of the Acting Training Director or Chief of Psychology for activities that enhance the internship experience or benefit the VA more generally, and funding is often available for Interns through the VA, particularly at the beginning of the fiscal year.. In addition, Interns may apply for authorized absence to attend educational offerings in the community that are consistent with their training goals and attend at their own expense if VA funding is not available. Examples of trainings attended include: in 2012 one Intern requested and was granted authorized absence leave in order to attend the Nebraska Psychological Association day-long workshop on ADHD with Russell Barkley PhD; in 2013 both Interns opted to attend the Nebraska Psychological Association (NPA) day-long workshop on Ethics and Risk Management with APA Trust Jeff Younggren PhD; the 2015-16 training class will likely attend the Fall NPA conference on Ethics and Risk Management with Daniel Taube PhD.

There are often educational presentations within the monthly Psychology Meeting, attended by V-tel across all four sites (the three training sites plus the psychologists at the larger Omaha VA Medical Center). The first such presentation for the 2015-16 training year was a continuation of a presentation the prior month regarding the Hoffman Report relating to APA's Stephen Benke's involvement with the Department of Defense regarding torture practices. This was informative to the Interns (and faculty) both because the Nebraska Psychological Association had taken such a strong stand against APA's involvement, but also because in the 2014-15 training year, four of the five Interns and many of the NWI faculty had attended the NPA Spring Conference which included a lengthy (and well-received) Ethics workshop by APA's Stephen Benke who subsequently resigned shortly after the Hoffman Report was released a few months later. Other presentations in the Psychology meeting include case presentations as well as supervision-related topics.

The Internship encourages the development of a lifelong pattern of continuing education through reading and attending lectures, seminars, and conferences. VA staff as well as community colleagues will provide seminars on a range of topics consistent with the Internship's goals and competencies. Towards this end, the University of Nebraska – Lincoln (UNL) has invited NWI Interns to participate in symposia at UNL's Clinical Psychology Training Program, as well as presentations through UNL's Law and Psychology Graduate Training Program. A Native American psychologist on the faculty of the University of Nebraska – Omaha (UNO) has offered to provide didactics and consultation regarding rural Native American mental health issues provided Interns can travel to her location and the times fit in her busy schedule. Specialists in rural practice also are available to provide didactic and other training experiences for Interns.

Core Competencies

Training didactics, supervision, and clinical experiences focus on development of core professional competencies and core interprofessional competencies as well as development of overall professional identity. With Veteran consent, supervision may include audio and/or visual review of clinical interactions and interventions to enhance skill development. Role-plays used in development of interprofessional collaboration skills are observed and at times may also be videotaped to enhance Intern skill development.

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 are listed below, with the specific core competencies (outlined at the end of this brochure):

Goal #1: Interns will develop competence in the area of psychological assessment.
Goal #2: Interns will develop competence in the area of intervention.
Goal #3: Interns will demonstrate professionalism through development of professional role behaviors, professional identity, and competency development in the areas of consultation, program evaluation and supervision.
Goal #4: Interns will develop competence in professional ethics and issues of individual and cultural diversity.
Goal #5: Interns will develop competence in the four identified Interprofessional Core Competency Domains:
Goal #6: Interns will develop competence the Use of Telemental Health Technologies.
Goal #7: Interns will develop competence in applying scientific knowledge and method.

The 4 domains of Interprofessional Core Competencies were developed by the Interprofessional Education Collaborative (see: **www.une.edu/wchp/ipec ;** outlined at the end of this brochure), and include:

1. Values/Ethics for Interprofessional Practice;
2. Roles/Responsibilities;
3. Interprofessional Communication; and,
4. Teams and Teamwork.

Interns will have multiple opportunities to work within interprofessional teams across the various rotations and 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.

Although most of the training comes through experiential activities, consultation skill development is woven into some didactic training experiences, particularly the “NWI-Only” didactics which focus the development of Interprofessional Core Competencies and often include trainees from Pharmacy, Social Work and other disciplines as available. 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, supervision with staff psychologists, weekly Psychology Department Meetings, and Rotation Specific Meetings (e.g., PTSR Treatment Team meetings, Inpatient Rounds). Over the course of the training year, Interns are expected to become increasingly skillful in their consultations with others. This is evidenced by the input they provide during team meetings regarding assessment findings, observations of patients’ mental status, therapy interventions, case management, diagnoses and discharge interventions. 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 two case presentations during the course of their training.

Requirements for Completion of the Internship

The Internship is a 52-week, 2080+ hour experience. 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 45-50 hours per week.

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 three Primary Rotations, although how they are expressed vary from rotation to rotation (e.g., the particular evidence-based interventions used will be different in a PTSD rotation versus 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 at the end of each of the three rotations. Mid-rotation, supervisors engage in informal reviews 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.

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. VA internship stipends are locality adjusted to reflect different relative costs in different geographical areas. Currently, the stipend for the VA NWI Internship is $23,974.

Benefits: Internship appointments are for 2080 hours, which is full time for a one year period. Please note that there is a minimum expectation of 40 hours per week. Interns are expected to be on the grounds of your designated station Monday through Friday from 8AM to 4:30 PM unless a specific

change of “tour of duty” is pre-approved by the Chief of Psychology. However, to meet the breadth and depth of available training, the expectation is Interns will often average 45-50 hours per week, particularly early in the training year.

The NWI start date for the 2016-17 Internship year (FY2016) is August 22, 2016 (the beginning of the two-week pay period). 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.

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.

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.

Requests for authorized absence or other changes in tour of duty are directed to the Acting Training Director with a copy to the Chief of Psychology. Requests need the concurrence of the supervisor prior to submitting to the Acting Training Director. Requests may or may not be granted at the discretion of the Acting 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.

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).

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. Clerical staffing for the Internship as a whole is pending. 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.

Neuropsychological assessment materials are also provided for use at both training sites, when appropriate.

Training Staff –

NWI Psychologists (including educational background, current primary NWI duty station, tenure at the VA, duties and clinical interests):

1. Denis G. Birgenheir, Ph.D. (University of Wyoming 2012). Omaha. VA since 2011. Local Recovery Coordinator (1.0 FTE). 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, educating providers on recovery model. 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. Jerry Bockoven, Ph.D. (University of Oregon, 1988). Lincoln. VA since September, 2012. Mental Health Clinic (1.0 FTE). 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.

3. Myla Browne, Ph.D. (University of Nebraska-Lincoln 2005). Omaha. VA since December 2010. Mental Health Clinic (1.0 FTE). 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.

4. Tabitha A. Carlson, Psy.D. (Forest Institute of Professional Psychology 2008). Grand Island. VA since November 2009. Patient Care- Mental Health Integration (1.0 FTE). 5-7 hours/week devoted to internship. Duties include brief therapy and chronic pain interventions. Clinical/Research interests include health psychology, motivational interviewing, behavioral medicine for sleep, neuropsychological screening, psychological assessment, family and couples counseling.

5. David L. Duke, Ph.D. (Auburn University 2004). Grand Island. VA since January 2011. Mental Health Clinic (0.5 FTE). 8+ hours/week devoted to internship. Duties include CBSST, neuropsychological screening, SAARTP. Clinical interests include SMI, mindfulness skill training, ACT. Clinical interests include ethical decision-making in psychotherapy.

6. Rosemary J. Esseks, Ph.D. (University of Nebraska-Lincoln 2003). Lincoln. VA since August 2010. Patient Care- Mental Health Integration (0.6 FTE). 5-7 hours/week devoted to internship. Duties include brief therapy and neuropsychological screening. 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.

7. Todd Fleischer, Ph.D. (University of Nebraska-Lincoln 1994). Omaha. VA since 2007. 5+ hours/week devoted to internship. Chief of Psychology. Patient Care- Mental Health Integration. 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.

8. Pamela P. Hannappel, Ph. D. (University of Missouri- St. Louis 1996). Norfolk CBOC. VA since 2009. Patient Care- Mental Health Integration (0.8 FTE). 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.

9. Chris Heaney, Psy.D. (Illinois School of Professional Psychology 1996). Omaha. VA since 6/2000. Home Based Primary Care (1.0 FTE). 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.

10. William Keller, Ph.D. (University of Iowa 1971). Lincoln. VA since June 1971. Mental Health Clinic (0.4 FTE), SUDP (0.3 FTE), and PCT (0.2 FTE). 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.

11. Krista K. Krebs, Ph.D. (Iowa State University 2000). Grand Island. VA since 2007. PTSD Specialist (1.0 FTE) and acting Grand Island Site Supervisor. 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.

12. Amber L. Kutayli, Ph.D. (University of South Dakota 2004). Lincoln. VA since 2006. PCT (0.5 FTE) and Mental Health (0.5 FTE). 4-6 hours/week devoted to internship. Duties include psych/neurocognitive screening, C & P testing, general psychological assessment. Clinical interests include major mental illness, social skills, cognitive-behavioral therapy.

13. Constance A. Logan, Ph.D. (University of Minnesota-Twin Cities 1987). Omaha. VA since 2002. Psychology Clinic (0.32 FTE), MOVE Clinic (Bariatric surgery 0.5), Psychology Teaching (0.02 FTE), Rehab Program (.16 FTE). 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.

14. Mariela Marius, Psy.D. (Argosy University, 2013). Lincoln. VA since 2013. PCT. 3-5 hours/week devoted to internship. Duties include group and individual therapy utilizing Cognitive Processing Therapy, Prolonged Exposure, and Seeking Safety Therapy.

15. Terry North, Ph.D. (University of South Dakota-Vermillion 1989). Omaha. VA since 1993. PCT (1.0 FTE). 0-2 hours/week devoted to internship. Duties include NWI PTSD Program Director, PTSD therapy, neurocognitive assessment. 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.

16. Larra Petersen-Lukenda, Ph.D. (Ball State University 2004; Health Psychology Post-Doc, Mayo Clinic). All NWI Sites. VA since March 2011. Health Behavior Coordinator (1.0 FTE). 2-5 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. Research interests include preventative health behaviors, medical decision making, interdisciplinary collaboration, self management education, and adjustment to illness.

17. R. Dario Pulido, Ph.D. (George Mason University 2004). Omaha. VA since August 2009. PTSD and SUD (1.0 FTE). 0-2 hours/week devoted to internship. Duties include PTSD and substance use

disorders screenings and interventions, psychological evaluations. Clinical interests include CBT, cultural diversity, DBT, mindfulness, motivational interviewing, EMDT. Research interests include PTSD and substance use, PTSD and memory, integrated treatment for co-occurring disorders, cross-cultural issues.

18. A. Jocelyn Ritchie, JD, Ph.D. (University of Nebraska-Lincoln 1990 plus UNL Retraining 1992-1996 and neuropsychology post-doc Yale University 1997-1999). Lincoln, Omaha, Grand Island. VA since Sept. 2007. (1.0 FTE). 12-16 hours/week as Training Director. Clinical and Research interests include civil and criminal neuropsychological assessment and symptom validity; Yoga and Mindfulness for PTSD and Chronic Pain; Violence Risk Assessment; Americans with Disabilities Act; Civil Commitment Law; Serious Mental Illness; Traumatic Brain Injury.

19. 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 (1.0 FTE). 0-2 hours/week devoted to internship. Duties include facility-wide pain management program development, clinical consultation and staff training. Provide 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.

20. 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 Mental Health Primary Care Integration, (1.0 FTE). Omaha. Clinical interests include the further integration of empirically/evidence-based treatment modalities in addictions treatment, PTSD assessments/ interventions, military and law enforcement psychology.

21. Willcockson, James C., Ph.D. (University of Arkansas 1987). Omaha. VA since February 2011. PCT (1.0 FTE). 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.

22. Nancy K. Willcockson, Ph.D. (University of Arkansas 1985; Neuropsychology Post-Doc Letterman Army Medical Center, SF CA 1987). Omaha. VA since 2012. Supervised Interns traveling to Grand Island 2012-2014. (1.0 FTE). Duties in Omaha include providing 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.

Other NWI Training Faculty:

1. Filips, Julie, M.D. Board Certified Geriatric Psychiatrist. GMH. Lincoln (& via V-tel)
2. Burkey, Tami, LCSW. Telehealth DBT Skills Group Leader. Grand Island (& via V-tel)
3. Barnes, Lisa, LCSW. Telehealth DBT Skills Group Leader. Grand Island (& via V-tel)

Selected Community Partners:

1. David "Scotty" Hargrove, Ph.D., ABPP, Emeritus Chair of Psychology at the University of Mississippi (1991-). Former Director of UNL Clinical Psychology Training Program (1980-1991). National rural mental health expert and family systems expert. Past chair of APA's Board of Educational Affairs and the Committee on Accreditation.

2. Jean Laing, Ph.D., Training Director for the Norfolk Regional Center Internship 1994-2010. Rural Nebraska APA accredited internship from 1956 to closure of program by state in 2010. NRC colleagues offer rural mental health didactics and consultation, and accreditation mentoring.

3. Jessiline Anderson, Ph.D., Assistant Professor University of Nebraska-Omaha (UNO) Department of Psychology. Expertise in Native American culture / mental health issues. Didactics & consultation.

4. David Dilillo, PhD., Director, University of Nebraska-Lincoln (UNL) Clinical Psychology Training Program. APA accredited predoctoral program. Offers access to UNL resources and symposia. Indicates interest from various clinical psychology professors to provide didactic trainings.

5. Robert Johnson, Ph.D., Currently completing VA Internship in Rehabilitation and Recovery, Durham VA. Expertise in Native American culture, and Serious Mental Illness.

6. Will Spaulding, Ph.D., Professor of Psychology, UNL. Expertise in Serious Mental Illness and psychiatric rehabilitation. Didactics and consultation.

7. Richard L. Wiener, Ph.D., M.L.S., Director, UNL Law and Psychology Graduate Training Program. Offers access to Law and Psychology symposia and informal "Brown Bag" presentations; Didactics in mental health law, mental health policy.

Policies and Procedures

The 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.

Local Information

The Internship is based at the Lincoln VA and the Grand Island VA. Information about VA NWI as well as the two primary training sites can be found at:

www.nebraska.va.gov/index.asp
www.nebraska.va.gov/locations/Lincoln_CBOC.asp
www.nebraska.va.gov/locations/Grand_Island.asp
www.nebraska.va.gov/locations/Norfolk.asp

The Lincoln VA was dedicated in 1930 and as such is one of the oldest VA hospitals in the United States. The Lincoln VA is housed on a graceful campus with plentiful parking, easily accessed as it is located near two major streets. Lincoln is approximately 50 miles west of Omaha.

The Grand Island VA is located approximately 100 miles west of the Lincoln VA. It too has plentiful parking, and is easily accessed.

The Norfolk CBOC is located approximately 100 miles north east of Grand Island and a little further northwest of Lincoln and a similar distance northwest of Omaha.

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. Psychologists are the Mental Health Site Supervisors at both Lincoln and Grand Island. Parking is very tight at the Omaha VAMC, so arrive early for any appointments. There is parking across the street at the "Center Mall" and shuttle service from there to the main hospital. Interns in the General Mental Health rotation typically do their Assessment Clinic duties during that rotation with Dr. Ritchie in the Polytrauma Support Clinic in Omaha which is located in the Center Mall leased area and not in the main Omaha VAMC.

Nebraska, Lincoln & Omaha:

Nebraska has 93 counties and 57 state parks. Omaha is the largest city (population approximately 410,000), Lincoln is the second largest (population approximately 255,000), Grand Island is the fourth largest (48,000), and Norfolk is much smaller (approximately 24,000).

Overall, Lincoln is a highly livable city with an extensive park system and multiple entertainment venues. 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 Law College and Dental School while the UN Medical College is located in Omaha, along with the University of Nebraska at Omaha.

In addition to a love of football and other sports, Nebraskans enjoy a variety of arts, cultural activities, and outdoor life. Interns are encouraged to develop a well-rounded life outside the VA including developing a familiarity with Nebraska's unique attractions such as the annual bird migrations including Sandhill Cranes; the Cranes bring bird watchers from around the world to Nebraska each year in March and April with many viewing areas free to the public. Dr. Ritchie visits the Crane migration at least twice during this period, and Interns wishing to join her are welcome – whether you are coming from Lincoln, Grand Island or Norfolk. Even if you choose to go out on your own, she will gladly lend you binoculars and give you directions to the best free (and if desired fee-based) settings in which to view these spectacular birds come to roost in the river at dusk.

Other attractions across Nebraska include the Agate Fossil Beds in Harrison Nebraska; Ashfall Fossil Beds near Norfolk the Scotts Bluff National Monument; Chimney Rock National Historic Site; a recreated pioneer village at Minden;; the SAC Museum near Ashland; the Stuhr Museum of the Prairie Pioneer in Grand Island; Boys Town in Omaha; the Sheldon Memorial Art Gallery and the Lied Center for the Performing Arts at the University of Nebraska in Lincoln; the Joslyn Art Museum in Omaha; the Henry Doorly Zoo in Omaha; Museum of Nebraska Art in Kearney; Museum of Nebraska History in Lincoln; and the University of Nebraska State Museum in Lincoln, and the beautiful State Capitol in Lincoln.

Some of the joys of living in Nebraska include incredible sunrise and sunsets, wide open '"large sky" scenery, wonderful wildlife (beyond the cranes), fossil beds, toad-stool like bad-lands (on the way to the Dakota bad-lands and Mount Rushmore), and more. Nebraska has areas where the original ruts of wagon trains can still be seen, as well as old cemeteries from the settler era. 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.

More About Lincoln:

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. There is a wide diversity of shopping in Lincoln itself, and if you can't find it her there is Omaha just an hour away and Kansas City or Des Moines 4 hours away. It's not too far a jaunt to Minneapolis, Chicago or Denver (about 8 hours each) and you can easily reach the closer ski resorts in 10-12 hours of reasonable speed driving. Of course reasonable speed is in the foot of the driver – and the

speed limit in Nebraska outside the cities and towns is 75 on the interstate and 65 on the main state highways.

Lincoln has a significant number of family-friendly activities. Lincoln residents enjoy a large number of bike trails, some developed from prior rail lines (akin to the description of the Cowboy Trail in Norfolk below) as well as many public parks. One of our favorites is the Sunken Gardens which has a beautiful array of botanical plants, and is often the site of outdoor weddings in Lincoln. You might prefer instead the half-pipe skate ramps in some of the public parks – who knows?. The Lincoln children's Zoo is a fun family outing, and hosts the "Boo at the Zoo" dress-up parties around Halloween for the younger children as an alternative to traditional trick or treating. For older kids, the Lincoln Children's Museum is quite a wonderful place to spend the day (or several) filled with 'touch this' and 'dress up as that' areas, including a life-size fire truck, a moon lander and mission control, a local supermarket, a doctor's office, a stage for performances, and that's just the beginning. It also includes a section just for the littler ones, age 2 or 3 and younger.

A trip to Nebraska City in the south eastern part of Nebraska just an hour or so south of Lincoln is well worth it. Nebraska City is also host to a variety of factory outlet stores – some located in the small downtown and some located in a newer outlet mall on the edge of town. Nebraska City is also the home of the beautiful Arbor Lodge (famous for the national Arbor Day) and surrounding park; the area is also famous for its apple orchards and a favorite place to visit in the fall for fresh apples and cider. There are also orchards nearer to Lincoln one can visit, as well as "you pick" berry farms.

Grand Island:

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 146th Nebraska State Fair (August 28-September 7, 2014), the Hall County Fair (mid-July), the Stuhr Museum, and other attractions and events listed below. For example, the Grand Theater and a yearly film festival are well worth the visit.

Grand Island offers malls and plazas, a thriving Downtown with many unique shops, and small commercial outlets. Conestoga Mall (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 Area Attractions:

- Stuhr Museum of the Prairie Pionee
- Nebraska Nature Center
- Fonner Park
- Grand Island Little Theatre
- Plum Street Station
- Heartland Events Center

Grand Island Events:

- Art in the Park
- Prairie Lights Film Festival:
- Central Nebraska Ethnic Festival
- Children's Groundwater Festival
- Harvest of Harmony Parade
- Community Arts & Concert Association
- Husker Harvest Days
- Hoops Mania
- Hall County Fair
- Nebraska State Fair

See the list of Grand Island websites, below.

Norfolk:

The Norfolk CBOC was established in Nov. of 2008 and is located embedded 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.

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. Norfolk is only 15 miles from Madison, Nebraska, the county seat of Madison County. 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.

Norfolk 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.

History

On July 17, 1866, a three-train caravan of prairie schooners, carrying 44 German families from Ixonia and Watertown, Wisconsin arrived at the junction of the Elkhorn and North Fork valleys where they were attracted by the rich land open for settlement. These pioneers were joined by others from Wisconsin, and formed the community that later became Norfolk.

In 1881, the Village of Norfolk was organized. 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, 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.

Area Attractions
Norfolk and the surrounding communities offer first class recreation, community festivals, and award-winning attractions. There is something for everyone

The Great American Comedy Festival
The Great American Comedy Festival was 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.

Cowboy Trail
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.

DeGroots Orchards
Open in the fall every year, DeGroots is the place for all your fresh apple needs. Over 10 types of apples are grown annually (including Honey Crisp and Jonathans) and are perfect for baking, snacking and sharing. Don’t forget the cider.

Elkhorn Valley Museum and Research Center
Whether you’re a Johnny Carson fan, interested in history, or just want something different to do, plan on spending a few hours here. Home to the Johnny Carson exhibit, this museum also 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 that will take your breath away. The staff at Elkhorn Valley Museum will welcome you with open arms.

Madison County Museum
Located in the heart of Madison, Nebraska, the museum has a working communication display, a showcase tribute to baseball hall-of-famer Richie Ashburn, and is home to the impressive Northeast Nebraska Model Railroaders display. For you history buffs, they have genealogy research on the orphan train riders – stories amassed by the descendants of the children who ended up in the Norfolk area, sent orphanages in the east to meet the labor needs of farm families in all over the Midwest. Over 3,000 pieces of a lighted Christmas village brings joy to your heart year round’.

Memorial AquaVenture Waterpark
Norfolk’s Newest Water attraction. Wave pool, zero-depth entry pool, water walk, blow fish slide, 54 inch raft slide/32 inch body slide and much, much more!

Norfolk Arts Center
Where the arts come alive in Norfolk. This spectacular facility has revolving art exhibits, classes for all ages, performing arts and so much more. You can also rent the center for small weddings, private parties, meetings, tea parties, lunches or anything you put your mind to.

Off Road Ranch
This unique motor cross track and drag strip for off road vehicles is located just outside of Norfolk in Stanton County. If you would like to join the competition or just ride for fun this is the place to bring your ATV. Other amenities include a sand volleyball court and campground with electrical hookups. Visit their website for a list of year-round events.

Poppy's Pumpkin Patch
Want more than just a pumpkin patch? This place will have the kids smiling from ear to ear and parents running to keep up! Activities include Jared's jungle, the observation tower, corn maze, petting zoo, craft activities, jail, dress up cabin and so much more.

Ashfall Fossil Beds
Located six miles north of US highway 20 between Royal and Orchard, this 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 under the covered barn and learn about the animals that roamed our land millions of years ago.

Cuthills Vineyards
Located north of Norfolk and west of Pierce, Nebraska's first winery offers a variety of wines to suite any palate. Check the website for tastings and special events during the year.

Maskenthine Lake Mountain Bike Trail
This mountain bike trail is for riders of all skills. Easily accessible from Norfolk via Hwy 275, the area features over five miles of single-track trails with a wide variety of terrain. This is a popular destination for cyclists from around the area.

Red Road Herbs
Red Road Herbs is a haven of peace and tranquility tucked away in the rolling hills of northeast Nebraska, just down the road from Humbug Creek. Their herbs are grown in harmony with nature, respectfully harvested by hand at peak potency, then air-dried. They are open to the public by appointment and offer herb classes, free garden tours and fresh herb harvesting. Call 402-644-0744 to make an appointment.

Willow Creek Recreation Area
Willow Creek, one 1/2 miles SW of Pierce, has 1,633 acres with a 700-acre lake. Facilities include: 100 camping pads (64 with 30 amp electrical hookups, 19 with 50 amp electrical hookups), picnic tables and shelters, fire grates, H2O, showers, modern restrooms, an accessible fishing pier, a archery field course, unsupervised swimming, two playgrounds and an 8-mile hiking/horseback trail around the lake.

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.

Northeast Community College
A great education, an excellent value, and friendly and caring staff are just a few of the reasons students cite for choosing Northeast Community College in Nebraska. Our programs of study are second to none, and our tuition rate is among the lowest in Nebraska and surrounding states. If you want an affordable high-quality education that will lead to a great career, Northeast Community College is the right choice for you to dream big and live smart. Courses are offered as part of a traditional college tract, tech degrees, as well as a number of adult/community oriented

courses. If you see a large group of folks in hard-hats and climbing gear all looking up at the wind energy generator near the edge of campus, these are likely to be NCC students.

Medical Care
Faith Regional Health Services is located in Norfolk and has two campuses and approximately 133 beds. This hospital employs over 700 people and offers and array of in-patient and out-patient services including a cancer treatment center, specialty clinics, and in-patient psychiatric services.

Retail
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.

Restaurants
Norfolk offers a wide variety of "fast-food" chain restaurants as well as other national chains such as Applebees, Perkins, and Pizza Hut. Smaller independently own restaurants include Chinese, Steak Houses, Bistros, Hispanic, Bar B Que, and Sushi.

Places of Worship
In addition to a number of nondenominational Christian Churches, Norfolk churches include more traditional denominations such as Catholic, Lutheran, Methodist, Baptist, Jehovah's witnesses, Episcopal, and 7th Day Adventist.

INFORMATIONAL WEBSITES:

The following websites provide further information about Lincoln, Omaha, Grand Island, Norfolk and Nebraska more generally.

External Link Disclaimer: By clicking on these links, 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.

Nebraska websites related to the practice of Psychology:
http://www.nebraska.va.gov
http://nebpsych.org/
http://www.unl.edu/psypage/grad/clinical.shtml
http://dhhs.ne.gov/publichealth/Pages/crl_mhcs_psych_psych.aspx

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

Lincoln websites:
http://www.lincoln.ne.gov/
http://www.lincoln.org/
http://www.unl.edu/finearts/
http://liedcenter.org/
http://theross.org/
http://lincolnmagazine.com/publisher.htm
http://www.lincoln.ne.gov/city/parks/
http://www.lps.org/

http://journalstar.com/

Grand Island websites:
http://www.grand-island.com/
http://www.theindependent.com/
http://www.visitgrandisland.com/
http://www.city-data.com/city/Grand-Island-Nebraska.html
http://www.grandislandnebraska.com/
http://www.gichamber.com
http://www.visitgrandisland.com
http://www.grandisland.org

Grand Island Area Attractions:

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

Grand Island Events:

- Art in the Park
- Prairie Lights Film Festival: http://www.prairielightsfilmfest.com/
- Central Nebraska Ethnic Festival
- Children's Groundwater Festival
- Harvest of Harmony Parade
- Community Arts & Concert Association
- Husker Harvest Days
- Hoops Mania
- Hall County Fair
- Nebraska State Fair www.statefair.org

Websites of other towns near Grand Island:
http://doniphanne.com/
http://doniphanherald.com/
http://www.cityofhastings.org/
http://www.hastingstribune.com/

Norfolk websites:
www.ci.norfolk.ne.us
www.norfolkpublicshcools.org
www.norfolkdailynews.com
www.us92.com
www.106kix.com

Omaha websites:
http://www.cityofomaha.org/
http://www.omahaperformingarts.org/
http://www.omaha.com/

Other Nebraska websites:
http://www.rowesanctuary.org/
http://www.outdoornebraska.ne.gov/
http://www.outdoornebraska.ne.gov/nebland/nebland.asp
http://www.festivals.com/nebraska.aspx

http://www.visitnebraska.gov/component/myplanner/search/recreation
http://www.topeventsusa.com/state-events-nebraska.html

http://www.nebraska.gov/dynamicindex.html
http://www.nebraska.com/
http://www.511.nebraska.gov/atis/html/index.html
http://www.ehow.com/about_6695129_nebraska-road-traveler-information.html
http://www.housing.ne.gov/

For history buffs see:
https://en.wikipedia.org/wiki/List_of_people_from_Nebraska

Appendix A : Evaluation of Core Competencies

By the end of the third training rotation, the Intern shall obtain ratings of at least "4" for the items in each Goal/Competency area listed on the Excel-based Intern Evaluation Forms. The forms mirror the following goals and described competencies:

There are seven (7) Internship Goals, each with one or more specific objectives:

- Goal #1: Interns will develop competence in the area of psychological assessment.
- Goal #2: Interns will develop competence in the area of intervention.
- Goal #3: Interns will demonstrate professionalism through development of professional role behaviors, professional identity, and competency development in the areas of consultation, program evaluation and supervision.
- Goal #4: Interns will develop competence in professional ethics and issues of individual and cultural diversity.
- Goal #5: Interns will develop competence in the four identified Interprofessional Core Competency Domains:
- Goal #6: Interns will develop competence the Use of Telemental Health Technologies.
- Goal #7: Interns will develop competence in applying scientific knowledge and method.

Supervisors and Interns complete Excel-based evaluation forms which allow for both numerical ratings and also space for narrative comments on strengths, weaknesses and any other comments the supervisor or Intern may have. The Excel-based forms allow the aggregate information to be analyzed both across supervisors and across rotations to ensure the goals are met by the end of the training year.

The following descriptors are adapted to the Word format from the Excel-based forms, but contain essentially the same information. Please note that in addition to the Excel-based rating forms, Interns shall also meet any additional markers or expectations listed under each competency goal below,

Supervisors (and Interns on their self-ratings) use the following rating scale:

1 Needs remedial assistance (unsatisfactory performance; below level expected; practicum level)

Unsatisfactory Performance. Practicum Level or Below expectation for current Level of Intern (e.g., Entry-Level vs Mid-Year Level). This area of professional competence has not developed as expected with usual supervision. Needs basic training and/or extra supervision in this professional activity. Possible concerns about professional judgment and/or behavior.

2 Needs regular supervision (Beginning Intern level)

Meets expectation for Entry-Year Level Intern (if at beginning of the year or Rotation-Level if just entering new rotation at time of the evaluation). Demonstrates basic skills. Development of higher level skills are in process. Benefits from usual training methods - e.g., retrospective supervision, role-modeling, and didactics.

3 Needs regular supervision (developing competence with regular supervision; Mid-Year Intern level)

Meets expectation for Mid-Year Level Intern. Demonstrates intermediate competence in this area. Development of higher level skills are in process. Benefits from usual training methods - e.g., retrospective supervision, role-modeling, and didactics.

4 Needs occasional supervision (supervision consultative, intermediate competencies, Intern exit level)

Meets expectation for Year-End Intern. Has developed intermediate to advanced competence in this area. Performs with minimal supervision / direction in all but non-routine cases. Exercises solid professional judgment and seeks supervision / consultation appropriately.

5 Ready for autonomous practice (reflects readiness for licensure, advanced competencies)

Exceeds standards expected of Year-End Interns. Can perform with minimal supervision / direction in even non-routine cases. Is proactive in addressing clinical work, ethical issues, and professional effectiveness.

N/O Not Observed

Goal #1: Interns will develop competence in the area of psychological assessment.

Objective(s) for Goal #1:

Objective 1: Interns will develop and demonstrate intermediate to advanced competencies in the ethical application of evaluation and assessent skills consistent with entry-level practice of Professional Psychology.

- **Competencies A-1 through A-17**
- **Competencies AC-18 through AC-25**

Assessment Competencies Expected:

Assessment Competencies across Rotations:

A-1	Diagnostic interviewing skills
A-2	Differential diagnostic skills and clinical judgment
A-3	Timeliness of interviews
A-4	Effectively utilizes telemental health modalities for intake interviews if opportunity arises in rotation
A-5	Selects appropriate assessments
A-6	Administration/scoring of assessments
A-7	Interpretation of assessments
A-8	Clarity and conciseness of reports
A-9	Demonstrates timely report writing
A-10	Integration of observations, medical records, and other non-test based information
A-11	Formulates well conceptualized recommendations
A-12	Effectively communicates results to patients/family members (Feedback)
A-13	Reliably manages expected work load
A-14	Awareness of, and adherence to APA ethical guidelines and ethics in assessments
A-15	Awareness and use of current literature, research, and theory in assessments
A-16	Sensitive to issues of ethnic, cultural, gender, or sexual diversity in assessments
A-17	Planning and appropriate use of supervision

Additional Assessment Clinic Competencies:

AC-18	Attained Area Level or Facility Level of Supervision to administer basic neurocognitive screening battery
AC-19	Attained Area Level or Facility Level of Supervision to administer extended neuropsychological assessment battery used in Polytrauma Support Clinic
AC-20	Demonstrated proficient scoring, interpretation and write-up of the basic neurocognitive battery

AC-21	Demonstrated proficient scoring, interpretation and write-up of the extended neuropsychological assessment battery
AC-22	Demonstrated rapport-building skills in testing and other assessment
AC-23	Demonstrated effective feedback skills regarding the results of testing or other assessment to patient, family and referral sources
AC-24	Demonstrated effective report writing
AC-25	Demonstrated timely report writing

How Outcomes for Goal #1 are Measured:

Supervisor ratings on the "***Assessment***" sections of the Intern Evaluation forms and Assessment Clinic evaluation forms.

Successful attainment of "Area Supervision" for assessment per VA policies on the required assessment instruments per the NWI Test Training Form .

Successful attainment of "Area Level" supervision for conducting psychodiagnostic intake interviews in at least two of the three Primary Rotations.

Minimum Thresholds for Achievement for Expected Competencies:

By the end of the third training rotation, the Intern shall be able to demonstrate intermediate to advanced competencies in the ethical application of assessment-related skills and obtain ratings of at least a "4" ("Needs occasional supervision (supervision consultative, intermediate to advanced competencies, Intern exit level)") for the items in each Goal/Competency area listed on the "***Assessment***" section on the Intern Evaluation Forms as well as on the Intern Assessment Clinic Evaluation forms.

By the end of the training year, successful attainment of "Area Level" supervision for assessment per VA policies on the required assessment instruments per the NWI Test Training Form.

By the end of the training year, successful attainment of "Area Level" supervision for conducting psychodiagnostic intake interviews during at least two of the three Primary Rotations.

Goal #2: Interns will develop competence in the area of intervention.

Objective(s) for Goal #2:

Objective 1: Interns will develop and demonstrate intermediate to advanced competencies in the ethical application of intervention skills consistent with entry-level practice of Professional Psychology, with an emphasis on evidence-based and evidence-supported modalities.

- **Competencies I-1 through I-19**

Competencies Expected for Goal #2:

Intervention Competencies across Rotations:

I-1	Discusses issues of confidentiality and informed consent
I-2	Establishes and documents therapy goals and treatment plan
I-3	Effectively utilizes telemental health modalities for treatment / intervention if opportunity arises in rotation
I-4	Formulates useful case conceptualization from a theoretical perspective
I-5	Effective communication with treatment team and other involved treatment professionals of other disciplines
I-6	Establishment and maintenance of therapeutic alliance
I-7	Recognizes and responds appropriately to patient crises
I-8	Effective and flexible application of therapeutic skills
I-9	Effective use of monitoring and managing group dynamics
I-10	Awareness of personal issues
I-11	Maintenance of professional boundaries
I-12	Monitors and effectively documents patient progress during therapy and toward goals
I-13	Planning for, and management of, therapy termination
I-14	Coordination of care with other providers
I-15	Reliably manages expected work load
I-16	Awareness of, and adherence to APA ethical guidelines and ethics in treatment
I-17	Awareness and use of current literature, research and theory in interventions
I-18	Sensitive to issues of ethnic, cultural, gender, or sexual diversity in treatment
I-19	Planning and appropriate use of supervision

How Outcomes for Goal #2 are Measured:

Supervisor evaluations on the "***Intervention***" section of the Intern Evaluation forms.

Successful attainment of "Area Supervision" for at least one individual and one group intervention per VA policies on the required assessment instruments per the NWI Test Training Form.

Minimum Thresholds for Achievement for Expected Competencies:

By the end of the third training rotation, the Intern shall be able to demonstrate intermediate to advanced competencies in the ethical application of intervention skills and obtain ratings of at least a "4" ("Needs occasional supervision (supervision consultative, intermediate to advanced competencies, Intern exit level)") for the items in each Goal/Competency area listed on the "***Intervention***" section on the Intern Evaluation Forms.

By the end of the training year, successful attainment of "Area Level" supervision for one or more individual interventions during at least two of the three Primary Rotations.

By the end of the training year, successful attainment of "Area Level" supervision for one or more group interventions during at least two of three Primary Rotations.

By the end of the training year, successful attainment of "Area Level" supervision for at least two evidence-supported therapy practices (to meet the minimum requirements, this may be accomplished during any one of the Primary Rotations or spread across two or more Primary Rotations).

Goal #3: Interns will demonstrate professionalism through development of professional role behaviors, professional identity, and competency development in the areas of consultation, program evaluation and supervision.

Objective(s) for Goal #3:

By the end of the training year, Interns will competencies consistent with entry level practice in each of the following four objective areas:

Objective 1: Interns will demonstrate Professional Development and Role Behavior, generally, consistent with entry-level practice.
- **Competencies R-1 through R-15**

Objective 2: Interns will demonstrate Consultation Competency Development, consistent with entry-level practice.
- **Competencies C-1 through C-15**

Objective 3: Interns will demonstrate Program Evaluation Competency Development, consistent with entry-level practice.
- **Competencies PE-1 through PE-15**

Objective 4: Interns will demonstrate Supervision Competency Development, consistent with entry-level practice.
- **Competencies S-1 through S-6**

Competencies Expected for Goal #3:

PD/RB: Overall Professional Development/Role Behavior:

R- 1	Overall behavior is consistent with ethical guidelines
R- 2	Demonstrates general ability to think critically about ethical issues
R- 3	Overall awareness of APA ethical guidelines and ethical issues that arise in professional activities.
R- 4	Seeks consultation/supervision as needed and uses supervision productively
R- 5	Non-defensive in receiving supervision and/or feedback from colleagues
R- 6	Responds to consultation/supervision with constructive action or changes
R- 7	Well prepared for meetings and effectively presents material
R- 8	Interacts effectively with other staff
R- 9	Demonstrates appropriate accountability, dependability, responsibility
9 a	On time to meetings
9 b	Timeliness of documentation
9 c	Professional attire, appropriate to the setting
9 d	Behaviorally attentive / appropriately participatory during meetings
9 e	Other (please use comment section below to describe if less than expected rating)

R-10	Demonstrates appropriate initiative
R-11	Demonstrates awareness of own competence and limitations as a psychologist
R-12	Awareness of personal issues
R-13	Maintenance of professional boundaries
R-14	Participation on local, regional, national committees
R-15	Possesses realistic career plans

PD/RB: Consultation Skill Development (See also Interprofessional Core Competencies)

C-1	Awareness of, and adherence to APA ethical guidelines relevant to consultation
C-2	Sensitivity to issues of cultural and individual diversity relevant to consultation
C-3	Actively participates in seminars/didactics and other discussions related to consultation
C-4	Developing expected knowledge with regard to consultation
C-5	Effective communication of assessment and intervention results to team or referral source
C-6	Rapidly and effectively translates biopsyochosocial issues to other professionals
C-7	Interacts effectively with other staff
C-8	Coordination of care with other providers
C-9	Clarity and conciseness of assessment reports
C-10	Demonstrated timely report writing
C-11	Monitors and effectively documents patient progress during therapy and toward goals
C-12	Formulates well conceptualized recommendations (assessment)
C-13	Formulates useful case conceptualization from a theoretical perspective (intervention)
C-14	Effective communication of results to patients/family members (Feedback)
C-15	Provides effective feedback to colleagues and peers in group supervision

PD/RB: Program Evaluation Skill Development

PE-1	Awareness of and adherence to APA ethical guidelines relevant to program evaluation
PE-2	Sensitive to issues of ethnic, cultural, gender, or sexual diversity relevant to program evaluation
PE-3	Actively participates in seminars/didactics related to program evaluation
PE-4	Developing expected knowledge with regard to program evaluation
PE-5	Monitors and documents patient progress during therapy and toward goals using measurable markers (e.g., self-report such as BDI-II or PHQ-9, PCL-5, etc.)
PE-6	Learning evaluative skills applicable in administrative contexts; specifically, Intern

	actively participates in weekly group supervision with the Lincoln and Grand Island site supervisors as a means of acquiring an evaluative skill set related to administrative contexts
PE-7	Learning evaluative skills applicable in administrative contexts; specifically, Intern actively participates in on-going program evaluation activities relative to accreditation/reaccreditation process (if applicable)
PE-8	Learning evaluative skills applicable in administrative contexts; specifically, Intern actively participates in the Intern Selection Committee as a means of acquiring an evaluative skill set
PE-9	Discernment skills concerning critical factors/elements of internship applications, including demonstration of their awareness of how this skill set transfers to professional settings beyond internship
PE-10	Read and be able to discuss evaluation-based research literature concerning EBPs and EST's and other treatment- and assessment-specific topics
PE-11	Conduct supervised assessments to evaluate patient symptom improvement in group and/or individual therapy
PE-12	Evaluative skills including ability to mutually evaluation one's own progress on rotations and with psychotherapy cases
PE-13	Evaluative skills including the provision of meaningful feedback to the internship program regarding the regularly scheduled didactics.
PE-14	Evaluative skills including the provision of meaningful feedback to the internship program at the end of each rotation.
PE-15	Evaluative skills including the provision of meaningful feedback to the internship program at the end of the program.
	PD/RB: Supervision Skill Development
S-1	Awareness of, and adherence to APA ethical guidelines relevant to providing supervision
S-2	Sensitivity to issues of cultural and individual diversity relevant to providing supervision
S-3	Actively participates in seminars/didactics related to development of supervision skills
S-4	Developing expected knowledge with regard to supervision skills
S-5	Participates in opportunities to practice supervision skills, as available
S-6	Seeks supervision on supervision practice, as needed

How Outcomes for Goal #3 are Measured:

Supervisor ratings on the four "***Professional Development/Role Behavior***" sections on the Intern Evaluation forms, including the sections outlining expectations for general competencies, consultation competency development, program evaluation competency development, and supervision competency development .

Minimum Thresholds for Achievement for Expected Competencies:

By the end of the third training rotation, the Intern shall obtain ratings of at least a "4" -- "Needs occasional supervision (supervision consultative, intermediate to advanced competencies, Intern exit level)" -- for the above Goal/Competency items listed in the "***Professional Development/Role Behavior***" sections on the Intern Evaluation Forms, including: the four objectives under Goal #3:

Objective 1: Interns will demonstrate Professional Development and Role Behavior, generally, consistent with entry-level practice.
- Competencies R-1 through R-15

Objective 2: Interns will demonstrate Consultation Competency Development, consistent with entry-level practice.
- Competencies C-1 through C-15

Objective 3: Interns will demonstrate Program Evaluation Competency Development, consistent with entry-level practice.
- Competencies PE-1 through PE-15

Objective 4: Interns will demonstrate Supervision Competency Development, consistent with entry-level practice.
- Competencies S-1 through S-6

Goal #4: Interns will develop competence in professional ethics and issues of individual and cultural diversity.

Objective(s) for Goal #4:

Objective 1: By the end of the training year, Interns will demonstrate an understanding of and competence in applying APA Ethical guidelines in assessment, interventions, and professional role behaviors.
- **Competencies ED-1 through ED-10 (Psychology Ethics)**

Objective 2: By the end of the training year, Interns will demonstrate a working knowledge and appreciation of ethnic, cultural, gender, and sexual diversity in psychological practice.
- **Competencies ED-11 through ED-15**
- **Competency Markers ED-M1 through ED-M6**

Competencies Expected for Goal #4:

Competence in Ethics, and Issues of Cultural and Individual Diversity:

Ethics:

ED-1 Overall awareness of APA ethical guidelines and ethical issues that arise in professional activities.

ED-2 General ability to think critically about ethical issues

ED-3 Overall behavior is consistent with ethical guidelines

ED-4 Awareness of personal issues

ED-5	Maintenance of professional boundaries
ED-6	Awareness of and adherence to APA ethical guidelines in assessments
ED-7	Awareness of and adherence to APA ethical guidelines in treatment
ED-8	Awareness of and adherence to APA ethical guidelines relevant to consultation
ED-9	Awareness of and adherence to APA ethical guidelines relevant providing supervision
ED-10	Awareness of and adherence to APA ethical guidelines relevant to scholarly inquiry or program evaluation
	• See Also Interprofessional Ethics – Competencies VE-1 through VE-10
	Cultural and Individual Diversity:
ED-11	Sensitive to issues of ethnic, cultural, gender, or sexual diversity in assessments
ED-12	Sensitive to issues of ethnic, cultural, gender, or sexual diversity in treatment
ED-13	Sensitive to issues of ethnic, cultural, gender, or sexual diversity relevant to consultation
ED-14	Sensitive to issues of ethnic, cultural, gender, or sexual diversity relevant to providing supervision
ED-15	Sensitive to issues of ethnic, cultural, gender, or sexual diversity relevant to scholarly inquiry or program evaluation
	Ethics & Diversity Markers:
ED-M1	Demonstrates insight into one's own cultural values, biases and characteristics
ED-M2	Demonstrates openness to exploring how self issues impact work with other diverse individuals
ED-M3	Demonstrates knowledge and understanding of issues related to individual differences and cultural diversity
ED-M4	Demonstrates sensitivity to and respect for individual and cultural differences with patients, peers and staff
ED-M5	Applies research-based knowledge related to individual differences and cultural diversity with respect to assessment and therapy interventions
ED-M6	Demonstrates sensitivity in the use of language, humor and nonverbal communication during day to day interactions with others

How Outcomes for Goal #4 are Measured:

Supervisor ratings on the "***Ethics and Cultural and Individual Diversity***" section of the Intern Evaluation forms.

Minimum Thresholds for Achievement for Expected Competencies:

By the end of the third training rotation, the Intern shall obtain ratings of at least a "4" -- "Needs occasional supervision (supervision consultative, intermediate to advanced competencies, Intern exit level)" -- for the above Goal/Competency items listed on the "***Ethics and Cultural and Individual Diversity***" section of the Intern Evaluation Forms.

Goal #5: Interns will develop competence in the four identified Interprofessional Core Competency Domains:

- **Values/Ethics for Interprofessional Practice;**
- **Roles/Responsibilities;**
- **Interprofessional Communication:**
- **Teams and Teamwork**

Objective(s) for Goal #5:

By the end of the training year, Interns will develop and demonstrate intermediate to advanced competencies in the 4 domains of <u>Interprofessional Core Competencies</u> (ICC) consistent with entry-level practice of Professional Psychology. These include:

Objective 1: ICC Domain 1: Values/Ethics for Interprofessional Practice
General Competency Statement-VE.

- **Work with individuals of other professions to maintain a climate of mutual respect and shared values.**
  - **Competencies VE-1 through VE-10**

Objective 2: ICC Domain 2: Roles/Responsibilities
General Competency Statement-RR.

- **Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.**

Objective 3: ICC Domain 3: Interprofessional Communication
General Competency Statement-CC.

- **Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.**

Objective 4: ICC Domain 4: Teams and Teamwork
General Competency Statement-TT.

- **Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.**

Competencies Expected for Goal #5:

Interprofessional Core Competency Domain 1:
Values/Ethics for Interprofessional Practice
General Competency Statement-VE.

- Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Specific Values/Ethics Competencies:

VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.

VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.

VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.

VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.

VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).

VE7. Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care.

VE8. Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.

VE9. Act with honesty and integrity in relationships with patients, families, and other team members.

VE10. Maintain competence in one's own profession appropriate to scope of practice.

Interprofessional Core Competency Domain 2:
Roles/Responsibilities
General Competency Statement-RR.

- Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

Specific Roles/Responsibilities Competencies:

RR1. Communicate one's roles and responsibilities clearly to patients, families, and other professionals.

RR2. Recognize one's limitations in skills, knowledge, and abilities.

RR3. Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.

RR4. Explain the roles and responsibilities of other care providers and how the team works together to provide care.

RR5. Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.

RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.

RR7. Forge interdependent relationships with other professions to improve care and advance learning.

RR8. Engage in continuous professional and interprofessional development to enhance team performance.

RR9. Use unique and complementary abilities of all members of the team to optimize patient care.

Interprofessional Core Competency Domain 3:
Interprofessional Communication
General Competency Statement-CC.

- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

Specific Interprofessional Communication Competencies:

CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.

CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.

CC3. Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.

CC4. Listen actively, and encourage ideas and opinions of other team members.

CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.

CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.

CC7. Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).

Interprofessional Core Competency Domain 4:
Teams and Teamwork
General Competency Statement-TT.

- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

Specific Team and Teamwork Competencies:

TT1. Describe the process of team development and the roles and practices of effective teams.

TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.

TT3. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.

TT4. Integrate the knowledge and experience of other professions— appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/ preferences for care.

TT5. Apply leadership practices that support collaborative practice and team effectiveness.

TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families.

TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.

TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.

TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.

TT10. Use available evidence to inform effective teamwork and team-based practices.

How Outcomes for Goal #5 are Measured:

Supervisor ratings on the "***Interprofessional Core Competencies***" section of the Intern Evaluation forms.

Minimum Thresholds for Achievement for Expected Competencies:

By the end of the third training rotation, the Intern shall obtain ratings of at least a "4" -- "Needs occasional supervision (supervision consultative, intermediate to advanced competencies, Intern exit level)" -- for the above Goal/Competency items listed on the "***Interprofessional Core Competencies***" section of the Intern Evaluation Forms.

Goal #6: Interns will develop competence the Use of Telemental Health Technologies

Objective(s) for Goal #6:

Objective 1: Interns will develop and demonstrate basic competencies in the use of telemental health equipment and strategies.

- **Competencies T-1 through T-9**

Competencies Expected for Goal #6:

Competence in the Use of Telehealth / Telemental Health Technologies:

T-1 Successful completion of the required background training modules (TMS or otherwise).

T-1 Successful completion of the Telehealth Equipment Check-Out

T-3 Awareness of, and adherence to APA ethical guidelines and ethics in the use of telemental health

T-4 GMH Intakes - Effectively utilizes telemental health modalities for intake interviews if opportunity arises in rotation

T-5 PCMHI Intakes - Effectively utilizes telemental health modalities for intake interviews if opportunity arises in rotation

T-6 PTSD Intakes - Effectively utilizes telemental health modalities for intake interviews if opportunity arises in rotation

T-7 GMH Interventions - Effectively utilizes telemental health modalities for treatment / intervention if opportunity arises in rotation

T-8 PCMHI Interventions - Effectively utilizes telemental health modalities for treatment / intervention if opportunity arises in rotation

T-9 PTSD Interventions - Effectively utilizes telemental health modalities for treatment / intervention if opportunity arises in rotation

How Outcomes for Goal #6 are Measured:

A: Supervisor ratings on the "***Telemental Health***" section of the Intern Evaluation forms.

B: Successful completion of the Telemental Health Skills Assessment

1) Successful completion of the two training courses in the TMH Core Curriculum are:
   a) Telemental Health Operations Manual: Videoconferencing
   b) Telemental Health Suicide Prevention and Emergency Care

2) After Interns have successfully completed the two classes, they are required to demonstrate a Telemental Health Skills Assessment to a designated reviewer.
   a) To successfully complete the Telemental Health Skills Assessment, the Intern must be familiar with the teleconferencing equipment and local emergency procedures that are in the Telemental Health Skills Assessment Checklist.
   b) Interns then request a Telemental Health Skills Assessment from an on-site specialist or alternatively with an off-site specialist such as with the national "VHA Telehealth Services Training Center" in Colorado.

3) Upon successful completion of the two classes and the Telemental Health Skills Assessment Interns receive a Telemental Health Training Program Record of Completion for their personal training records, a copy of which is provided to the Internship for placement in their files.

C. Log of hours shadowing mental health professionals or co-leading in delivery of telemental health services.
- Interns may shadow Dr. Julie Filips in her telemental health assessments and "Behavior Rounds."
- Provided Interns have attained "Area Level supervision, by the mid to latter half of the Internship year, Intern use of telemental health is encouraged for psychodiagnostic intake assessments and individual psychotherapy from rural areas of the catchment area when applicable but is not required if circumstances do not arise.
  - Note that Interns are typically required to co-facilitate the DBT Skills Group for a portion of their internship year as part of the PTSD rotation, which includes a telemental health component. Although this is primarily an intervention, DBT includes informal observational assessment throughout the session. Interns are also encouraged to shadow individual telemental health assessment and interventions with experienced mental health clinicians when possible.

Minimum Thresholds for Achievement for Expected Competencies:

By the end of the third training rotation, the Intern shall obtain ratings of at least a "4" -- "Needs occasional supervision (supervision consultative, intermediate to advanced competencies, Intern exit level)" -- for the above Goal/Competency items listed in the "***Telemental Health***" section of the Intern Evaluation Forms.

Note: Successful attainment of "Area Supervision" per VA policies is encouraged for telemental health in at least one content area (e.g., psychoeducational groups regarding PTSD; individual therapy, intake interviews). However, "Area Supervision" is not required for telemental health competencies as there are too many factors outside the Intern's and Supervisor's control. The most unpredictable is the availability of consenting Veterans whose telemental health therapy needs are a good match with the individual Intern's telemental health skills during any one rotation.

Interns are encouraged to shadow individual telemental health interventions with experienced mental health clinicians when possible.

Goal #7: Interns will develop competence in applying scientific knowledge and method.

Objective(s) for Goal #7:

Objective 1 :By the end of the training year, Interns will demonstrate basic competencies in the application of scientific knowledge and method to assessment, intervention, and other professional role behaviors such as consultation and program evaluation.

- **Competencies Sc-1 through Sc-8**
- **Competency Markers Sc-M1 through Sc-M6**

Competencies Expected for Goal #7:

Scholarly Activities:

Sc-1	Awareness of, and adherence to APA ethical guidelines and ethics in scholarly inquiry
Sc-2	Sensitive to issues of ethnic, cultural, gender, or sexual diversity relevant to scholarly inquiry
Sc-3	Demonstrates independent, critical thinking in scholarly endeavors
Sc-4	Expected progress on scholarly endeavors (e.g., presentations, papers, dissertation)
Sc-5	Actively participates in seminars/didactics
Sc-6	Provides quality oral presentations in case conferences, seminars, etc.
Sc-7	Completes the scholarly requirements/expectations of the rotation
Sc-8	Reads and is able to discuss evaluation-based research literature concerning EBP/EST(s) and other treatment- and assessment-specific topics

Scholarly Skill Markers:

Sc-M1	Demonstrates evidence knows how to gain new knowledge in our field through discussion of outcome and/or other research projects (other than dissertation)
Sc-M2	Demonstrates that knowledge with respect to the assessment literature and its application
Sc-M3	Demonstrates acquisition of that knowledge with respect to the therapy/intervention literature and its application

Sc-M4	Provides evidence of being able to apply research data and findings in other aspects of clinical work through their discussions in various venues with other psychologists
Sc-M5	Initiates appropriate seeking of current scientific knowledge in the course of their training
Sc-M6	Demonstrates ability to use current scientific knowledge in both written and oral modalities

How Outcomes for Goal #7 are Measured:

Supervisor ratings on the "***Scholarly Activities***" and "***Scholarly Markers***" sections of the Intern Evaluation forms.

Minimum Thresholds for Achievement for Expected Competencies:

By the end of the third training rotation, the Intern shall obtain ratings of at least a "4" ("Needs occasional supervision (supervision consultative, intermediate to advanced competencies, Intern exit level") for the items in each Goal/Competency area listed under on "***Scholarly Activities***" and "***Scholarly Skill Markers***" sections of the Intern Evaluation Forms;

Unless otherwise excused, attendance and participation in didactics, case presentations, and individual and group supervision.

Completion of case presentations to the extent required by rotation supervisors.

Appendix B

Supervisor Evaluation of Intern in Group Supervision

Supervisor:

Date of Evaluation:

Rate Items below using the following frequency scale and provide any optional comments:

Never	Sometimes	Frequently	Usually	Always
0	1	2	3	4

1. Timeliness: Was the Intern on time? Did s/he discuss absences with you prior to the supervision group?

2. Case Submission: Did the Intern bring relevant cases/material to supervision for discussion? Were they prepared with relevant background information?

3. Participation: Did the Intern offer comments regarding cases/material submitted by peers?

4. Responsiveness: Was the Intern supportive and responsive to suggestions, comments and feedback from peers and staff?

Appendix C

Intern Ratings of Supervisor

Intern: _____ **Date:** _____
Supervisor: _____ **Rotation:** _____

Use the following scale to rate the degree to which your supervisor performed in areas below:

1. ***Training needs not met***
2. ***Training needs somewhat met***
3. ***Training needs adeqautely met***
4. ***Training needs were exceeeded***

N/A Not applicable

A. Established clear training goals and expectations for the rotation
B. Addressed concerns you identified
C. Showed respect for your professional training
D. Provided guidance adequate to your level
E. Addessed any legal or ethical issues that emerged
F. Provided adequate time for supervision
G. Made self available outside of scheduled supervision
H. Provided feedback about areas of strength
I. Provided feedback about areas of relative weakness
J. Exposed you to relevant readings/materials
K. Provided oppertunities for practicing new skills
L. Expected a manageable workload

Comments: (Strengths, Weaknesses, Training Recommendations, Other)

Appendix D

Intern Ratings of the Rotation

Intern: _____ **Date:** _____
Supervisor: _____ **Rotation:** _____

Use the following scale to rate the degree to which the rotation performed in areas below:

1. ***Training needs not met***
2. ***Training needs somewhat met***
3. ***Training needs adeqautely met***
4. ***Training needs were exceeeded***

N/A Not applicable

1. Training goals for the rotation were met
2. Increased skill in interventions in this area
3. Increased skill in assessment in this area
4. Increased my professional identity as a competent psychologist
5. Increased skill in consultation in this area
6. Increased sensitivity to cultural or diversity issues in this area
7. Increased my understanding of relevant ethical issues
8. Increased my awareness of relevant scholarly work in this areaEstablished clear training goals and expectations for the rotation

Comments: (Strengths, Weaknesses, Training Recommendations, Other)

Appendix E

Intern Ratings of Program Structure

Intern: _____ **Date:** _____
Supervisor: _____ **Rotation:** _____

Use the following scale to rate the degree to which Program Structure performed in areas below:

1. ***Training needs not met***
2. ***Training needs somewhat met***
3. ***Training needs adeqautely met***
4. ***Training needs were exceeeded***

N/A Not applicable

Program Structure

A. Organization of training program
B. Workload
C. Training plan developed timely and met needs
D. Expectations were clear
E. Concerns or problems addressed timely and adequately
F. Adequate feedback on performance
G. Adequate training on ethical issues
H. Adequate training on diversity issues
I. Adequate mentoring
J. Environment fostered collegial relationships between trainees
K. Adequate training resources
L. Effective staff relationships
M. Adequate support and encouragement
N. Adequate opportunity to expand my theoretical orientation
O. Adequate opportunity for skill development in EBTs
P. Adequate opportunity for individual therapy
Q. Adequate opportunity for group therapy
R. Adequate opportunity for psychological assessment
S. Adequate opportunity for neuropsychological assessment
T. Adequate opportunity for consultation liaison development
U. Adequate opportunity for program development
V. Adequate opportunity for scholarly activity
W. Adequate formal and informal supervision
X. Scholarly activities included in my training plan (research, presentations)
Y. Didactics were clear, structured, and current

Appendix F

Intern Self-Assessment Narrative

Intern: _____ **Date:** _____
Supervisor: _____ **Rotation:** _____

Provide a narrative description of your perceived areas of strength and areas needing further improvement and/or skill development in the areas below.

Assessment (e.g., diagnostic interviewing, differential diagnosis, instrument selection, administration and scoring of assessments, report writing, feedback, consultation, management of workload)

Intervention (e.g., informed consent discussion, treatment planning, goal setting, progress evaluation, case conceptualization, rapport building, application of therapeutic strategies, professional boundaries, termination planning, management of workload)

Professional Development (e.g., consultation with peers and colleagues, communication of results to teams or referral source, ethical and diversity awareness; scientific inquiry, use of scientific literature to guide behavior; scholarly activities (presentations, papers, dissertation), critical thinking, time management, psychological identity, career development, initiative and reliability)

Appendix G

Intern Self-Assessment Ratings

Intern: _____ **Date:** _____
Supervisor: _____ **Rotation:** _____

Self-Ratings on a scale of 0 to 6 skill levels in the following areas:

	Pre	Mid	End
Specific Skill Areas:	Rating	Rating	Rating
Assessment conceptualization			
Test-giving skills			
Report writing			
Therapy conceptualization			
Individual therapy (short-term)			
Individual therapy (long-term)			
Family/Marital therapy			
Group therapy			
Case Management			

	Pre	Mid	End
Work with Specific Populations:	Rating	Rating	Rating
PTSD			
Depression			
Substance abuse			
Chronic pain / Other Medical			
Acquired Brain Injury / TBI			
Chronically Mentally Ill / SMI			
Multicultural/Diversity Populations			
Veterans generally			
Geriatrics			
Rural			

Appendix H

Note:
The following didactic schedules are offered as **examples only**.
They are subject to change within and across training years.

2015-16 Rural Shared Didactics

Schedule: Wednesdays 2-4 PM

Nebraska - Western Iowa Psychology Internship

(All schedules subject to change)

NWI Intern Rural Shared Didactic Schedule				
Date	**Time**	**Topic**	**Presenter**	**Site of Origin**
09/09/15	14:00 - 16:00	**All 4 TD's plus a PCMHI Psychologist.** Topics include: How to use didactics; effective use of supervision; expectations for the year; how to do case presentations; Consultation in the PCMHI environment	All 4 Sites' TD's & a PCMHI Psychologist	All 4 Sites
09/16/15	14:00 - 16:00	Military Culture	Q. Bastian, PhD	Spokane VAMC
09/23/15	14:00 - 16:00	Psychological Safety and Managing Boundaries	Walla Walla Intern	WWVAMC
09/30/15	14:00 - 16:00	CBT for Insomnia (CBT-I) Part I - Introduction	T. Carlson PhD	NWI
10/07/15	14:00 - 16:00	Psychodiagnostic Test report writing (MMPI / PAI)	S. Oslund, Ph.D.	Walla Walla
10/14/15	14:00 - 16:00	PTSD Part I: Cognitive Processing Therapy (CPT)	Henson, PhD	Spokane VAMC
10/21/15	14:00 - 16:00	Mindfulness Part I: Overview	D. Duke PhD & R. Esseks PhD	NWI

Date	Time	Topic	Presenter	Site of Origin
10/28/15	14:00 - 16:00	PTSD Part II: Neurobiology of PTSD	K. Krebs PhD & J. Ritchie PhD	NWI
11/04/15	14:00 - 16:00	ACT Part I: Helping Clients Walk Before You Talk	J. Bockoven PhD	NWI
11/11/15	14:00 - 16:00	VETERANS DAY	Cancelled for Holiday	CANCELLED
11/18/15	14:00 - 16:00	ACT Part II	J. Bockoven PhD	NWI
11/25/15	14:00 - 16:00	TBD	TBD	NWI
12/02/15	14:00 - 16:00	Psychopharmacology	CL Holm MD	Walla Walla
12/09/15	14:00 - 16:00	Competency-Based Supervision	P. Hannappel PhD	NWI
12/16/15	14:00 - 16:00	Serving LGBTQI Veterans	R. Esseks, PhD	NWI
12/23/15	14:00 - 16:00	Cancelled for Holiday	Cancelled for Holiday	
12/30/15	14:00 - 16:00	Preparing for Job and Post-Doc Interviews	Iron Mountain TBD	OGVAMC
01/06/16	14:00 - 16:00	PTSD Part II: Moral Injury	K. Krebs PhD & J. Ritchie PhD	NWI
01/13/16	14:00 - 16:00	CBT-Insomnia Part II: Applications to Complex Cases	T. Carlson PhD	NWI
01/20/16	14:00 - 16:00	Pain Part I: Psychological approaches for chronic pain	R. Schmidt PsyD	NWI

Date	Time	Topic	Presenter	Site of Origin
01/27/16	14:00 - 16:00	Professional Development	L. Petersen-Lukenda PhD	NWI
02/03/16	14:00 - 16:00	Native American Veterans	G. Beauchamp, LCSW	OGVAMC
02/10/16	14:00 - 16:00	ACT and Diversity: ACT and the Challenge of Prejudice and Stigma in the Psychologist's Office	J. Bockoven PhD	NWI
02/17/16	14:00 - 16:00	Psychoeducational Programs for Relationship Enhancement	J. Bockoven PhD	NWI
02/24/16	14:00 - 16:00	Mindfulness Part II: Empirical Evidence and Practice	D. Duke PhD & R. Esseks PhD	NWI
03/02/16	14:00 - 16:00	PTSD Part III: Prolonged Exposure	K. Krebs PhD & J. Ritchie PhD	NWI
03/09/16	14:00 - 16:00	Nightmares: Imagery Rehearsal Therapy	R. Esseks PhD	NWI
03/16/16	14:00 - 16:00	Cultural Awareness in the Context of Privilege	Andreski, PhD	OGJVAMC
03/23/16	14:00 - 16:00	Program Evaluation	L. Petersen-Lukenda PhD	NWI
03/30/16	14:00 - 16:00	Brief Dynamic Therapy	G. Patterson	OGJVAMC
04/06/16	14:00 - 16:00	Diagnosis and treatment of sexual dysfunctions	R. Esseks PhD	NWI
04/13/16	14:00 - 16:00	Mindfulness Part III: Empirical Evidence and Practice	D. Duke PhD & R. Esseks PhD	NWI
04/20/16	14:00 - 16:00	SUDP: PTSD and Substance Use	P. Metoyer, PhD	Spokane

Date	Time	Topic	Presenter	Site of Origin
04/27/16	14:00 - 16:00	Transference/Countertransference	G. Patterson	OGJVAMC
05/04/16	14:00 - 16:00	Posttraumatic Growth (PTG)	C. Heaney PsyD	NWI
05/11/16	14:00 - 16:00	CBT-Insomnia Part III: Applications to Complex Cases	T. Carlson PhD	NWI
05/18/16	14:00 - 16:00	ACT Part III: Advanced Skills & Complex Cases	J. Bockoven PhD	NWI
05/25/16	14:00 - 16:00	Smoking Cessation Program Development	S. Skidmore, PhD	Walla Walla
06/01/16	14:00 - 16:00	Working with Individuals with Personality Disorders: DBT	K. O'Brien, PhD	Walla Walla
06/08/16	14:00 - 16:00	Pain Part II:	R. Schmidt PsyD	NWI
06/15/16	14:00 - 16:00	Establishing Private Practice: Part-Time/Full-Time	D.Volwiler & C. Raybuck	Spokane
06/22/16	14:00 - 16:00	The Science of Compassion and Loving Kindness	M. Brady PhD	OGJVAMC
06/29/16	14:00 - 16:00	Spirituality and Practice	J. Bockoven PhD	NWI
07/06/16	14:00 - 16:00	Quick Before You Leave: Ethical Practice Update	R. Esseks PhD	NWI
07/13/16	14:00 - 16:00	Comp and Pen and Secondary Gain Issues in Assessment	K. Cogswell, Ph.D.	Spokane
07/20/16	14:00 - 16:00	Article Discussion: From Expert to Collaborator	K. Cogswell, Ph.D.	Spokane

Date	Time	Topic	Presenter	Site of Origin
07/27/16	14:00 - 16:00	TBD	TBD	
08/03/16	14:00 - 16:00	IPT for Depression	S. Oslund, PhD	WWVAMC
08/10/16	14:00 - 16:00	Treating Rural Populations: Dementia Caregiver Issues & REACH	Hannappel PhD & Heaney PsyD	NWI
08/17/16	14:00 - 16:00	Telemental Health and Technology	K. O'Brien, PhD	Walla Walla

NWI-Only Intern Didactic Training 2015-2016

Wednesdays 1:00-2:00
(All schedules subject to change)

Materials: May be found in Didactics folder within the Internship shared folder

- Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.
- Knapp, S., Younggren, J. N., VandeCreek, Leon, Harris, E., & Martin, J. N. (2013). *Assessing and managing risk in psychological practice: An individualized approach.* Rockville, MD: The Trust.

Each intern will provide two presentations, one on multicultural issues and another as a part of interprofessional education (IPE). See schedule below for interprofessional topics and available dates for multicultural presentations. IPE dates tend to be the first Wednesday of the month, and are attended by trainees from Pharmacy, Social Work, and other disciplines.

September—

9 Motivational interviewing microskills: MI spirit

Learning objectives:

- Increase knowledge of theoretical underpinings of motivational interviewing
- Increase comfort with essential MI principles

Activities: Power Point, discussion, OARS role-play and video clips

Resources: http://www.youtube.com/watch?v=_VlvanBFkvI
http://www.youtube.com/watch?v=67I6g1I7Zao
Miller, W. M., & Rose, G. S. (2009). Towards a theory of motivational interviewing. *American Psychologist, 64(6,:* 527–537. Downloaded 8/24/15 from http://informahealthcare.com/doi/pdf/10.3109/14659899809053467

16 Multicultural studies: Cross cultural psychology overview

Learning objectives:

- Increase awareness of how cultural issues can affect the practice of psychology.
- Discuss guidelines for working with members of specific cultural groups.

Activities: Power Point, discussion

Resources: Okin, S. M. (n.d.) When cultural values clash with universal rights: Is multiculturalism bad for women? Downloaded 8/24/15 from http://www.scu.edu/ethics/publications/submitted/okin/multicultural.html

23 Topics in ethics: Breaches of confidentiality part 1

Learning objectives:

- Increase awareness of ethical issues related to required breaches of confidentiality involving suicide and homicide risk.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- Clay, R. A. (2014). A public health approach to suicide. *Monitor on Psychology, 45*, p. 40. Downloaded 8/24/15 from http://apa.org/monitor/2014/04/suicide.aspx
- De Angelis, T. (2008). Life-saving outreach. *Monitor on Psychology, 40*, p. 62. Downloaded 8/24/15 from http://apa.org/monitor/2009/09/suicide.aspx.
- Knapp et. al., Chs 6 & 9
- Smith, D. (2003). 10 ways practitioners can avoid frequent ethical pitfalls. *Monitor on Psychology, 34*, p. 50. Downloaded 8/24/15 from http://apa.org/monitor/jan03/10ways.aspx

30 Multicultural studies: Challenges facing student veterans

Learning objectives:

- Increase awareness of issues related to veterans in educational settings.
- Explore ideas for improving service to student veterans.

Activities: Power point, discussion.

Resources:

- American Council on Education. *Tips for accommodating veterans with traumatic brain injury and posttraumatic stress disorder*. Retrieved

7/27/15 from http://www.acenet.edu/news-room/Documents/Accommodating-Student-Veterans-with-Traumatic-Brain-Injury-and-Post-Traumatic-Stress-Disorder.pdf

- American Council on Education. *Toolkit for veteran friendly institutions.* Retrieved 7/27/15 from http://www.acenet.edu/news-room/Pages/Toolkit-for-Veteran-Friendly-Institutions.aspx.
- *Real Warriors. 8 battlefield skills that make reintegration challenging.* Retrieved 7/27/15 from *http://www.realwarriors.net/active/afterdeployment/combatskills.php*.
- *VA campus toolkit.* Retrieved 7/27/15 from http://www.mentalhealth.va.gov/studentveteran/#sthash.gK1O2DXi.dpbs.

October—

7 IPE: Interprofessional core competencies

Learning objectives:

- Explore the four domains of interprofessional competencies.
- Discuss differences and similarities in interprofessional competencies across healthcare professions.

Activities: Power point, discussion.

Resources: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.

14 Interprofessional education: Military diseases of various eras with Gina Woods

21 Multicultural studies: Serving the needs of veterans of color

Learning objectives:

- Increase awareness of cultural impacts on veterans of color.
- Discuss the concept of racial microaggressions.
- Explore strategies for improving service to veterans of color.

Activities: Power point, discussion.

Resources:

- De Angelis, T. (2009). Unmasking 'racial microaggressions.' *Monitor on Psychology, 40*, p. 42. Downloaded 8/24/15 from http://www.apa.org/monitor/2009/02/microaggression.aspx
- Diangelo, R. (2015). White fragility: Why it's so hard to talk to white people about racism. Downloaded 8/24/15 from http://goodmenproject.com/featured-content/white-fragility-why-its-so-hard-to-talk-to-white-people-about-racism-twlm/

28 Ethics: Breaches of confidentiality part 2

Learning objectives:

- Increase awareness of ethical issues related to required breaches of confidentiality involving abuse and other issues.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- Behnke, S. (2007). The work of the APA ethics office: Frequent calls we receive. *Monitor on Psychology, 38*, p. 56. Downloaded 8/24/15 from http://apa.org/monitor/sep07/ethics.aspx
- Knapp et. al., Ch 5
- Koocher, G., Brabeck, M., & Brabeck, K. (2002). Reporting past abuse: part II. *Monitor on Psychology, 33*, p. 90. Downloaded 8/24/15 from (http://apa.org/monitor/julaug02/ethics.aspx)

November—

4 IPE: Using VA sources of data with Gina Woods

11 *Veteran's Day—VA closed*

18 MI: Beaten to death with the OARS

Learning objectives:

- Increase knowledge of and comfort with OARS.
- Practice OARS with clinical examples.

Activities: Discussion, role-play, video example.

Resources: Grogan, J. (2013). It's not enough to listen. *Psychology today.* Downloaded 8/24/15 from http://www.psychologytoday.com/blog/encountering-america/201303/its-not-enough-listen

25 Multicultural studies: Intern presentation

December—

2 IPE: Motivational interviewing with Larra Petersen-Lukenda

9 MI: Addressing ambivalence

Learning objectives:

- Increase comfort with recognizing and acknowledging ambivalence.
- Increase knowledge of and comfort with importance and confidence rulers/decisional balance.
- Practice with importance and confidence rulers/decisional balance.

Activities: Discussion, role-play, video example.

Resources: Jones, L. K. (2007). Motivational interviewing with substance abusers: The power of ambivalence. *Social Work Today, 7,* p. 34. Downloaded 8/24/15 from http://www.socialworktoday.com/archive/mayjune2007p34.shtml

16 Multicultural studies: Balancing personal/cultural values with practice

Learning objectives:

- Increase awareness of how both therapist and client personal/cultural values can affect therapy.
- Explore strategies for addressing values clashes in therapy.

Activities: Power point, discussion.

Resources:

- APA. (n.d.). *The "conscience clause" in professional training.* Downloaded 8/3/15 from www.apa.org/pi/lgbt/resources/policy/conscience-clause-brief.aspx.
- APA (2007). Resolution on religious, religion-based, and/or religion-derived prejudice. Downloaded 8/3/15 from http://apa.org/about/policy/religious-discrimination.pdf.
- APA Board of Educational Affairs. (n.d.). *Preparing professional psychologists to serve a diverse public: A core requirement in doctoral education and training.* Downloaded 8/3/15 from www.apadivisions.org/division-31/news-events/diverse-public.aspx
- Clay, R. A. (2015). Competence vs. conscience. *Monitor on Psychology, 46(4),* 64. Downloaded 8/3/15 from http://apa.org/monitor/2015/04/competence.aspx

23 *possibly cancelled?*

30 Ethics: Boundaries and rural settings

Learning objectives:

- Increase awareness of issues related to practice in small communities.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- Behnke, S. (2008). Important lessons from APA on island ethics: Notes from Hawaii. *Monitor on Psychology, 39,* p. 8. Downloaded 8/24/15 from http://apa.org/monitor/2008/09/ethics.aspx
- Knapp et. al., Ch 4

January—

6 IPE: Ethics in rural settings: intern presentation

13 MI: Rolling with resistance

Learning objectives:

- Increase awareness and skill managing resistant clients.
- Practice rolling with resistance with clinical examples.

Activities: Discussion, role-play, video example.

Resources: Moyers, T. B, & Rollnick, S. (2002). A motivational interviewing perspective on resistance in psychotherapy. *JCLP/In Session: Psychotherapy in Practice, Vol. 58(2),* 185–193 . Downloaded 8/24/15 from http://pegasus.cc.ucf.edu/~drbryce/Motivational%20Interviewing%20and%20Resistance.pdf

20 Multicultural studies: intern presentation

27 Ethics: Ending therapy

Learning objectives:

- Increase awareness of ethical issues related to termination.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- Behnke, S. (2009). Termination and abandonment: a key ethical decision. *Monitor on Psychology, 40,* p. 70. Downloaded 8/24/15 from http://apa.org/monitor/2009/09/ethics.aspx
- Knapp et. al., Ch 10

February—

3 IPE: Pharmacy/psychology intern presentation on pain management

10 MI: Recognizing, eliciting, and responding to change talk

Learning objectives:

- Increase recognition of and response to change talk.
- Practice change talk with clinical examples.

Activities: Discussion, role-play video example.

Resources:

- Hurley, N. (2014). Law tips: Eliciting change talk in mediation. Downloaded 8/24/15 from http://iclef.org/2014/10/8548/
- Videos—
  - https://www.youtube.com/watch?v=4HyK48f0-7E
  - https://www.youtube.com/watch?v=7yq3LPW2uoo

17 Jerry Bockoven – topic TBD

24 Ethics: Testing

Learning objectives:

- Increase awareness of ethical issues related to assessment.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- Behnke, S. (2004). Release of test data and the new ethics code. *Monitor on Psychology, 35*, p. 10. Downloaded 8/24/15 from (http://apa.org/monitor/nov04/ethics.aspx)
- Knapp et. al., Ch 8

March—

2 Interprofessional education: Emergency Preparedness: Focus Rural Health and Interprofessional Practice

9 MI: Agenda setting

Learning objectives:

- Increase knowledge and comfort directing the clinical session.
- Practice agenda setting with clinical examples.

Activities: Discussion, role-play, video example.

Resources: Motivational interviewing: Healthy active living for families implementation guide. American Academy of Pediatrics. Downloaded 8/24/15 from https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/communicating-with-families/pages/Motivational-Interviewing.aspx

16 Multicultural studies: Poverty and impression management

Learning objectives:

- Explore the concept of impression management.
- Increase awareness of poverty as an impact on behavior and self-view.

Activities: Power point, discussion.

Resources: McMillan Cottom, T. (2013). Why do poor people "waste" money on luxury goods? Downloaded 8/24/15 from http://talkingpointsmemo.com/cafe/why-do-poor-people-waste-money-on-luxury-goods

23 Ethics: Confidentiality and professional education

Learning objectives:

- Increase awareness of ethical issues related to use of case material in educational settings.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- Knapp et. al., Chs 4 & 6
- Behnke, S. (2005). Disclosing confidential information in consultation and for didactic purposes: Ethical Standards 4.06 and 4.07. *Monitor on Psychology, 36,* p. 76. Downloaded 8/24/15 from (http://apa.org/monitor/apr05/ethics.aspx)

30 Life After Internship: The job search with Pam Hannappel

Learning objectives:

- Explore strategies to facilitate finding employment post internship
- Increased awareness of strategies for successful employment interviewing

Activities: Discussion and presentation of prepared discussion materials

April—

6 IPE: Psychology intern presentation on conflict management

13 MI: Expressing a concern

Learning objectives:

- Increase knowledge and comfort brining up a topic of concern in a clinical session.
- Practice bringing up a concern with clinical examples.

Activities: Discussion, role-play, video example.

Resources: Rollnick, S. & Heather, N. (1992). Negotiating behavior change in medical settings: The development of brief motivational interviewing. *Journal of Mental Health, 1*, 1. Downloaded 8/24/15 from http://static1.1.sqspcdn.com/static/f/995733/19717330/1344046925580/Dia+4.+Rollnick.+Motivational+Interviewing.pdf?token=p6e4%2F6Htpn4UI5MH%2F5p7YWFj6Eo%3D

20 Multicultural studies: Intern presentation

27 Ethics: Interprofessional cooperation

Learning objectives:

- Increase awareness of ethical issues related to work with other professionals.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- Behnke, S. (2005). Cooperating with other professionals: Reflections on Ethical Standard 3.09. *Monitor on Psychology, 36,* p. 70. Downloaded 8/24/15 from (http://apa.org/monitor/mar05/ethics.aspx)
- Knapp et. al., Ch 10
- Robinson, P.J., & Rickard, J. A. (2013). Ethical quandaries in caring for primary care patients with chronic pain. *Families, Systems, and Health, 31,* 52-59.

May—

4 IPE: Pharmacy trainees present on their research projects

11 MI: Elicit-provide-elicit

Learning objectives:

- Increase awareness and skill sharing information with clients.
- Practice sharing information with clinical examples.

Activities: Discussion, role-play, video example.

Resources:

- Rosengren, D. B. (2009). *Building motivational interviewing skills.* New York, NY: Guilford Press. (Ch. 9)
- Wyatt, J., & Singer, A. (2015). Clinical Conversations about Cannabis: Using Elicit-Provide-Elicit. The ATTC Messenger. Downloaded 8/24/15 from http://www.attcnetwork.org/find/news/attcnews/epubs/addmsg/June2015article.asp

18 Multicultural studies: Intern presentation on the Hmong culture

25 Ethics: Technology

Learning objectives:

- Increase awareness of ethical issues related to the use of computer and other technologies.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- Knapp et. a., Chs 3and 6
- Novotny, A. (2009). Your ethics and professional conduct crib sheet. gradPYSCH Magazine, 9, p. 16. Downloaded 8/24/15 from http://apa.org/gradpsych/2009/09/crib-sheet.aspx

- Zur, O., Williams, M.H., Lehavot, K. & Knapp, S. (2009) Psychotherapist self-disclosure and transparency in the Internet Age. *Professional Psychology: Research and Practice, 40*(1), 22-30.

June—

1 IPE: Pharmacy/psychology intern presentation on substance use disorders

8 MI: Change planning

Learning objectives:

- Increase knowledge and skill assisting clients in planning for change.
- Practice change planning with clinical examples.

Activities: Discussion, role-play, video example.

Resources: Centers for Substance Abuse Treatment (1999). From preparation to action: Getting started. *Enhancing motivation for change in substance abuse treatment (Chapter 6).* Downloaded 8/24/15 from http://www.ncbi.nlm.nih.gov/books/NBK64960/

15 Ethics: Supervision

Learning objectives:

- Increase awareness of ethical issues related to supervising other professionals and trainees.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- Behnke, S. (2005). The supervisor as gatekeeper: Reflections on Ethical Standards 7.02, 7.04, 7.05, 7.06 and 10.01. *Monitor on Psychology, 36,* p. 50. Downloaded 8/24/15 from (http://apa.org/monitor/may05/ethics.aspx)
- Knapp et. al., Ch 10

22 Multicultural studies: Intern presentation

29 Jerry Bockoven – topic TBD

July—

6 IPE: Psychology intern presentation on PTSD

13 MI: MI Sandwich

Learning objectives:

- Increase knowledge of and comfort integrating MI with assessment.
- Practice integrating MI with assessment using clinical examples.

Activities: Discussion, role-play.

Resources: McIntosh, L. (2006). Using and building motivational interviewing skills. *Addiction Messenger, 6, p. 1.* Downloaded 8/24/15 from http://www.attcnetwork.org/userfiles/file/NorthwestFrontier/Vol.%209%20Issue%2010.pdf

20 Multicultural studies: Intern presentation

27 Ethics: Independent practice

Learning objectives:

- Increase awareness of ethical issues related to practice and business issues.
- Explore specific examples of ethical dilemmas.

Activities: Power Point, discussion, *Can I be sued?*

Resources:

- DeAngelis, T. (2011). Are you really ready for private practice? *gradPSYCH Magazine, 9*, p. 40. Downloaded 7/17/15 from http://www.apa.org/gradpsych/2011/11/private-practice.aspx
- Knapp et. al., Chs 11-13

August—

3 IPE: Psychology intern presentation on depression/suicide with

10 MI: Matching interventions to stage of change

Learning objectives:

- Explore stages of change.
- Discuss which MI strategies are best suited to clients at different stages of change.

Activities: Power Point, discussion, OARS role-play and video clips

Resources: Zimmerman, G. L., Olsen, C. G., & Bosworth, M. F. (2000). A 'stages of change' approach to helping patients change behavior. *American Family Physician, 61*, pp. 409-416. Downloaded 8/24/15 from http://www.aafp.org/afp/2000/0301/p1409.html

17 Professional socialization activity

Similar to discussions noted on pg. 45 of this Brochure, reference materials by Dr. Stephen Behnke are used both for content of the materials, as well as to foster discussion of other ethical issues, including the APA Hoffman Report and sequelae.

Rural Health
Training & Education Initiative
VETERANS HEALTH ADMINISTRATION
Office of Rural Health & Office of Academic Affiliations

VA NWI RHTI Program
2015 – 2016 Monthly IPE (Interprofessional Education) Activities
First Wednesday of the Month – 1-2 pm
(All schedules subject to change)

September:	
9/2/15	Military Service Related Diseases, Illness & Conditions
October:	
10/2/15	Interprofessional Core Competencies
November:	
11/4/15	Using VA sources of data
December:	
12/2/15	Motivational Interviewing
January:	
1/6/16	Rural Health Care Ethics and the VA
February:	
2/3/16	Pharmacy/Psychology intern presentation on pain management
March:	
3/2/16	Emergency Preparedness: Focus Rural Health & Interprofessional Practice
April:	
4/6/16	Psychology intern presentation on conflict management
May:	
5/4/16	Pharmacy trainees present on their research project
June:	
6/1/16	Pharmacy/Psychology intern presentation on substance abuse disorders
July:	
7/6/16	Psychology intern presentation on PTSD
August:	
8/3/16	Psychology interns presentation on depression/suicide