

# ST. CLOUD VA HEALTH CARE SYSTEM



## PSYCHOLOGY INTERNSHIP PROGRAM

**MATCH NUMBER 238311**

## 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](http://www.stcloud.va.gov)

**MATCH Number: 238311**  
**Applications Due: November 16, 2018**

### 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 38,000 unique patients annually in the Upper Midwest region. Sixty percent of our total Veteran workload is over the age of 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.

### St. Cloud VA Psychology Department

Psychology service staff includes over 30 staff psychologists with diverse training backgrounds (including 3 neuropsychologists) and 3 psychometrists. Psychology staff are dispersed throughout the hospital in virtually all Veteran service areas, and are involved in a wide array of clinic and administrative tasks. Some accomplishments and special designations of St. Cloud VA psychologists include:

- **A trainer and consultant for the national Intensive Behavioral Couples Therapy implementation program**
- **A trainer and consultant for the national Cognitive Behavioral Therapy for Substance Use Disorders (SUD) implementation program**
- **A trainer and consultant for the national Primary Care Mental Health Integration implementation program**

- **Facility Behavioral Coordinators for STAR-VA program to address disruptive behavior related to dementia**
- **Faculty for the Center of Mind-Body Medicine**
- **Representatives on several committees outside of the St. Cloud facility including:**
  - o **VISN 23 SUD Workgroup**
  - o **VISN 23 Professional Standards Board**
  - o **VA National Professional Standards Board**
  - o **VISN 23 PTSD Mentor/Mentee Program**
- **Multiple VISN 23 Network Star Awards**
- **One Undersecretary Award for Health Priority Award**
- **A recipient of the VA Secretary's Honor Award for I-Care**
- **Psychologist who developed first mental health protocol (Activity Engagement) for use with the VA Annie App and presented mental health protocol for Annie at a Connected Care International Collaboration meeting with Connected Care Leaders nationwide and internationally**
- **Appointments on editorial boards of peer reviewed journals**
- **Appointments as ad hoc reviewers for various peer reviewed psychological/neuropsychological journals**
- **Principal and/or co-investigators on research projects**
- **Publications in various peer reviewed journals**
- **Presentations at national conferences**
- **Specialty board certifications (ABPP-CN and ABN)**
- **University/foundation faculty appointments**



## 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 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> or <http://www.aroundthecloud.org>.



## Accreditation Status

The doctoral internship at the St. Cloud VA Health Care System is a full-time (52-week 2,080 hours) rurally-focused psychology internship training program that has been funded by the Veteran Health Administration's Office of Academic Affiliations. We have been a member of APPIC since 2016. 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. The doctoral internship has been accredited by the Commission on Accreditation (CoA) and the American Psychological Association (APA). St. Cloud VA Health Care System has been accredited under the new "Accredited, on contingency" status since our site visit in June 2017. "Accredited, on contingency" is granted if the program meets all standards except for the inclusion of all required outcome data on interns in the program and after program completion. To move from "accredited, on contingency" status to fully accredited, the program must provide the required data by the time two (2) cohorts have completed the program. Because we are a new program, proximal and distal intern data for submission to APA is still being collected. Questions related to the program's accreditation status should be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979; e-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org); Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation).

## Application & Selection Procedures

Applicants must be enrolled and in good standing in an APA-accredited or Canadian Psychological Association (CPA)-accredited clinical, counseling, or combined psychology program; or a Psychological Clinical Science Accreditation System (PCSAS)-accredited program in clinical science. Applicants are required to have at least **250 direct intervention and 50 direct assessment 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 Dr. Nicole Hofman or Dr. 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 Doctoral Psychology Internship (AAPI). The AAPI is available for completion at the APPIC Web site: [www.appic.org](http://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:

**Nicole Hofman, PhD**

Co-Director of Psychology Training (MH-116C)  
St. Cloud VA Health Care System  
4801 Veterans Drive  
St. Cloud, MN 56303  
(320) 255-6480, extension 6899  
Email: Nicole.Hofman-Wilke2@va.gov

**Or**

**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



## Requirements for Completion of Doctoral Internship

The internship is structured as one year of full-time training to be completed in no fewer than 12 months. 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. Holidays, vacation, and sick leave count towards the completion of the 2080 hours. See below for further clarification. The standard tour of duty is 7:30am to 4:00pm. Performance evaluation of interns with feedback 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 Profession-Wide 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 2019-2020, interns received a yearly stipend of \$27,980 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 are paid for ten Federal holidays. They 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.

## 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 Co-Directors 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 competencies (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 comporment 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. Demonstrate 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. Demonstrate 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.

I felt like supervisors placed a high priority on my training needs and interests.

- Former Intern

### **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 is 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 is 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.

I felt very fortunate for the opportunities that were presented to enhance my skills.

- Former Intern



**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, and will also participate in a review and discussion of the ICARE values. They will also participate in introductory trainings such as 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 one or more professional and/or research topics.

**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 a local Journal Club and Grand Rounds from the Minneapolis VA 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 Committee 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-Directors of Training for the Psychology Internship Program.

### **Clinical Supervision and Evaluation of Progress**

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

**Mentorship Opportunity:** A Mentor in the St. Cloud VA Psychology Internship Program is an individual who is selected by an intern who can provide professional and personal development in a non-evaluator situation. The Mentor uses their experience and gained wisdom to provide guidance that will help the intern develop. The mentor is NOT in a supervisory position, and is NOT in a position to mandate action. Instead, the mentor is meant to be an individual who displays their own vulnerabilities, shares their experiences, helps think through issues that arise, and ultimately is a support to the intern.

All licensed psychologists at the St. Cloud VA are eligible to be mentors, though this is a voluntary position. Interested psychologists will fill out a Mentor Bio Form. These brief biographies will be provided to interns at the beginning of the internship year. Within the first couple of weeks of internship, a luncheon will be set up during which the interns may have a chance to speak with possible mentors. After this luncheon, each intern will submit a list of their top 3 mentor choices to the Co-Directors of Training. A brief discussion about best fit for mentor may occur.

## Research

**Research/Administration Time:** Although it is preferred that 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. Opportunities to observe or participate in various committees (e.g., Integrated Ethics Committee, Research and Development Committee) may also be available.



In the spirit of the scientist-practitioner model, interns *may* be allowed to participate for up to 4 hours per week in local research-related activities. Attempts will be made to match available research training opportunities to the intern's interests, academic training and professional goals. Interns have the opportunity to participate in one of the following options:

- Dissertation/research project.
- Collaboration with psychology staff members on local Institutional Review Board (IRB) and/or Research and Development (R&D) approved research projects.
- Local quality assurance (QA)/quality improvement (QI) projects under the direction of a staff psychologist. Opportunities for Program Development may also be available as time allows.
- Other research-related activities as approved by the Co-Directors of internship training.

**It should be noted that completion of the Intern's dissertation is of highest priority for the training year.** Therefore, completion of the dissertation will take precedence over participation in QA/QI or research projects.

## Description of Rotations

### **Mental Health Residential Rehabilitation Treatment Program (MH RRTP) (Major or Minor Rotation)**

The MH 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 MH RRTP demonstrates superior program efficacy, utilizes several evidence based psychotherapies and clinical best practices, and has a robust outcome management system that guides programmatic and clinical decision making. 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 abuse 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; Nicole Hofman, PhD, and Sue Stone, PsyD. Dorine Reiter, PsyD 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 social workers and psychologists. 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 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 risk 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 multidisciplinary team includes social workers, nurse practitioners, 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 assessments (e.g., bariatric), and tobacco cessation.

Supervisors: Ryan Miller, PsyD; Shauncie Skidmore, PhD; Jayne Lokken, PhD, 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 (BHIP) 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; Kristin Jurek, PsyD; John Ross, PsyD; Jennifer Roth, PsyD; and John Selden, PhD.

One of the strengths of this training experience was the wide range of opportunities available.

- Former Intern

### **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 psychiatry, psychology, social work, nursing (psychiatric NP, RN, LPN), pharmacy, Mental Health Treatment Coordinators, Suicide Prevention Coordinators, and occupational therapy staff. Team members from various programs and disciplines are consulted and involved based on unique patient needs. The PRRC is a transitional outpatient treatment and educational 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 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. Training opportunities/responsibilities of the trainees for this rotation may include: individual psychotherapy, group psychotherapy and/or psychoeducation, psychological screening/assessment (therapeutic assessment), and consultation within an interdisciplinary context.

Supervisor: Andrew Dahlstrom, PsyD.

### **Neuropsychology (Major or 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: Lonnie Bradford, PsyD, ABPP-CN; Maureen Winger, PhD; and Glen Palmer, PhD, ABN.

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

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 and Maleah Benkofske, PsyD

### **Innovative Opportunities**

The St. Cloud VA HCS provides innovative opportunities for interns to work with Veterans in rural settings. As such, a number of unique training opportunities exist. For example, the St. Cloud VA HCS has the largest Mental Health Residential Rehabilitation Treatment Program (MH RRTP) in VISN 23. The 148-bed program is focused on evidence-based/ integrated care for Veterans with comorbid mental health and substance use diagnoses. 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. Specialty PTSD treatment opportunities are also present in the MH RRTP and Outpatient Mental Health clinics. 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. 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:

Motivational Interviewing Fundamentals  
Integrative Behavioral Couples Therapy (IBCT)  
Military Culture  
Psychopathy & Violence  
Geriatric Issues  
Women's Issues  
LGBT  
Military Sexual Trauma (MST)  
Moral Injury  
Value-Based Conflicts in the Patient-Provider Relationship  
Program Evaluation and Consultation  
Theoretical Orientations of Supervision  
Use of Technology in Therapy  
White Racial Identity Development in Clinicians  
Grand Rounds through Minneapolis VA HCS V-TEL



## Internship Training Staff

**Jessica L. Anderson, PsyD**, University of St. Thomas, 2018. Former Psychology Intern at St. Cloud VA Health Care System (2017-2018). Clinical/ research interests: geriatric psychology, neurodegenerative disorders, psychological assessment, and neuropsychology.

**Karen M. Ashby, PsyD**, 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, PsyD**, Minnesota School of Professional Psychology at Argosy University, 2013. Clinical Interests: geriatric populations; serious and persistent mental illness. Clinical supervisor.

**Lonnie Bradford, PsyD, ABPP-CN**, Xavier University, 2010. Clinical/research Interests: TBI, Geropsychology, Neurodegenerative disorders (dementia, stroke, seizures, MS, etc.), performance validity, bioethics. Clinical supervisor.

**Andrew Dahlstrom, PsyD, NCC**, Minnesota School of Professional Psychology, 2017. Former Psychology Intern at St. Cloud VA Health Care System (2016-17). Clinical Interests:

Psychoanalytic psychotherapy, personality organizations and disorders, serious mental illness, affective neuroscience, attachment theory, phenomenological contextualism, human sexuality, human differences, and social justice. Clinical supervisor.

**Blake Evans, PhD**, Oklahoma State University, 2002. Clinical Interests: contemporary behavioral approaches, including Dialectical Behavior Therapy (DBT), Motivational Interviewing (MI), and Integrative Behavioral Couple Therapy. Collateral Duty: Trainer/Consultant for Integrative Behavioral Couple Therapy within the VA Family Services Program.

**Maggie Happe, PsyD**, 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, PhD, (Co-Director of Training)**, University of South Dakota, 2014. Clinical/Research Interests: Cognitive Behavioral Therapy; Cognitive Processing Therapy; mindfulness-based treatments; treatment and psychological assessment of emotion regulation, substance use disorders, and PTSD; MST; relational impacts of varying values/beliefs within the patient provider relationship; supervision and training. Clinical supervisor.

**Curt Johnson, PhD**, Fuller Graduate School of Psychology, 1982. Clinical/Research Interests: Acceptance and Commitment Therapy, Prolonged Exposure Therapy, outpatient mental health, rural mental health.

**Kyle Jones, PhD**, University of Illinois at Chicago, 2016. Clinical/Research Interests: Primary Care Mental Health Integration, behavioral medicine, rehabilitation psychology, multicultural issues, LGBT mental health, HIV/AIDS, chronic pain, smoking cessation, treatment adherence, spinal cord injury, chronic illness.

**Benjamin Jurek, PsyD**, Xavier University, 2008. Clinical/Research Interests: Cognitive Processing Therapy, Cognitive Behavioral Therapy for dual diagnoses, residential treatment, program evaluation, program development, and systems redesign. Collateral Duty: Trainer/Consultant for the Cognitive Behavioral for Substance Use Disorders Program. Clinical supervisor.

**Kristin T. W. Jurek, PsyD**, University of St. Thomas, 2016. Clinical Interests: Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Mindfulness-based techniques, interpersonal techniques, Dialectical Behavior Therapy, Logotherapy, Acceptance and Commitment Therapy, self-compassion, and trauma disorders. Clinical supervisor.

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



**Ryan Miller, PsyD**, Minnesota School of Professional Psychology, 2009. Clinical/Research Interests: Behavioral medicine, integrated primary care psychology/Primary Care Mental Health Integration. Clinical supervisor.

**Glen A. Palmer, PhD, ABN, (Co-Director of Training)**, University of South Dakota, 1998. Clinical/Research Interests: Neuropsychological assessment, rural health and rural issues, polytrauma, posttraumatic growth, ecological validity of neuropsychological tests, applied behavioral analysis, intellectual and physical disabilities, single-case research designs. Clinical supervisor.

**Janine Paxson, PhD, (Chief of Psychology)**, Western Michigan University, 2005. 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.

**Dorine Reiter, PsyD**, 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, PsyD**, Minnesota School of Professional Psychology, 2015. Clinical/Research Interests: Cognitive Processing Therapy, Prolonged Exposure Therapy, Cognitive-Behavioral Therapy, mindfulness-based techniques, Military Sexual Trauma, Dialectical Behavior Therapy (DBT), supervision/training, psychological assessments, compensation and pension exams, neurocognitive disorders, and neuropsychology. Clinical supervisor.

**Jennifer C. Roth, PsyD**, Minnesota School of Professional Psychology, 2016. Clinical Interest/Research Interests: Cognitive Processing Therapy and Prolonged Exposure for PTSD, Cognitive Behavioral Therapy, individual psychotherapy, moral injury, mindfulness, Dialectical Behavior Therapy, Clinical Video Telehealth, the interface of informatics and mental health, and supervision/training. Clinical supervisor.

**Emily A. Schmidtman, PhD**, University of Southern Mississippi, 2016. Clinical/Research Interests: Holistic recovery, multiculturalism, white racial identity development, mindfulness, individual psychotherapy, major depressive disorder, generalized anxiety disorder, Cognitive Processing Therapy, Dialectical Behavior Therapy, vocational counseling, and Clinical Video Telehealth.

**John W. Selden, PhD**, Purdue University, 1980. Clinical Interests: Cognitive Processing Therapy, Prolonged Exposure, psychological assessments, compensation and pension exams, couples therapy, and group therapies. Clinical supervisor.

**Shauncie Skidmore, PhD**, Eastern Michigan University, 2010. Clinical Interests: Health and pain psychology, cognitive behavioral therapy for insomnia and chronic pain, process improvement, team building, and staff coaching in PACT related modalities. Clinical Supervisor.

**Shannon Sommer, PhD**, University of North Dakota, 2017. Clinical/Research Interests: Trauma, PTSD, Military Sexual Trauma, moral injury, comorbid trauma and substance use disorders, Cognitive Processing Therapy, Prolonged Exposure, Cognitive-Behavioral Therapy, supervision/training, and psychological assessments.

**Sue Stone, PsyD**, University of Denver, 1996. Clinical/Research Interests: 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, PhD**, University of North Dakota, 1989. Primary Clinical Interests: Psychological evaluation, posttraumatic stress disorder, neuropsychology. Clinical supervisor.

**Amy Walk, PsyD**, Minnesota School of Professional Psychology, 2004. Clinical/Research Interests: health psychology, PTSD, and substance use disorders. Clinical supervisor.

**Maureen Winger, PhD**, Neuropsychologist. University of North Dakota 1991. Clinical Interests: Neuropsychological/psychological assessment, bariatric pre-surgical assessment/preparation. Clinical supervisor.

**Tim Wolfram, PsyD**, 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, PhD**, University of North Dakota, 2009. Clinical/Research Interests: Cognitive Processing Therapy (CPT), Prolonged Exposure therapy (PE), Virtual Reality Exposure Therapy (VR), technology application to therapy, PTSD, self-control, Military sexual trauma, and applied behavioral analysis.

## **Previous Internship Classes**

### **2018-2019**

Loma Linda University (Clinical PsyD)  
University of St. Thomas (Counseling PsyD)  
University of St. Thomas (Counseling PsyD)

### **2017-2018**

Suffolk University (Clinical PhD)  
University of St. Thomas (Counseling PsyD)  
University of St. Thomas (Counseling PsyD)

### **2016-2017**

Alliant International University/California School of Professional Psychology-San Diego (Clinical PhD)  
Fielding Graduate University (Clinical PhD)  
Minnesota School of Professional Psychology-Twin Cities (Clinical PsyD)

## **Post-Internship Placements/Employment**

Cambridge Health Alliance/Harvard Medical School (Postdoctoral Residency in Clinical Neuropsychology)- 1  
Completing Dissertation- 1  
Granite Falls Health; Granite Falls, MN (Psychologist- Private Hospital Setting)- 1  
St. Cloud VA Health Care System (Graduate Psychologist)- 2  
Tomah VA Medical Center (Graduate Psychologist)- 1

## Tips for Potential Internship Applicants

Since our facility has recently obtained “Accreditation, on Contingency” status, applications have become increasingly more competitive. Unfortunately, our Selection Committee encounters errors by potential interns during the application and/or interview process that may substantially reduce chances of a successful match. Therefore, these tips are designed to assist the applicant with submitting a competitive application and having a successful interview at St. Cloud VA HCS:

1. **Read the brochure**- Although this suggestion would appear to be intuitive to most applicants, our Selection Committee encounters applicants who appear to have limited (or no) knowledge of the various services/rotations that we provide.
2. **Pay particular attention to your cover letter included as part of the AAPI application**- The cover letter provides the Selection Committee with a very important first impression of your application. Tell us why you want to receive training with our program. Common mistakes found in the cover letter include presence of typographical and grammatical errors, general or vague information as to the reason for interest in our program, little or no mention of specific rotations that might be of interest, and carelessly placing the name of the wrong internship program in the cover letter.
3. **Describe why you want to work with our Veterans**- While previous exposure to working with Veterans is viewed favorably by the Selection Committee, lack of experience in working with this population does not exclude applicants from receiving serious consideration. However, the applicant should provide a clear rationale for desire to work with Veterans in the cover letter and, if invited, during the clinical interview. Failure to provide rationale for wanting to obtain experiences working with Veterans will likely result in lower scores during the review and ranking process.
4. **Be prepared to discuss your theoretical orientation**- At the current level of training, interns should have reasonable skills necessary to clearly articulate their theoretical orientation and provide examples of how skills were used in practicum experiences. Our program emphasizes evidence-based practices, and the intern should articulate desire for training in evidence-based interventions offered by VHA.
5. **Be prepared to discuss rotation and clinical interests**- In your cover letter and during the clinical interview, be prepared to tell us about your current and future interests/aspirations. Specifically, we are interested in knowing how your interests and future aspirations will fit with our program. What specific rotations and clinical skills are you interested in receiving as part of your training, and how does our program meet those interests?



**INTERNSHIP ADMISSIONS , SUPPORT, AND INITIAL PLACEMENT  
DATA/PROGRAM TABLES**

**Date Program Tables are updated: 8/1/18 \_\_\_\_\_**

**Internship Program Admissions**

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

Applicants must be enrolled and in good standing in an APA-accredited or CPA-accredited clinical, counseling, or combined psychology program; or a PCSAS-accredited program in clinical science. Applicants are required to have at least 250 direct intervention and 50 direct assessment 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. 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.

**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:**

Total Direct Contact Intervention Hours	N	<u>Y</u>	Amount: 250 Hrs.
Total Direct Contact Assessment Hours	N	<u>Y</u>	Amount: 50 Hrs.
Describe any other required minimum criteria used to screen applicants: <u>N/A</u>			

**Financial and Other Benefit Support for Upcoming Training Year\***

Full-time Intern stipend for 2017-2018 (Annual Stipend/Salaries for 2018-2019 will be confirmed early in 2018):	\$27, 980
Annual Stipend/Salary for Half-time Interns	<u>N/A</u>
Program provides access to medical insurance for intern?	<u>Yes</u> No
If access to medical insurance is provided	
Trainee contribution to cost required?	<u>Yes</u> No
Coverage of family member(s) available?	<u>Yes</u> No
Coverage of legally married partner available?	<u>Yes</u> No
Coverage of domestic partner available?	Yes <u>No</u>
Hours of Annual Paid Personal Time Off (PO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
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?	<u>Yes</u> No
Other Benefits (please describe): Up to 5 additional days of Release Time to defend dissertation and/or for professional development activities	<u>Yes</u> No

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

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

2015-2018

Total # of interns who were in the 3 cohorts	6 (First Cohort established 2016-17)	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	3
Military health center	0	0
Academic health center	1	0
Other medical center or hospital	0	1
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.