

Psychology Internship Program



St. Cloud VA Health Care System
4801 Veterans Drive
St. Cloud, MN 56303
(320) 252-1670/ 800-247-1739
www.stcloud.va.gov

MATCH Number: 238311
Applications Due: November 16, 2016

General Description of St. Cloud VA Health Care System

St. Cloud VA Health Care System (HCS) provides medical care to Veterans from Minnesota, northern Iowa, northwestern Wisconsin and eastern North and South Dakota. The Health Care System delivers care to more than 37,000 unique patients annually in the Upper Midwest region. Sixty percent of our total Veteran workload is over the age 66. Our facility also has three Community Based Outpatient Clinics (CBOCs) located in Alexandria, Brainerd, and Montevideo, Minnesota. Over 11,500 Veterans are enrolled for care in the three CBOCs. Our local facility and surrounding Community-Based Outpatient Clinics serve a large percentage of rural Veterans. Approximately 76% of our enrollees reside in rural areas.

Services include programs such as: the Outpatient Mental Health Clinic, Primary Care Mental Health Integration (PCMHI), Neuropsychology and Psychological Testing, Residential Rehabilitation Treatment Program (RRTP), Psychosocial Rehabilitation and Recovery Center (PRRC), Acute Psychiatric Inpatient Unit, Outpatient Substance Use Disorder (SUD) Treatment Program, Mental Health Intensive Case Management (MHICM), Homeless Programming, and Vocational Rehabilitation services. Additional mental health services can be found in the Primary and Specialty Medicine and Extended Care Services Lines. The psychology staff work closely with Patient Aligned Care Teams (PACT) and within Behavioral Health Interdisciplinary Program (BHIP) teams in the facility. Psychology service staff includes 30 staff psychologists with diverse training backgrounds (including 2 neuropsychologists) and 3 psychometrists.

Local Information

Located 65 miles (one hour) from Minneapolis/St. Paul, St. Cloud is a thriving Mississippi River city with much to offer. The area is comprised of the communities of St. Cloud, Waite Park, Sartell, Sauk Rapids, St. Joseph, and St. Augusta with several other communities nearby making the area population about 125,000 people. St. Cloud has been included on many "best places" lists including Forbes, the Kiplinger 50 and Sperling's. For many residents, it's the stable economy, the caring people and the four varied breathtaking seasons that keep them here. Manufacturing, retail and service industries are the commercial backbone of the region, equally supported by the extensive highly productive farming and dairy professions. For people who relocate here, affordable housing, safe neighborhoods, and easy access to recreation, excellent healthcare, abundant cultural activities and excellent schools attracted them to the region. Rolling farmlands, sparkling lakes, peaceful woodlands and nearby state parks make this a perfect place to live. Housing costs are 20 percent lower than the national average and the cost of living here is exceptionally low. St. Cloud can be proud of Crossroads Center, the largest enclosed shopping center in out state Minnesota. St. Cloud is home to St. Cloud State University, the College of St.

Benedict, St. John's University, and St. Cloud Technical College. Seven local theatres have a variety of productions throughout the year. You can learn more about St. Cloud, MN at <http://www.stcloudareachamber.com>.

Application & Selection Procedures

Applicants must be enrolled and in good standing in an APA-accredited clinical or counseling psychology program. Applicants are required to have at least **250 direct contact hours of supervised graduate level pre-internship practicum experience**, completed their comprehensive examinations, and proposed their dissertation (or equivalent) to be considered for interview or ranking. Applicants will be evaluated individually on their clinical experiences, academic performance, clinical interests, and research background. Preference will be given to applicants with interests in generalist training with an emphasis on interprofessional treatment. As an equal opportunity training program, the internship welcomes and strongly encourages applications from qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability, or other minority status. This agency provides reasonable accommodation to applicants with disabilities where appropriate. If you need reasonable accommodation for any part of the application and hiring process, please notify Drs. Grace Tramm or Glen Palmer by telephone or email (contact information found later in this section).

In addition, applicants must meet the following VA requirements:

1. The applicant must have U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for selective service by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. Interns are not required to undergo drug screening prior to beginning work, but once on staff they are subject to random selection for testing as are other employees. A physical may also be required.

The deadline for receipt of completed application materials is November 16.

The following materials must be submitted through the APPIC website:

1. A completed APPIC Application for Predoctoral Psychology Internship (AAPI). The AAPI is available for completion at the APPIC Web site: www.appic.org. The APPIC Verification of Internship Eligibility needs to be verified by your Director of Clinical or Counseling Training. The AAPI should include:

2. A curriculum vitae.
3. Official transcripts of your graduate academic records.
4. Three letters of recommendation from faculty in your academic department or from practicing clinicians who know your work in psychology (e.g., externship agency, etc.).
5. For additional questions please contact the Directors of Training at:

Glen A. Palmer, PhD, ABN

Co-Director of Psychology Training (MH-116A)
St. Cloud VA Health Care System
4801 Veterans Drive
St. Cloud, MN 56303
(320) 252-1670, extension 7468
Email: Glen.Palmer@va.gov

Grace Tramm, PsyD

Co-Director of Psychology Training (MH-116A)
St. Cloud VA Health Care System
4801 Veterans Drive
St. Cloud, MN 56303
(320) 252-1670, extension 6028
Email: Grace.Tramm@va.gov

Requirements for Completion of Predoctoral Internship

Program completion requires 2080 hours of internship training activities under clinical supervision with at least 25% of trainees' time in face-to-face psychological services to patients/clients. Performance evaluation of and feedback to interns by clinical supervisors and other internship faculty is continuous; however, more formal evaluations are completed at established intervals throughout the training year. Maintaining good standing in completing the internship requires satisfactory ratings in the clinical competencies (see Program Goals and Objectives).

Training Stipend and Benefits

The St. Cloud VA Health Care System has three full-time (i.e., 40 hours per week) psychology internship training positions each year. For 2016-2017, interns received a yearly stipend of \$25,473 for 2080 hours. Interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. When providing professional services at a VA healthcare facility, VA sponsored interns 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). Interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as an intern, for a total of between 96 and 104 hours of each during the year.

Accreditation Status

The predoctoral internship at the St. Cloud VA Health care System is **not currently accredited** by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The program has registered with the Association of Psychology Postdoctoral and Internship Centers (APPIC) in the capacity of non-member status. The program has not applied for APA accreditation. However, prior to APA accreditation, graduates of this internship are eligible to apply for APA-accredited postdoctoral fellowship positions or jobs within the VA.

Administrative Policies and Procedures

The policy of the Psychology Internship Program on Authorized Leave is consistent with the national standard. Applicants are welcome to discuss this with the Director of Training. All documents are available, in advance, by request.

Due Process - All Interns are afforded the right to due process in matters of problem behavior and grievances. A due process document is distributed to and reviewed with all interns during their first week of orientation at the St. Cloud VAHCS. Human Resources (HR) policies and procedures may apply in different circumstances.

Privacy policy - We collect no personal information from potential applicants who visit our website.

Self-Disclosure - We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the intern's performance and such information is necessary in order to address these difficulties.

Program Goals and Objectives

The following are core foundational and functional competences (based on the APA competency benchmarks) that a graduate of the internship program will demonstrate. These competencies are consistent with the overarching goals of the VHA, the scientist-practitioner training model, and the Standards of Accreditation for Health Service Psychology (SoA) outlined by the American Psychological Association's Commission on Accreditation (CoA). Upon successful completion of the training program, interns will:

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. Demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.
3. Demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Intern demonstrates knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

4. Demonstrate behavior and comportsment that reflects values and attitudes of psychology; demonstrate personal and professional self-awareness and reflection with awareness of competencies and appropriate self-care.
5. Relate effectively and meaningfully with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
6. Demonstrate competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs in the context of Health Service Psychology.
7. Demonstrates competence in evidence-based interventions consistent with a variety of diagnoses, problems, and needs and across a range of therapeutic orientations, techniques, and approaches.
8. Demonstrates evidence-based knowledge of supervision models and practices and apply this knowledge in direct or simulated practice. Supervision involves the mentoring and monitoring the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Examples of supervision include, but are not limited to role-played supervision, peer supervision or direct supervision.
9. Demonstrates consultation and interprofessional/interdisciplinary skills through intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

Training Model and Program Philosophy

The primary objective of the Psychology Internship Training Program is to train doctoral level psychology students to function as independent and ethically-minded entry-level professionals who are proficient in the core competencies of applied health service psychology. It is designed to facilitate the integration and consolidation of the prerequisite academic and experiential learning through a full year of supervised training. The Psychology Internship Training Program's philosophy will be based on the scientist-practitioner model, with an emphasis on training in the provision of mental health services in a medical setting. Our training approach emphasizes implementation and promotion of empirically-based treatment modalities and protocols while fostering the psychological flexibility, problem-solving attitudes, and proficiency in individual/cultural differences and diversity needed to apply empirically grounded treatment approaches. We encourage the review of empirical literature to ground and enhance the intern's professional skills alongside the professional experience of learning from mentors through ongoing supervision and consultation. As scientist-practitioners, we foster an appreciation for the scientific underpinnings of psychology and ethically-based professional decision-making.

The primary focus of the internship year will be depth and breadth of training. Delivery of direct patient care is a primary mechanism for experiential and applied learning; however, training is the primary mission of the program. Internship experiences are planned to meet interns' training goals and needs through the selection of distinct three major and three minor rotations. Each rotation has a duration of about four months. The training model is anticipated to be developmental in that interns are closely monitored and their competencies in different areas are assessed throughout the year. It is expected that interns will be increasingly more independent

and autonomous over the course of the year as they demonstrate sufficient competence, comportsment, sound judgment, and grounded decision-making.

The Psychology Internship Training Program will be focused on providing generalist training in health service psychology in order to ensure the VA has a constant source of well-trained and qualified psychologists. Our program is designed to be grounded in the understanding that a psychologist must be able to demonstrate core foundational and functional competencies prior to specialization. Thus, interns will have a set of shared core experiences, didactics, and seminars that will allow cohesive cohort development, while also providing a range of optional rotations to suit varied training needs and professional aspirations. Interns take an active role in establishing training goals with each supervisor and rotation experience, as well as overarching goals for the training year. They will engage in self-observation, reflection, and evaluation throughout the year that will help them consolidate their learning and develop a cohesive professional identity. Additionally, they will be supported to appreciate their own cultural stimulus and learn how to act on that awareness in the service of advocacy and healthcare service delivery. The program will provide opportunities for working with a patient population rich in individual and cultural differences and diversity, while working under the supervision of professional health service psychologists who represent a wide range of theoretical orientations, clinical experiences, and areas of expertise. Interns will be exposed to a broad range of clinical environments, clinical situations, scientifically informed learning, and didactic training experiences. Enhancement of ethical reasoning, clinical judgment and decision-making, awareness and attitudes pertaining to individual and cultural differences and diversity, and interprofessional communication are integral components of the training experience.

Orientation: Intern orientation will include a thorough explanation of goals, expectations, and policies of the training program, including evaluation and due process. Interns will receive a practical orientation to the context of the VA, record keeping, security, etc., and will also participate in a review and discussion of the ICARE values, Motivational Interviewing (MI) skills, and the Recovery Model to emphasize patient-centered care. Interns will be educated about expectations for continuity of care, lines of supervisory/clinical responsibility, and the availability of patient care resources and backup consultation/supervision to ensure continuity of care in circumstances which their direct supervisor is not available.

Core Activities: In addition to major and minor rotations, interns will complete a year-long training experience which will include an emphasis on diagnostic interviewing, psychological assessment, integrative report writing, triage/risk assessment, and the provision of consultation and supervision (e.g., peer supervision or role-played supervision).

Interns will be expected to provide evidence-based care; and they will be encouraged to engage in self-monitoring and Performance Improvement. Interns will be expected to establish, track, and use quality measures to enhance patient outcomes across their work settings. Each intern will be required to complete a minimum of six psychological assessment batteries during the training year; however, more assessment opportunities will be available. A battery is defined as a clinical interview, records review, and a minimum of two psychological tests and/or measurements. Interns will participate in twice monthly psychology staff meetings/case conferences.

Each intern will present clinical cases to the psychology staff during the internship year. Additionally, each Intern will present to the staff on or more professional and/or research topic.

Training Seminars/Didactic Training: Interns are required to attend a set of core seminars and didactic trainings throughout the year. This formal training is accomplished via a calendar of weekly seminars and didactics as outlined in the supplemental materials. Students may also have the opportunity to participate in Journal Club and Grand Rounds via V-Tel or audio. Assigned readings, literature reviews, and computer-based searches provide supplemental materials in this context, as required. Seminars emphasize expanding competence, critical thinking, application of knowledge, and professional identity development. Seminars will have a range of didactic, experiential, and applied components with a focus on research, assessment, interventions, individual and cultural differences and diversity, and professional issues. Interns will evaluate each training seminar/didactic. Aggregate feedback will be reviewed by the Training Team and copies will be sent to each seminar presenter.

Interprofessional Training Experiences

As a key part of the interns' training, interprofessional educational experiences will be provided in areas of shared didactics with other disciplines when possible (e.g., social work, nursing, pharmacy, and chaplaincy). Other disciplines will be requested to teach didactics to expose the student to a variety of other professions and discuss the unique role that each discipline plays in the health care system. Opportunities to function as members of high functioning interprofessional clinical teams will be available, allowing the intern to provide co-patient work and receive occasional cross-supervision from other disciplines. The training program at the St. Cloud VA HCS will strive to provide training experiences with a culturally and ethnically diverse group of Veterans. The intern will have the benefit of collaboration in the patient care setting with numerous disciplines including psychiatrists, social workers, pharmacists, physicians, advanced practice nurses, RN's, LPN's, technicians, and a variety of psychologists with diverse interests and backgrounds. Interprofessional education will be overseen by the Co-Training Directors of the Psychology Internship Program.

Supervision: Interns will receive a minimum of 4 hours of regularly scheduled supervision per week along with ongoing mentoring relationships. Supervision will generally consist of 1 to 2 hours of individual supervision per week for the major rotation, 1 hour of individual supervision per week for the minor rotation, and 1 hour of individual supervision in the year-long Core Training rotation, and 1 hour of group supervision.

Evaluation: Evaluations are conducted quarterly by major, minor, and year-long rotation supervisors. Six-month and annual reviews are also conducted by the Co-Directors of Training. The Co-Directors of Psychology Training will meet regularly with the supervisory staff and Training Committee to obtain progress reports about the interns' adjustment, functioning, and engagement in the different components of the training experience. If concerns are noted, the supervisor, in consultation with the training team, will identify corrective interventions to promote the necessary learning and development. If repeated deficiencies are noted, the supervisor, in consultation with the Co-Directors of Psychology Training, will develop a formal remediation plan to be shared with the intern academic program. Interns will also evaluate all

supervisors, at the end of each rotation, using the *Intern Evaluation of Rotation/Supervisor* form. Interns will evaluate each rotation and core experience and provide meaningful feedback, which will be reviewed by the Co-Directors of Psychology Training.

Research/Administration Time: Although it is preferred a prospective intern is near the completion of his/her dissertation or research project, up to 4 hours per week *may* be provided to assist in dissertation/project completion. If the dissertation/research project is complete, interns may be provided an opportunity to work with our local Research Program Coordinator to learn about research currently underway and will be invited to participate as time allows.

Description of Rotations:

Residential Rehabilitation Treatment Program (RRTP) (Major or Minor Rotation)

The RRTP is the largest residential behavioral health unit in VISN 23 and one of the largest in the Midwest. This 148-bed residential program provides three specialized Tracks of care: the Mental Health/Substance Use Continuum of Care Track, the Post Traumatic Stress Disorder Track and the Independent Living Skills (ILS) Track. Although the vast majority of Veterans are from VISN 23, referrals come from across the nation. The RRTP demonstrates superior program efficacy, and a great deal of emphasis on program outcomes. The program includes various disciplines including psychology, social work, nursing (psychiatric NP, RN, LPN), psychiatry, recreation, and nutrition. Training opportunities in the RRTP rotation include: individual therapy, group therapy, substance use screening, biopsychosocial and psychological assessment, neurocognitive screening and participation on interdisciplinary teams. Limited opportunities for couple's therapy may also be available.

Supervisors: Benjamin Jurek, PsyD; Timothy Tinius, PhD; Dorine Reiter, PsyD; Nicole Hofman, PhD, and Susan Stone, PsyD. Kimberlee Zetocha, PhD for group supervision.

Mental Health Outpatient SUD Treatment Program (Minor Rotation)

The Outpatient SUD Program is a specialized Substance Use Disorder Treatment Program that offers a variety of services (comprehensive treatment, relapse prevention, and aftercare) targeting the needs of Veterans negatively impacted by substance use. The services are provided on an outpatient basis, allowing the Veteran to remain in his or her natural surroundings. The SUD treatment team is interdisciplinary in nature and includes a social worker, rehabilitation technician, and psychologist(s). The team works collaboratively, utilizing Evidence-Based Practices, to provide Veterans with the highest quality, comprehensive care. Training opportunities/responsibilities of the trainees for this minor rotation include: individual therapy, group therapy, psychological assessment, and substance abuse screening.

Supervisors: Amy Walk, PsyD; and John Selden, PhD.

Health Psychology (Primary Care Mental Health Integration, Pain Team) (Major or Minor Rotation)

The overall purpose of the Primary Care Mental Health Integration program (PC-MHI) is to provide integrated care for Veterans' physical and mental health conditions, as well as to improve access and quality of care. The PC-MHI is a blended program (co-located and collaborative) providing evidence-based intervention to treat common mental health concerns right in the primary care setting. The integration of mental health services in primary care

settings has been found to: improve identification of prevalent mental health conditions, improve access to appropriate evaluation and treatment, improve treatment engagement and adherence, increase the probability of receiving high quality care, improve clinical and functional outcomes, and increase patient satisfaction. The schedule is fast-paced, and there are various benefits of the PC-MHI model of care such as: a) the ability to provide frequent access for same-day appointments (allowing patient to be seen by mental health professional on same day as seen by primary care provider), b) capability of providing consultation to assist primary care physicians with lethality assessments, diagnostic clarification and additional assessment, triage, and follow-up, c) option of providing psychoeducation and evidence-based intervention for brief treatment of insomnia, pain, mild depression/anxiety, lifestyle concerns, adjustment to illness, or medication adherence concerns, as well as other presenting concerns, and d) ability to provide triage and facilitate referral to more intensive levels of care (i.e. specialty mental health care) when appropriate. The program includes various disciplines including social work, nurse practitioner, physicians, and psychologists. Training opportunities/responsibilities of the trainees for this rotation may include: individual therapy, group therapy, brief mental health screening, pain assessment and treatment, some specialty (e.g., bariatric) assessments, and tobacco cessation.

Supervisors: Ryan Miller, PsyD; and Janine Paxson, PhD.

Outpatient Mental Health Clinic (Major or Minor Rotation)

The Outpatient Mental Health Clinic is an intensive training experience consisting of an ethnically diverse population of Veterans with various diagnoses including (but not limited to) PTSD, depression, anxiety, personality disorders, and substance use disorders. Interns would have exposure to a wide variety of mental health and comorbid conditions. This rotation includes strong collaboration with interdisciplinary team(s) in the form of the Behavioral Health Interdisciplinary Program which include psychiatry, psychology, psychiatric nurse practitioners, social work, registered nurses, and licensed practice nurses. Interns receive education and training in the use of evidence-based clinical interventions such as Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and Cognitive Processing Therapy. Opportunities for psychological assessment are available. Therapy modalities include individual, group, and couples therapy. Opportunities for use of V-TEL could be explored as an option on this rotation.

Supervisors: Karen Ashby, PsyD; John Selden, PhD; and Grace Tramm, PsyD.

Acute Psychiatric Inpatient Unit/Psychosocial Rehabilitation and Recovery Center (PRRC) (Major or Minor Rotation)

The Acute Inpatient Mental Health Unit is a 15-bed Acute Psychiatric Unit. Acute mental health services are provided to patients by an interdisciplinary team using the Recovery model of care. The core interdisciplinary team in place to assess and support each admission consists of disciplines such as: psychiatry, psychology, social work, nursing (nurse practitioner, RN, LPN) and occupational therapy. Team members from various programs and disciplines are consulted and involved based on unique patient needs. A pharmacist participates and suicide prevention coordinator are also routinely involved with the treatment team. The Mental Health Treatment Coordinator is invited to participate in care during inpatient stay and follow up post-discharge. The PRRC is a transitional outpatient educational and treatment center that assists Veterans with diagnoses of serious mental illness (SMI) to reclaim and improve the quality of their lives. Each

individual defines and pursues a personal mission and vision for his or her future, based on the person's individual strengths, values, interests, personal goals, and unique roles within the community. The PRRC team strives to work cooperatively with each individual Veteran in a manner that respects personal dignity, while instilling hope, validating strengths and efforts, teaching important skills, and facilitating full integration into the community, through the provision of the most efficacious treatment strategies available. The MH PRRC promotes goals of rehabilitation, recovery, health maintenance, improved quality of life, and community integration in addition to the specific treatment of medical, mental illnesses, and substance disorders. One psychologist is assigned to this rotation. Training opportunities/responsibilities of the trainees for this rotation may include: brief individual therapy, group therapy and/or psychoeducation, and psychological screening/assessment.

Supervisor: Thomas Quinlan, PhD

Neuropsychology (Minor Rotation)

Neuropsychology is an outpatient service with referrals received from all areas (e.g., outpatient, residential, and specialty areas) of the health care system. Referrals typically originate from a variety of sources including neurology, psychiatry, polytrauma, and primary care. Reasons for referral include (but are not limited to) dementia, traumatic brain injury, adult attention-deficit/hyperactivity disorder, decisional capacity, and differential diagnosis of various psychiatric conditions. A "flexible-battery" approach is used for evaluations with emphasis on empirically supported assessment approaches and data interpretation. The rotation will provide limited exposure to all aspects of neuropsychological assessment including interview, test selection, interpretation, report writing, and providing feedback to patients and families. The neuropsychology clinic includes three psychometrists and two neuropsychologists.

Supervisors: Maureen Winger, PhD and Glen Palmer, PhD, ABN

Extended Care (Palliative Care, Polytrauma, Community Living Centers) (Major or Minor Rotation)

The Extended Care and Rehabilitation (EC&R) is a large service line that provides various opportunities for an intern. The Community Living Centers (CLCs) includes 225 beds where Veterans reside while receiving services for a variety of disorders or conditions (e.g., stroke, neurocognitive disorder, amyotrophic lateral sclerosis) that may require long-term intensive care and/or rehabilitation. The CLC population consists primarily of geriatric patients, although some younger Veterans are included. The EC&R service line includes a rehabilitation unit, memory care unit, geriatric psychiatry unit, general nursing care units, ventilator unit, as well as palliative care, and Hospice services. A Level III polytrauma assessment clinic is also a component of the EC&R service line. The clinic provides an opportunity for the intern to be involved in outpatient assessment and follow-up. The EC&R setting includes the opportunity for the intern to be a member of various interdisciplinary teams (e.g., social work, nurse practitioner, physicians, and psychologists). Training opportunities for this rotation include: individual therapy, therapy for end-of-life issues, behavioral consultation, staff didactics, mental health screening, and neurocognitive screening, including decisional capacity evaluations.

Supervisors: Maggie Happe, PsyD; Maleah Benkofske, PsyD; and Jayne Lokken, PhD

Innovative Opportunities

The St. Cloud VA HCS will provide innovative opportunities for interns to work with Veterans in rural settings. A number of innovative training opportunities exist. For example, the St. Cloud VA HCS has the largest Residential Rehabilitation Treatment Program (RRTP) in VISN 23. The 148-bed program is focused on evidence-based care, and 121 beds are designated for dual diagnosis with an emphasis on a substance use/ mental health continuum of care. Program evaluation is an important part of the RRTP. Programming is data driven, and modifications to the treatment program are made according to outcome data. The PTSD track is also an integral component of the RRTP program. Additionally, unique training opportunities are available for working with older Veterans in our Extended Care Service Line. Rotations would allow the intern to work as part of an interdisciplinary treatment team in our facility's Community Living Centers (CLCs). Currently, the CLCs have about 225 beds, which include long-term care and Hospice services.

Training Resources

Psychology interns have assigned office space with computer and telephone access at their primary rotation site. Each intern has administrative and program support for training and consultation with electronic medical record management, telemental health, clinical applications, data management related to clinical workload, and program and facility performance improvement programs. Interns have computers available in their office space and online access to journals.

A sample list of didactic topics include:

- Suicide Prevention Training
- Motivational Interviewing Fundamentals
- Tobacco Cessation Training
- Integrative Behavioral Couples Therapy (IBCT)
- Military Culture
- Psychopathy & Violence
- Geriatric Issues
- Women's Issues
- GLBT

INTERNSHIP TRAINING STAFF

Karen M. Ashby, Psy.D. Minnesota School of Professional Psychology- Twin Cities, 2006. Clinical Interests: Cognitive Behavioral Therapy, Cognitive Processing Therapy, Motivational Interviewing, Mindfulness-based techniques, Women Veterans, Eating disorders, Grief, and Domestic violence. Clinical supervisor.

Maleah Benkofske, Psy.D. Minnesota School of Professional Psychology at Argosy University, 2013. Clinical Interests: geriatric populations; serious and persistent mental illness. Clinical supervisor.

Tracey Biehn, Ph.D. University of Toledo, 2014. Clinical/Research Interests: Cognitive-Behavioral Therapy, pain psychology, chronic pain, Primary Care-Mental Health Integration, psychological assessment, PTSD, Prolonged Exposure Therapy, Cognitive Processing Therapy, anxiety disorders.

Michaela M. Engdahl, Ph.D. Marquette University – Milwaukee, WI, 2015. Clinical Interests: Acceptance & Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD.

Blake Evans, Ph.D. Clinical Psychology, Oklahoma State University, 2002. Clinical interests: Behavioral Family Therapy (BFT), Integrative Behavioral Couple Therapy (IBCT), Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT). Collateral Duty: Trainer/Consultant for Behavioral Family Therapy (BFT) within the VA Family Services Program.

Maggie Happe, Psy.D. Minnesota School of Professional Psychology, 2005. Clinical/Research Interests: Geriatric psychology, health psychology, neurocognitive disorder, medical decision making capacity, and neuropsychology. Clinical supervisor.

Nicole L. Hofman, Ph.D. University of South Dakota, 2014. Clinical/Research Interests: cognitive behavioral therapy, cognitive processing therapy, mindfulness-based treatments, treatment and assessment of co-occurring disorders, emotion regulation, and PTSD. Clinical supervisor.

Curt Johnson, Ph.D. Fuller Graduate School of Psychology, 1982. Primary Clinical/Research Interests: Acceptance and Commitment Therapy; Prolonged Exposure Therapy; Outpatient Mental Health; Rural Mental Health. Treatment setting: Brainerd CBOC.

Benjamin Jurek, Psy.D. Xavier University, 2008. Primary clinical/research interests: cognitive processing therapy for PTSD, cognitive behavioral therapy for dual diagnoses, residential treatment, program evaluation, program development. Clinical supervisor.

Jayne Lokken, Ph.D. University of North Dakota, 1996 Clinical/Research Interests: Health psychology; palliative care and end of life issues; PTSD treatment; working with people with major neurocognitive disorders. Clinical supervisor.

Ryan Miller, Psy.D. University of Minnesota Medical School-Department of Family Medicine and Community Health Behavioral Medicine Fellowship 2012, Minnesota School of Professional Psychology, 2009. Clinical Interests: Behavioral Medicine. Integrated Primary Care Psychology / Primary Care Mental Health Integration. Clinical supervisor.

Glen A. Palmer, Ph.D., ABN (Co-Director of Psychology Training). University of South Dakota, 1998. Clinical/Research Interests: Neuropsychological assessment; polytrauma; posttraumatic growth; ecological validity of neuropsychological tests. Clinical supervisor.

Janine Paxson, Ph.D. (Chief of Psychology). Western Michigan University. Clinical/Research Interests: Cognitive Behavioral Therapy, Health Psychology/Behavioral Medicine, Integrated Care (Primary Care Mental Health Integration), Cognitive Behavioral Therapy for Insomnia, Treatment of Trauma Sequelae/PTSD (Cognitive Processing Therapy and Prolonged Exposure Therapy), Program Development, Evaluation, and Clinical Outcomes. Clinical supervisor.

Thomas Quinlan, Ph.D. San Diego State University/ University of California, San Diego, 2014. Clinical interests: Cognitive Behavioral Therapy, Social Skills Training, Serious Mental Illness, Psychosocial Rehabilitation and Recovery Center, Acute Inpatient Psychology. Clinical supervisor.

Dorine Reiter, Psy.D. University of St. Thomas, 2005. Clinical/Research Interests: Addictions; Co-Occurring Disorders; trauma; spirituality; outpatient mental health. Academic Appointments: Adjunct Professor Graduate School of Addictive Studies, Hazelden Foundation. Clinical supervisor.

John T. Ross, Psy.D. Clinical Psychology, Minnesota School of Professional Psychology, 2015. Clinical Interests/Research Interests: cognitive processing therapy, prolonged exposure therapy, cognitive-behavioral therapy, mindfulness-based techniques, Military Sexual Trauma (MST), Dialectical Behavior Therapy (DBT), supervision/training, psychological assessments, compensation and pension exams, neurocognitive disorders, and neuropsychology. Setting(s): outpatient mental health.

John W. Selden, Ph.D. Clinical Psychology, Purdue University, 1980. Clinical Interests: cognitive processing therapy, prolonged exposure, psychological assessments, compensation and pension exams, couples therapy, and group therapies. Settings: outpatient mental health, an outpatient substance use disorder program, and residential services for Veterans with PTSD. Clinical supervisor.

Shauncie Skidmore, PhD. Clinical Psychology, Eastern Michigan University, 2010. Clinical interests: health and pain psychology, cognitive behavioral therapy for insomnia and chronic pain. Administrative interests: process improvement, team building, and staff coaching in PACT related modalities.

Sue Stone, Psy.D. University of Denver, 1996. Clinical Practice/Research Interest Areas: Diagnosis and Treatment of Personality Disorders, Assessment of Psychopathy, Violence Risk Assessment, Assessment of Mitigating and Aggravating Factors in Criminal Cases, Native American Mental Health Issues (Cultural Considerations in Assessment and Treatment), Complicated Bereavement, Assessment and Treatment of Co-occurring Disorders. Clinical supervisor.

Tim Tinius, Ph.D. University of North Dakota, 1989. Primary Clinical Interests: Psychological Evaluation, Posttraumatic Stress Disorder, Neuropsychology. Clinical supervisor.

Grace Tramm, Psy.D. (Co-Director of Psychology Training). Minnesota School of Professional Psychology at Argosy University 2013. Primary Clinical Interests: Treatment of PTSD (e.g., Cognitive Processing Therapy, Cognitive-Behavioral Conjoint therapy for PTSD, Eye Movement Desensitization and Reprocessing); religion and spirituality; chronic pain. Clinical supervisor.

Amy Walk, Psy.D. Minnesota School of Professional Psychology, 2004. Primary Clinical/Research Interests: Health Psychology, PTSD, and Substance Use Disorders. Clinical supervisor.

Maureen Winger, Ph.D. Neuropsychologist. University of North Dakota 1991. Clinical interests: neuropsychological/psychological assessment, bariatric pre-surgical assessment/preparation. Clinical supervisor.

Tim Wolfram, Psy.D. Illinois School of Professional Psychology, 1995. Clinical/Research Interests: Mind-body medicine; trauma; health psychology; chronic pain management; mindfulness. Faculty – The Center for Mind-Body Medicine, Washington, D.C.

Kimberlee Zetocha, Ph.D. University of North Dakota, 2009. Clinical/Research Interests: Cognitive Processing Therapy (CPT), Prolonged Exposure therapy (PE), and Virtual Reality Exposure Therapy (VR), technology application to therapy, PTSD, self-control, Military sexual trauma, and applied behavioral analysis. Clinical group supervisor.