

**VA Nebraska-Western Iowa Health Care System
Doctoral Internship in Clinical Psychology
“Excellent Generalist” Rural Focus**



Match I Application Due Date: 11/30/20

MATCH Numbers:

221711 - NWI - Rural Outpatient Focus-Omaha VA - 1 position *
221712 - NWI - Ass'm't Focus + Rural - Omaha VA - 1 position
221713 - NWI - Rotation Based - Grand Island VA - 3 positions
221714 - NWI - Rotation Based - Lincoln VA - 1 position *
221715 - NWI - NO Rotations - Rural Norfolk CBOC - 1 position

* Note: Due to evolving space uncertainties at the new Lincoln VA building scheduled to open in the spring of 2020, the Lincoln-based position may be moved to Omaha VAMC or remain unfilled. If moved, the Omaha VAMC track would have 2 positions. At the current time, one position in Lincoln is anticipated.

Accreditation Status

The Doctoral Internship in Clinical Psychology Program of the VA Nebraska-Western Iowa Healthcare System (NWI) is designated as “Accredited” by the APA Commission on Accreditation with our next site visit in 2021. See the APA webpages for more details:

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

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

APA’s Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979/e-mail: apaaccred@apa.org
Web: <http://www.apa.org/ed/accreditation>

Note: For the standardized APA-required summary of the five NWI Internship training tracks, admission criteria, financial support and benefits, plus a summary table outlining initial graduate placements (post doc and jobs) please see the following link: [Appendix A: Internship Admissions, Support, and Initial Placement Data](#)

See also: [Table of Content Links](#).

Multiple Training Sites: One Unified Internship

For the convenience of the reader, information about the five training tracks are available via embedded links throughout this brochure, including: [Table of Content Links](#) (located at the end of the brochure), as well as information about [Shared Attributes of Training Across Training Sites](#), and [Site-Specific Training Experiences](#).

A map depicting the relative locations of the four training sites can be found at: [NWI Facilities/Training Site Information](#). Pictures and links to information about each training site follow:

[Grand Island VA](#) (“Super CBOC”)

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



[Lincoln VA](#) (“Super CBOC”)

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



[Norfolk CBOC](#)

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



[Omaha VA Medical Center \(*\)](#)

Track 221711: “NWI – Rotation Based – Rural Outpt Emphasis Omaha”



Note that training track 221712 - (aka Omaha-Polytrauma position) is housed in a small leased building across the street from the Omaha VA and is not pictured; that intern spends about a day and a half each week in the Omaha VAMC. Also, training track 221714 (aka Lincoln VA) will be in a new building; only the 1930 current building is shown.

Training Year Defined

The 2021-22 Internship training year is a one-year and one-day appointment from Sunday August 29th, 2021 through Sunday, August 28th, 2022. Unless otherwise instructed, eligible Interns must be able to follow an 08:00 AM to 4:30 PM work schedule M-F and be physically present on site on the first business day (**Monday, August 30th, 2021**) and on the final business day (**Friday, August 26th, 2022**) consistent with a full 52-week internship per APA accreditation (and some state licensing) requirements.

See also [Requirements for Completion of the Internship](#)

Application & Selection Procedures

Eligibility

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

- 1) **Doctoral student in good standing**
 - A. in an APA-accredited graduate program in psychology or
 - B. in an APA approved re-specialization training program in Clinical or Counseling Psychology
- 2) **Approved for Internship** status by graduate program director of training
- 3) Due to COVID we are not adhering to our typically required minimum intervention and assessment hours; low hours should NOT preclude applicants from applying provided applicants meet our other essential criteria. Addressing the impact of short hours on training goals in the cover letter is strongly encouraged. Note that pre-COVID we typically required a minimum of 250 direct intervention hours and a minimum of 25 direct assessment hours of supervised graduate level pre-internship practicum experience (with more experience preferred). However, we recognize that due to COVID some excellent applicants will have had planned practicums cut short or otherwise have fewer hours.
- 4) **U.S. citizenship.** All Interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA will not consider applications from anyone who is not currently a U.S. citizen. Non-citizens cannot be credentialed for clinical practice at the VA for these internship positions.
- 5) Match results and selection decisions are contingent upon passing these screens:
 - A. Male applicants born after 12/31/1959 must have registered for the draft by age 26; the Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed
 - B. Matched Interns are subject to fingerprinting and background checks
 - C. Understanding starting and continuation in position is subject to passing random drug screening.

Note: After Internship, to be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an APA-accredited graduate program in psychology AND must have completed an APA-accredited Internship in Psychology, with the specialty area of the degree consistent with the assignment for which the applicants is to be employed. The only exception is for those who complete a new VA Internship that is not yet accredited; 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 Doctoral Internship in Clinical Psychology 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. Please do not apply if you cannot meet these criteria.

Please note that VA is a federal institution and that CBD or other cannabis-related findings on drug screening will be considered use of a controlled substance by the federal government.

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 (aka “Match”) will need to complete a Standard Form 171 for the appointment to be processed. Although this is an “application” for Federal employment, the Internship abides by the Match; in addition, Interns are “trainees” and receive stipends rather than hourly wages or salaries.

All new VA employees and trainees are subject to background checks and are required to pass a random drug screen possibly during their orientation period, and possibly at intervals thereafter. Due to a significant time delay between completion of criminal background checks and the start of the Internship year, Interns are likely to be instructed to begin the procedure for completing paperwork for the background check process around 3-4 months prior to the beginning of the training year. Drug screens are not expected but could occur prior to the start of the Internship year; once on board, Interns are included in the random selection for drug screening during their appointment, and are expected to satisfactorily complete the background check and random drug screen to maintain their appointment. As noted above, the VA is a federal institution and that CBD or other cannabis-related findings on drug screening will be considered use of a controlled substance by the federal government.

Federal employment/trainee positions (including VA Internship Match selection and subsequent appointment as an Intern trainee) is conditional upon successful completion of required fingerprinting and background check, in addition to random drug screen and the other requirements listed in this brochure. Fingerprinting is sent to the FBI as part of the background check. Fingerprinting is time sensitive and must be completed within 90 days prior to the issuance of the PIV card (Homeland Security ‘personal identification verification’ card that is required for VA computer access). The PIV card is scheduled to be issued during the first week of the Internship.

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Application Procedures

Applications are due on or before 10:59 PM Central Standard Time (11:59 PM Eastern Standard Time) on **Monday, November 30th, 2020**. We rely on the APPIC portal for all application materials. Applicants are required to submit: 1) a completed APPI; 2) three letters of recommendation; 4) a current Curriculum Vitae; and 5) a graduate transcript.

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

As noted above, we are not adhering to our typical requirement regarding intervention and assessment hours. We strongly encourage applicants who do not meet the typical requirements or hours to address this in their cover letter. We are also not adhering to the typical number of de-identified reports for the same reason. Those who have de-identified clinical assessment samples are encouraged to include them with their APPI but again, this is not a requirement in this Age of Covid.

Just so you know: Pre-COVID, we typically required that applicants to have administered, scored and interpreted at least five integrated reports using psychological assessment batteries using the WAIS-IV, and either the MMPI (either MMPI-2 or MMPI-RF) or PAI, in addition to any other psychological or neuropsychological assessment instruments, and to have written the accompanying reports by time of application. Applicants were asked to submit two de-identified integrated assessment reports through the APPIC portal. A report written for an assessment course could fulfill one of the then-required number of reports required but pre-Covid was asked

to not be included as either of the two de-identified sample assessment reports submitted through the APPIC portal. Applicants with a greater number of integrated assessment reports over the minimum required have in the past been given priority in selection for interviews, although this was not the only factor.

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

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

ALL APPLICATION MATERIALS MUST BE RECEIVED BY 11:59 PM EASTERN STANDARD TIME (10:59 PM Central Standard Time) ON MONDAY, NOVEMBER 30TH, 2020.

If you have questions about the application process, please contact the Training Director: Dr. A. Jocelyn Ritchie at Jocelyn.Ritchie@va.gov.

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

Selection and Interviews

Applicants may choose to apply to one, or more, or all five of the training tracks. Applications are reviewed by the entire NWI training committee. There is a single interview (regardless of how many or few training tracks to which you apply) and are typically conducted by representatives from each of the four training sites, after which applicants who have interviewed are free to rank (and are ranked by) each track separately. This is designed to allow applicants more control over the ranking of training tracks with which they might Match, while also allowing training sites to rank separately as well.

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

[Shared Attributes of Training Across Training Sites:](#)

[Site-Specific Training Experiences](#)

[Grand Island VA](#)

[Lincoln VA](#)

[Norfolk CBOC](#)

[Omaha VA Medical Center – “Omaha VAMC-based”](#)

[Omaha VA Medical Center – “Polytrauma-based”](#)

See also [Table of Content Links](#)

Outline of training tracks:

The VA Nebraska-Western Iowa internship unites 7 Interns across 4 training sites through an “excellent generalist” focus:

221711 - NWI - Rural Outpatient Focus-Omaha VA -	1 position *
221712 - NWI - Ass'm't Focus + Rural - Omaha VA -	1 position
221713 - NWI - Rotation Based - Grand Island VA -	3 positions
221714 - NWI - Rotation Based - Lincoln VA -	1 position *
221715 - NWI - NO Rotations - Rural Norfolk CBOC -	1 position

* Note: Due to evolving space uncertainties at the new Lincoln VA building scheduled to open in the spring of 2020, the Lincoln-based position may be moved to Omaha. If moved, the Omaha VAMC track would have 2 positions. At the current time, one position in Lincoln is anticipated.

1) **Track 221713 – “NWI – Rotation Based – Grand Island VA” Track – Grand Island, NE**

The VA NWI Doctoral Internship in Clinical Psychology “Grand Island - Rotation Based” Track (221713) has three (3) Intern slots for the 2021-22 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 will continue with three primary rotations, each approximately 16 weeks in length: General Mental Health (GMH), Primary Care Mental Health Integration (PCMHI), Posttraumatic Stress Disorder (PTSD). All Interns participate in a year-long Assessment Clinic and participate in shared didactics and group supervision across training sites.

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

The VA NWI Doctoral Internship in Clinical Psychology “Lincoln - Rotation Based” Track (221714) has one (1) planned Intern slot for the 2021-22 Internship year based at the Lincoln VA. The Lincoln VA is a former hospital setting which was converted in the 1990’s into a very large community-based outpatient clinic (aka “Super-CBOC”). As noted, the Lincoln VA will have a new building and space is uncertain. It is possible this position will be moved to the Omaha VAMC to join the one Intern currently planned for in that location.

This training setting is currently planned to have two 6-month rotations in PTSD and PCMHI with the possibility of a minor 8 hour per week experience year-long in General Mental Health. All Interns participate in a year-long Assessment Clinic and participate in shared didactics and group supervision across training sites.

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

The VA NWI Doctoral Internship in Clinical Psychology “NWI – NO Rotations – Rural Norfolk CBOC” Track (221715) has a single (1) Intern slot for the 2021-22 Internship year, based at the smaller, more typically sized, rural “Community Based Outpatient Clinic” (aka “CBOC”) in Norfolk, NE.

The “Rural Norfolk NE/No Rotations” training setting does **not** have separate rotations. The trainee meets the same competencies as in the other tracks through alternate means. 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 may also expect to have many similar training experiences from the other rotations described for the Lincoln and Grand Island training sites (e.g., PTSD, etc.). These will become available at various times across the Internship year as patients’ needs dictate rather than within the confines of the formal rotations described for the other training sites.

The Norfolk-based Intern participates in a year-long Assessment Clinic and participates in shared didactics and group supervision across training sites.

Although there is a single licensed supervising psychologist (Pam Hannappel, PhD) on site, the Norfolk-based Intern has additional 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, PTSD, and neurocognitive issues all from within a primary care setting; in other words, the Intern may expect to see “anyone who steps in the door,” which is typical of a generalist rural practice.

4) **Track 221711 – “NWI – Rotation Based – Rural Outpt Emphasis Omaha”**

The VA NWI Doctoral Internship in Clinical Psychology “NWI—Rotation Based – Rural Outpt Emphasis Omaha” Track (221711) will definitely have one (1) Intern training position in the 2020-21 training year). However, it is possible a second may become available if the Lincoln VA position needs to be relocated due to space issues (as noted above). This track is placed at VA NWI’s largest facility, the Omaha VA Medical Center, but still includes a large number of rural clients and participates in rural studies through didactics and community experiences alongside the rest of the training class.

This Omaha training track represents a hybrid of the other training tracks and is designed to meet the same competencies as in the other training tracks through alternate means.

Regarding the year-long GMH rotation, this Omaha-based Intern will have one primary supervisor, Ronn Johnson, PhD ABPP, who is a highly experienced psychologist and supervisor. The Omaha-based Intern also gains some experiences in PTSD particularly in the fall doing PTSD intakes and potentially with CPT for PTSD intervention experience at other times during the training year. Depending on the availability of supervision, a PCMHI minor rotation may be available for 4-8 hours in the spring and summer (off-set by reducing hours elsewhere) but due to staffing changes this will need to be clarified. There may also be options for “electives” for additional experiences.

All Interns participate in a year-long Assessment Clinic (eight hours per week) and participates in shared didactics and group supervision across training sites.

5) **Track 221712 – “NWI – Assessment Focus + Rural – Omaha VAMC”**

This is the newest of the NWI training tracks, started in the 2020-21 training year and has a single Intern placement. The VA NWI Doctoral Internship in Clinical Psychology “NWI—Assessment Focus + Rural” is housed at the Polytrauma Support Clinic which is across the road from the main Omaha VAMC facility - VA NWI’s largest facility. As with the other Omaha position, this training track still includes a large number of rural clients and participates in rural studies through didactics and community experiences alongside the rest of the training class.

The Intern based in the Omaha Polytrauma Support Clinic will do more assessment hours than the other Intern training tracks, although **this is not a neuropsychology track.** It is noted that many past Interns who have been at NWI with the more typical 8-hour per week Assessment Clinic have been successful in matching to neuropsychology postdocs,. This has been, we believe, in part due to their continued preparation in the Assessment Clinic combined with their pre-internship NP experience, and also due to their “excellent generalist” training in our program which rounds out Houston Guideline expectations for well-rounded psychologists making good neuropsychologists. The Intern matching with this position will have the opportunity for up to 16-20 hours per week of assessment experience depending on their individual training needs, with the balance of the focus on intervention skills, again within the “excellent generalist” model.

Assessments will be within the Polytrauma Support Clinic under the supervision of Dr. Jocelyn Ritchie, and when referral flow permits there is the potential for more diverse assessment experiences elsewhere in the system. In addition, the Polytrauma-based Intern spends about a day and a half per week doing intervention in the main Omaha-VAMC under the supervision of Dr. Mark Tims (General Outpatient MH). In addition, the Intern also has psychological assessment experiences doing PTSD intakes under the supervision of a PTSD/PCT specialty clinic supervisor. If possible, Interns may also be able to gain experience with CPT for PTSD intervention. There may or may not be PCMHI opportunities but these have yet to be clarified.

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Interview Process

The NWI Doctoral Internship in Clinical Psychology has been a member of APPIC since July 2013. All VA 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 interview prior to December 15th, 2020. All interviews will be virtual, with preference for visual means using Citrix WebEx as this is compatible with the VA network from outside the VA; phone interviews can also be arranged if necessary. Applicants for all five tracks will be interviewed within the same process. A single interview with a panel of supervisors representing the various training sites is used regardless of the number of training sites the applicant chooses to rank (applicants may apply for any or more or all of the five training tracks). Again, applicants get one interview which alone suffices for each of the training tracks. Applicants ranking each training site are ranked separately by the NWI faculty. It is our belief that applicants ranking training tracks individually allow greater applicant control over which of the training tracks they match. From our perspective, the Internship is unified across all training sites so it is more important for applicants to have this greater control than assignment by the internship post-Match.

Interns are selected based on a variety of factors, which are primarily based upon the Selection Committee's assessment of the "best fit" between the Internship and specifics related to the training site as described below and the candidate's prior experience, skills, and training goals. Individuals whose application packet suggests they may be a good match to our sites will be invited to a virtual interview. The NWI Doctoral Internship in Clinical Psychology participates in the APPIC Match and adheres to all policies regarding Match procedures.

"Best fit" includes several sometimes-overlapping factors, whether for determining interviews or for later Match rankings. Our mission at NWI is to provide an integrated educational approach in support of the development and maintenance of "excellent generalist" 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, and particularly good therapy skills (as we find these are more difficult to train in the novice than assessment skills for the purpose of a generalist program). The quality of the applicant's essays are also carefully reviewed. In particular, NWI considers evidence of investment in working with Veterans and/or those who live in rural areas or have other work, personal, or professional experience with underserved populations. NWI seeks 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. NWI also considers the quality of training and settings (i.e., experience with empirically supported treatments, Veterans, integrated care, and rural health) and compatibility with a program which is strongly cognitive-behavioral and third-wave focused.

Future competence as an "excellent generalist" professional psychologist practicing in rural America also suggests it is important for trainees to begin their Internship year with a minimum of 250 hours of psychotherapeutic intervention in a variety of practicum settings and at least 25 hours of assessment experience (and typically greater number of hours are more preferred than meeting the minimum required). As noted we are not adhering to this requirement due to COVID interference with practica opportunities for applicants, however effective preparation for internship remains a concern. Therefore, applicants are encouraged to address any shortage in hours in the cover letter. Although not required, we prefer that Interns have prior exposure to at least one type of empirically supported/evidence-based therapy, and if possible some group therapy experience with 10 or more group therapy sessions. We encourage this to be addressed in the cover letter or other essays.

Although we are not adhering to this as a requirement this year due to COVID, we believe that Interns should typically enter their internship training year with a minimum of five 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. We are not adhering to our typical requirement of submitting at least two de-identified integrated reports, but encourage applicants to submit what they have as part of their APPI and address assessment skills in their cover letter or other essays.

“Best fit” also includes indications of self-awareness and a budding identity as a professional psychologist, as demonstrated by awareness of ethical principles, the importance of considering diversity in clinical practice, and a history of effective use of supervision. The applicant’s professional references and their essays are reviewed for indications that this area of development is present. The presence of these basic skills by incoming Interns allows for the development of professional levels of competence, as opposed to focusing on acquiring basic competence during the Internship year.

During the interview process, applicants may be asked to demonstrate they have a working knowledge of basic psychological assessment principles - in part by being able to describe a generalist level of understanding of what scores such as z-scores, T-scores, scaled scores and standard scores (e.g., those, related to WAIS-IV and the MMPI &/or PAI - essentially, the measures likely to be in their sample reports), mean to psychologists. Applicants may also be asked to orally analyze a case scenario given to them on the day of interview and/or demonstrate basic writing proficiencies to briefly analyze a case.

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 Interns.

Applicants who are interviewed will be invited to specific interview dates and times at the discretion of the Acting Training Director. **For the 2021-22 training year Match I interviews will be held on January 7th and 8th of 2021** (and depending on the number of applicants this may be extended - possibly including Monday January 11th as well). Applicants invited to interview may be asked to rank order their preference of available interview dates, understanding that the preferred dates and times may not be available. The interview process is planned to be virtual for all applicants - using virtual platforms compatible with both VA and non-VA sources (e.g., Citrix WebEx; Zoom, and possibly TEAMS) or phone - and typically lasts 45-60 minutes (not yet determined). Interviews typically begin around 08:00 or 08:15 AM Central Standard Time (CST) with the interview days often extending into the late afternoon.

Applicants interview only once, regardless of the number of training tracks to which they apply.

An optional virtual “Open-House” will be scheduled to provide interested interviewees opportunities to learn more about each site and ask questions about NWI and the different training tracks for which they may not have had time during the main interview. (Even 60-minute interviews don’t have much time for your questions.) The date or dates for these informational virtual (possibly phone) have not yet been determined. To maintain confidentiality and flexibility, we may choose to hold this via phone using the VA Nationwide Teleconferencing System (VANTS) in which applicants who have been invited for interviews will be given the toll-free phone number to call and access codes.. Attendance at any offered virtual or audio teleconferenced “Open-Houses” is optional and offered only to applicants invited to interview. The teleconferenced “Open-Houses” tend to be scheduled a couple of weeks or so after the interviews.

Equal Opportunity / Diversity

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

Applicants with disabilities choosing to request reasonable accommodations to facilitate the interview process are invited to make requests in writing (preferably by email) after the invitation to interview is received but as early as possible thereafter in order to allow sufficient time to make necessary arrangements. Accommodations are individualized, and in the past have ranged from providing specific instructions on locating accessible entrances and elevators, to arranging secure V-tel interviews from a VA nearer to the applicant. This year all interviews will be virtual on the surface at least making the whole process more accessible to all, but also perhaps causing some unanticipated barriers, making timely request (post interview offer) for accommodations continue to be important.

More information on VA's emphasis on diversity at the national level can be found at:

<https://www.diversity.va.gov/>
<https://www.diversity.va.gov/council/default.aspx>
<https://www.diversity.va.gov/policy/default.aspx>
<https://www.diversity.va.gov/products/default.aspx>

The NWI Doctoral Psychology Internship has an active Multicultural Diversity Committee that Interns are welcome to join. Among other things, the Committee is in a continual process of identifying community experiences for Interns to augment the more formal diversity training experiences. (See: [Didactics and other experiential education](#))



VA NWI has often achieved that status of being a “LGBTQ Healthcare Equality Leader,” earning a 100 out of 100 rating. The HEI participants are given scores in four criteria: foundational elements of LGBTQ patient-centered care, LGBTQ Patient Services and Support, Employee Benefits and Policies and LGBTQ Patient and Community Engagement. For example, in 2018 NWI received the maximum score in each section earn the coveted status of “2018 LGBTQ Healthcare Equality Leader.” This illustrates NWI’s commitment to LGBTQ equality and inclusion. Closer to home, two of the Internship faculty participated alongside primary care providers in an VA initiative LGBTQ “Scan Echo” project to improve the experience of LGBTQ Veterans in receiving medical primary care and mental health care.

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Match Process

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

Applicants may rank any combination of the available training tracks, and may choose to rank NWI training sites not listed on their initial APPI. However, if this is the case applicants must let the Internship

know in writing those additional training sites for which they wish to be included in the Internship's rankings for each track.

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

Any other questions may be directed to the Training Director. Please note that email communication is preferred to ensure a timely response.

Acting Training Director: A. Jocelyn Ritchie, JD, PhD
0.6 FTE Acting Training Director, Psychology
0.4 FTE Neuropsychologist, Polytrauma Support Clinic
(Lincoln, Omaha, and occasionally Grand Island)

Mailing Address:

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

Email: Jocelyn.Ritchie@va.gov

Omaha Phone: 402-599-4000

Lincoln Phone: 402-489-3802 x 96883

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Psychology Setting

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

NWI is comprised of multiple facilities. However, the NWI Doctoral Internship in Clinical Psychology training is located within four NWI facilities: three community-based outpatient Clinics (CBOCs) located in Lincoln, Grand Island, and Norfolk, and the Medical Center in Omaha (which includes the Polytrauma Support Clinic across the street).

Although NWI does offer in-patient and residential services, most internship training activities are outpatient with some limited exceptions.

Grand Island and Lincoln house the largest of the NWI CBOCs ("super-CBOCs" due their large patient population and array of services) and are locally referred to as the "Grand Island VA" and "Lincoln VA" respectively, as they were previously free-standing full-service VA hospitals until a merger of three systems into what is now NWI in the mid-1990's. The Lincoln VA became wholly outpatient, whereas the Grand Island VA retained two residential programs (substance abuse 28-day treatment and a skilled nursing/hospice/respite unit). The Lincoln VA is scheduled to move into a new building in the spring of 2021 and is a "super CBOC" serving a large outpatient population with both mental health and primary care with specialty care sometimes on site but more typically at the Omaha VAMC.

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

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

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

The majority of the NWI psychologists providing clinical care to Veterans are full-time and licensed in Nebraska, with a few licensed in Nebraska plus an additional state, and fewer still licensed in states other than Nebraska. Most NWI psychologists function within the Mental Health Service Line, with some functioning within the Extended Care and Rehabilitation Service Line, and most recently four health behavior psychologists within the new Whole Health Service Line. Four (4) psychologists are full-time at the Grand Island VA; three have been licensed for a significant number of years, and the fourth plans to be licensed by August 2021. Four (4) psychologists are at the Lincoln VA, two of whom are half-time; one of these positions may or may not be filled by the start of the coming training year (August 2021) after the retirement of one of the psychologists in January 2021. In addition, the psychologist recently named Director of Mental Health and Behavioral Science is mostly in Grand Island but present throughout the system virtually and on occasion in person. A single psychologist is stationed at the Norfolk CBOC and works 32 hours per week (M-Th).

The majority of NWI psychologists in Grand Island and Lincoln serve Veterans in outpatient settings (General Mental Health, PCT/PTSD Clinics, Primary Care Mental Health Integration). The exception is Grand Island, which also includes services to the residential nursing home (CLC) and residential substance abuse treatment programs. In Lincoln, the outpatient substance abuse treatment team includes a psychologist who is also a Licensed Alcohol and Drug Counselor and participates in the Substance Abuse Outpatient Treatment program, as well as General Mental Health. However, typically Lincoln Interns do not get substance abuse treatment training unless negotiated on their individualized training plan. The local Military Sexual Trauma (MST) Coordinators in both Grand Island and Lincoln are highly experienced social workers and a great asset to the Internship. Both of these clinicians work collaboratively with the lead MST Coordinator for NWI, a psychologist based in Omaha. In Grand Island there is a psychologist whose time is split between being the psychologist on the skilled nursing home (Community Living Center or CLC) and serving rural Veterans via telehealth; she is also the assessment supervisor for Grand Island-based Interns. The mental health site supervisor for Grand Island is a psychologist and PTSD Specialist.

There are a larger number of psychologists stationed in Omaha, six of whom have supervisory roles with the Omaha-based Interns. Some Omaha-based psychologists also provide intermittent didactic training. Roles of the Omaha VAMC psychology staff include outpatient mental health, as well as being part of the following teams of providers: inpatient psychiatric unit, residential rehabilitation programs, home-based primary care, and residential substance abuse programs. If an Intern Matches to one of the Omaha training tracks, he or she could have several supervisors whose roles are primarily outpatient (Assessment, PTSD, Outpatient General Mental Health, and possibly Primary Care Integration, depending on supervisor availability). The Internship does not currently offer in-patient training but very limited exposure could be considered in an individual training plan for Omaha-based Interns.

Several psychologists within NWI have multiple roles, some of whom travel across NWI sites. Although roles change over time, most recently the Chief of all NWI residential substance abuse programs is an Omaha-based psychologist who then became the Director of the NWI Mental Health Service Line – taking

over from the past director who was also a psychologist. Another Omaha-based psychologist serves as the PTSD Program Director as well as Evidence Based Treatment Coordinator for NWI. The Director of the NWI Whole Health Service Line is a psychologist who was formerly a supervisor in Grand Island and directs Whole Health staff across NWI. Whole Health includes psychologists involved in pain management and biofeedback at the three main NWI facilities. In addition, 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. A Recovery Specialist role based in Omaha has been a psychologist in the past and in this role consults to the inpatient and residential psychiatric services in Omaha and to other clinical staff across NWI involved in the care of Veterans with severe and persistent mental illnesses across the system. This position travels across NWI sites, coordinating psychosocial rehabilitation options for Veterans and the training of Peer Specialists in Lincoln, Omaha and Grand Island. Finally, the Polytrauma neuropsychologist has offices in Lincoln and Omaha and intermittently uses office space in Grand Island. Travel between sites is common to provide services as near as possible to where the Veteran lives, typically using VA station vehicles. The Polytrauma Support Clinic is part of the Extended Care and Rehabilitation service line; regardless of service line, the Polytrauma psychologist closely collaborates with Mental Health, PCT (primary care team), and Primary Care psychologists across sites. The Polytrauma neuropsychologist is also the NWI Internship Training Director.

For additional information, see links related to

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

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

Please note that the NWI Doctoral Internship in Clinical Psychology does **not** have the internal resources to provide the formal of EBP training sufficient to be “certified” within the VA after licensure. However, when opportunities arise, efforts are made to ensure Intern access if possible. See [Training Opportunities](#) below for additional descriptions of opportunities that have arisen in the past. For the past few years prior to the 2020-21 training year when it was no longer available, Interns have been trained by the VA’s regional CPT trainers who travel to Nebraska from the Minneapolis VA, which is followed by 6-months of weekly phone consultation allowing them to be “certified” by the VA in CPT once they achieve licensure. However, this type of training opportunity cannot be guaranteed, as this training is being directed towards staff rather than Interns. In addition, this type of intensive training is not available to Interns for other EBP training. More typically, training for Interns in EBPs occurs primarily through some combination of shadowing of supervisors, direct observation of Intern intervention skills, studying training manuals, supervision, didactics, and co-facilitation of groups. Even when formal (VA certification eligible) CPT training was available in the past, these alternative methods were (and continue to be) used for other EBPs such as CBT for Insomnia, ACT for Depression, ACT adapted for PTSD, Prolonged Exposure for PTSD, CBT for Chronic Pain, DBT, etc.. The current Interns in the 2020-21 training class are in the middle of a didactic series along with manual study and an 8-hour virtual training on CBT-Depression which will stand them in good stead for both treating depression as well as learning other CBT-based EBPs including CPT for which they also received 8 hours of didactic training.

NWI has been on the forefront of providing comprehensive tele-health services to our rural Veterans, and prior to COVID was one of the top VAs in the nation in tele-health use. As across the nation, telehealth use has further expanded with COVID and since March of 2020 Interns do much more virtual therapy and assessment than previously. Through an encrypted telehealth system, NWI clinicians may provide individual and group mental health services to Veterans located at the rural CBOCs, as well as to their homes. Post-COVID we are no longer limiting Interns to doing telehealth to rural CBOCs but now provide telehealth services from their VA offices to Veteran's homes provided the Veteran is located within the state of Nebraska. (Note: Telework from the Interns' home was an option in the spring of 2020 and may be again but is not at the time of this writing; currently Interns are completing all the paperwork and permissions to be ready should NWI leadership give permission in the future.) The typical goal is to have Interns begin utilizing Telehealth shortly after they have "Area Level Supervision" in face-to-face treatment in order to integrate this skillset into the training year in a meaningful way. This process has hastened with COVID and some Intern intervention and/or assessment skills may at times be trained under direct supervision in the virtual environment virtually given lack of face-to-face in-person client contact.

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

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Training Model and Program Philosophy

The NWI Doctoral Internship in Clinical Psychology Training Program strives to prepare Interns to be entry-level "excellent generalist" Professional Psychologists through a Scholar-Practitioner model. As mentioned above the program is a multi-site program, offering training at the Grand Island VA, Lincoln VA, Norfolk CBOC, and the Omaha VAMC. Although some means may vary site to site, at all sites the program's training is structured within a developmental model of training, gradually increasing the sequence, intensity, duration, and frequency of experiences across the training year.

The NWI Doctoral Internship in Clinical Psychology 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 are required to be on site in training for 40 hours a week, but can at times average approximately 45 hours a week, depending on their individual skill sets coming into the Internship, and individualized training goals, always recognizing that the goal of the Internship is the breadth and depth of training rather than simply time spent. Thus, the 08:00 AM to 04:30 PM / 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. If Interns work the minimum 40 hours per week and take all leave then the Internship provides 1792 supervised clinical training hours across the training year. If they desire, however, Interns can choose to earn 2000 hours for the training year, but this is not required on our part. Interns are encouraged to review their schools' requirements as well as licensing requirements in the states in which they are likely to apply for licensure to help them make these decisions, as this is outside the purview of the Internship.

Note that Interns receive stipends and are not eligible for “comp time” engaging in training activities over 40 hours per week. The NWI Internship has chosen to define a limited internal procedure for time spent traveling (meaning time in a car) outside the 8-4:30 schedule called “travel-related equivalent time off,” which **may be** granted by the Training Director and Chief of Psychology for Interns in specific and limited circumstances, similar to, yet distinct from other forms of Authorized Absence (“AA”). See [NWI Intern Authorized Absence](#) for details.

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

Interns are provided 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 level of prior training may practice with the supervisor in the room (“Room Level Supervision”) before competency determinations allow the Intern to practice without the supervisor in the room, under either “Area Level” or “Available Level” of supervision.

In addition to shadowing supervisors (leading to “Room Level” then “Area Level” of responsibility), co-facilitation of group therapies (when available) can also provide opportunities for intensive supervision and skill acquisition. In-person group therapy opportunities have declined with Covid but in some cases continue in a virtual environment including phone and web-based. The experiential training component includes not only formal application of assessment and therapy skills, yet 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 and will take advantage of any more formal training opportunities as they arise.

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Program Aims

The overall aim of the NWI Doctoral Internship in Clinical Psychology Training Program is to develop competent, well-rounded psychologists prepared for independent practice as “excellent generalists” in rural America, preferably within the VA, consistent with the APA COA’s profession-wide competencies at the intermediate to advanced levels. Whether or not they choose to practice in rural or urban clinical environments, or go on to specialized postdoctoral training, Interns completing the program will be prepared for entry-level practice in diverse clinical environments as effective members of interprofessional collaborative teams, utilizing theoretically informed, with evidence-supported (preferably evidence-based) practices as well as the ability to think critically when addressing areas of limited research.

See also: <http://www.apa.org/ed/accreditation/>
 Section C: IRs related to Standards of Accreditation: C-8 I. Profession-Wide Competencies
 (Commission on Accreditation, October 2015; revised July 2017)

Training is the primary mission, with delivery of patient care as an essential vehicle through which training occurs. NWI recognizes that each Intern enters the training year with their unique set of prior experiences, strengths and individual training needs. Each of the training experiences (General Mental Health, Primary Care Mental Health Integration, and PTSD, plus the year-long Assessment Clinic) provide Interns with written overall expectations and within each set of pre-defined expectations, however, there is room for the Intern to plan their Internship experiences with the primary rotation supervisor in a manner that maximizes the Intern's individual training goals and improves upon identified weaknesses. Although the Norfolk- and Omaha-based may not have the same type of rotation structure, they too have a set of written expectations that in many ways are consistent with the expectations used in Grand Island and Lincoln and used as a foundation upon which the Intern's individualized training goals are developed, understanding that the manner in which these goals are obtained may differ due to the unique issues of each training environment.

Although there are five training tracks, this is a unified Doctoral Internship in Clinical Psychology. Each of the training tracks teach to the same competencies across the entire year. See [Shared Attributes of Across Training Sites](#), [Site-Specific Training Experiences](#), and [Program Goals & Core Competencies](#) sections for additional details.

Shared Attributes Across Training Sites:

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

See the [Table of Content Links](#) at the end of the brochure for additional links. For the convenience of the reader, the following links are provided:

[Examples of Individualized Time Allocations](#)
[Elective Hours and Sample Schedule Alternatives:](#)
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Examples of Individualized Time Allocations

The training year is divided into four parts for all Interns: a 2-week orientation followed by three rotational periods of approximately 16 weeks each (whether or not the training track actually has formal rotations).

Pre-COVID, all Interns are typically together much of the time during the two-week orientation period at the beginning of the year; with COVID, these have been more virtual than face-to-face. Thereafter, depending on training site, Interns at some sites may complete each of two (or three) Primary Rotations over the course of the training year, while at other sites the structure may differ. Regardless, each

training track utilizes the same three rotational period timeframes for evaluations, goal setting, and Intern projects, etc. as the other training sites. Thus, when the words “rotation” or “primary rotation” are used within this context, applicants interested in the training sites that are not rotation based may interpret these training experiences.

The table below depicts alternative schedules available to Interns. Norfolk- and Omaha-based Interns do not separate their hours into “primary rotation” and “electives,” yet similar principles apply. It is expected that approximately 28 hours per week Interns are engaged in “clinically related” activities (e.g., a combination of 16-24 hours for Primary Rotation (intervention) activities and 4-12 hours for elective activities if any). Note that this is not 28 hours of client contact per week, yet rather includes both client contact hours, as well as other clinically related activities, such as documentation of therapy sessions, intake report writing, rotation-related program development activities, etc. Primary Rotation hours and elective hours are flexible; additional hours devoted to the Primary Rotation experiences are typically offset by fewer number of elective hours, and vice versa.

Another eight plus hours per week are devoted to the year-long Assessment Clinic for all Interns across each of the training sites, which typically includes both test administration and report writing. The Omaha Intern based in Polytrauma will do a few more assessment hours and somewhat fewer elective hours; the Polytrauma neuropsychological battery typically takes longer for complete and write up than other assessments in the system, which may decrease the availability of electives, depending on supervisor approval and individual training goals. Note that the Polytrauma experience is NOT a neuropsychology track and continues the ‘excellent generalist’ goals of the internship as a whole.

Before being given permission to branch out into significant elective training activities, an Intern is expected to be on track with all other expectations such as timely report writing, area level supervision for primary rotation and assessment clinic duties, etc. As a result, Interns may expect fewer elective hours early in the Internship, as they learn new skills and prepare to obtain area level supervision in those skills. After the first two-week orientation period, didactics average three hours per week. Over four hours of supervision are scheduled, along with potential backup supervision times, to ensure Interns meet the minimum of four hours of scheduled supervision per week, including a minimum of two hours of scheduled individual supervision.

An individual Intern’s schedule is developed by the Intern in conjunction with his/her Primary Rotation supervisor within the constraints of the overall schedule devoted to the Assessment Clinic. Possible Intern schedules might include a different combination of hours depending on rotation and Intern interests, strengths and areas of weakness, while having all 28 hours divided between primary rotation and electives plus the eight hours of Assessment Clinic. The following is based on the three rotation model, but illustrates the flexibility that may be available.

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

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

Please note that the internship requires intermittent travel between VA training sites in order to allow all NWI Interns to be physically together for some training experiences. Travel is consistent with rural psychology practice. Although Intern travel is most concentrated during the first two-week orientation period, Interns continue to travel throughout the training year. Winter travel is limited, with the exception of participation in the Internship applicant interviews in Lincoln in January. See [Travel between training sites](#) as well as for details.

Note that the above hours are only illustrative. How an individual Intern's hours are used is a combination of rotation expectations, individual training goals, and supervisor availability (particularly for 'electives').

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'Elective' Hours:

Provided an Intern is meeting expectations for satisfactory progress in their primary rotation and Assessment Clinic, the Intern may collaboratively work with their supervisor to include 'Elective Hours' to further enrich their training. Some options are not available at all sites.

As mentioned previously, early in the Internship 'elective' hours are preemptively used for training to demonstrate minimum telemental health competencies as well as other basic skills; this requirement is for Interns at all sites. All elective experiences are subject to prior approval by the primary supervisor for that rotational period. This can be informal discussions in individual supervision for extra experiences here and there. However, to ensure that any significant use of 'elective' hours is being used appropriately within the broader training context, the Intern and his/her primary rotation supervisor(s) are encouraged to develop a [written training plan for the 'elective' hours](#), in collaboration with the Assessment Clinic supervisor and any 'elective' supervisor, and that such plan will be submitted to the Acting Training Director. Interns who are not meeting the basic expectations of their Primary Rotations may not engage in 'elective' activities until they are meeting these 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.

One choice could be to complete additional hours related to a prior rotation or to complete additional hours in the Assessment Clinic. Another choice could be continuing with a therapy case or two over an extended period across rotations from an earlier rotation, for example. Some Interns at Grand Island (sites offering DBT Skills Group rotation experiences) have chosen to take on a year-long DBT individual therapy case, in addition to participating in DBT group during their PTSD rotation. Alternatively, an Intern could choose to focus additional time in particular aspect of their current rotation, for example: doing additional hours within the General Mental Health (GMH) rotation developing a group not currently offered in addition to the basic GMH rotation requirements. At times, Interns have chosen to use 'elective' hours to prepare for an upcoming rotation with which they have little foundational experience.

Sometimes these additional hours must be used to meet the demands of transitioning from practicum to Internship, depending on the Intern's prior experiences coming into Internship. For example, early in the internship, 'elective' hours are used to meet the Telehealth training demands and/or learning their way around the VA Computerized Patient Record System (CPRS). In addition, Interns with limited assessment skills coming in or those participating in more complex neuropsychological or other assessments may need to use 'elective' hours to augment the eight hours provided within the Assessment Clinic schedule. 'Elective' hours might be used to study evidence-based treatment manuals in preparation for potential future clients, or to pursue more extensive program development projects or to learn more extensive neuropsychological assessment skills or other specialty skills not typically included in any of the three Primary Rotations (if available). Finally, 'elective' hours may be spent traveling to

different training sites to further develop skills through opportunities that may not be available at their “home” site.

Other than use of hours within the current rotation under the primary rotation supervisor, any significant 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, Interns are encouraged to submit a **brief** written plan for how and when they plan to use their ‘elective’ hours within primary rotation, Assessment Clinic, and other relevant areas

The goal of the Internship is for all Interns to successfully complete the Internship training program fully prepared to be “excellent generalists” or “excellent post-docs” - therefore, ensuring that each Intern is making expected progress in the program is essential. There may be situations where the Intern is having difficulty meeting the regular demands of the Assessment Clinic, or meeting the regular demands of their primary clinical rotations (e.g., timeliness of Assessment Clinic reports or Rotation notes or Intake reports in the chart, slower than expected acquisition of basic testing or therapy skills, significantly greater than expected numbers of no-shows or drop-outs from evidence-based therapy, etc.); the supervisor and Training Director may opt to discuss with the Intern a training plan change to use of ‘elective’ hours to address these issues – perhaps in some cases as a less formal option prior to development of a more formal deficiency remediation plan. In this case, the Training Director and Chief of Psychology will subsequently review the Intern’s progress with the primary supervisor to determine when the Intern may begin to use their ‘elective’ hours in an alternative manner, or if a formal remediation plan is required. The process for implementing a remediation plan is discussed in general with Interns as a group during the orientation period and/or early in the first rotational period, and more specifically as needed in individual situations thereafter.

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Training Opportunities

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

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

Please note that, like many VA programs, the NWI Doctoral Internship in Clinical Psychology does **not** currently have the **internal** resources to provide formal training for each EBP sufficient to be eligible to become “certified” within the VA. In other words, Interns are not guaranteed to be able to attend formal EBP training with the six-month consultation required to be deemed a VA-certified provider (upon licensure). Instead, training is primarily done via shadowing their supervisors, discussion, and role-play within supervision sessions, as well as study of EBP manuals and didactic presentations.

That said, the NWI Internship also makes effective use of opportunities for **external** training as they arise, for example the CPT Regional Trainers who travel to NWI from the Minneapolis VA for a 2-day training plus 6 months of consultation calls thereafter. If successfully completed, Interns are eligible for VA certification once licensed. Each training year is different in terms of the external training opportunities that arise, all of which are outside the control of the NWI Internship faculty. Beginning in the 2020-21 training year and expected to continue into the future, we have been told that the Regional CPT training may be limited to staff only and not Interns but as with anything in the VA.

Past interns have participated in the following training opportunities. It should be noted that the availability of external training resources vary year to year due to factors outside our control, and that those listed may or may not be available in the upcoming internship year:

- On-site CPT trainings (with six months of ongoing phone consultation) from the regional CPT trainers from the Minneapolis VA
 - Classes: 2012-13; (not 2013-14); 2014-15; 2015-16; 2016-17; 2017-18; 2018-19, 2019-20.
 - We were not able to offer this in the 2020-21 training year, and will not plan to in 2021-22.
 - Instead, we devoted 8 hours of didactics to CPT skill development.
 - In addition, we devoted 12 additional hours to CBT-Depression skill development – which translates well into CPT skills.
- Two and a half-day V-tel comprehensive training in DBT from the “Journeys” DBT program at the Minneapolis VA,
 - Classes: 2015-16; 2016-17; 2017-18
 - Starting in 2018-19 we now do this internally as a 3-day in-person training to the entire Internship class (in 2018-19 in Grand Island, in 2019-20 and 2020-21 in Lincoln) rather than as a V-tel observation of another agency’s live training.
 - In person (socially distanced) live DBT Skills Group training for the interns as a group is expected to continue in Lincoln for the 2021-22 training year.
- Two-day ACT training (without the six-month consultation call) from Minneapolis VA regional trainers,
 - Classes: 2013-14
- Two-day Virtual Reality for PTSD training,
 - Through a grant from VISN 23 – 2014-15; 2016-17;
- Six-hour training on Moral Injury by Dr. Krista Krebs (Grand Island supervisor) co-sponsored by the Nebraska Psychological Association
 - Classes: 2017-18
- Supervision Skills developmental training through NWI faculty resources (1 hour weekly)
 - Classes 2019-20, 2020-21, expected to continue into the future
 - This time slot is used intermittently for other training opportunities, for example the CBT-Depression training series

In addition to didactics (see discussion in the Didactics section, below), Interns are strongly encouraged (and in some cases required) to attend (at VA expense) the Nebraska Psychological Association (NPA) Fall and/or Spring Conference trainings alongside the NWI psychology faculty. Post-COVID these have been virtual. For details of past and future NPA events, see: <http://nebpsych.org/Calendar>.

Interns are also encouraged to attend live and webinar offerings which are open to the Interns choosing upon prior approval of their primary supervisor. These range from one hour offerings in the VA TMS virtual training system, to multi-hour telecourses. These can also be part of required curriculum at times (for example the 8-hour TMS course on CBT-Depression skills required as part of the CBT-D training series).

Web-based or V-tel offerings include, for example, the national monthly PTSD treatment webinars, national Primary Care Integration webinars, national monthly post-doc level HIV/Hep C didactics, etc.

The Whole Health Flagship Grant is now up and running. The new Whole Health have taken over the Pain Clinic at Grand Island, Lincoln and Omaha training sites and depending on the training site may be available to Interns interested in learning more about Whole Health including shadowing biofeedback and other interventions. Some of these may require ‘application’ by the interested Intern to demonstrate interest and willingness to be an active learner as these consume significant investment of time and resources by the participating Whole Health clinicians. Other Whole Health providers include acupuncturists, chiropractors, yoga, and tai chi instructors, etc. many of which have translated into the virtual environment post-COVID.

The Internship encourages Interns to learn telehealth skills once “Area Level” supervision for a particular skill. Previously, Interns could earn “Area Level” status for telehealth only to another VA location in which clinical staff are present. Post-COVID, this has expanded to allowing Interns on “Area Level” supervision to provide telehealth into the Veteran’s home provided the Veteran is physically located within Nebraska; this may expand with federal law changes to allow trainees to provide telehealth to Veterans located in different states but not at this writing. Telehealth training includes training on the technology as well as training on how to structure sessions and risk management safety plans, etc.

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Assessment Training

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

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

Regarding assessment/psychological testing training, Interns at all training sites are required to complete the year-long training experience (Assessment Clinic). How this plays out varies from site to site, depending on local conditions and opportunities, with all sites training to the same basic skills for all Interns, and more advanced skills as needed. Testing typically involves neurocognitive screenings, and depending on the skill level / interest of the Intern, may also include more complex neuropsychological assessment. The number of assessments and the types of measures used with Veterans vary across training sites. Basic assessment competencies that are consistent across sites (please refer to the sections related to each training site in addition to descriptions below).

Interns across all sites gain experience with a variety of psychological testing approaches, learn to clarify referral questions, select test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to Veterans and referring providers. The majority of psychological testing referrals are for neurocognitive screenings and dementia evaluations. However, referrals may also include a range of other types of assessments and tools, including psychodiagnostic assessments, suicide risk assessments, homicide and other threat assessments (e.g., for the Disruptive Behavior Committee), behavioral assessments and functional behavioral analysis, pre-surgical assessments, or other types of assessment on an as needed basis. 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.

All Interns have the chance to work with the Polytrauma Support Clinic neuropsychologist, although the extent of this varies by training site and Polytrauma patient referral flow. The supervising neuropsychologist works in conjunction with other Assessment Clinic supervisors to ensure the Interns have acquired basic neurocognitive screening competencies during the initial two-week orientation period. Supervision/consultation in the weekly Assessment Clinic group supervision is provided by the same neuropsychologist and she is available for additional consultation on an as-needed basis. To date several Interns from across the training sites (Lincoln, Omaha, Grand Island and Norfolk) have successfully pursued and attained neuropsychology postdocs – often despite having much less frequent (or even no formal) contact with the Polytrauma Support Clinic patients and battery.

All Interns across all training sites are required to learn and demonstrate competencies in the administration and interpretation of a number of required and optional cognitive assessment instruments over the course of the training year. To ensure basic assessment competencies are met, Interns are observed under “Room Level” supervision until the primary supervisor determines the Intern may administer measures without direct supervision (aka “Area Level” supervision) per the VA graduated level of responsibility and supervision guidelines. Peer supervision by more advanced students typically helps those with less experience and provides valuable teaching experience for the more advanced students as well, recognizing that each of the incoming Interns has their own strengths and weaknesses and the favor is likely to be returned as the training year progresses – for example peer supervision to help assessment-savvy Interns beef up their intervention skills. See also: [Supervision](#)

The basic neurocognitive screening battery on which all Interns must initially demonstrate competence to attain “Area Level” supervision status includes the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka “FAS” & “Animals”) and TOMM, in addition to other screeners, such as the MOCA. Interns work with their direct Assessment Clinic supervisor to determine any variations from the basic neurocognitive battery that are appropriate for any particular referral. After demonstrating psychometric competencies for administration of neuropsychological measures under “Room-Level” supervision, Interns administer and score neuropsychological batteries, write reports, and provide test feedback under “Area-Level” supervision, with greater supervisor involvement in all aspects of assessment earlier in the training year, moving to less direct involvement as the year progresses.

At some point in the training year, each Intern across training sites is required to demonstrate basic working knowledge competencies in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVM-T-R, WCST, and RCFT. Only the Omaha-based Intern most actively involved in the Polytrauma Support Clinic is required to administer the Polytrauma battery, but other Interns may choose to be more involved. The Interns based in Grand Island, Norfolk and Omaha are required to demonstrate basic competencies on these measures over the course of the year and will not necessarily have opportunities to administer them for an actual evaluation of a Veteran, which is highly dependent upon opportunity, as well as primary rotation supervisor approval.

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

Although one or more of the supervisors are proficient with the Rorschach, Rorschach and other projectives are not typically used at our VA and therefore is unlikely to be included within the NWI Interns’ training experiences.

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

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Telemental Health Training

Early in the training year Interns across sites are required demonstrate a minimum level of competence in telehealth technologies and considerations related to effective telemental health interventions. Training in the effective use of telehealth offers Interns the chance to gain and master the technical knowledge of

telehealth, which is becoming more and more widely utilized across the country to provide mental health services, in particular to rural/underserved regions.

The goal is for Interns to complete the training by the end of the fourth month of the internship, preferably earlier in this age of COVID. This will allow Interns to offer individual (and in some cases group) telemental health services. The telehealth program at NWI has certain requirements that must be met. In addition, the Internship provides additional 'how-to' discussions and demonstrations in addition to the minimum NWI requirements. With supervisor approval, Interns may begin offering individual telehealth services to those who are appropriate for telehealth, provided the Intern is on "Area Level" supervision for the type of intervention being offered. The use of telehealth interventions depends on a number of factors, e.g., Veteran's availability, Veteran's needs and permission, etc. These factors are discussed in depth with primary rotations supervisors.

Interns are required to use '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 are encouraged to collaborate to develop an individualized training plan for each rotation. Depending on the Intern's prior experience, such plans begin with "shadowing" a caseload, first watching NWI mental health clinicians providing telehealth interventions or the supervisor observing the Intern under "Room Level" supervision, increasing to "Area Level" supervision. An Intern must attain "Area Level" supervision status before the Intern may begin to provide telehealth services to other NWI facilities, including to the NWI rural CBOCs who are without an on-site mental health presence, and post-COVID to the Veteran's home.

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Didactics and Other Experiential Education

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

Didactics and other training opportunities are graded in complexity and consistent with professional development and practice skills expected in doctoral psychology training programs. Two to three hours of planned didactics are provided each week, with an additional hour (many weeks) of Supervision Skills training which can include didactics as well as group practice. Attendance is required and depending on the location of the presenter, may be either in-person or V-tel connection with the rest of the group. (Note: post-COVID typically all join virtually from their individual offices) Additional seminar / webinar / conference trainings are offered intermittently, some of which are required. Some assessment-related didactics and group discussion also occur during some of the time devoted to the weekly group Assessment Clinic supervision, at first by the faculty training new measures or other assessment content areas, and later replaced by the Interns themselves. The focus of all training is on developing the core competencies necessary for entry-level psychologists in rural and/or interprofessional practice consistent with the Standards of Accreditation.

There are two formal weekly didactics series, traditionally held on Wednesday afternoons, but times and days will possibly change in each training year. These currently include:

1. a two-hour "**Breadth**" didactic series covering a wide range of topics from 13:00 to 14:50

2. a one-hour “**Depth**” didactic series from 15:00 to 16:00

Note: On those Wednesdays when Interns travel across sites to have “Breadth” didactics and other learning experiences as a group, the “Depth” didactic is held on Monday afternoons to allow more time for Intern travel during standard four hours.

The “**Breadth**” didactic series consists of weekly didactic seminars primarily provided by NWI psychologists covering a broad range of topics weekly over two-hours. Topics include: rural mental health, military culture, various diversity/multicultural-related topics, ethics, supervision, risk assessment, psychodiagnostic and neurocognitive assessment, consultation, professional identity and development, and various evidence-based treatments (e.g., CPT for PTSD; PE for PTSD; CBT-Insomnia; CBT-Chronic Pain; ACT; etc.) as well as evidence supported therapies (e.g., Mindfulness; Imagery Rehearsal Therapy for Nightmares; Yoga for PSD, Chronic Pain & other mental health conditions; etc.). Other topics often range from Polyvagal Theory to legal issues such as the Daubert standard and civil commitment, to preparing for Postdoc Interviews, etc.

The weekly “**Depth**” didactic series continues to offer greater exposure in certain key areas and include even more experiential components. “Depth” topics rotate between four content areas throughout the training year:

- Motivational Interviewing micro-skills
- Diversity-related topics
- Ethics
- Interprofessional Education

Interprofessional Education (IPE) trainings are on the first Wednesday of each month at which time the NWI Interns at their respective sites are joined by trainees from other health professions. Typically, these include Pharmacy Residents and Social Work Interns stationed at the Grand Island site, and at times may also include Dentistry Residents stationed in Grand Island, Pharmacy Residents stationed in Lincoln, and other NWI trainees.

In addition to seminar participation, Interns and trainees of other professions give presentations, either to each other or collaboratively. Towards the end of the training year (July and August), experienced Interns present or co-present about PTSD and Depression to the new Pharmacy residents (who start their training year July 1). In the Winter or Spring, Pharmacy residents and the Interns of the following cohort co-present to the group on subjects of shared interest, such as pain management and substance abuse. Finally, the Pharmacy residents present to the group about their pharmacy research projects, which often serves as a dress rehearsal for their final presentations to the pharmacy faculty.

Interns provide in-service trainings and other presentations to their peers, NWI psychologists and/or the interdisciplinary teams associated with their rotations. These may include the two brief clinical case presentations that are required of Interns in each rotation interval. The Intern and their supervisor may choose among a variety of locations in which to present, including the Psychology monthly meeting (V-tel across all sites), treatment team meetings at their home station, the NWI-wide Disruptive Behavior Committee, or the 8:00 AM group supervision time (currently on Monday mornings although this may change to another day in the 2020-21 training year).

Interns also give assessment-related case presentations within the Assessment Clinic group supervision. In addition, Interns are required to present on assessment related topics of interest including presentations on assessment instruments (e.g., MMPI-RF, symptom validity measures, etc.) presentations on conditions or syndromes of relevance (e.g., various types of dementias, overlap of cognitive symptoms in TBI and PTSD and other psychiatric disorders, etc.), as well as other mini-didactics. These Intern presentations are often on core areas early in the training year, and more nuanced topics later in the training year.

In preparing for case presentations, topic presentations, or interprofessional presentations, Interns have access to the VA library and interlibrary loan, as well as an extensive electronic library. In addition, Interns have access to an array of pre-developed materials available through the VA's Psychology Training Council as well as by prior Interns and NWI faculty. The use of pre-developed materials is neither prohibited nor mandatory, but rather are a resource that Interns are free to adapt when developing their presentations. It is expected that Interns using pre-developed materials still spend sufficient time preparing in order to demonstrate their professional skill development, put their own stamp on the materials and be able to answer relevant questions. Interns also have mentoring available through the Internship faculty if needed. Interns have significant advanced warning on the dates of their various presentations it is expected that if using the materials provided, updated research findings will be included. When creating topic presentations Interns may be asked to partner with each other as co-presenters.

The following has been modified post-COVID to include less in-person travel. We hope to return to monthly in-person gatherings of the training class but this is currently on hold. Pre-COVID: Once a month (currently on the second Wednesday) in the non-Winter months all Interns would meet in person for didactics, rotating across the NWI training sites throughout the Internship year (weather permitting). VA station cars are made available to the Interns from Grand Island, Lincoln, Norfolk, and Omaha, with mileage reimbursement provided when VA cars are not available. In addition to didactics in the afternoons on these travel days, the group as a whole typically me for community-based experiences that typically relate either to cultural diversity or diversity of psychological treatment environments. At times, however, the morning may be set aside for planned discussion related to rural psychology practice to be led by a supervisor and/or one or more Interns in rotation, with the discussion facilitated as needed through questions and comments by the presence of a supervisor. If the days stay the same, due to travel on designated Wednesdays, the "Depth" didactic could then meet on a Monday once a month to allow the travelers to leave for their home base around 15:00 (3 PM).

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

- Welcome to the VA Culture and Expectations
- Introduction to Professional Ethics within the VA
- Suicide Risk Assessment and Management
- Homicide/Violence Risk Assessment and Management
- Introduction to Motivational Interviewing
- Foundations of Multicultural Diversity Self-Awareness
- Introduction to Military Culture
- Introduction to Rural Culture and Rural Psychology Practice
- Introduction to other multicultural awareness topics
- Technical issues
 - How to use the Computerized Patient Record System (CPRS)
 - How to respond to consults from other providers
 - Safety issues within the clinics
 - How to utilize the Library and Interlibrary Loan and electronic resources
 - How to check out VA station cars (Grand Island, Lincoln and Omaha)
 - How to use the VA credit card to pay for gas in VA station cars
 - How to request mileage reimbursement (Norfolk only)
 - How to use telemental health equipment with patients
 - How to develop a telemental health safety plan
 - How to use IM and video skype on the VA system with other VA employees

- Specific language required for voicemail greetings
- What documentation expectations are and why this is ethically important for patient safety
- Etc.

The two other goals for the first two-week orientation period are 1) the development of group cohesion of the Intern class, and 2) readying all Interns to attain “Area Level” supervision status on the basic neurocognitive assessment battery as early as possible in the first rotation. Neurocognitive training pre-COVID was facilitated by several hours of in-person and V-tel trainings, as well as peer-to-peer practice among Interns. Post-COVID, these group activities are primarily virtual in nature.

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

Across the rest of the training year there are a wide range of other, mostly optional, educational opportunities to support the overall training goals. The one mandatory educational attendance requirement for all Interns (other than the weekly didactics) relates to the educational presentations within the monthly Psychology Meeting/ MH Meeting, bringing together all Interns and faculty across all training sites via V-tel. Some rotations at some sites may have additional required meetings. Interns with an interest may choose to work with their supervisors to use elective time to attend specific webinars. There are many training options available through the VA’s Talent Management System (TMS), HSR&D Cyber Seminar Program, The Center for Deployment Psychology, MyVeHU Campus, and other VAs across the country that open trainings/didactics/grand rounds to all VA facilities (typically through telephone and/or Adobe Connect). This must be pre-approved by the Interns primary supervisor first to ensure Interns are meeting the basic demands of the program before engaging in optional activities.

The Intern’s individualized training plan within each rotation also tasks the Intern to complete the equivalent of 10 brief educational activities, to be determined in collaboration with the rotation supervisor. This is actually more flexible than it might seem, and generally would be met by the basic readings etc. necessary for each rotation. At least one of the 10 educational activities that related to the rotation must have a multicultural focus that is generally related to the clinical area of the rotation. Generally, this requirement is easily met as Interns do reading related to new evidence-based therapies in each rotation.

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Supervision

For the convenience of the reader, the following links to the Supervision-related sections are offered:

[Supervision: APA Standards of Accreditation](#)

[Supervision: VA Handbook 1400.04 Graduated Levels of Responsibility](#)

[Telesupervision Policy:](#)

[Preceptor Option:](#)

[Supervision Training:](#)

[Important Caveats Regarding Future Licensure:](#)

Supervision: APA Standards of Accreditation

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

Briefly, each Intern has two hours of scheduled individual supervision with his or her primary rotation supervisor. Interns often receive additional individual supervision from their Assessment Clinic supervisors, particularly at the beginning of the training year or when new skills are being developed. The amount of time spent in individual supervision with an Assessment Clinic supervisor varies based on the complexity of the case and the Intern's experience with various testing instruments. There are two and one-half hours of scheduled group supervision. These include one and one-half hours of scheduled Assessment Clinic group supervision (currently on Friday mornings), and a one-hour of scheduled group supervision (currently 8-9 AM every Monday morning), both of which are discussed in greater detail below.

In addition to APA supervision requirements, the VA has additional supervision requirements. Per VA requirements, **the physical presence of a supervising psychologist on site is required for all clinical interactions undertaken by Interns at each training site.** Interns may not have clinical interactions with individuals face-to-face, by phone, or by any other means if there is not a psychologist supervisor present on-site at the time the clinical interaction. When a supervisor is not physically present on site, Interns may engage in report-writing, notes, other clinical documentation, and other forms of learning. If a mental health emergency occurs in the clinic and a supervising psychologist is not present, the clinic staff must respond according to the established protocols in place for that clinic for when a mental health provider is not present and behave as if the Intern is in fact not present. The latter is particularly important for the Norfolk-based Intern as the Norfolk supervising psychologist is never present on Fridays, and important at the Polytrauma Support Clinic for similar reasons. However, this is also relevant for Interns based at the other training sites.

V-tel or phone supervision does not take the place of the physical on-site presence of a licensed supervisor on site requirement, per the VA requirement. Even pre-COVID, a certain amount of virtual supervision has been allowed by APA policy but was avoided by the Internship whenever possible. See [Telesupervision Policy](#): VA policies have been adapting over time post-COVID but the basic supervision principals remain applicable.

Interns always know who their primary supervisor is on each rotation as well as the backup supervisors designated for each rotation in case an internship faculty member is unavailable. If needed, the Chief of Psychology, the Training Director, and others also serve as "backup to the backup" supervisors. Pre-COVID individual tele-supervision was a last resort alternative, and if needed used consistent with APA policy. Post-COVID, the virtual environment is preferred for the 4 hours of supervision, even when the supervisor and Intern are physically on site, possibly in nearby offices.

It should be noted that at the rotation-based sites Primary Rotation supervisors change with each rotation and Assessment Clinic supervisors may or may not change across rotations. The Omaha-based supervisor is likely to remain consistent across the training year, although some changes can be arranged to allow greater breadth in Assessment training. The Norfolk-based psychologist is responsible for providing supervision for therapy, and also supervises some of the Assessment Clinic cases. Other psychologists from the other training sites may also provide supervision to the Norfolk-based Intern for assessment cases, as described in greater detail in the Norfolk training site section below. See [Norfolk CBOC](#) and [Norfolk Assessment Clinic](#).

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

internship faculty are typically present at the same site as the Intern but join virtually; if in the same room masks and social distancing are required, so the virtual environment is actually more accessible. Sometimes, a faculty member or Intern may join from home, either due to teleworking as a regular ‘tour’ or due to quarantine requirements due to exposures.

One weekly 90-minute group supervision is specific to the Assessment Clinic. During the first weeks, group supervision is focused on learning new instruments, with more case-specific discussions as Interns start actual testing on “Room Level” or “Area Level” supervision status. See [Supervision: VA Handbook 1400.04 Graduated Levels of Responsibility](#) for a description of “Room Level” and “Area Level” supervision.

A series of mini-didactics and group discussion related to various areas of assessment skills has been incorporated into Assessment Clinic group supervision, based on prior Intern feedback. Examples of topics for these mini-didactics are: assessing dementia, dementia versus depression, pre-surgical evaluations (e.g., bariatric, liver transplant, or spinal cord stimulator implant), providing feedback to Veterans and their family, assessment in forensic settings, civil commitment evaluations, US Supreme Court *Daubert* case, etc.. These are typically presented by faculty at the beginning of the training year and increasingly by Interns (individually or in pairs) as the training year progresses.

One-hour of group supervision is required on Monday’s at 08:00 AM in addition to the weekly Assessment supervision. This is led by at least three psychologists, one typically in the room with Interns at each training site bringing the Interns together through this hybrid in-room / V-tel model. These include: the Training Director (usually in Lincoln), the Grand Island VA’s mental health site supervisor, and the Norfolk-based psychologist. The Monday morning group supervision covers a range of topics, including case discussions, case presentations and additional discussion related to administrative issues, as well as supervision skills, psychologists’ roles as consultants and administrators, program evaluation, and other topics related to professional role development.

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

Supervision: VA Handbook 1400.04 Graduated Levels of Responsibility

The VA requires us to follow APA accreditation standards as described above. In addition, VA policy requires that a supervising psychologist must be physically present in the facility at all times in which the Intern engages in actual face-to-face (or tele face-to-face) provision of clinical services. The VA Handbook 1400.04 (March 19, 2015) describes three levels of “Graduated Levels of Responsibility,” which reflects a developmental model for all trainees and describes where in the facility the supervising psychologist may be relative to the trainee and patient. The terms “Room Level,” “Area Level,” and “Available Level” supervision reflect that formal determinations have been made by supervisors of the trainee’s competence level for the health care service being provided by the trainee.

1. Room. The supervising practitioner is physically present in the same room while the trainee is engaged in direct health care activities.

2. Area. The supervising practitioner is in the same clinic or treatment area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with Veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation and treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.
3. Available. Services are furnished by the trainee under the supervising practitioner's guidance. The supervising practitioner's presence is not required during services, but the supervising practitioner must be in the facility, available immediately by phone or pager, and able to be physically present as needed.

Note that the VA policy has a specific waiver for supervision when the Intern and supervisor are teleworking. It is noted that current technology allows the supervisor to join telemental health sessions as needed.

Telesupervision Policy:

Again, note that the VA post-COVID policy has a specific waiver for supervision when the Intern and supervisor are teleworking. Other supervision policies are also ever evolving. It is noted that current technology allows the supervisor to quickly join telemental health sessions as needed, even if both Intern and supervisor are working off-site.

Pre-COVID, the NWI's telesupervision policy has been consistent with but more restrictive than APA telesupervision requirements. APA allows one hour of individual telesupervision and one hour of group telesupervision to count towards the weekly minimum requirements. However, VA nationally does not encourage telesupervision to the same extent. NWI does not consider the hybrid model used in group supervision to be "telesupervision," when a supervisor is physically present in the room with the Intern at their training site. Pre-COVID, NWI tried to use telesupervision (V-tel without supervisors present in the room) as a last resort only. We tried to have as much supervision as possible to be in-person, with 'make-up' supervision hours for those times when a live supervisor is not on-site in the hybrid model group supervision described above. We intend to return to this when COVID rates make this again possible.

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Preceptor Option:

If they wish, Interns may opt to ask an NWI psychologist to become their preceptor. This is optional to each NWI psychologist so may not be assumed. If accepted by the intended preceptor, this can be a year-long relationship whose role is to provide professional mentorship (e.g., professional development and career planning) throughout the training year by a licensed psychologist who is not in an evaluative role. Selection of a preceptor by an Intern is not required but for some may be helpful. However, not all NWI psychologists have room in their schedules to adequately provide this role. The proposed preceptor is not obligated to accept a request by an Intern to enter into this type of relationship. Once the proposed preceptor agrees to enter into this role, the goals of the relationship are individually crafted between the Intern and preceptor. Interns are encouraged to consider choosing a preceptor from psychology staff not within the Intern's home-base site, allowing for exposure to a fuller range of the NWI psychology faculty.

The preceptor role is not intended to be therapeutic in nature; it is advised that in agreeing to enter into the preceptor relationship, the Intern and preceptor discuss the scope and limits of such scope related to their roles. For more personal issues, Interns are encouraged to use their health insurance and/or any

access to EAP services that may be available if the topic areas might be considered therapy or come close to therapy.

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Supervision Training:

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

Along with indirect learning through participating as a supervisee regarding their own cases in individual supervision, Intern supervision skill development may also become a direct topic within individual supervision, both generally as well as in supervising trainees' specific peer supervision on cases. Supervision is also a topic within the "Breadth" didactics. Interns are expected to be active participants in any NWI in-house trainings directed at faculty regarding their supervision competencies. There are only limited (if any) opportunities to engage in peer-supervision of practicum students.

More structured supervision skills training also occurs. Interns across sites come together virtually three or so times per month for scheduled supervision skills training to discuss and then practice specific supervision skills. (Pre-COVID, this time slot was taken for another purpose – to have Depth Didactics on the travel weeks. Post-COVID, travel is not happening; in the 2020-21 training year this time has been used during the latter half of the first rotation period for a 6-8 week CBT-Depression training before returning once again to Supervision Skills training.) Interns sign up for leading the weekly discussions and choose the topics, with Dr. Hannappel and Dr. Ritchie attending. In the second half of the training year, hands-on practice of skills is more emphasized than didactic or discussion-based training.

There are additional unscheduled, informal opportunities for peer supervision as Interns share their various strengths with each other. With limited exceptions, all Interns have 30 minutes per day in common (12:30-13:00), which is intentionally set aside for optional peer interactions and support irrespective of the form taken (although this is not required). If chosen to be used, this may be for social interaction, for shared presentation planning, or for unscheduled or informal peer supervision in addition to any other forms of peer interactions chosen (or foregone). In addition to these 30-minute opportunities built into the schedule, Interns have reported frequent contact throughout the day using the VA's internal messaging system which allows both text and video contact across individual offices irrespective of training site.

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Important Caveats Regarding Future Licensure:

NWI does not guarantee that the minimum scheduled supervision as required by APA will meet all states' licensure requirements. In addition, the NWI Internship does not require 2000 clinical hours for completion, although this is a manageable goal based on past Interns' experience if chosen by any individual Intern.

Interns are encouraged to research the licensure requirements of states in which they are likely to practice in the future. It is the Intern's responsibility to contact these states and become familiar with any requirements needed to be met and to bring their plans on how to meet these requirements to the NWI faculty for consideration. To the extent possible, the NWI Internship will work with Interns to develop individualized plans to assist the Intern in meeting the requirements that the Intern identifies to meet his or her future needs. It is especially important for the Intern to be vigilant of his or her future licensing needs and plan accordingly.

Some states require trainees to submit a training plan or internship contract to the licensing board at or before the beginning of the Internship; Interns should check whether these requirements apply to all internships or only apply to internships within the jurisdiction of the state. Some states may require that an Intern's supervisors have a certain number of CEUs related to supervision during every two-year period in order for the Intern's supervision hours to count towards his/her own licensure application in that state. Some states require that an Intern's supervisor be licensed for a minimum number of years. Some states require both and/or additional requirements. These examples are not exhaustive. **Again, we encourage incoming Interns to check with their intended licensing board(s) and be proactive to bring these requirements to the attention of the Internship; we will work with Interns to the extent practicable to meet these requirements but we do not take responsibility for ensuring that these are met.**

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Travel Between Training Sites

Note that post-COVID we are traveling less than previously. This section remains in the brochure on the hope we can return to travel in the future. The only required travel post-COVID is meeting in Grand Island on Day 1, as described below, with the adaptation of wearing masks and social distancing while together.

Pre-COVID:

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

Travel to Grand Island on the first day of the Internship helps ensure all Interns complete necessary tasks to begin the Internship with access to the computer system and signed up for benefits. Other travel during the first two weeks include a day in Norfolk 1 and 2 days in Lincoln. To make travel between sites possible, Interns are given the opportunity to use government vehicles where/when available (Grand Island, Lincoln and Omaha training sites). The Norfolk CBOC does not have a VA station car; therefore, the Norfolk-based Intern typically submits travel requests which must be approved prior to travel and is then reimbursed at the federal rate for mileage when using the Intern's own vehicle. The rates change each year. See <https://www.irs.gov/tax-professionals/standard-mileage-rates>

Although travel is most concentrated during the first two weeks orientation period, Interns from all training sites continue intermittent travel throughout the training year. The Norfolk-based Intern typically does the most travel as they often choose to travel to other training sites to enrich their training. Some of these are related to assessment; however, Dr. Hannappel also supervises assessment on days she is present (M-Th).

It should be noted that there are free, overnight student accommodations at the Grand Island VA, but not elsewhere. If the Norfolk-based Intern so chooses, they may drive to Grand Island early on a Thursday and rather than driving back that same day, can stay overnight to allow a second full day in Grand Island the next day. For example, there may be groups and activities available on Thursdays in Grand Island, such as the interdisciplinary Pain Clinic, and other training activities not available in Norfolk. This of course requires permission from the Norfolk supervisor

and advance coordination with the Interns and supervisors in Grand Island and Lincoln. Provided the Norfolk-based Intern has demonstrated proficiency in the basic neurocognitive battery first, if interested in the more complex Polytrauma neuropsychological battery they may arrange to come to Omaha to shadow and/or participate in the Polytrauma evaluations. These arrangements may also involve coordination with the Lincoln-based Intern who is in the rotation with weekly Polytrauma Assessment Clinic duties (General Mental Health rotation), as well as the Assessment supervisor. Although travel is in flux, the goal remains to meet the Norfolk Intern's training needs through all practical means.

Travel is also required when the entire Intern class meets face-to-face approximately once a month at one of the training sites during the fall, spring and summer months. Typically, these days involve a multicultural/diversity-related activity in the morning, followed by lunch and then an afternoon didactic before driving back to their home station. In the past, these community activities have included:

- visiting a rural behavioral health unit, including a crisis center in Norfolk,
- visiting a rural "clubhouse" in Norfolk (similar to the Fountain House clubhouse model) for individuals with severe and persistent mental illness,
- visiting a Buddhist Temple near Grand Island with discussions with the itinerant monk
- touring a Hindu Temple in Omaha, then in the afternoon an in depth discussion with the wife of a farming couple related to a range of issues related to farming and farming stressors,
- a presentation at the Lincoln Community Health Foundation, including a discussion of using zip codes to target grants for services towards underserved populations
- discussions related to working with refugees with mental health issues

During the winter, the only travel is for the two days of Internship interviews in early January. Interns participate both in interviews and ranking discussions, as well as touring and otherwise hosting applicants across the interview day. This provides both professional development experiences, as well as insight into their own upcoming post-doctoral interview processes.

When Interns travel between training sites, Interns are able to access their "personal" VA computer drives from anywhere within the NWI system. In addition, they may access the shared Internship drives behind the VA firewall, which assists in supervision of confidential reports. Protocols completed may remain in the place where the testing is done as they can be scanned into pdf documents on site then saved in the secure shared folders behind the VA firewall and retrieved when back at their home station.

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Program Goals & Core Competencies

Core competency expectations that together merge into each training goal are outlined in the Appendices 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 competencies and elements of those competencies have been adjusted to reflect changes due to APA's shift to "Standards of Accreditation" (SOA) effective January of 2017. NWI has not added any additional competencies, but has added additional elements to the Profession-Wide Competencies. Interns are expected to demonstrate intermediate to advanced levels of competence by the end of the training year; the following list includes the APA-defined competencies and examples of the types of added NWI-defined competencies:

- 1) Professional research utilization and/or production:

- 1) Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
 - 2) NWI Added Element: Demonstrate a working knowledge of the scientific basis of one or more of the evidence-based psychotherapies and evidence-supported psychotherapies
- 2) Professional and ethical behavior:
 - 1) Be knowledgeable of and act in accordance with each of the following:
 - i) the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - ii) Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - iii) Relevant professional standards and guidelines.
 - 2) Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - 3) Conduct self in an ethical manner in all professional activities.
 - 3) Individual and cultural diversity issues in professional practice:
 - 1) An understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself.
 - 2) Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
 - 3) The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
 - i) This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of one's career.
 - ii) Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with one's own
 - 4) Demonstrate the ability to independently apply one's knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
 - 4) Development of professional values, attitudes, and behaviors:
 - 1) Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of other.
 - 2) Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - 3) Actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - 4) Respond professionally in increasingly complex situations with a greater degree of independence as you progressed across levels of training.
 - 5) Professional communication and interpersonal skills:
 - 1) Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
 - 2) Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
 - 3) Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
 - 6) Assessment skills:
 - 1) Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- 2) Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
 - 3) Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- 7) Intervention skills:
- 1) Establish and maintain effective relationships with the recipients of psychological services.
 - 2) Develop evidence-based intervention plans specific to the service delivery goals.
 - 3) Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
 - 4) Demonstrate the ability to apply the relevant research literature to clinical decision making.
 - 5) Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
 - 6) Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- 8) Supervision skills:
- 1) Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
 - 2) NWI Added Element: Demonstrate a working knowledge of the developmental model of supervision and competency-based supervision.
- 9) Consultation and interprofessional/interdisciplinary skills:
- 1) Demonstrate knowledge and respect for the roles and perspectives of other professions.
 - 2) Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
 - 3) NWI Added Element: Demonstrate competence in the four domains developed by Interprofessional Education Collaborative (see: www.une.edu/wchp/ipecc) which include:
 1. Values/Ethics for Interprofessional Practice
 2. Roles/Responsibilities
 3. Interprofessional Communication
 4. Teams and Teamwork

Interns typically have opportunities across the training year to work with or within interprofessional teams across the various rotations and any available 'elective' experiences. Regardless of setting (e.g., Mental Health BHIP Team, PTSD/PCT Team, Polytrauma Support Clinic Team, etc. and on accepted application the Pain Clinic Team), the Intern works to develop and demonstrate same core competencies, albeit their expression may be somewhat different in different settings. In addition, there is an emphasis on Interprofessional Education in the Depth Didactics series, where Interns are joined by trainees from other disciplines including pharmacy, dentistry, social work, APRN students, and potentially others.

Most of the training comes through experiential activities, with skill development also woven into some didactic training experiences, supervision discussions, and peer supervision experiences. Consultation skills are also modeled 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, and vice versa. Consultation skills are also facilitated during peer supervision, Assessment Clinic group supervision, individual supervision with staff psychologists, DBT Consultation Group experiences, discussions within the monthly Psychology Department Meetings, and discussions within the weekly rotation-specific interprofessional meetings (e.g., Mental Health Team meetings, PTSD Treatment Team meetings, and in Grand Island Residential Services Rounds). Over the course of the training year, Interns are expected to become

increasingly skillful in their consultations with others. Skills are evidenced by the quality of participation by Interns during team meetings regarding assessment findings, observations of patients' mental status, therapy interventions, case management, diagnoses and discharge interventions, etc.. Interns gain further knowledge by consulting with their supervisors on therapy and assessment cases, and providing peer supervision during group supervision, as well as reading professional articles and books. Finally, Interns each complete at least two case presentations during the course of each 16-week rotation, in addition to several other more didactic presentations during the Assessment Clinic group supervision, depth didactics, and Supervision Skills trainings.

As noted above under the [Supervision Training](#) section, development of supervision skills includes scheduled weekly peer supervision, as well as specific didactics related to supervision. Interns engage in training other disciplines, including providing some staff training in Mindfulness skills and interprofessional training of and/or alongside trainees from other disciplines (e.g., social work, pharmacy, dentistry, and physical therapy) through the "Depth" didactic series (see descriptions in the narrative elsewhere in this document).

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In order to maximize Interns' abilities to successfully meet these competencies the NWI Doctoral Internship in Clinical Psychology seeks 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 (including rural culture, military/Veteran culture, different ethnic and religious cultures, etc.), 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 also 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 understand and to strengthen his/her unique and independent characteristics as a professional and a psychologist;
- Facilitate a transition from trainee 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.

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Schedules

NWI work schedules for trainees, as well as full time psychology staff are typically Monday through Friday, 8:00 AM to 4:30 PM (Military time: 08:00 to 16:30; aka "Tour of Duty" or "Tour"). This is the

default schedule for all Interns. Thus, unless otherwise given advance permission, Interns are expected to be on site and ready to engage in internship activities at 08:00 AM, take only 30 minutes for lunch, and leave no earlier than 4:30 PM (aka 16:30). As with other employees, Interns may also take a 15 minute break in the morning and a 15 minute break in the afternoon. Similar to requirements for permanent employees, Interns may request a change of tour of duty, which must be approved in advance by both the Chief of Psychology and Training Director – for example, in pre-COVID times to provide an evening group and then come in a little later the next day, opportunities that are less prevalent post-COVID. To meet the breadth and depth of available training, the expectation is that Interns will often average 40-44 or so hours per week, particularly early in the training year, depending on their prior training coming into the Internship, or if they choose to get 2000 clinical hours on Internship. It is important to note that Interns are trainees, and for that reason, there is no ‘overtime’ or AA for this additional time spent in training activities - for example, Interns staying late one night must still come in at 08:00 AM the following day. There is “travel-related equivalent time off” for time actually en route traveling outside of the regular ‘tour hours. See: [NWI Intern Authorized Absence](#) for details.

Interns may work with the Training Director and Chief of Psychology to get approval for individualized schedules in order 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 five-day tour of duty is from 08:00 to 04:30 PM on Monday through Friday.

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

In addition to their 30-minute lunch period, Interns will have a half-hour (from 12:30 to 01:00 most days M-F) that they can purposely schedule as “protected” time in order give all Interns the option to informally meet with each other, whether in person, or via the VA’s internal messenger system (Skype text and video), the Cisco Jabber V-tel system from their office computers, or by phone. Interns are encouraged but not required to keep this time protected for intern-to-intern interactions, particularly related to those Interns at sites where there is no other Intern physically close.

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

Following the end of the two-week orientation period, clinical activities begin at all training sites. For example, Lincoln and Grand Island-based Interns this is the start of the first of three Primary Rotations, each lasting approximately 16 weeks and, depending on electives, encompassing 16-24 hours per week: General Mental Health, Primary Care Mental Health Integration, and PTSD. All training sites follow the same evaluation schedule and focus on training towards the overall competencies described elsewhere.

Note that Interns are expected to be physically on-site the first business day of the Internship (**Monday, August 30th, 2021**) and on the final business day (**Friday, August 26th, 2022**) consistent with a full 52-week internship per APA accreditation (and some state licensing) requirements. Please note that paperwork is likely to list Sunday August 29 as the official beginning of the two-week Federal pay period. Timing may vary and the first stipend installment is typically made via electronic transfer on the third Friday of the training year (September 17th for the 2021-22 training year), and every two weeks thereafter for 26 equal installments. See [Stipend and Benefits](#) and [Training Year Defined](#) for additional details.

Interns in the 2021-22 Internship year report at 08:00 AM on Monday August 30, 2021 at the place designated by the Training Director. The class then typically meets at the Grand Island VA around 10 AM to start the on-boarding process. During the current training year this was the only travel day in the Orientation week. Pre-COVID Interns travelled 2-3 times a week during this first two week period, with all other interactions among the class that week happening in a virtual environment.

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Requirements for Completion of the Internship

- 1) **By the end of the training year, Interns must have met each of the APA-defined (and any NWI-defined) competency areas with a rating “4” (*Year-End Intern Level intermediate to advanced skills level*) or higher.**
 - See: [Program Goals & Core Competencies](#)
- 2) **A. Interns are full-time and must be present on-site on both the first and last business days of the training year to be able to document a “full 52-week” internship per APA requirements; and,**
 - B. Per APPIC rules, Interns meet the minimum hour requirements and spend at least 25% of their time in direct, face-to-face (either in person or virtual) clinical service.**

These are each described in turn:

- 1) **By the end of the training year, Interns must have met each of the APA-defined (and any NWI-defined) competency areas with a rating “4” (*Year-End Intern Level intermediate to advanced skills level*) or higher.**
 - See: [Program Goals & Core Competencies](#)

Formal evaluation of individual Intern competencies occurs three times a year, coinciding with the end of each of the three rotational period. The goal of the evaluation process is to benefit the Intern’s progress to successful completion of the Internship by guiding the Intern’s priorities while there is time to improve and meet the minimum competencies required. In addition to their weekly discussions, supervisors and Interns engage in somewhat more structured yet still informal mid-rotation reviews during their regular supervision hours, using the Intern’s individualized training goals, the rotation expectations, and the evaluation forms to guide the discussions in order to give time within the rotation to make necessary adjustments. 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 occur at the end of each rotation period. The process takes into account three principles: (a) that psychological practice is based on the science of psychology which reciprocally influences and is influenced by the professional practice of psychology; (b) that training for practice is sequential, cumulative, and graded in complexity; and (c) that integrating these skills within the interprofessional core competencies are key to 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. Finally, ratings on the competency evaluations of individual Interns serve as markers for the overall success of the program.

Beginning in the Summer of 2018, the Internship initiated a two-step process within the formal evaluation at the end of each rotation, which continues to be refined. The goal of the second step is to ensure that the Intern is getting credit for skills demonstrated outside the observation of the primary rotation

supervisor, as well as to quickly target any areas of weakness to be addressed in the next rotation, or at the more extreme end, areas needing formal remediation. The overall goal is to better ensure the successful completion of the Internship by each Intern.

- First, each primary rotation supervisors make their individual ratings and then review these ratings within a one-to-one discussion with the Intern (typically in a scheduled supervision meeting).
- The Intern is given a copy of the supervisor's ratings.
 - The Intern may sign immediately but has the option to take 24 hours to return the evaluation form with their signature indicating agreement or disagreement, and with the additional option to express reasons for disagreement if they so choose.
 - The signed form with both supervisor and Intern's signatures is sent to the Training Director (both as a pdf immediately and the 'wet' paper original through the VA mail system).
 - This is then signed by the Training Director with the paper original for the Internship physical file for that Intern, a pdf copy for the Internship virtual file, and a pdf copy returned to the Intern for his/her records through their individual "Portal" folder.
 - ▶ The pdf copy is available to the Intern in their personal "Portal" folder after the form is signed by the Training Director.
- Shortly thereafter, there is a "consensus meeting" of supervisors outside the presence of the Intern. The consensus meeting is designed to ensure each Intern gets credit for demonstrating competencies observed across multiple settings and across multiple supervisors that may not have been observed by the primary rotation supervisor. Less common but available if needed, the meeting provides an opportunity for a wide range of input in developing strategies regarding any competency areas not previously identified as needing less formal boosting or more formal remediation.
- The consensus meeting may result in a simple acknowledgement that the primary supervisor's ratings are agreed upon, with no further action. Alternatively, the meeting can result in a more formal signed consensus evaluation if there is any significant change from the rotation evaluation (for example, poor ratings that were previously marked as "not observed") or a decline in ratings or in the event the need for a more formal remediation plan is identified. In this case, this is signed at a minimum by the Training Director, with a list of the names those supervisors attending the consensus meeting (typically participating via phone or V-tel).
- A copy of the signed consensus evaluation, if noting any decline in ratings, is provided to the Intern by the primary rotation supervisor within a supervision session or otherwise scheduled meeting, with the Training Director present in person or via V-tel with the invitation by either the supervisor or Intern.
 - The Intern is given 24 hours to return the consensus meeting evaluation form (if any) with their signature indicating agreement or disagreement, and again given the opportunity to express reasons for disagreement.
 - The signed form is sent to the Training Director (both as a pdf immediately and the 'wet' paper original mailed through the VA mail system).
 - This final form is signed by the Training Director with the original signed form placed in the Internship physical file for the individual Intern, a pdf copy for the Internship virtual file, and a pdf copy returned to the Intern for their records through their "Portal" folder.

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 throughout the training year at any part of the evaluation process. The goal of the Internship is to assist Interns in attaining all competencies at the required level for successful completion. If necessary, the Training Director and the Internship Supervisor Committee, with consideration of Intern input if any, will develop an individualized plan of remediation which if followed is designed to bring the Intern to meet all expected competencies and successful completion of the Internship.

2) A. Interns must be full-time and present on-site on both the first and last business

- days of the training year to be able to document a “full 52-week” internship per APA requirements; and,**
- B. Per APPIC rules, Interns meet the minimum hour requirements and must spend 25% of their time in direct, face-to-face clinical service.**

See [Training Year Defined](#). The Internship is a 52-week, with a 2080-hour appointment, with the official appointment has to be over one year (likely one year and a day) in order to receive benefits. The VA paperwork members of the Class of 2021-22 eventually receive from HR is likely to indicate:

Sunday August 29th, 2021 through Sunday August 28th, 2022

Please note that paperwork is likely to list Sunday August 29 as the official beginning of the two-week Federal pay period. However, your ‘first day’ is Monday August 30th.

Funded hours where you are not doing clinical work include annual leave, federal holidays and sick leave that (if taken) do not ‘count’ towards the overall internship hours. Please note that “sick leave” is used only when you or a dependent family member (as defined by HR) are sick or have medical appointments, and that after two consecutive days a note from a primary care provider is needed to return to work. Sick leave can also be used for bereavement depending on the closeness of connection, as well as maternity and paternity leave.

Consistent with APA Accreditation, the Internship is required to be a ‘full 52 weeks’, which is interpreted to require on-site presence by the successful graduate on both the first day and last day of the training year. This also protects the Intern as many states also require a ‘full 52 week’ internship for licensure. Other than the requirement for a ‘full 52 weeks,’ APA Standards of Accreditation do not mention a specific number of hours being required, but rather focuses on profession-wide competencies.

As noted in [Appendix A: Internship Admissions, Support, and Initial Placement Data](#), there are four hours per pay period for Annual Leave (104 hours) and 10 federal holidays. Interns accrue four hours of sick leave per pay period (104 hours). Thus, the minimum requirement is for approximately 1,792 hours over the course of the training year, although successful completion of the internship is competency based and not simply the number of hours in training. Note that some state licensing laws require more hours than this and some graduate schools may require more hours than this. Although the NWI Internship does not require 2,000 hours, Interns are encouraged to consider completing 2000 training hours as for some future employers 2000 hours may give the graduate competitive edge (all other factors equal). Typically, NWI Interns are able to achieve more than 2000 hours if they choose to do so.

Per APPIC standards, the successful Intern will have at least 25% of his/her time in face-to-face (in person or virtual) clinical activities (aka ‘direct’ clinical activities) which is a minimum of 10 hours of direct clinical contact per week. Direct clinical contact in effect means the Intern’s face and the client’s face is in the same room (or virtual session), and does not include team meetings where the client is not present, report writing, etc.. A limited number of hours spent shadowing supervisors doing direct clinical work while learning new skills may be counted towards this requirement, typically at the beginning of the training year and at the beginning of subsequent rotations when learning new skills.

Note that in order to complete the internship, Interns experiencing an extended medical health condition may (with OAA pre-approval) request to extend their Internship hours to offset the time lost due to the extended medical condition that cannot be covered by a combination of other available leave. Maternity and paternity leave are included in this type of extended leave. Matched Interns can ask to be referred to the OAA intranet website for details. OAA is the VA’s national Office of Academic Affiliations which funds all trainees throughout the VA nationally.

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Stipend and Benefits

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

Stipend: Interns receive a competitive stipend paid in 26 biweekly installments. The first installment is paid at end of week three of the Internship (covering the first two weeks of duty). VA Internship stipends are locality adjusted to reflect different relative costs in different geographical areas. The stipend for the VA NWI Internship is **\$26,166** (or approximately \$1,006 per biweekly pay period **before taxes**). Any increases in stipend will be communicated to matched in-coming Interns when it becomes known to the Training Director, but this is not expected at this writing.

Benefits: VA Interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. However, unmarried partners of either sex are not eligible for health benefits. Dental and vision insurance are also made available to interns if they wish to sign up for one or both. HR can also provide information about other benefits – for example a child care stipend may be available for trainees. For additional information about some of the benefits, see: https://www.va.gov/oaa/AHE_Fed_Health_Life.asp There may also be a VA childcare stipend for some Interns with children in day care depending on family income, if this program is extant at the time of the Internship.

Holidays and Leave: Interns receive the 10 annual federal holidays. In addition, Interns accrue four hours of sick leave (SL) and four hours of annual leave (AL) 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.

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).

NWI INTERNSHIP CLARIFICATION NOTE:

- 1) All trainees earn and use the same amount of AL and SL leave throughout the training year. As such, trainees with prior federal service will not earn leave at greater amounts than available to all other Interns, nor will trainees with prior federal leave be allowed to use leave at a rate greater than that available to all other Interns. In other words, the same amount of holiday and AL will accrue regardless of amount of prior federal service, as described above.
- 2) See [NWI Intern Authorized Absence](#) below for a more in-depth description of the three types of NWI Internship defined authorized absence (AA) available to NWI Interns in their roles as trainees. These have been developed and defined within the discretion of the NWI Training Director and Chief of Psychology as being related to activities providing substantial benefit to the VA. These are divided into three categories to differentiate limited circumstances under which this is granted.
- 3) Interns are encouraged to save a significant amount of annual leave accrued and any AA granted in order to allow the Intern sufficient time for travel to and from post-doc interviews and job interviews, as applicable. This may be less of an issue as post-COVID many postdoc interviews are likely to be virtual.

- 4) To safeguard the APA accreditation of the Internship (and meet restrictive licensure requirements in some but not all states), Interns must be physically present on site on the first and last business day of the Internship; thus, Interns may not curtail their training year by 'saving' leave or AA days in order to finish the internship in less than the full 52-week time span.
- 5) Interns are strongly encouraged to use all AL prior to the end of the training year; as such, decisions to grant AA described below may include consideration of whether the Intern also using available AL for these purposes. Per current VA Office of Academic Affiliations directives, any AL not used must be reimbursed to Interns leaving the VA at the completion of the training year. If there is no break in service and the Intern is going to another VA for post-doc or post internship employment, then the Intern can work with HR at both sites to try to arrange for AL and SL to be transferred to the new VA. Note that this requires the NWI HR to be informed by the other VA (not by the Intern); therefore, the Intern should work with the post-doc training director or the Chief of Psychology at the new VA to coordinate with NWI's HR in a timely manner to help ensure this happens. Whether or not there is a break in service, there may be a mechanism for SL to be transferred to a new VA (for example, if Interns go directly to a VA for post-doc or job, or if the Intern leaves the VA and then subsequently returns to VA service).
- 6) After leaving the VA Internship and before transferring insurance at the post-Internship positions (whether post-doc or employment or if on extended leave without pay for whatever reason), Interns are encouraged to talk with NWI HR specialists about options and costs of extending health insurance coverage, as well as regulations about how to go about this, so Interns may make informed choices.
- 7) Once at the VA, Interns may access the internal VA intranet including the Office of Academic Affiliations FAQ page for further details about benefits, etc.:
<http://vawww.oaa.med.va.gov/FAQS/details.aspx?TID=16&Cat=4>
- 8) APA accreditation requirements are interpreted as requiring that all Interns are treated alike in terms of pay and benefits. Therefore, Interns with prior federal service may not take more leave than is accrued under the Internship or granted using the discretionary authorized absence described below. In other words, all Interns will be treated alike regarding leave during the internship, regardless of prior federal service.

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NWI Intern Authorized Absence ***

There are three types of **discretionary** AA defined by the NWI Internship which may be granted. These related to activities deemed by the NWI Training Director and Chief of Psychology as providing substantial benefit to the VA and its educational mission. These three types of discretionary AA are not available to employees and have been given the following descriptors:

1. "five-day AA"
2. "travel-related equivalent time off AA"
3. "education-related AA"

All leave, including discretionary AA, must be requested through the Chief of Psychology (or by a process outlined by the Chief of Psychology) and should be planned to minimize absences during mandatory training experiences. Requests to use AA are not automatic (see below) and are not reimbursable or

transferrable when leaving the Internship. They are also decisions made by the Internship and must be pre-approved.

1) **“5-Day AA”**

First, up to five days of AA (hereinafter “**-days AA**”; 40 hours total) **may** be granted at the discretion of the Training Director and/or the Chief of Psychology taking into consideration the Intern’s progress in training, clinical needs of the Intern’s patient caseload, prior use of AA, use of other leave, etc. Per the decision of the NWI Training Director and Chief of Psychology, use of “5-days AA” is **restricted** to the following education-related purposes:

post-doc interviews, job interviews, and dissertation defense, and may not be used for other purposes.

2) **“Travel-Related Equivalent Time Off AA.”**

The **second** type of discretionary AA granted through the Internship to trainees is **“travel-related equivalent time off AA.”** Please note: Per VA Handbook 5007 Part II Chapter 2, **Interns are not employees and therefore are not eligible for “comp time” nor “overtime pay for engaging in over 40 hours of internship-related activities per week.** However, travel is part of rural practice and NWI Doctoral Psychology Interns are required to engage in intermittent travel between rural facilities. As a result, the NWI Internship has elected to define a limited procedure entitled **“travel-related equivalent time off AA.”** A limited number of “travel-related equivalent time off AA” **may be granted** provided the Intern is current with all Internship expectations and is designed to offset travel time outside the minimum required regularly scheduled tour of duty during which the Intern was **actually in transit** related to travel between VA training sites. This includes, for example, travel during the first two weeks orientation period as well as travel during assessment clinic Fridays and for didactics-related travel across NWI training sites. All such travel must have prior approval from the supervisor and Training Director.

We estimate over the course of the training year, up to 40 hours of “travel-related equivalent time off AA” may become available for Interns based in Lincoln, Grand Island and (if funded) Omaha, and possibly somewhat more for the Intern based in Norfolk.

Use of accrued travel-related “travel-related equivalent time off AA” is **allowed not only** for the purposes of the “five-days AA” (listed above) **but also for** the following education-related purposes:

dissertation data collection or writing, meetings with dissertation committee members, attending conferences or trainings (other than those encouraged by the Internship), visiting matched post-doc sites, or attending Intern doctoral graduation.

Other similar purposes can be considered on written request and rationale to the Training Director. Another use of “travel-related equivalent time off AA” that may be approved by the Internship might related to an Intern negotiating an **extended leave due to documented medical issues.**

3) **“Education-Related AA”**

The **third** type of discretionary AA, **“education-related AA”** is for situations where

- 1) the **Internship itself encourages or requires to Interns attend** a training or other educational training off-site, **and**

- 2) an Intern decides they would like to attend and requests for AA to attend the internship-encouraged training or educational activity, **and** then
- 3) does in fact attend the training or other suggested educational activity.

For example, when the internship offers Interns the opportunity to attend the Fall and Spring Conferences of the Nebraska Psychological Association (and assuming there are no reasons why the request for AA would not be granted e.g., the Intern is currently meeting all internship requirements, for example), then the AA hours granted would not be charged against the Intern's "5-day AA." Post-COVID NPA Fall and Spring Conferences have been virtual so no additional AA is required.

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Facility and Training Resources

Interns matched to the NWI Doctoral Internship in Clinical Psychology for the 2021-22 training year are stationed at one of four training sites based on five Match numbers through the APPIC approved Internship Match and the National Matching Service:

Grand Island VA, Lincoln VA, Norfolk CBOC, and Omaha (VAMC or Polytrauma).

The NWI Mental Health and Behavioral Science Division has allocated adequate facilities conducive to a supportive training environment, with office space in Grand Island, and Norfolk, and in both Omaha VAMC and Omaha Polytrauma 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. Historically, Lincoln has also had sufficient facilities, but if this proves not to be the case in the new Lincoln VA building, it is possible one slot may transfer to the Omaha VAMC site, provided office space is available there.

Interns based in Norfolk and Omaha VAMC are typically assigned to their own offices in which they are able to do therapy and testing or other assessment. Interns based in Grand Island share a single office in which they do not meet patients. Instead, Grand Island-based Interns have access to private 'hotel' offices and conference rooms they can reserve for meeting with patients for therapy and testing or other assessment. Interns at all locations have traditionally had their own desks, locking drawer space, separate phone numbers, and separate voicemail.

The Omaha Polytrauma-based Intern will have consistent use of a shared office (currently used by another Polytrauma team member from 7:30-8:30 on Tuesday mornings) and when not available Dr. Ritchie's office or other space is available for supervision and other activities. Appropriate temporary space is provided to Interns who travel on occasion to Polytrauma from other training sites, often to shadow Dr. Ritchie or the Omaha Polytrauma-based Intern.

The intention is for Lincoln-based Interns to have access to appropriate office space in the mental health area in the new Lincoln VA building currently under construction. Office space will likely be designated but shared; if not in individual offices, interns will have access to individual consulting room space when doing individual therapy or testing. It is unclear how this will work out in Lincoln with the new building; in any event, even if shared office space Interns will have their own VA-issued laptops to take with them into the various shared spaces, with COVID-era precaution adherence. As noted, if space is not adequate, the internship slot may be transferred to the Omaha VAMC or left unfilled.

Library resources are also available to all Interns and include access to the VA Medical Library in Omaha with interlibrary loan clerk assistance, as well as the VA's access to electronic library databases. Local

resources also include the medical libraries associated with the University of Nebraska Medical Center in Omaha, UNO, and UNL.

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

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

Use of VA station cars is available in Grand Island, Lincoln, Norfolk, and Omaha. When station cars are not available, mileage is reimbursed for pre-approved travel at the current federal rate. Reimbursement rates typically change each year. For FY 2019 the rate is \$0.58 (58 cents) per mile. For more information, see: <https://www.irs.gov/tax-professionals/standard-mileage-rates>. If Interns choose to travel using their personal vehicle instead of an available VA station vehicle, it is possible mileage may be available but if so at a much lower rate (e.g., \$0.17 (17 cents) per mile.

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Policies and Procedures

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

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

Training Staff

The Internship Faculty/Supervisors are listed for each of the training sites along with site-specific information and may be found using the links below. Note the staff with * by their name are part time staff.

[Grand Island-based Psychology Staff:](#)
[Lincoln-based Psychology Staff:](#)
[Norfolk-based Psychology Staff:](#)
[Omaha VAMC Psychology Staff:](#)

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Site-Specific Training Experiences

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

[Grand Island VA](#)
[Lincoln VA](#)
[Norfolk CBOC](#)
[Omaha VA Medical Center](#)

Grand Island VA

2 Internship Positions

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



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

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

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

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

highly rural areas. Urban referrals to the Grand Island facility are typically to the Residential Substance Abuse Program. In addition, some Veterans from urban areas may spend time at the Grand Island CLC for annual care-giver (and Veteran) respite stays.

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Grand Island Rotations

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

Outpatient General Mental Health (GMH) - This is a general outpatient clinic providing a full range of mental health treatment to Veterans diagnosed with mental health disorders including mood and anxiety disorders (other than combat-related PTSD) and psychotic disorders. One of the psychologists in Grand Island is not yet licensed. As a result, the primary rotation supervisory duties in GMH are currently shared by Drs. Duke and Krebs, who are supervisors of the PCMHI and PTSD rotations, respectively. Dr. Duke had been the GMH primary supervisor for many years before transferring into PCMHI. In addition, the Intern has access to Dr. Diane Todd, not only in her role as Assessment Clinic supervisor, but also due to her superb clinical skills generally and her duties as a telehealth specialist and Community Living Center psychologist.

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

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

and to establish a meaningful role in the community. Psychology Interns in the Grand Island General Mental Health rotation typically have the opportunity to receive training in group therapy, individual therapy, clinical interview assessment, and psychodiagnostic testing, although with COVID group therapy opportunities may decrease or become purely virtual.

Post-Traumatic Stress Disorder - Treatment for PTSD (military/combat and non-military/combat) in Grand Island is conducted by clinicians from the General Mental Health Clinic who specialize in trauma treatment. This rotation is currently supervised by Dr. Krista Krebs, who is also a co-facilitator of the VISN-23 PTSD Mentors Workgroup and Chief of Psychology for NWI, but supervision may be taken over by (or shared with) a newer faculty member, Dr. Jennifer Moniz once she is licensed. Dr. Krebs has a particular interest in PE as well as treating 'moral injuries' and is the primary provider of PTSD-related didactics. At least three Grand Island clinicians (1 psychologist and two highly experienced clinical social workers) are VA-certified in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Grand Island-based Interns will have greater opportunity to shadow clinicians certified through the VA in PE and CPT than elsewhere in the NWI Doctoral Internship in Clinical Psychology. Training is also done through involvement in individual therapy and co-facilitate evidence-based group therapies. If available and as directed by their Primary Rotation supervisor(s), Interns are also involved in various therapies for Veterans not ready or otherwise not appropriate for more direct trauma work. These could include the application of ACT to PTSD; involvement in group interventions (e.g., Relaxation Group, Mindfulness Group, or Seeking Safety, Imagery Rehearsal Therapy for Nightmares, and CPT group). During this rotation Interns have in the past been required to participate in Dialectic Behavior Therapy (DBT) Skills Group which is facilitated by Social Worker DBT Therapists. This requirement is likely to continue, however due to the growth of social work practicum students in Grand Island and other factors in both training sites, the logistics of how this occurs may vary from training year to training year. Similarly, if there are new NWI staff who need DBT training, they may also take precedence over trainees. Interested Interns may investigate whether they could be assigned to engage in individual DBT therapy if deemed appropriate by the PTSD supervisor and part of the Intern's individualized training plan. In addition, Interns will be involved in all aspects of treatment including diagnostic assessment, treatment planning, individual psychotherapy, and group psychotherapy. If interested, Interns may meet with the local Military Sexual Trauma (MST) coordinator for Grand Island and participate in or help develop treatment programs/options.

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

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

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

Interns receive extensive exposure to appropriate methods of written, electronic, and verbal interdisciplinary communication, report writing and other documentation.

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

Evidence-based psychotherapies learned in the PCMHI rotation typically include CBT for Insomnia (CBT-I) and other sleep interventions, as well as CBT for Chronic Pain (CBT-CP). Interns lead group therapies such as Brief Problem-Solving Therapy, Sleep Education group, and - if they choose - a 4-session Depression group. A significant training activity is Interns' participation in the weekly Interdisciplinary Pain Clinic, a specialty clinic serving Veterans with complex cases of chronic/intractable pain, with interested Interns working alongside the Whole Health Psychologist involved in this clinic, subject to availability (this position is currently vacant). With supervision, Interns might conduct chronic pain assessments / evaluations, provide brief intervention, and assist with coordination of psychological care for patients with chronic pain. Interns will also be able to assist with the multidisciplinary psychoeducational class, Chronic Pain 101, as well as co-facilitate "Managing Chronic Pain" therapy groups. The Chronic Pain 101 includes a telehealth component with Veterans participating from several sites and offers information about effective pain management and includes topics about stress, activity pacing, living a balanced lifestyle, cognitive restructuring, anger management, assertiveness, family dynamics, and relapse prevention. A variety of treatment modalities are utilized within Pain Psychology.

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

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Grand Island Assessment Clinic

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

Please see the general requirements for the Assessment Clinic for all Interns at all training sites for additional details. In addition to gaining "area level" supervision status early in the training year, at some point in the training year, each Grand Island-based Intern is required to demonstrate basic competencies

(essentially equivalent to “area level” supervision) in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMPT-R, WCST, and RCFT. However, only those involved with Polytrauma evaluations will be required to actually administer the Polytrauma battery near the beginning of their General Mental Health rotation.

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

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

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

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

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

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‘Elective’ Hours

Interns at all training sites may use ‘elective’ hours in which they may further individualize their training program. ‘Elective’ experiences must be approved by the primary supervisors and Assessment Clinic supervisors, as the Intern must be meeting all other Internship expectations before using ‘elective’ hours. Please see details at the following [Shared Attributes of Training Sites](#).

Grand Island-based Psychology Supervisory Staff:

1. David L. Duke, Ph.D. (Auburn University 2004). Grand Island. VA since January 2011. Mental Health in Primary Care Integration (0.5 FTE); Substance Abuse Recovery and Rehabilitation Treatment Program (SARRTP, 0.5 FTE). Co-supervises General Mental Health rotation pending licensing of graduate psychologist. 5-8 hours/week devoted to Internship. Duties include Pain Clinic, Sleep Groups, SAARTP. Other Clinical interests include SMI, mindfulness skill training, ACT, substance use, couples' therapy, and ethical decision-making in psychotherapy.
2. Krista K. Krebs, Ph.D. (Iowa State University 2000). Grand Island. VA since 2007. PTSD Specialist and acting Grand Island Site Supervisor, as well as Co-PTSD Mentor for VISN 23. Co-supervises General Mental Health rotation pending licensing of graduate psychologist. 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, moral injury and impact of killing on PTSD symptoms, group and individual therapy via telemental health technologies, rural mental health issues. Part-time faculty at Capella University.
3. Diane L. Todd, Ph.D. (Oklahoma State University 1997). Grand Island. VA since 2012; beginning in Tomah, WI; transferred to Grand Island in April of 2015. Clinical psychologist in Outpatient Mental Health, providing outpatient services primarily through telemental health to Veterans through local CBOCs (community-based outpatient clinic) and/or at home (using VA technology similar to a secure version of Skype). Veterans agree to be seen using this system because it is the most convenient (or only feasible) option for them. Services provided are intended to be as close as possible to the traditional, in-office therapy experience as possible. Psychologist supporting the Community Living Center (CLC); providing an array of services, including individual counseling, cognitive assessment, consultation, and interdisciplinary team duties. Assessment supervisor for NWI's Doctoral Psychology Internship. Helps explore the world of assessment, augmenting experiential learning with role plays of various testing/assessment scenarios. Clinical interests include CBT, Interpersonal therapy (IPT), serious and persistent mental illness (SMI), the intersection of personality (broadly defined) and change.
4. When licensed Dr. Jennifer Moniz is likely to join the supervisory team.

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

See also:

[Grand Island VA](#)
[Norfolk CBOC](#)
[Omaha VA Medical Center](#)

Lincoln VA

3 Internship Positions

Track 221714: "NWI - Rotation Based – Lincoln VA"



There is no picture currently of the new Lincoln VA building now under construction on the same campus as the current Lincoln VA (pictured) which is housed on a graceful campus with plentiful parking, easily accessed as it is located near two major streets on the eastern side of Lincoln. The current Lincoln VA building was dedicated in 1930 and as such is one of the oldest VA hospital buildings in the United States, listed in the National Registry of Historical Places. The Lincoln VA is made up of a cluster of building joined into one facility through shared corridors, with the mental health and substance abuse treatment services provided in an adjoining building to the right, just out of view in the picture above. Parking lot to parking lot, the Lincoln VA is approximately 100 miles east of the Grand Island VA, 120 miles south-southeast of Norfolk, and 50 miles west of the Omaha VA.

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

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

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

The Lincoln VA offers Interns an array of clinical experiences. Mental Health Services in Lincoln include a General Outpatient Mental Health Clinic, a specialized PTSD clinic, referred to as a “PCT (please see below), an outpatient Substance Abuse Clinic, Mental Health in Primary Care Integration, Pain, and Telemental Health. The Lincoln VA serves Veterans of all ages including a large number of geriatric Veterans with a variety of mental and medical needs. A number of these Veterans seek neurocognitive evaluations related to possible dementia. Some also participate in group and individual psychotherapy, as well as psychoeducation for families caring for Veterans.

Lincoln used to have three Interns. Due to space concerns with the new building, one internship position was transferred to Polytrauma Support Clinic in 2020-21. One of the remaining two Lincoln-based positions is being transferred back to Grand Island for the 2021-22 training year. The final Lincoln-based spot will either be filled in Lincoln for the 2021-22 training year, or will be moved to Omaha VAMC or alternatively left vacant if appropriate space for a trainee is not available in the new building.

Dr. Ritchie is the Training Director as well as the only neuropsychologist in NWI - although please note that many NWI psychologists are excellent in assessment without formal neuropsychology training. Dr. Ritchie has been stationed in Lincoln for many years and in the past 10 years worked two days a week in Omaha and the rest of her week in Lincoln. Although technically stationed in Lincoln, there is no available room in the new building for her to maintain an office there and so she along with one of the original three Lincoln Internship positions moved to the Omaha Polytrauma Support Clinic track starting in August of 2020. She lives in Lincoln, however, and even without an office in Lincoln can intermittently make herself available either virtually or in person to Lincoln-based Interns, either as neuropsychologist based on clinical needs or as Training Director as she periodically travels to all training sites – at least once or twice during the training year.

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Lincoln Rotations

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

Outpatient General Mental Health (GMH) - This is a general outpatient clinic providing a full range of mental health treatment to Veterans diagnosed with mental health disorders including mood and anxiety disorders and psychotic disorders. Staff include psychiatry, social work, nursing (RN and APRN), and clinical pharmacy, in addition to psychology, in addition to a mental health peer specialist. Lincoln-based Interns will provide individual and group psychotherapy, initial evaluations, team consultation, and diagnostic assessment. Interns typically gain exposure to evidence-based treatment modalities including CBT and ACT, as well as other evidence-supported interventions, although with Dr. Bockoven's retirement ACT use may decline at least temporarily; that said Interns with prior ACT experience are not barred from continuing in this mode and we will make efforts to provide consultation with providers at other training sites.

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 are active participants in a weekly interdisciplinary mental health clinic treatment BHIP team meeting (teams (Behavioral Health Interdisciplinary Program teams), as well as larger monthly interdisciplinary mental health meetings. Through their participation on BHIP teams, Interns learn through experience and supervision discussions how teams provide a means of leveraging the expertise of individual members and provide recovery-oriented, evidence-based treatments for mental health issues presented by Veterans.

Lincoln's Outpatient General Mental Health Clinic provides Interns with both group and individual psychotherapy experiences. Interns in the GMH rotation primarily receive training in Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT). Less frequently, training in Marital/Couples Therapy may be available. One established group that Interns are encouraged to co-facilitate is the interdisciplinary telehealth group "Cognitive Behavioral Therapy for Tinnitus" along with Dr. Jerry Bockoven, primary GMH rotation supervisor, and an audiology provider. Unfortunately, Dr. Bockoven is retiring in January of 2021 and is the primary ACT and CBT-Tinnitus provider in Lincoln, so if available this may be supervised by other providers.

Interns with an interest in substance use disorders have in the past been able to 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 may also discuss extending SUDP experiences through a limited elective outside the GMH rotation. One psychologist is actively involved in the SUDP program, leading Seeking Safety groups as well as Anger Management groups. It is unclear at this time whether SUDP will continue to be co-located with MH in the new Lincoln VA building.

Similar to the other rotations, Interns in the GMH rotation must complete a project during the course of the rotation. This may involve developing a new group, completing a program evaluation project, or developing recommendations for improving groups or processes within the outpatient mental health service, etc. Interns are counselled to take the first several weeks observing and noting any gaps in services or inefficient processes that could be improved upon, then discussing the proposed project in supervision before embarking.

Post-Traumatic Stress Disorder - The PTSD Care Team (PCT) provides specialized mental health treatment to Veterans who have a diagnosis of PTSD due to trauma during in the military service. The PCT team, including the Intern, attends the weekly BHIP meetings and participates in their interdisciplinary discussions. Individual supervision involves Dr. Peter Meidlinger who is full-time and to a certain extent Dr. Cameron White who is part-time.

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

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

Interns in the PTSD rotation are typically required to participate in Dialectic Behavior Therapy (DBT) Skills Group, co-leading alongside an experienced DBT clinician. However, if there are new NWI staff who need DBT training, they may also take precedence over trainees. Sometimes other factors interfere. The DBT Skills Group utilizes a hybrid V-tel model in which groups are combined across sites via V-tel. Interns participating in DBT in any manner attend the weekly DBT Consultation meeting in which DBT providers from both Lincoln and Grand Island consult about cases, provide support to each other related to difficult situations not uncommon in DBT populations, and continue to learn from each other. Interns with a particular interest in DBT may request to do individual DBT therapy if deemed appropriate by the PTSD supervisor and part of the Intern's individualized training plan. Generally, this requires a commitment beyond the bounds of a single rotation. Post-COVID the DBT Skills Group stopped for a while but at this writing has or will soon get started back up as one of the few in-person group at each end of the hybrid model.

Lincoln-based Interns are involved in all other aspects of PTSD treatment including diagnostic assessment, treatment planning, individual psychotherapy, and group psychotherapy. Pre-COVID Interns typically quickly took ownership of providing weekly psychoeducational groups for Veterans and their spouses (or other supports); these have mostly stopped post-COVID, so most intervention is individual at this point.

Similar to the other rotations, Interns in the PCT rotation must complete a project during the course of the rotation. This may involve developing a new group, completing a program evaluation project, or developing recommendations for improving groups or processes within the PCT, etc. For example, the configuration of the former PTSD Education Group / PTSD Coping Skills series was an adaptation of what used to be an 8-session series, adapted by one of the prior Interns in a successful effort to make start point of therapy more readily available to Veterans as they present themselves to the clinic. Another

year an Intern in the PCT rotation and an Intern in the PCMHI rotation collaborated to create a 4-session Imagery Rehearsal for Nightmares therapy group which has continued as an Intern option since that time in the PCMHI rotation.

Primary Care - Mental Health Integration (PCMHI) – As with other Primary Care settings throughout the VA, primary care services in Lincoln are based on a collaborative care model. The primary supervisor for the PCMHI rotation is Dr. Rose Esseks. As of 2020-21, Pain Clinic (coordinated by Whole Health) is no longer a standard part of the PCMHI experience. Instead the Pain Clinic now requires interested Interns to make a formal application indicating why they are interested and an outline of training goals, if they are interested in participating in this aspect of PCMHI. The Lincoln psychologist is a former Intern who did a postdoc in Pain Psychology and worked elsewhere before returning to NWI; Dr. Krista Crowe has particular expertise in biofeedback as well as Mindfulness Based Symptom Reduction interventions. If their application is accepted, Interns participate in the weekly Interdisciplinary Pain Clinic, a specialty clinic serving Veterans with complex cases of chronic/intractable pain. With supervision, Interns could be asked to conduct chronic pain assessments / evaluations, provide brief intervention, and assist with coordination of psychological care for patients with chronic pain.

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

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

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

The PCMHI Rotation emphasizes training in consultation skills, effective clinical communications, and health coaching practices. The PCMHI Rotation requires familiarity with medical syndromes; psychological problems that impact medical care outcomes; and methods of communication to which medical providers are responsive. Thus, Interns receive extensive exposure to appropriate methods of written, electronic, and verbal interdisciplinary communication, report writing and other documentation. Consultation skills learned through PCMHI are felt to be important for success in any practice of modern psychology, including for those going into seemingly different fields such as neuropsychology.

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

The PCMHI rotation also provides Interns with an array of group experiences pre-COVID, but much less so post-COVID where similar interventions are more likely to be given individually than in groups. PCMHI Interns in the past have facilitated weekly groups including Coping with Chronic Pain, Sleep

Enhancement, and Smoking Cessation groups. In the past, Interns periodically led a group format for Imagery Rehearsal Therapy for Nightmares (using or adapting a 4-session series developed by prior Interns). Other Intern-developed groups have included a 4-week “Depression Group” as well as a 6-week “Cognitive Skills” group which is open to any Veteran with cognitive concerns regardless of etiology (dementia, TBI, PTSD, etc.). Interns also co-facilitated the “iRest” (“Integrated Restoration”) Yoga Nidra Guided Meditation for Chronic Pain with Dr. Ritchie. Due to the recent inception of the Whole Health program, Dr. Ritchie no longer facilitates “Yoga for Chronic Pain” option in which Interns previously participated as co-facilitators. The new Whole Health program continues to provide Veterans with access to yoga and Tai Chi without needing a specific diagnosis, but now primarily in a virtual format.

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

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

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Lincoln Assessment Clinic

The Assessment Clinic is a year-long training experience which involves neurocognitive screenings as well as more complex neuropsychological assessments. Lincoln-based Interns on the General Mental Health and PTSD rotations typically test on Fridays, whereas Interns on the PCMHI rotation test on Tuesdays or Thursdays.

Interns in the rotations are primarily supervised by Dr. Rose Esseks in their Assessment Clinic work but interested Interns occasionally work under Dr. Ritchie depending on Polytrauma Support Clinic referral flow. Dr. Ritchie is also available to consult with Interns and their supervisors across NWI or directly supervise Interns through her virtual attendance at the Assessment Clinic Group Supervision typically from her Omaha office.

Please see the general requirements for the Assessment Clinic for all Interns at all training sites for additional details. In addition to gaining “area level” supervision status early in the training year, at some point in the training year related to the basic neurocognitive screening, the Lincoln-based Intern in the GMH rotation must also quickly gain area level supervision for the more complex Polytrauma battery. This includes the WAIS-IV, CVLT-II, BVM-T-R, WCST (hand administered), and RCFT. Whether they do the Polytrauma rotation (typical) or not (atypical), all Lincoln-based Interns are required to learn the Polytrauma battery prior graduation. This typically involves training with other Interns and then giving a mock testing with the neuropsychologist as the client; when deemed sufficiently competent, the Intern is

allowed to administer the battery to an actual Veteran under direct observation (“room level” supervision). Polytrauma evaluations typically take place in Omaha at the Polytrauma Clinic’s offices in a mini-CBOC across the street from the Omaha VA in what is known as the Center Mall.

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

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

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‘Elective’ Hours

Interns at all training sites may use ‘elective’ hours in which they may further individualize their training program, provided they are meeting all the basic requirements of the rotation/internship. ‘Elective’ experiences must be approved by the primary supervisors and Assessment Clinic supervisors, as the Intern must be meeting all other Internship expectations before using “elective” hours. Please see details at the following link: [Shared Attributes Across Training Sites:](#).

Lincoln-based Psychology Staff:

1. Jerry Bockoven, Ph.D. (University of Oregon, 1988). Lincoln. VA since September 2012. Due to retire January 2021. Mental Health Clinic. 4-6 hours/week devoted to internship. Primary duty is to provide evidence-based psychological therapies addressing a wide range of clinical issues. Clinical/research interests include mindfulness-based treatments, psycho-educational approaches, integration of spirituality and psychotherapy and anxiety disorders.
2. Krista Crowe, Psy.D. (Midwestern University, Glendale 2015). Lincoln VA. Health Behavior Coordinator, Whole Health Staff Psychologist. VA staff since 2018; completed VA NWI internship and VA postdoctoral fellowship in 2015 and 2016, respectively. 0-4 hours/week devoted to internship. Primary duty is to provide behavioral health and psychological treatment for health conditions such as chronic pain, insomnia, diabetes and hypertension as well as providing Motivational Interviewing training and clinician coaching to hospital staff. Clinical interests include health psychology, pain psychology, interdisciplinary care, biofeedback, and Complementary and Integrative Health (CIH) interventions. Research interests include interdisciplinary care outcomes and psychological treatment of physical conditions.
3. Rosemary J. Esseks, Ph.D. (University of Nebraska-Lincoln 2003). Lincoln. VA since August 2010. Primary Care-Mental Health Integration (part time, 24 hrs/week). 8-10 hours/week devoted to internship. Duties include brief individual and group therapy. Clinical interests include motivational interviewing, health psychology, marital/family counseling. Research interests include program evaluation and motivational interviewing. Lecturer in the Department of Psychology, University of Nebraska-Lincoln and the Creighton University School of Medicine.
4. William Keller, Ph.D. (University of Iowa 1971). Lincoln. VA since June 1971. Mental Health Clinic, SUDP, and PCT. 0-2 hours/week devoted to internship. Duties include individual, couples, and group counseling, neuropsychological and diagnostic assessment. Clinical/Research interests include complex cases including of childhood trauma, substance abuse, medical, psychiatric and personality disorders.
5. Peter C. Meidlinger, Ph.D. (University of Nebraska, 2017). Grand Island VA since 2017 (VA Internship at Durham VAMC 2016-17). Clinical interests include exposure-based, cognitive behavioral treatment of anxiety disorders, CBT treatment of depression, transdiagnostic treatment of anxiety and depression, prolonged exposure therapy for PTSD, and cognitive processing therapy for PTSD.
5. A. Jocelyn Ritchie, JD, Ph.D. RYT-200. (University of Nebraska-Lincoln 1990 plus UNL clinical retraining 1992-1996 and neuropsychology post-doc Yale University 1997-1999). Lincoln/Omaha. VA since Sept. 2007 (1st in PTSD/PCT; then Polytrauma & PTSD/PCT). Current Duties: Internship Training Director (0.6 FTE), Polytrauma Neuropsychology (NWI-wide; 0.4 FTE). Clinical/Research interests include civil and criminal forensic neuropsychological assessment and symptom validity; Traumatic Brain Injury; leading a weekly Yoga for PTSD group (Lincoln) and for Polytrauma. (Omaha); group and individual "iRest" (Integrated Restoration) Yoga Nidra Guided Meditation (for PTSD, TBI & Chronic Pain); Violence Risk Assessment; Americans with Disabilities Act; Civil Commitment Law; Serious Mental Illness and psychosocial rehabilitation.

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

See also:

[Grand Island VA](#)

[Lincoln VA](#)
[Omaha VA Medical Center](#)

Norfolk CBOC

1 Internship Position

Track 221715: "NWI – NO Rotations – Rural Norfolk CBOC"



The Norfolk community-based outpatient clinic (CBOC) was established in Nov. of 2008 and is located in a strip mall on one of the main thoroughfares in town. Parking is easily accessed and is within walking distance to other shops and eating establishments. It moved into a new building (not pictured but similar) in the Fall of 2020.

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

The Norfolk CBOC is in a rural community with a population of approximately 24,000 people. The catchment area for this clinic spans over 120 miles with over 2,300 Veterans currently enrolled. The mental health service is embedded in primary care and serves Veterans experiencing a wide range of mental health issues, including anxiety and mood disorders, trauma and stressor related disorders (PTSD included), acute and chronic health issues, chronic and severe mental illnesses, substance use disorders, adjustment problems and relationship issues. On-site team members include one Psychologist, four Primary Care Providers, clinical pharmacist, 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 may be developed by the Intern with supervisor approval. Currently group work is offered via tele-mental health for PTSD, pain management, weight management, nightmares, MOVE! group, and insomnia. The addition of on-site groups by the Intern could be a valuable addition to the Norfolk CBOC's capacity to serve the mental health needs of this highly rural Veteran population if and when this becomes feasible post-COVID. 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, rather than rotating through specific clinics.

Given the nature of the Norfolk CBOC's elderly population, the Intern would typically have exposure to intake assessments, neurocognitive evaluations, and psychotherapy for the individual therapy, as well as psychoeducation for families caring for the Veteran. Work with a geriatric population certainly necessitates close interdisciplinary communication, as this population tends to have complicated medical needs. However, post-COVID these interactions are likely to be by phone unless the elder has sufficient computer skills to manage other virtual environments.

The Norfolk-based training track has significant differences in structure due to not being rotation-based. Due to the integration into the primary care setting, the Norfolk Intern will provide in person or more frequently post-COVID virtual services to "anyone who steps in the door," a common practice for rural psychology. This ensures that across the training year, the Norfolk-based Intern will have the opportunity

to see patients with a wide variety of diagnoses, thereby gaining similar training experiences as Interns at the other two training sites, just not confined within the context of a rotational structure.

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

The Norfolk-based Intern has the unique advantage over rotation-based Interns 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/herself to those that fit into their elective hours. The Norfolk-based Intern will enjoy the greater flexibility of being able to customize their experience to the clinical needs and interests of the Intern on the site within the limitations of the clinical opportunities available. If the desired clinical experience is not offered specifically at the Norfolk CBOC, the Intern may choose to travel to another CBOC within NWI to meet their training needs if available (with the approval of their supervisor). Other advantages enjoyed by the Norfolk-based Intern relate to the depth of Interdisciplinary training opportunities described below.

An important note about supervision: Per VA policy, the Norfolk-based Intern may have no clinical contact with patients whatsoever in the absence of an on-site licensed psychologist to supervise the Intern's activities. As mentioned above the Intern may travel to other training sites to ensure the Intern has on-site supervision available so that the Intern may have clinical contact with patients and round out his or her clinical training. When the Intern travels to the other training sites, he/she has opportunities to experience a greater range of supervised experiences, as well as to engage in face-to-face peer interactions with other NWI Interns. Occasionally, faculty, and at times accompanied by an Intern, from an NWI site may travel to Norfolk to provide supervision of clinical experiences. This provides the other Intern with a more rural experience, as well as providing the Norfolk Intern with additional formal and informal face-to-face peer interactions.

During times when no on-site supervision is present, the Norfolk-based Intern will follow an individualized plan developed in conjunction with the on-site supervisor. This may involve travel to other training sites. At other times, the plan includes writing assessment and intake reports, completing notes, completing assigned rotation projects, meeting with other supervisors via telehealth related to assessment skill development, and/or engaged in a variety of pre-planned training activities. These other pre-planned training activities may 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 amongst other common psychologically relevant training experiences. The NWI Doctoral Internship in Clinical Psychology 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 may include, designed to help assure any planned or unplanned absences by the supervising psychologist does not interfere with the Intern's overall training.

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Non-Rotation Training Experiences:

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

Outpatient General Mental Health - Much of the generalist rural practice of the Norfolk Clinic is consistent with a traditional GMH clinic as described for the other training sites in terms of the diversity of clinical presentations, as well as opportunities to work with other disciplines. The Intern is embedded within Primary Care full-time with offices next to the offices of the Norfolk Clinic Primary Care Providers, and just down the hall 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 - The Norfolk CBOC has ample opportunities to work with Veterans with PTSD; therefore, the Norfolk Intern gains significant exposure to evaluation and treatment of this population across the training year. The clinic supervisor is certified in CPT for PTSD and is highly knowledgeable regarding this diagnosis and treatment, all of which provides the Intern options for hands-on training in this core EBP. Additionally, the Norfolk Intern often has access to the PTSD education class (delivered via V-tel from Grand Island) with bi-weekly two-hour sessions. The Norfolk Intern is offered to participate in the V-tel PTSD group therapy for Veterans.

The Norfolk-based Intern may also have the opportunity to shadow the implementation of PE via V-tel from Grand Island, depending on clinician and Veteran availability and agreement. These types of V-tel experiences 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 VA "TMS" system as well as through the Medical University of South Carolina series 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 has wide-ranging opportunities to engage in traditional Motivational Interviewing. The Intern has continuing opportunities to work directly with Primary Care Provider staff related to an array of health-related diagnoses including diabetes, smoking cessation, pain management, and weight related concerns. The development and fostering of interprofessional relationships is important within rural VA psychology and the Norfolk CBOC provides significant opportunities for this type of professional development. The Norfolk-based Intern can also travel to other training sites to sample how PCMHI is implemented in other chemical environments.

Pain clinic- The Norfolk-based Intern will have the opportunity to participate in within-clinic referrals for therapy or consultation related to pain issues that Veterans present via PCMHI under the Norfolk psychologist's supervision. However, there is no formal "Pain Clinic" in Norfolk as at the other sites. The Intern may have opportunities to sit in on sessions during intermittent on-site visits from pain consultants traveling to Norfolk for on-site psycho-education and individual sessions during occasional visits to Norfolk. Time permitting, the Intern may have the option of one-on-one discussions with the consultant about pain management topics/issues. The Intern also may have access to participation in the Pain 101 class presented via V-tel by psychologists from Omaha and Grand Island.

The Norfolk-based Intern may travel to participate in the multidisciplinary Pain Clinics at other training sites, as well to shadow the psychologist who is part of the Pain Assessment Team and/or the Intern who is assigned to the PCMHI rotation at that time. To participate in Lincoln, the Intern would have to apply for this experience more formally than at other sites. Interns traveling to Grand Island, Lincoln or Omaha may also have access to the Whole Health Psychologists who are all experienced Pain clinicians with biofeedback as one of their tools along with CBT for chronic Pain and other interventions. Other Whole

Health clinicians include acupuncturists, chiropractors, yoga instructors, and tai chi teachers. The Norfolk-based Intern can request opportunities to interact and learn from Whole Health clinicians across the other training sites, and occasionally Whole Health clinicians and coaches travel to Norfolk, as well.

Substance use treatment- There is no formal substance abuse treatment program at the Norfolk clinic. That said, 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. Although not a full substance abuse assessment, the Norfolk-based Intern can anticipate doing preliminary assessment before referrals are made to inpatient or outpatient substance abuse treatment in other settings. Those requiring residential or intensive out-patient treatment are referred to other VA programs, typically the residential treatment programs at the Omaha VA or the Grand Island VA. Patients completing these programs are often referred back to the Norfolk CBOC as an after-care treatment option. In addition, the Norfolk clinic is able to work with less intense substance use presentations when the Veteran does not need residential or intensive out-patient treatment. Veterans discharged to local half- or three-quarter-way homes within Norfolk and surrounding areas are often followed in the Norfolk clinic as well.

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Norfolk Assessment Clinic

The Assessment Clinic is a year-long training experience primarily involving neurocognitive screenings and possibly more complex neuropsychological assessments. The Norfolk-based Intern typically completes their hands-on assessment training on Thursdays and if traveling to be supervised elsewhere then on Fridays. The Norfolk supervisor is very skilled in neuropsychological assessment, and supervises assessments on-site, depending on patient needs.

The Norfolk-based Intern's assessment training could include monthly or twice a month travel but it there is sufficient assessment referrals within the Norfolk Clinic to do at least one assessment there per month if not more. Travel provides the Norfolk-based Intern with additional supervised assessment experiences when the Norfolk CBOC has a decrease in referrals or to round out training. For example, in Grand Island, the Norfolk-based Intern will be able to conduct neurocognitive assessments (same battery used at Norfolk) and/or pain assessments during the pain clinics, as well as gaining experience with the Community Living Center (CLC) geriatric residents and CLC treatment team meetings.

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

Over the course of the training year the Norfolk-based Intern is required to demonstrate a basic working knowledge regarding the additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMR, WCST, and RCFT. This typically occurs during the group supervision discussions, but sometimes through actually administering the measures. The Polytrauma neuropsychologist might intermittently travel Norfolk to administer the Polytrauma battery, at which times the Intern is invited to observe or to administer under the Polytrauma psychologist's observation depending on the Intern's demonstrated competencies. Interns with an interest in Neuropsychology can request to travel to Omaha to get Polytrauma Support Clinic experience. If such opportunities do not arise the Intern is encouraged to practice administering the tests with fellow interns and supervisors during individual and/or group supervision, and could be given access to samples of completed protocols and reports which they may review and discuss in order to obtain basic competencies (equivalent to "Area

Level” supervision). If the Norfolk Intern is limited with travel, for example due to weather, they may participate in report writing for an already administered Polytrauma battery to gain experience with working with a psychometrist.

After demonstrating competencies in administration of neurocognitive assessments under “Room Level” supervision, the Intern is allowed to administer and score neurocognitive batteries, write reports, and provide test feedback under “Area Level” supervision.

Please note that the Norfolk Intern may travel to Grand Island for training experiences, and take advantage of free (and nice) accommodation for trainees sponsored by the Rural Health Education folks. Ask our current Norfolk Intern about his experiences.

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

As noted, other assessment-related experiences that the Norfolk-based Intern may encounter or that may be able to be incorporated into the Internship involve travel to Grand Island, Omaha, and/or Lincoln. Please see descriptions of opportunities elsewhere in NWI including: [Grand Island Rotations](#) and [Lincoln Rotations](#).

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‘Elective’ Hours

The Norfolk Intern may use ‘elective’ hours in which they may further individualize their training program. Please see details at the following link: [Shared Attributes Across Training Sites](#). The Norfolk location provides flexibility, typically on Fridays, and are considered ‘elective’ hours. This flexibility assumes approval by the primary supervisors and Assessment Clinic supervisors, as the Intern must be meeting all other Internship expectations before using “elective” hours.

Norfolk-based Psychology Staff:

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

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

Dr. Ritchie and other supervisors may occasionally travel to Norfolk from other sites, (sometimes accompanied by an Intern) or the Norfolk-based Intern travels to another training site instead. When the Intern travels, they have the opportunity to experience a broader range of assessments and a broader range of supervision styles, although all developmental in nature.

See also:

[Grand Island VA](#)

[Lincoln VA](#)

[Norfolk CBOC](#)

[Omaha VA Medical Center](#)

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Omaha VA Medical Center – “Omaha VAMC-based”

**1 Internship Position (possibly 2 depending on the Lincoln VA space situation)
 Track 221711: “NWI – Rotation Based – Rural Outpt Emphasis Omaha” (if funded)**



Starting at the end of August 2018, there has been one Intern based in Omaha. This slot was temporarily funded for one year only but continued in the 2019-20 training year due to staffing changes in Grand Island resulting in sufficient supervision available to have 2 Interns that year. Because of the Lincoln space situation, it is anticipated the Omaha training site continues as is with one of Lincoln slots going to Grand Island so Grand Island can return to having 3 Interns. As noted elsewhere, a second Omaha VAMC spot may become available if the one remaining Lincoln position is not considered viable due to space issues with the new Lincoln VA building. We will keep applicants informed through the “Match News if anything changes. So far, each of the three years this position has existed, the nature of the experiences have slightly evolved over time, and this is expected to continue, for example increasing PCMHI training opportunities in the Spring of 2021 is planned. However it evolves, the Omaha VAMC position trains to the same competencies as the other training sites.

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

There is currently a single Omaha-based Intern whose work is primarily a year-long Outpatient General Mental Health experience (approximately 16 hrs/wk) with Dr. Ronn Johnson PhD ABPP with Dr. Mark Tims as backup supervisor. The Intern also completes a year-long Assessment Clinic experience (up to 8 hrs/wk) with Dr. Myla Browne PhD, and other training experiences as can be arranged. Since its inception in 2018 this position has included PTSD intake assessments with the option of adding PTSD intervention cases under the supervision of Dr. Terry North, director of the PTSD specialty clinic across the entire year. The Omaha VAMC just opened a large new Ambulatory Care Center (ACC). There are currently hopes but no set plans for PCMHI experiences during the current training year. Dr. Juliette

Liesinger has recently come on as a new faculty member (she is a former Intern from the class of 2016-17 who completed a PCMHI postdoc and returned to Omaha to work at UNMC before transferring to the VA) and has expressed interest in supervising Interns and may be available for PCMHI supervision in the 2020-21 training year, once settled into the new ACC. This may be an option in the second part of the training year but it is anticipated that the Polytrauma-based Intern may choose to remain busy with other things.

The main supervisors for the 2021-22 training year for this training track are:

Dr. Ronn Johnson	Outpatient General Mental Health	(year-long)
Dr. Mark Tims	backup Outpatient GMH supervisor	
Dr. Terry North	PTSD intake assessment	(year-long)
Dr. Myla Browne	Assessment Clinic	(year-long)
Unclear	PCMHI experience	(unclear)
Others		

[Omaha VAMC Assessment Clinic](#)

The Assessment Clinic is a year-long training experience primarily involving neurocognitive assessment in the Omaha VAMC including but not limited to assessment within Geriatric Evaluation clinic but also other hospital-wide assessment referrals, all supervised by Dr. Myla Browne. In addition, the Intern will have the option for additional evaluations across the Omaha VAMC referral base. The Omaha-based Intern will typically complete his/her hands-on assessment training on Tuesdays as this is one of the days when the geriatric interdisciplinary assessment team meet, although this would be worked out with Dr. Browne.

Interns in all training sites learn to administer and interpret a number of required and optional cognitive assessment instruments over the course of the training year. During the beginning of Internship, training is devoted to ensuring that each Intern is (or gets close to) attaining “Area Level” supervision status regarding a basic clinical interview and administering a basic neurocognitive screening battery, including the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka “FAS” & “Animals”) and TOMM, in addition to other screeners, such as the MOCA. The battery has been modified for virtual assessment, particularly as many elderly patients do better on the phone than computer.

Over the course of the training year the Omaha-based Intern is required to demonstrate basic competencies (roughly equivalent to “Area Level” supervision) in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMC-R, WCST, and RCFT. The Polytrauma Support Clinic is based in Omaha so there may be opportunities to do some assessments there as well.

After demonstrating competencies as psychometrists for instruments involved in neurocognitive assessments under “Room Level” supervision, the Intern is allowed to administer and score neurocognitive batteries, write reports, and provide test feedback under “Area Level” supervision.

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

Other Experiences the Omaha-based Intern may consider

Other experiences that the Omaha-based Intern may encounter are similar to those described for the other training sites. If the Omaha-based training position is funded intermittent travel may be permitted provided the Intern is meeting all other internship requirements. Please see descriptions of opportunities elsewhere in NWI including: [Grand Island Rotations](#) and [Lincoln Rotations](#). In addition, Omaha VAMC

has some interesting internal options such as experience running groups within inpatient and residential settings.

Omaha VA Medical Center – “Polytrauma-based”

1 Internship Position

Track 221712: “NWI – NWI - Assessment Focus + Rural - Omaha VAMC”



See descriptions for Omaha VAMC above.

This position is housed in a small stand-alone clinic in leased space down the hill and across the street from the main Omaha VAMC; the Polytrauma Support Clinic is not pictured. To get there you would cross at the cross-walk where this sign is if you were walking to the main building. However, there are also shuttles. Typically the Intern can expect to spend one full day and another half day in the main VAMC building during the week. The Polytrauma Support Clinic has excellent parking, and it is hoped that by the start of the 2021-22 training year the parking situation at the main hospital will improve with the addition of a new parking garage.

This Polytrauma-based position is part of the “excellent generalist” focus of the internship and is NOT considered a neuropsychology internship track. The single Omaha-Polytrauma-based Intern completes a year-long experience with additional assessment (up to 12 to 16, and possibly 20 hours per week depending on the Intern’s prior training and individual training plan) under the supervision of Dr. Ritchie. Intervention hours are primarily across the street in the main hospital, as described below. If there are opportunities for intervention within Polytrauma, these would be supervised by Dr. Ritchie. Dr. Ritchie is the Polytrauma neuropsychologist but spent two years as part of the PTSD/PCT team in Lincoln prior to the opening of the NWI Polytrauma Support Clinic in 2008; many of her Polytrauma patients experience PTSD, Depression and other symptom clusters. Dr. Ritchie’s intervention orientation is primarily cognitive-behavioral and holds VA certification in evidence-based therapies including CPT for PTSD, CBT-I, and IPT-Depression. She is also a former member of the NWI DBT Consultation Team, having led DBT skills groups and provided individual DBT therapy to patients in the past. She has formal training in ACT and most recently in EMDR, both outside the VA. She is a registered yoga teacher and iRest guided meditation Level Two instructor, until the pandemic had a “Yoga for PTSD” group since 2011 and an “iRest for Chronic Pain” group since 2016 (as well as a “Yoga for Chronic Pain” group from 2017-19) . Dr. Ritchie tends to integrate mind-body into her work with Veterans, consistent with her ongoing inquiries into the impact of Polyvagal Theory on therapy. Prior to coming to the VA, Dr. Ritchie worked with individuals with severe and persistent illness, particularly medication resistant schizophrenia in a long-term inpatient psychiatric rehabilitation setting, as well as a limited private practice civil and criminal forensic neuropsychology.

Intervention experiences in the main Omaha VAMC hospital include PTSD, General outpatient Mental Health, and PCMHI. Dr. Shauna Crim PsyD is a psychologist within the PTSD/PCT; she is an Air Force Veteran and previously worked as a psychologist at Offutt Air Base. Dr. Crim supervises the Polytrauma-based Intern doing PTSD intake evaluations once a week (about 4-6 hours including write-up and supervision). Dr. Mark Tims supervises General Mental Health cases for approximately 8 hours a week

including supervision), with Dr. Johnson as the GMH backup supervisor. As noted above, the Omaha VAMC just opened a large new Ambulatory Care Center (ACC). There are currently hopes but no set plans for adding PCMHI experiences during the current training year. Dr. Juliette Liesinger has recently come on as a new faculty member (she is a former Intern from the class of 2016-17 who completed a PCMHI postdoc and returned to Omaha to work at UNMC before transferring to the VA) and has expressed interest in supervising Interns and may be available for PCMHI supervision in the 2020-21 training year, once settled into the new ACC. This may be an option in the second part of the training year but it is anticipated that the Polytrauma-based Intern may choose to remain busy with other things.

Office space and computer access while at the Omaha VAMC is designated for the times the Intern is doing intervention with Dr. Tims and PTSD intakes with Dr. Crim (this may be the same or different offices depending on the day). Office space and computer access is designated in the Polytrauma Support Clinic for the rest of the training week, with the limited exception of Tuesday mornings from 7:30-8:30 AM when it is occupied by the Polytrauma Speech Therapist; for this short time-frame other space is available to the Intern. Post-COVID, such shared office space is expected to be sanitized not only before and between patients but also as well as at the end of the day before leaving.

The main supervisors for the 2021-22 training year for this training track are:

Dr. Mark Tims	Outpatient General Mental Health	(year-long)
Dr. Ronn Johnson	backup Outpatient GMH supervisor	
Dr. Shauna Crim	PTSD intake assessment	(year-long)
Dr. Jocelyn Ritchie	Assessment Clinic	(year-long)
Unclear	PCMHI experience	(unclear)
Others		

[Omaha Polytrauma Assessment Clinic](#)

The Assessment Clinic is a year-long training experience primarily involving neurocognitive assessment in the Polytrauma Support Clinic supervised by Dr. Jocelyn Ritchie. Depending on a number of factors including the Intern's testing and report-writing efficiency and other skill level prior to coming to Internship and/or development once here, it is possible that the Intern could do additional evaluations across the Omaha VAMC referral base. The Omaha-based Intern will typically complete his/her hands-on assessment training on Tuesdays, with writing started same day and completed in a designated block of time on Wednesday mornings and possibly another designated block for writing on Fridays.

Interns in all training sites learn to administer and interpret a number of required and optional cognitive assessment instruments over the course of the training year. During the beginning of Internship, training is devoted to ensuring that each Intern is (or gets close to) attaining "Area Level" supervision status regarding a basic clinical interview and administering a basic neurocognitive screening battery, including the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka "FAS" & "Animals") and TOMM, in addition to other screeners, such as the MOCA. During this time frame the Polytrauma-based Intern will also test out on the longer Polytrauma battery described elsewhere (e.g. WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT) and likely will use other assessment tools as needed. The Polytrauma Support Clinic is based in Omaha so there may be opportunities to do some assessments there as well if time and referral base allows.

Again, the Polytrauma-based position is part of the "excellent generalist" focus of the internship and is NOT considered a neuropsychology internship track.

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

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Omaha VAMC Psychology Staff:

1. Myla Browne, Ph.D. (University of Nebraska-Lincoln 2005). Omaha. VA since December 2010. Mental Health Clinic. 8 hours/week devoted to internship. Duties include cognitive, personality, and diagnostic assessment and group therapy. Clinical interests include cognitive functioning, geriatrics, and severe mental illness. Research interests include cognitive functioning, geriatrics, treatment and rehabilitation for severe mental illness, program evaluation.
2. Shauna Crim, Psy.D. (Wright State School of Professional Psychology, 2007). Omaha. VA since August 2018. PTSD Clinic. Prior Active Duty AF. 0-2 hours/week devoted to internship. Duties include NWI PTSD/SUDP Consultant; individual and couples assessment and treatment of PTSD; group and individual PTSD education and treatment for Omaha Residential Rehabilitation Treatment Programs (RRTPs) and Outpatient Substance Use Disorders Program (SUDP). Clinical interests include PTSD treatments, integrating biofeedback interventions, diversity. Research interests include moral injury and psychological impact of Remote Piloted Aircraft (RPA) intelligence collection.
- 3.
4. Chris Heaney, Psy.D. (Illinois School of Professional Psychology, 1996). Omaha. VA since 6/2000. Health Psychologist, Whole Health Program. 0-2 hours/week devoted to internship. Primary duty is to provide a range of Health Psychology interventions and assessments for veterans involved in the Whole Health and Pain Management Programs. Clinical interests include health psychology, mindfulness, biofeedback, caregiver education, grief/bereavement counseling, psychological interventions at the end of life. Assistant Clinical Professor in the Department of Psychiatry, Creighton University School of Medicine. Research interests: include exploring interventions that impact heart rate variability, and applications of mindfulness.
5. Ronn Johnson, Ph.D., ABPP (Oklahoma State University 1986). Omaha. VA since 2016. Lead Clinical Psychologist Outpatient Mental Health Clinic. 2-5 hours/week devoted to internship. Duties include providing couples, individual and transdiagnostic group psychotherapy; Clinical Consult Review Team; BHIP leader; Co-leader Psychiatric Resident Psychotherapy Seminar; cross sex hormone mental health assessments; organ transplant mental health assessments. Clinical/Research interests include forensic psychology, public safety, ethical-legal issues, and teaching. Associate Professor, Department of Psychiatry, Creighton University School of Medicine.
6. Terry North, Ph.D. (University of South Dakota-Vermillion 1989). Omaha. VA since 1993. PCT. 0-2 hours/week devoted to internship. Duties include NWI PTSD Program Director, NWI Evidence-Based Psychotherapy Coordinator, PTSD therapy, neurocognitive assessment, psychiatry resident training and supervision. Clinical/Research interests include trauma processing therapy, mindfulness meditation, CBT, cultural diversity, evidence-based psychotherapy interventions. Clinical Assistant Professor, Department of Psychiatry, University of Nebraska Medical Center; Assistant Professor, Department of Psychiatry, Creighton University.
7. R. Dario Pulido, Ph.D. (George Mason University 2004). Omaha. VA since August 2009. Acting Chief of Mental Health & Behavioral Sciences Service Line; Domiciliary Chief, Omaha Residential Rehabilitation Treatment Programs (RRTPs) and Outpatient Substance Use Disorders Program

(SUDP) (1.0 FTE). 0-1 hours/week devoted to internship. Duties include program management of the substance use and psychosocial (mental health) non-acute residential programs, and SUDP in Omaha, as well oversight of substance use programs in Lincoln and Grand Island. Clinical interests include substance use, trauma, CBT, cultural diversity, DBT, mindfulness, motivational interviewing. Research interests include PTSD and substance use, PTSD and memory, integrated treatment for co-occurring disorders, cross-cultural issues.

6. A. Jocelyn Ritchie, JD, Ph.D. RYT-200. (University of Nebraska-Lincoln 1990 plus UNL clinical retraining 1992-1996 and neuropsychology post-doc Yale University 1997-1999). Lincoln/Omaha. VA since Sept. 2007 (1st in PTSD/PCT; then Polytrauma & PTSD/PCT). Current Duties: Internship Training Director (0.6 FTE), Polytrauma Neuropsychology (NWI-wide; 0.4 FTE). Clinical/Research interests include civil and criminal forensic neuropsychological assessment and symptom validity; Traumatic Brain Injury; leading a weekly Yoga for PTSD group (Lincoln); group and individual "iRest" (Integrated Restoration) Yoga Nidra Guided Meditation (for PTSD, TBI & Chronic Pain); Violence Risk Assessment; Americans with Disabilities Act; Civil Commitment Law; Serious Mental Illness and psychosocial rehabilitation.
8. Rex Schmidt, Psy.D. (Forest Institute of Professional Psychology 1998). Omaha and all NWI Sites. VA from 2001 – 2003 and since February 2014. Pain Clinic. 0-2 hours/week devoted to internship. Whole Health Pain Psychologist. Duties include facility-wide pain management program development, clinical consultation and staff training. Travels across NWI sites to provide consultation to the Pain Management Teams at each site and to train Primary Care teams more generally. Provides patient pain education and therapy groups, individual therapy, pre-surgical screening evaluations, biofeedback for chronic pain, 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.
9. 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. Outpatient MHC. Current duties include primarily individual psychotherapy utilizing CBT, IPT, and Problem-Solving approaches. Clinical interests: military and law enforcement psychology.
10. Michael E. Worsley, Psy.D. (Forest Institute of Professional Psychology 2003). Omaha. VA since 2008. DOM and outpatient SUD. 0-1 hours/week devoted to internship. Duties include providing psychological services to veterans who have been diagnosed with mental health and/or substance use disorders. This includes assessment, diagnosis, empirically validated individual and group treatment protocols, group treatments, and supportive treatments as appropriate. Responsible for behavioral, developmental, and/or clinical aspects of assessment, diagnosis, prognosis, and treatment of veterans diagnosed with mental health and/or substance use disorders and treated in both inpatient and outpatient settings. Clinical interests include the empirically/evidence-based treatment modalities, assessment, LGBT and Transgender veteran treatment, and military psychology.

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Other NWI Psychologists:

1. Tabitha A. Carlson, Psy.D. (Forest Institute of Professional Psychology 2008). Omaha. VA since November 2009. Currently Whole Health Director since 2018. Grand Island PCMH Psychologist 2009 to 2016 then NWI-wide Health Behavior Coordinator. Travels between NWI sites as needed. National CBT-I Consultant. Clinical/Research interests include health psychology, motivational

interviewing, behavioral medicine for sleep, neuropsychological screening, psychological assessment, preventative health behaviors, medical decision making, interdisciplinary collaboration, self-management education, adjustment to illness, family and couples counseling. 0-1 hours/week devoted to internship.

Information about Nebraska more generally

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Nebraska Ethnic / Multicultural Diversity Data:

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

Nebraska has an estimated population of approximately 1.9 million as of July 2015. Per the 2010 Census, the racial makeup of the state was approximately 86.1% White/Caucasian, 4.5% Black/African American, 1.0% Native American/Indian, 1.8% Asian, 0.1% Pacific Islander, 4.3% other race, 2.2% two or more races, and 9.2% any race Hispanic/Latino. According to a survey done by Gallup for UCLA Law School's Williams Institute, 3.2% of Nebraska's residents identify as LGBT. Gender-wise the split is 50/50. With regard to age, 28% are ages 18-24, 37% are ages 25-39, 27% are ages 40-59, and 8% are ages 65+.

Nebraska is home to eight Native American tribes:

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

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

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

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

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

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Grand Island – Local Information

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

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

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

Grand Island offers malls and plazas, a thriving Downtown with many unique shops, and small commercial outlets. Conestoga Mall (www.shopconestogamall.com) is the largest mall in the area, serving both Grand Island and most of the surrounding rural Nebraska population with smaller strip malls available. 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. In addition, there are twice-weekly nonstop service to Las Vegas and Phoenix-Mesa. Air service to and from Grand Island is available, reliable, and affordable.

Grand Island Events:

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

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 Websites:

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

Websites of other towns near Grand Island:

<http://doniphanne.com>

<http://doniphanherald.com>

<http://www.cityofhastings.org>

<http://www.hastingstribune.com>

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

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Lincoln - Local Information

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

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

For young families, Lincoln has good schools compared with other parts of the nation. There are a wide variety of restaurants all across town, particularly in the Haymarket area of downtown, which has recently expanded due to the addition of the Pinnacle Arena, adding many new restaurants and bars. Lincoln is home to the University of Nebraska Cornhuskers, which provide a number of college sports events, the most popular being football (85,000-90,000 fans attend home games). The minor league baseball team,

the Saltdogs, and the minor league hockey team, the Stars, also call Lincoln home. Other family-friendly places/activities include bike trails, the Sunken Gardens, Lincoln Children's Zoo, and Lincoln Children's Museum. Additionally, there are nearby apple orchards, pumpkin patches, and berry fields where one may do their own picking.

There is a wide variety of things to do in Lincoln itself. However, if one cannot find activities in Lincoln, Omaha is an hour away and Kansas City or Des Moines are three hours away. Several larger metropolitan areas are within 10 hours of Lincoln, as Denver is approximately seven hours away, Minneapolis (seven hours), St. Louis (seven hours) or Chicago (eight hours), and one may easily reach a ski resort in eight-10 hours (e.g. Vail, CO is eight hours away). If one would like to fly somewhere, the Lincoln airport offers direct flights to larger hubs such as Chicago or Denver.

Children: <http://www.lps.org>
<http://www.lincolnzoo.org>
<http://www.lincolnchildrensmuseum.org>

Parks & Gardens: <http://lincoln.ne.gov/City/parks/parksfacilities/publicgardens/sunken/index.htm>

Sports: <http://lincolnstars.com>
<http://www.lincolnhockey.org>
<http://www.saltdogs.com>

Theater & Arts: <https://theross.org>
<http://www.liedcenter.org>
<http://www.pinewoodbowltheater.com>
<https://www.pinnaclebankarena.com>
<http://rococotheatre.com>
<http://www.unl.edu/finearts>

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

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

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

To read about the Lincoln VA's "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

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Norfolk – Local Information

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

Norfolk is located in Northeast Nebraska in Madison County, 112 miles northwest of Omaha, 121 miles north of Lincoln and 75 miles southwest of Sioux City, Iowa, U.S. 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 second-best place for jobs in the nation by CNNMoney.com. It is the economic center for an area encompassing six counties. Basic economic activities of Norfolk are manufacturing, farming (both livestock and grain), education, retailing, and wholesaling. Manufacturing employs over 4,059 persons. Norfolk is the major retail trade center for Northeast Nebraska.

Norfolk boasts a large array of shopping opportunities. Larger retailers include a Super Walmart, Target, J. C. Penny’s, 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. Also available are a variety of restaurants, common fast food restaurants, national chains (e.g., Applebee’s, Perkins, and Pizza Hut), and smaller independently own restaurants (e.g., Chinese, Steak Houses, Bistros, Hispanic, Barbeque, and Sushi).

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

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

In Norfolk there are a number of different houses of worship. There are a number of nondenominational Christian Churches, as well as more traditional denominations such as Catholic, Lutheran, Methodist, Baptist, Jehovah’s witnesses, Episcopal, and Seventh Day Adventist.

Places to go/things to do include:

- ▶ [The Great American Comedy Festival](http://www.greatamericancomedyfestival.com/) - <http://www.greatamericancomedyfestival.com/> - Created in 2008 to pay tribute to the legacy of Norfolk’s favorite native son, Johnny Carson, in 2012, the festival was named Nebraska’s outstanding tourism event among the state’s larger cities. It begins with amateur competitions in the winter at various locations across the state and culminates with a week-long competition and exhibition in June at the Johnny Carson Auditorium in Norfolk, NE.

- ▶ DeGroots Apple Orchard - <https://www.facebook.com/degrootorchards/>
- ▶ Elkhorn Valley Museum and Research Center - <https://www.facebook.com/ElkhornValleyMuseum/> - home to the Johnny Carson exhibit, has a working one room school house, the restored first home of Norfolk, a children's Discovery Zone, the Square Turn Tractor, research center and a birding library
- ▶ Memorial AquaVenture Waterpark - <http://www.ci.norfolk.ne.us/parks/AquaVenture.htm> - wave pool, water slides
- ▶ Norfolk Arts Center - <http://www.norfolkartscenter.org/> - art exhibits, classes for all ages, performing arts, and more
- ▶ Poppy's Pumpkin Patch - <http://www.poppypumpkinpatch.com/> - Jared's jungle, the observation tower, corn maze, petting zoo, craft activities, jail, dress up cabin and so much more.
- ▶ Ashfall Fossil Beds - <http://ashfall.unl.edu/> - educational site offers a unique window to the past; barrel-bodied rhinos, three-toed horses, llama-like camels and saber tooth deer are just a few of the intact skeletal remains you may view; visit with the paleontologists and learn about the animals that lived millions of years ago in Nebraska
- ▶ Cuthills Vineyards - <http://www.cuthills.com/> - Nebraska's first winery offers a variety of wines to suite any palate; holds tastings and special events throughout the year
- ▶ Maskenthine Lake Mountain Bike Trail - mountain bike trail for riders of all skills; the area features over five miles of single-track trails with a wide variety of terrain
- ▶ Willow Creek Recreation Area - <http://nebraskastateparks.reserveamerica.com/camping/willow-creek-sra/r/campgroundDetails.do?contractCode=NE&parkId=230256> - 1,633 acres with a 700-acre lake; 100 camping pads (64 with 30 amp electrical hookups, 19 with 50 amp electrical hookups), picnic tables and shelters, fire grates, water, showers, modern restrooms, an accessible fishing pier, an archery field course, unsupervised swimming, two playgrounds and an eight-mile hiking/horseback trail around the lake
- ▶ Cowboy Trail - <http://outdoornebraska.gov/cowboytrail/> - for biking or hiking - Once part of the Chicago & North Western Railroad's Cowboy Line, this limestone trail covers 321 miles from Norfolk to Chadron. From east to west, the trail passes through the farmland of the Elkhorn River Valley, into Plains ranchland, across the scenic Niobrara River Valley, along the northern Sandhills and to the edge of the Pine Ridge. The Cowboy Trail is the longest rail-to-trail conversion in the United States, which includes a 148-foot high bridge over the Niobrara River at Valentine. A portion of the trail was damaged near Norfolk in the June 2010 flood, however 70+ miles recently re-opened and is ready to be traveled.

Road trip options:	Omaha (2 hours)	Lincoln (2.5 hours).
	Grand Island (2 hours)	Sioux City, IA (1.25 hours)
	Des Moines (4 hours)	Kansas City (5 hours)
	Minneapolis (6 hours)	Mount Rushmore (6 hours)

Norfolk websites:

www.ci.norfolk.ne.us
www.norfolkpublicshools.org
www.norfolkdailynews.com
www.us92.com
www.106kix.com

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Site-Specific Training Experiences

- Grand Island VA
 - Grand Island Rotations
 - Grand Island Assessment Clinic
 - ‘Elective’ Hours
 - Grand Island Schedule Examples (subject to change)
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- Lincoln VA
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 - Lincoln Assessment Clinic
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- Norfolk CBOC
 - Non-Rotation Training Experiences:
 - Norfolk Assessment Clinic
 - ‘Elective’ Hours
 - Norfolk CBOC Schedule Examples (subject to change)
 - Norfolk-based Psychology Staff:

- Omaha VA Medical Center – “Omaha VAMC-based”
 - Omaha VAMC Assessment Clinic
 - Other Experiences the Omaha-based Intern may consider

- Omaha VA Medical Center – “Polytrauma-based”
 - Omaha Polytrauma Assessment Clinic

- Omaha VAMC Psychology Staff:

Information about Nebraska more generally

- Nebraska Ethnic / Multicultural Diversity Data:
- Grand Island – Local Information
- Lincoln - Local Information
- Norfolk – Local Information
- Omaha - Local Information

- **Omaha VA Medical Center – “Omaha VAMC-based”**
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Appendix A: Internship Admissions, Support, and Initial Placement Data

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Appendix A: Internship Admissions, Support, and Initial Placement Data

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: October 2020

Internship Program Admissions

Brief Description:

The overall aim of the NWI Doctoral Internship in Clinical Psychology Training Program is to develop competent, well-rounded psychologists prepared for independent practice as “excellent generalists” in rural America, preferably within the VA. This requires psychologists to be able to competently function within interprofessional collaborative teams, to utilize theoretically informed, evidence-supported (and preferably evidence-based) practices, while also having the ability to think critically when addressing areas of limited research.

MATCH Numbers:

221711 - NWI - Rural Outpatient Focus-Omaha VA -	1 position *
221712 - NWI - Ass'm't Focus + Rural - Omaha VA -	1 position
221713 - NWI - Rotation Based - Grand Island VA -	3 positions
221714 - NWI - Rotation Based - Lincoln VA -	1 position *
221715 - NWI - NO Rotations - Rural Norfolk CBOC -	1 position

* Note: Due to evolving space uncertainties at the new Lincoln VA building scheduled to open in the spring of 2020, the Lincoln-based position may be moved to Omaha VAMC or remain unfilled. If moved, the Omaha VAMC track would have 2 positions. At the current time, one position in Lincoln is anticipated.

Applicants may choose to apply to any combination of the five currently available training tracks. Applications are reviewed by the entire NWI training committee. There is a single interview process with representatives from the current training sites, after which applicants who have interviewed rank (and are ranked by) each track separately.

Applications for Match II are due on or before 11:59 PM Eastern Standard Time (10:59 PM Central Standard Time) on **Monday November 30th, 2020**. For the 2021-22 training year, virtual (web or phone) interviews will be held on January 7th & 8th March 2nd, 2021 (and depending on the number of applicants invited to interview possibly also on January 11th).

All training sites operate within a single unified Internship program, with many shared training experiences (e.g., weekly didactics and other trainings). With one exception Interns at each training site participate in a year-long Assessment Clinic for approximately 8 hours per week (the “Polytrauma” track does 12-16-20 hours of assessment-related training per week depending on experience and referral flow). The Grand Island is designed to have three (3) rotations - General Mental Health (GMH), Primary Care Mental Health Integration (PCMHI), and Posttraumatic Stress Disorder (PTSD). The other training tracks train to the same profession-wide competencies, yet some without rotations (Norfolk) or a hybrid model (Omaha and Lincoln). The Norfolk training track is the most analogous to rural practice with the Intern seeing whomever comes in the door (including PTSD, other mental health conditions, and many of the issues that otherwise arise when integrated within a small rural primary care Community Based Outpatient

Clinic). The Omaha training tracks are in some ways a hybrid of the Norfolk experience and that at the rotation-based training sites. Both Omaha-based Interns gain GMH experience across the training year, each with a year-long supervisor, and both gain experience with PTSD intake assessments, and later in the training year potentially PTSD intervention, under the supervision of the specialized PTSD clinic. The Omaha-based housed across the street in Polytrauma has a greater assessment focus, but meets the same professional competencies within the “excellent generalist” focus of this unified Internship program; this is NOT considered a neuropsychology training track.

Regardless of training site, each Intern receives a minimum of four hours of scheduled supervision, two of which must be individual supervision. All Interns participate in group Assessment Clinic group supervision (one and one-half hours), and a (currently) Monday morning group supervision (one hour), pre-COVID typically with a local supervisor in the room with the Interns at each site and connected across sites via V-tel, and post-COVID with all meeting virtually for safety and to enjoy seeing each other’s faces on the screen. The exception is that there is no local supervisor in the room with the Norfolk-based Intern during the Assessment Clinic group supervision. Therefore, the Norfolk-based Intern has one additional hour of individual scheduled supervision with the on-site supervisor. Post-COVID individual supervision is typically virtual wherever possible even when both are on site, possibly in nearby offices.

Interns across all training sites are one single training class, with regular opportunities for interaction with each other across sites throughout the training year. During the initial two-week orientation period prior to the start of the first rotation, Interns spend a considerable amount of time training together, sadly post-COVID only one day in person with the rest virtual (typically pre-COVID the class spent 5-6 days in the first two weeks training together in person. In addition, pre-COVID Interns from the various training sites typically met in person for didactics or other training experiences once a month during the non-winter months which is currently suspended but anticipated to return when the pandemic allows. Interns meet weekly via virtual platform (WebEx or Teams) for group supervision and for approximately three hours of didactics per week. Other virtual interaction between Interns across training sites occurs one hour a week, typically for structured supervision skills development times with Drs. Hannappel and Ritchie, and at one point in the first rotational period the same time slot is used for a 6-8 week series on CBT-Depression with Drs. Johnson and North. In addition to informal text and visual TEAMS interactions that often happens throughout the day, there is a half hour each day (after lunch), which is set aside for Interns (if they choose) to have time during the day in which they know the majority of the other Interns are likely to be free to engage in informal contact, whether at their site or across training sites.

Outline of training tracks:

1) Track 221713 – “NWI – Rotation Based – Grand Island VA” Track – Grand Island, NE

This training track has changed to three Intern slots for the 2021-22 Internship year. This position is 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”).

The Grand Island VA training track may continue with three rotations: GMH, PCMHI, and PTSD, with a year-long Assessment Clinic. Grand Island-based supervisors include Drs. Duke, Krebs, and Todd, and soon to be joined by Dr. Moniz once licensed.

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

This training track has changed to a single Intern slot for the 2021-22 Internship year due to uncertainties in space at the new Lincoln VA building currently under construction. Indeed, if necessary this one slot may be transferred to Omaha VAMC or left empty if sufficient space turns out not to be available at the new Lincoln VA building. The Lincoln VA is a very large community-based outpatient clinic (aka “Super-CBOC”).

The Lincoln VA training track will likely have two six-month primary clinical rotations: PCMHI, and PTSD, with a minor experience within GMH over the year as well as a year-long Assessment Clinic. Lincoln-

based supervisors will include Drs. Esseks and Meidlinger, and to a certain extent Dr. Ritchie and possibly Dr. White. Dr. Keller is also available for some limited supervision.

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

This training track has a single Intern slot for the 2021-22 Internship year and is based at a smaller, more typically sized, rural “Community Based Outpatient Clinic” (aka “CBOC”) in Norfolk, NE.

The “Rural Norfolk NE/No Rotations” training setting does **not** have separate rotations but trains to the same competencies as the other training sites. The Norfolk-based Intern does more travel to the other training sites than his/her peers, which is also typical of rural psychology practice. The Norfolk supervisor is Dr. Pam Hannappel. When traveling to other training sites using the VA station vehicle, the Norfolk-based Intern can expand his or her clinical training experience and supervision across the other training sites.

4) Track 221711 – “NWI – Rotation Based – Rural Outpt Emphasis Omaha”

This training track has had a single Intern since its inception in 2018. This is expected to continue to be at least one Intern placement, but it is possible that a second will be transferred from Lincoln due to space limitations as yet unclarified in the new Lincoln VA building under construction.

This Omaha-based Intern has one year-long Outpatient General Mental Health experience (16 hrs/wk) with Dr. Ronn Johnson PhD ABPP, one year-long Assessment Clinic experience (8 hrs/wk) with Dr. Myla Browne PhD, and a year-long mini-rotation of 4-6 hrs/week doing PTSD evaluations through the PTSD/PCT specialty clinic under the supervision of PTSD program director Dr. Terry North. We hope to have PCMHI experiences also available in the 2021-22 training year but this is not yet certain.

5) Track 221712 – “NWI – Assessment Focus + Rural – Omaha VAMC”

This is a new training because of supervision limitations in Lincoln requiring one position to be moved to Omaha. This position has greater assessment focus but **is not a neuropsychology track per se**. This Omaha-based Intern is likely to have one year-long Outpatient General Mental Health experience (6-8 hrs/wk) with Dr. Mark Tims, one year-long Assessment Clinic experience (12-16-20 hrs/wk depending on experience and referral flow) with Dr. Jocelyn Ritchie JD PhD, and a year-long mini-rotation of 4-6 hrs/week doing PTSD evaluations through the PTSD/PCT specialty clinic under the supervision of Dr. Shauna Crim. We hope to have PCMHI experiences also available in the 2021-22 training year but this is not yet certain.

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

Yes but we are not adhering to this requirement in this Age of Covid – however, we encourage applicants to explain the impact of their shortage of hours on their clinical training in their cover letter:

	Amount: Total Direct Contact	
Intervention Hours	N	<input checked="" type="radio"/> 250 Hours
Total Direct Contact Assessment Hours	N	<input checked="" type="radio"/> 25 Hours

Describe any other required minimum criteria used to screen applicants:

- 1) Doctoral student in good standing
- 2) Approved for Internship status by graduate program director of training.
- 3) All coursework required for the doctoral degree, including qualifying and comprehensive examinations, must be completed prior to the start of the Internship year.
- 4) Applicants must have successfully proposed their dissertation by the Internship application deadline.
- 5) U.S. citizenship.
- 6) Match results and selection decisions are contingent upon passing these screens:
 - A. Male applicants born after 12/31/1959 must have registered for the draft by age 26; the Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed
 - B. Matched Interns are subject to fingerprinting and background checks.
 - C. Understanding that starting and continuation in position is subject to passing random drug screening.
 - Note that use of CBD is still considered use of a controlled substance under federal law and therefore evidence of use of CBD or other cannabis-related substance at any point in the internship would prevent one from passing a random drug screening, and therefore would not allow an applicant or Matched Intern to start or continue a position with the VA (in other words, this could cause an Intern who may otherwise be doing well to fail to be able to successfully complete this internship)

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns: \$26,166
 Annual Stipend/Salary for Half-time Interns: N/A
 For additional details, see: <http://www.psychologytraining.va.gov/benefits.asp>

Program provides access to medical insurance for intern? Yes No

If access to medical insurance is provided

Trainee contribution to cost required? Yes No

Coverage of family member(s) available? Yes No

Coverage of legally married partner available? Yes No

Coverage of domestic partner available? Yes No

For additional information see: https://www.va.gov/oaa/AHE_Fed_Health_Life.asp

Hours of Annual Paid Personal Time Off (PTO and/or Vacation)

4 hours Annual Leave per pay period = 104 hours
 10 Federal Holidays = 80 hours

Hours of Annual Paid Sick Leave

4 hours per pay period = 104 hours

Note: Use of Sick Leave is for when you are sick or caring for a dependent family member, as defined by HR. Use of sick leave beyond two consecutive days requires a "Doctor's Note" (may be MD or other primary care provider)

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

Yes No

The Family Medical Leave Act (FMLA) does not apply to Psychology Interns until they have been appointed for one year (same as non-trainee employees). However, a Psychology Intern is eligible to apply for up to 12 weeks (maybe more) of Leave without Pay (LWOP) but this will not be through the formal "FMLA procedures." It is important to receive pre-approval from OAA if a trainee will need to extend training subsequent to LWOP status. It should be noted that in accredited programs, time lost must usually be made up in order to complete the requirements of the training program.

Interns with documented medical conditions for themselves (or for family members for whom they must care, as defined by HR) who require extended leave in excess of accrued personal time off and sick leave may negotiate for a reasonable period of unpaid leave. Unpaid leave in excess of personal time off (Annual Leave) and sick leave will require an equal amount of time added to the duration of the Internship in order to fulfill the Internship requirements. There is no guarantee of additional funding for this extension of time in the Internship (however see below). In some cases, a waiver from APPIC and/or APA may be required as part of the negotiation for extended absence from the Internship, even if deemed reasonable by the negotiation process between Intern and Internship or between the Intern and VA Human Resources.

The definition of "reasonable period of unpaid leave" is an individualized negotiation between the Intern and the Internship, and must be arranged in concert with the Training Director with input from the Chief of Psychology, local VA Human Resources personnel, and the national VA Office of Academic Affiliations (which funds the Internship). Interns are not employees being paid by the hour; rather they are trainees with an annual stipend which is typically divided into 26 equal parts (one for each pay period).

1. One consideration may be whether the stipend is suspended during the time of extended medical leave. This may depend on the time involved after use of all other available leave.
2. Another consideration may be for the Intern and local HR to discuss options regarding any impact the extended leave may have on other benefits that may or may not be suspended during the extended leave -- for example the VA's contribution to the Intern's medical insurance if the Intern had initially elected to participate in medical insurance.
3. Other considerations may arise due to the Intern's individual circumstances as well as VA guidelines and fiscal realities/procedures.

For example, in response to a question regarding maternity leave during the course of Internship, the national VA Office of Academic Affiliations (OAA) responded as follows:

Q: One of my interns let me know she would be having a baby about midway through internship (or has a major medical problem that will cause an extended absence). What do we do?

A: "The intern should use accrued annual and sick leave and then go on Leave Without Pay (LWOP) status until able to return to the training program.

"When the LWOP starts, the training director should contact the local fiscal office to discuss the LWOP and anticipated return to duty date so the fiscal office can determine if funds not being used should be returned to the Office of Academic Affiliations or kept at the facility to be used when the intern returns to duty. If the internship won't be finished by September 30, the end of the fiscal year, some of the fiscal year funds will be unused

and should be returned to OAA. If the internship will continue into the next fiscal year, the internship director should ask the fiscal office if the facility can pay for the remaining time in the new fiscal year or if OAA needs to send additional funds to the facility. The fiscal office, in turn, should request any needed additional funds from OAA using the Quarterly Needs & Excess Report.”

Other Benefits:

For more information, see the National VA Office of Academic Affiliations (OAA) intranet website (which becomes available to Interns once at the VA):

<https://dvagov.sharepoint.com/sites/VHAoaaSitePortal/faq/Lists/FAQ%20Subcategory/AllItems.aspx>

Once on board, Interns may inquire with local NWI HR about various work-life benefits:

<https://www.va.gov/OHRM/WorkLifeBenefits.asp>

e.g., the “VA Child Care Subsidy Program” for which Interns can apply after 90 days of ‘employment’:

<https://www.va.gov/ohrm/worklifebenefits/vachildcare.asp>

Liability Coverage:

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 & Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Worker’s Compensation (or equivalent):

Direct paid trainees, such as Psychology Interns, who are injured while at VA or while fulfilling VA responsibilities are treated like any other VA employee, with all the rights and benefits that would be granted to any employee. The NWI Personnel Health Service should coordinate everything, following guidance from VA DIRECTIVE 5810, MANAGING WORKERS’ COMPENSATION CASES AND COSTS.

Choice to participate in Life Insurance:

VA Trainees are eligible for life insurance benefits if their VA-sponsored training period is one year (2080 hours) or more (so covers Psychology Interns). See webpage above re “Other Benefits.”

Discretionary Internship defined (Non-VA-wide) benefits specific to the NWI Psychology Internship based on the discretion of the Internship itself, and not NWI as a VA:

There are three types of **discretionary** leave that the NWI Internship has decided to offer to NWI Psychology Interns, provided the Intern is meeting all Internship expectations to date. These are described in further detail in the brochure.

First, the Internship may use discretion to grant up to five days of Authorized Absence (“five-days AA”) the use of which is restricted to the following purposes:

post-doc interviews, job interviews, and dissertation defense,

(and may **not** be used for other purposes such as:

dissertation data collection or writing, meetings

with dissertation committee members).

Second, the Internship recognizes that travel is a fact of life for rural psychology practices. The Internship has decided to use its discretion to grant “travel-related equivalent time off” which is intended to offset at least some of the travel time outside the minimum required regularly scheduled tour of duty (M-F 08:00AM-04:30PM) related to travel between VA training sites. This includes time actually in transit during the first two weeks orientation period as well as travel during assessment clinic Fridays and for didactics-related travel across NWI training sites. Use of

“travel-related equivalent time off AA” is restricted; use includes not only the same purposes as the “five-days AA” but may also be used for the following education-related purposes: dissertation data collection or writing, meetings with dissertation committee members, attending conferences (unless part of Internship), attending Intern’s doctoral graduation, or similar situations as specifically requested and granted by the Training Director or designee. The only other use of “travel-related equivalent time off AA” that may be approved by the Internship would be related to an Intern negotiating an extended leave due to documented medical issues as described above.

We estimate over the course of the typical training year, up to 40 hours of “travel-related equivalent time off AA” may become available for Interns based in Grand Island, Lincoln and Omaha, and possibly somewhat more for the Norfolk-based Intern. However, in the Age of COVID travel in the first 2 weeks has been significantly decreased for trainees as well as throughout the training year (other than the Norfolk-based Intern who continues to do some travel where safety allows to round out training experiences).

When travel is permitted, Interns based at any of the training sites have typically have access to use of a VA station car. If a VA vehicle is not available use of a privately owned vehicle (POV) is reimbursed at the federal rate (currently 58 cents per mile). If Interns elect to use their own POV when a VA vehicle is available, mileage reimbursement is much less (currently approximately 17 cents per mile. Reimbursement either way requires advance approval at least two weeks prior, both for travel use of a VA vehicle and/or for reimbursement.

There is also a **third** type of discretionary AA, in which the Internship requires or encourages the Intern to attend an off-site training or activity, such as certain designated conferences (e.g., the Nebraska Psychological Association Fall and/or Spring Conferences) or certain designated community-based diversity events.

Note: The three discretionary types of “AA” described above are solely within the purview of the NWI Doctoral Psychology Internship. The VA time-keeping system (VATAS) requires prior authorization from the Chief of Psychology regarding any form of AA.

Pay out of unused leave when leaving the Internship:

Any unused Annual Leave and Sick Leave that is tracked through the formal VA time-keeping system (VATAS) may be transferred to another VA if going to a VA for a VA post-doc or for a VA job. This requires the receiving VA HR department (whether VA postdoc or job) to contact the NWI HR in order for this process to get started, so Interns are encouraged to make arrangements as soon as they can once Matched or hired.

For those not transitioning to a VA post-doc or VA job, unused Annual Leave (but not Sick Leave) may be paid out by HR on completion of the Internship. Sick leave may be reinstated if the individual returns to VA in the future, but must work with their receiving VA HR to make this happen (meaning the VA they are going to, not the one they are coming from).

Federal Service Credit for leave purposes for future federal employment (but not credited for retirement benefits):

The Internship training year appointment in a paid status is counted toward the Service Computation Date (SCD) and is considered creditable service for leave purposes only. Time served under a “without compensation” (WOC) appointment is not counted toward the SCD and, therefore, is not creditable leave. Student trainee appointments are excluded by law from retirement coverage under the Civil Service Retirement System, (CSRS) and the Federal Employees Retirement System (FERS) (5 U.S.C. chapters 83 & 84; 5 U.S.C. 5351) VA handbook 5005/12, Part II, Appendix C, Section 10

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Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

2017-18 through 2019-20

Total # of interns who were in the 3 cohorts 22

 Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree 3

	PD	EP

2017- 20 Combined Cohorts		
Community mental health center	-	-
Federally qualified health center	-	-
Independent primary care facility/clinic	-	-
University counseling center	-	-
Veterans Affairs medical center	7	4
Military health center	-	-
Academic health center	-	-
Other medical center or hospital	-	-
Psychiatric hospital	-	-
Academic university/department	2	-
Community college or other teaching setting	-	-
Independent research institution	1	-
Correctional facility	-	-
School district/system	-	-
Independent practice setting	5	-
Not currently employed	2	-
Changed to another field	-	-
Other	-	-
Unknown	-	-

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.

Each individual represented in this table is counted only one time. For former trainees working in more than one setting, we have selected the setting that represents their primary position.

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