Psychology Doctoral Internship Training Program

Boise VA Medical Center
Brienne Dyer, Psy.D.
Director of Training, Psychology
500 W. Fort Street
Boise, ID 83702
(208) 422-1000 x 7243
Brienne.Dyer@va.gov

APPIC Match Numbers:
General Program: 216611
Neuropsychology Track: 216612
Applications Due: November 12, 2017

Accreditation Status
The doctoral internship at the Boise VA Medical Center is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The next site visit will occur in 2020. 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; Web: www.apa.org/ed/accreditation.

Boise VAMC Training and Psychology Service
The Boise VAMC has a long history and tradition of providing training to medical and associated health professions. During the 2016-2017 academic year, the Medical Education Programs provided training to medical students, physician assistant students, internal medicine residents, and family practice residents. Additionally, the medical center’s educational activities extend to more than 400 associated health professions in fields such as pharmacy, nursing, physical therapy, social work, and respiratory therapy.

In recognition of the excellence in training and interdisciplinary care, VA Headquarters (Office of Academic Affiliations) selected the Boise VAMC as a Center of Excellence in Primary Care Education in 2011. This Office of Academic Affiliation (OAA) grant is intended to foster the transformation of clinical education by preparing health profession graduates to work in patient-centered interprofessional teams that provide coordinated longitudinal care. Specific to the internship, this grant provides potential opportunities for psychology trainees, pharmacy residents, nurse practitioner residents, and internal medicine residents to collaborate in a patient-centered medical home (i.e., combined curriculum, scholarly inquiry, and clinical care). For more information on the Boise VAMC Center of Excellence and specific training programs please go to http://www.va.gov/oaa/archive/coe_handout.pdf or www.boise.va.gov.

Within Behavioral Health, the Associate Chief of Staff for Behavioral Health (ACOS/BH) oversees a multidisciplinary Behavioral Health Service (BHS) leadership team comprised of Psychiatry, Social Work, Nursing, and Psychology, who in turn supervise over 100 total BHS staff members. Dr. Beth Fassig serves as the Chief of Psychology and the Psychology Service is comprised of doctoral level psychologists, master's level counselors, a neuropsychology psychometrician, and administrative assistants. Additionally, Boise VAMC Psychologists are involved in BHS and Medical Center leadership and act as members and consultants to numerous interprofessional treatment teams. The Psychology staff currently holds leadership roles in the PTSD Clinical Team (PCT), Neuropsychology Team, Polytrauma Team, Compensated Work Therapy (CWT), Integrated Care Team (ICT), Home Based Primary Care (HBPC), Compensation and Pension (C&P), Substance Abuse, Telehealth, Education, and Outpatient BHS. Five Boise VAMC Psychologists hold clinical faculty positions at the University of Washington and provide training to medical and psychiatry residents.
**Populations Served**
The Boise VAMC serves primarily rural Veterans, with 50% of Veterans served residing in rural or highly rural areas. Overall, the facility serves more than 35,000 urban, rural, and highly rural Veterans annually. The Boise facility also supports two rural Community Based Outreach Clinics (CBOCs) in Twin Falls (3,104 Veterans) and Caldwell (4,352 Veterans), as well as three highly rural outreach clinics in Salmon, Mountain Home and Burns (OR).

Boise BHS provides care to approximately 6,300 Veterans a year. Primary diagnoses include Depression/Mood Disorders, PTSD/Anxiety Disorder, Substance Use Disorders, with the remaining (primary) diagnoses including Psychotic Disorders, Adjustment Disorders, Personality Disorders, and Psychological Factors Affecting Medical Conditions. Of the BHS-served Veterans who provide ethnicity/race information, 98% identify themselves as "Not Hispanic or Latino". Approximately 91% of the total number identified their "race" as "White/Caucasian", with the remaining 9% identifying their "race" as Native American, Alaska Native, Asian American, Black or African American, and Native Hawaiian or Pacific Islander. Twenty-one percent of Veterans served in BHS are women. The service era breakdown for all Veterans served include World War II (8.8%), Korea (6.7%), Vietnam Era (36%), Desert Storm (17.5%), OIF/OEF/OND (7.5%), and all other periods (23.5%). The age breakdown for all Veterans served in BHS is as follows: < 25 (3%), 25-34 (16%), 35-44 (13%), 45-54 (17%), 55-64 (26%) 65-74 (19%), 75-84 (4%), and 85+ (2%). Due to the overall economic climate in Idaho (i.e., approximately 14% of residents in Idaho live below the poverty line), many of the Veterans treated within behavioral health have limited financial resources.

**Stipends and Benefits**
- **Salary**: $24,014
- **Fringe benefits**: health insurance, life insurance, federal holidays (10), vacation (13 days), sick leave (13 days), dissertation release time, and weekly professional development time

**Application & Selection Procedures**
The application and selection process has been designed to be in accordance with the policies and procedures developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC), including participation in the Match. This internship fully abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Additionally, our training program is committed to creating a supportive learning environment for individuals of diverse backgrounds, and as a federal agency, we abide by the U.S. government EEO and Reasonable Accommodation policies.

The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if selected for this internship and fit the above criteria, you will have to sign the above noted statement. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. The VA conducts drug screening exams on randomly selected personnel, as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection. Acceptance to this program is contingent upon a routine physical examination and a background security check.

In order to apply and be considered for ranking, applicants must be U.S. citizens who are pursuing a doctoral degree in clinical or counseling psychology from a CPA- or APA-accredited program and have 1,000 or more total practicum hours, with a minimum of 350 direct intervention hours and a minimum of 100 direct assessment hours of supervised graduate level pre-internship practicum experience. For applicants interested in the neuropsychology track, we will accept applicants with a minimum of 450 combined direct care hours (assessment and intervention) who may have a greater number of hours in assessment than intervention. Applicants may only apply to the general or the neuropsychology track. Additionally, applicants must have completed their comprehensive exams and proposed their dissertation prior to applying.
The selection committee reviews applications and invites those trainees who appear to match with the mission of the VA, local facility, and Boise Psychology Training Program for interviews. In person interviews are strongly encouraged but not required for ranking. In person interviews include a full day of informational sessions, facility tour, and individual interviews (8:30 a.m. - 4:00 p.m.).

Interview preference goes to trainees who have a strong interest in receiving a generalist, rural, interprofessional training experience. Additionally, we are committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups. The Boise VAMC adheres to the Americans with Disabilities Act (ADAAA; ADA Amendment of 2008 effective January 1, 2009). Consideration for the neuropsychology track requires training courses and experiences consistent with the goal of applying for a postdoctoral fellowship in neuropsychology.

To apply, submit the following materials electronically through the online APPIC Application for Psychology Internships:

- APPIC Application for Psychology Internships
- Detailed curriculum vitae describing background, training, experience, and scholarly activity/research
- Three letters of recommendation

**Match Numbers:**
- General Track: 216611
- Neuropsychology Track: 216612

*Applicants may only apply for the general or neuropsychology track. Applicants applying to the neuropsychology track must have a plan to apply for a postdoctoral fellowship in neuropsychology (see neuropsychology track on page 8)*

**Important Deadlines**
- Application Deadline: November 12, 2017
- Interview Notification Deadline: December 14, 2017
- Interviews: January 5, 12, & 19, 2018

**Training Model and Program Philosophy**
The Boise Psychology Internship Program is committed to training professional psychologists in applying current scientific research in the practice of psychology, with a particular focus on preparing psychologists for integrated and rural health care practice. The Clinical Training Committee’s (CTC) goal is to train future clinicians to inform their practices with extant scientific research, as well as to develop their abilities to think critically in addressing areas in which clinical research is limited. We encourage trainees to become both consumers and participants in research. We also believe that psychologists should be well rounded generalists, as they receive training with a variety of identifiable populations (i.e., rural, women, and ethnically and geographically diverse groups) and a range of problems. We believe that the training process should be developmental, in that interns start out fairly dependent with regard to supervision and move toward independence in their overall ability to integrate skills and provide care in an effective manner.

**Program Goals and Objectives**
Consistent with the overarching training mission, goals, and objectives, the CTC has identified objective competencies designed to monitor progress across rotations and throughout the internship year. These competencies were developed with the goal of being sequential, cumulative, and graded in complexity, while also identifying the minimum level of successful achievement necessary to meet the overall goals and objectives for each rotation and intern year. That is, interns follow a professional developmental process, in which they move from close supervision and instruction to relatively independent functioning...
over the course of each rotation and the internship year, assuming increasing levels of professional responsibility. It is expected that interns demonstrate substantial gains during the training year in the identified competencies as they receive clinical supervision and ongoing feedback regarding their progress.

**The identified competencies of the internship are as follows:**

1) **Professional Values, Attitudes, and Behaviors** - Interns will demonstrate sound professional judgment, professional values and ethics (including integrity, professional conduct, accountability, concern for the welfare of others), and will strive to develop a professional identity. Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. Interns should be receptive to feedback received from supervisors, peers, other professional colleagues, and patients. They should be able to examine feedback objectively and respond with appropriate behavior changes. Interns should also show the ability to self-monitor, and to change their behavior in response to experience.

2) **Assessment** - Interns will be able to competently assess patients with a broad variety of problems, utilizing a variety of psychometrically validated instruments and evaluation methods. Selection and use of assessment tools should be appropriate to the clinical needs of the patient, taking into consideration relevant demographic and cultural influences and the clinical setting, and should be responsive to the referral needs of other professionals. Interns should be able to, in both verbal and written form, conceptualize and clearly communicate their assessment findings and recommendations to other professionals, patients, and (as appropriate) patient families.

3) **Intervention** - Interns will demonstrate the ability to effectively work with diverse populations and provide appropriate interventions in response to a range of presenting problems and treatment concerns. Interns should demonstrate competent psychotherapy skills in a variety of modalities (including, but not limited to, group, individual, and crisis intervention/risk assessment) and empirically supported models. They will evaluate treatment progress and modify planning as needed to meet the needs of the patient.

4.) **Communication and Interpersonal Skills** - Interns will demonstrate effective written and verbal communication and appropriate interpersonal functioning with peers, colleagues from other disciplines, and support staff.

5.) **Ethical and Legal Standards** - Interns will demonstrate knowledge of ethical and legal principles bearing on psychological practice, and will show an awareness of these principles in their daily practice.

6.) **Individual and Cultural Diversity** - Interns will demonstrate an awareness of, sensitivity to, and skill in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics. Interns will have knowledge of themselves as a cultural being and apply knowledge, skills, and attitudes regarding dimensions of diversity to their professional work.

7.) **Research** - Interns will demonstrate the ability to apply the scientific method to practice. They should generate knowledge through research and/or scholarly inquiry and apply scientific methods to evaluating practices, interventions, and programs.

8.) **Consultation and Interprofessional/Interdisciplinary Skills** - Interns will provide useful and effective consultation services to other professionals, as well as provide guidance or professional assistance to trainees/supervisees. Interns should develop the ability to interact collaboratively within interdisciplinary systems, including a general understanding of key concepts and issues related to these interactions and the ability to translate psychological principles and findings to professionals from different disciplines.

9.) **Supervision** – Interns will demonstrate knowledge of ethical, legal and contextual issues of the supervisor role as well as knowledge of supervision models and practices. Interns will demonstrate knowledge of learning strategies and apply teaching methods in multiple settings.
**Program Structure**

This doctoral internship program includes four, 12-month full-time internship positions, each of which is divided into three, 4-month rotations. A staff psychologist will be assigned to act as a preceptor for the intern; this person provides direction throughout the internship year, including guidance in professional development and planning for post internship. With the support of their preceptor, interns identify training interests and the preceptor makes recommendations to the CTC based on these interests. Rotations are designed and assigned based upon the preceptor's recommendations; intern strengths, interests, and career/professional goals; as well as experiences they may not have received in their graduate training.

Interns have the opportunity to choose two 4-month minor rotations to prepare them for further specialized training programs; see **Minor Rotations** below. Additionally, throughout the year interns have the opportunity to participate in ancillary training activities as available (e.g., guest lecture for clinical courses at Boise State University, Welcome Home activities, LGBTQ Pride events).

Interns are required to travel as part of the Rural Health minor rotation. All other rotations take place on the main campus, located in Boise, Idaho. Interns will receive at least four hours (3.0 hours of individual; 1.0 hour group) of supervision a week. It is expected that each intern attend all scheduled didactic presentations, individual/group supervision, journal club, Psychiatry Grand Rounds, interprofessional case conferences, and CE presentations, and actively engage in the training rotations. In addition, interns are encouraged to participate in other training opportunities, including Medical Grand Rounds, Primary Care Seminars, and online educational opportunities.

**Method and Frequency of Evaluation**

The Boise Psychology Internship Training Program employs a multidimensional approach to program evaluation, using both internal and external outcome measures. Interns receive ongoing feedback regarding performance and progress. Additionally, each rotation clinical supervisor completes formal, written evaluations of the intern's performance at the midpoint and end of the rotation. At the end of each rotation, interns complete an evaluation of the quality of their supervisor(s) and rotation. Interns complete an evaluation of their group supervisor(s) and weekly didactic presentations. Throughout the year, interns are encouraged to complete OAA surveys (i.e., Learners Perception Survey) and, at year's end, complete an evaluation of the program/site and participate in an exit interview with the Director of Training. Finally, alumni of the internship program will be asked to complete an evaluation of the program seven years after they complete their internship year, with ongoing alumni surveys every two to five years. Informal, ongoing verbal feedback is solicited from interns and supervisors throughout each rotation, with necessary adjustments made in accordance with feedback received. All of the formal evaluation procedures have been selected with the goal of obtaining internal/external and qualitative/quantitative data. This feedback is used by the CTC to determine the effectiveness of the program in meeting the mission and goals of the VA, facility, training program, and learner.

Overall, the program sustains an "evaluation-rich" learning environment in which supervisors and learners habitually reflect upon themselves, and in which they exchange feedback in an on-going, supportive and validating manner. Evaluation, when practiced well, should involve dispassionate critique aimed to improve the performance of interns and the program itself, rather than criticism, which interferes with accurate self-reflection, impairs relationships between learners and teachers, and impedes progress.

It is always expected that supervisors would have previously identified and discussed with the intern any concerns that are registered in a summative evaluation. That is, concerns should not be raised for the first time in a written summative evaluation, but will have been raised earlier during on-going formative evaluation, such that the intern has numerous early opportunities to correct her/his performance. Similarly, concerns with a supervisor or supervision should not be raised for the first time in a written summative evaluation. Faculty meet routinely to discuss intern progress, for the purpose of identifying additional supports and resources that may assist interns in attaining the program competencies, and likewise keep the Training Director regularly informed of progress.
Training Experiences
Interns receive the majority of their training within the context of clinical rotations and direct patient care (typically 12-15 hours per week of direct patient care). More specifically, interns receive instruction and supervision in clinical interviewing skills; case conceptualization and integration of multiple sources of patient information; establishing and maintaining a therapeutic alliance; establishing and monitoring therapy goals; establishing evidence-based interventions with process and outcome measurements; providing effective and flexible applications of therapy interventions; using research and educational materials to guide clinical practice; maintaining an awareness of counter-transferential and other personal issues affecting therapy, including setting therapeutic boundaries; managing of and following-up on patient crises; planning for and implementing constructive therapy termination; facilitating group therapy; and working with therapy process in individual and group work. In addition, the interns have involvement in comprehensive evaluations, including training in neuropsychological, psychological and personality assessment. Psychology interns also receive training in selected VA-recognized Empirically Based Psychotherapies from the numerous consultants and certified providers at the facility, as well as formalized training/supervision in other empirically supported interventions (i.e., Seeking Safety, Motivational Interviewing, and Dialectical Behavioral Therapy).

- **Major Rotations** Primary Care-Mental Health Integration (PC-MHI)
- PTSD
- Neuropsychology
- General Behavioral Health
- Substance Use Disorders (SUD)

Rotation Descriptions

**Primary Care-Mental Health Integration:** The Primary Care-Mental Health Integration rotation is designed to train doctoral psychology interns to work collaboratively with primary care teams to provide same-day behavioral health services and consultation for their patients. Psychology interns will work with Veterans and their care team to address psychological issues and accompanying health behaviors that can undermine their overall health. Interns will provide assessment, treatment disposition, and brief psychotherapy for a wide range of presenting problems, including difficulty with management of chronic health conditions, depression, anxiety, insomnia, diabetes, cognitive difficulties, and substance misuse. Opportunities also exist to co-facilitate psychoeducation groups, conduct crisis evaluations, and perform specialty medical evaluations for bariatric surgery, Hepatitis C, and organ transplants. Through the Center of Excellence in Primary Care Education (CoEPCE), Psychology interns will participate in a sampling of offerings including interprofessional didactics and case conferences, and may also receive exposure to planning and facilitating shared medical appointments.

**Posttraumatic Stress Disorder Clinical Team (PCT):** The Boise VA Medical Center offers specialty PTSD outpatient and residential treatment via the PCT. Interns play an active role on the team and will be assigned duties depending on their level of experience. As such, interns typically start by becoming familiar with screening (i.e., PCL-5) and more extensive assessment measures (i.e., CAPS-5, TSI-2, etc.) specific to PTSD. They also will learn how to educate patients about their symptoms and teach techniques to manage symptoms via individual and group therapy. Interns also will have the opportunity to receive specialized training in EBPs for PTSD, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Depending on their level of training upon entering the program, interns may first observe these EBPs being facilitated by their supervisor and then administer them to assigned patients. CPT is facilitated in both the outpatient and residential programs, and interns will be able to assist with these groups. Interns will be expected to carry a caseload in both the outpatient and residential programs. They will provide care for patients in the residential program from admission to discharge and follow cases post-discharge, as needed. The residential program provides trauma-focused group and individual therapies. It also offers supplemental care that will provide interns experience in addressing other residential needs (i.e., housing, unemployment, chronic pain, interpersonal difficulties, substance abuse/dependence, etc.).

**Neuropsychology:** Interns on the Neuropsychology rotation focus on the foundations of neuropsychology and neuroanatomy and the application of neuropsychological assessment in the care of
Veterans. Interns complete comprehensive outpatient assessments and treatment of patients with neurologic, medical, and psychiatric illness. Interns are expected to develop competence in the administration, scoring, and interpretation of neuropsychological and psychological tests. Interns participate in review/clarification of referrals, medical record review, clinical interview, and report writing. They assist medical staff in differential diagnosis and provide appropriate and useful feedback to patients seen in the neuropsychological assessment clinic.

**General Behavioral Health:** Trainees on the General BH rotation provide assessment and psychotherapy (i.e., individual, couples, family, and group therapy) to Veterans referred to the Behavioral Health Service Interdisciplinary Program (BHIP). BHIP is an interdisciplinary team, whose members work together to focus on the Veteran’s mental health and well-being. Intern responsibilities may include initial evaluations, treatment planning, psychological/cognitive assessment, psychological consultation, family education, and case management. Interns receive training and supervision in psychotherapy with a broad range of disorders, including Depressive, Bipolar, Schizophrenia, Schizoaffective, Anxiety (Panic, PTSD, Phobic, Generalized), Pain-Related, Substance Use, and Personality Disorders (and combinations thereof). Interns will also work within the Behavioral Health Pain Management Program to provide group therapy, which utilizes tele-health technology to reach rural veteran across the Boise catchment. Opportunities to provide evidence based treatment for chronic pain (CBT-CP), complex pain assessments, and further group work will be available for those wanting further exposure to pain psychology.

**Substance Use Disorders (SUD):** The SUD treatment rotation offers interns experiences in both residential and outpatient treatment settings. Within the residential setting, interns will have opportunities for case management, treatment planning, group therapy, individual therapy, and interdisciplinary consultation. Interns will provide care for patients in the program from admission to discharge and follow cases post-discharge, as needed. Within the outpatient settings, interns will provide individual therapy and group sessions. Often, individual sessions will occur with Veterans who have completed the residential program and need ongoing SUD treatment to maintain sobriety; however, some Veterans who receive outpatient care will be new to SUD treatment. Treatment in both residential and outpatient settings may include family sessions, as needed. Within the SUD treatment rotation, interns can expect to see Veterans with co-occurring disorders and will often be working with Veterans with trauma histories.

**Minor Rotations**
Minor rotations are offered as adjunct training experiences to round out the intern’s training year and/or prepare them for further specialized training (i.e., postdoctoral fellowship). Minor rotations occur during the second and third rotations and account for one day of clinical training. Minor rotations are optional and based upon availability of training staff.

**Rural Health**
The Rural Health minor rotation is designed to address the mental health care needs of the vast population of rural and highly rural Veterans residing within the Boise VAMC catchment area. With this goal in mind, trainees provide direct care at the Caldwell Community Based Outreach Clinic (CBOC), located approximately 28 miles from the main BVAMC campus. Interns on this rotation serve as a liaison to the Caldwell CBOC, which provides a full range of services to rural and highly rural Veterans. These services include primary care, optometry, tele-dermatology and phlebotomy, among others. Trainees work within the CBOC to provide individual and group psychotherapy, assessment, and consultation within a multidisciplinary team.

**Home Based Primary Care (HBPC)**
The HBPC team provides comprehensive, interdisciplinary primary care services in the primarily rural homes of Veterans with complex and chronic disabling diseases. Serving on an interdisciplinary team, the HBPC intern provides mental health prevention, assessment, and treatment services to the Veteran and the Veteran’s family. Interns gain essential skills in psychological consultation with primary care professionals within and outside of the HBPC.
Telehealth

Telehealth opportunities exist within most other rotations (e.g., PTSD Clinical Team and BHIP Teams), or can be formalized into a minor rotation. Interns will have the opportunity to provide telehealth care directly to highly rural Veterans’ homes or to other VA facilities within our catchment area (e.g., Mountain Home, Twin Falls). Interns will have the opportunity to consult with providers at other VA clinics, and learn the unique skills of TMH delivery in the home. Interns will gain essential skills in utilizing telehealth equipment, modifying treatments to accommodate a telehealth modality, and will gain comfort with developing therapeutic rapport via telehealth.

Inpatient Psychiatry

Interns will spend one day per week focused on consultation, psychological assessment, individual and group interventions for Veterans with acute psychosis, risk for self-harm, neurocognitive disorders, and other acute psychiatric conditions in the Inpatient Psychiatric Unit. Within the inpatient psychiatry unit, interns function as part of interdisciplinary teams that promote stabilization, recovery, and wellness for Veterans on the unit. Interns attend interprofessional unit meetings such as Morning Report and Treatment Team Meetings, and they participate in team and family meetings with the Veteran and co-lead inpatient groups, as assigned. A focus of this experience is learning to assess and treat Veterans from a Recovery perspective and developing a deeper understanding of the Recovery approach to working with Veterans with acute and serious mental illness.

Any of our major rotations, described above, can also be made into a minor rotation (subject to supervisor availability)

Neuropsychology Track (APPIC #216612; 1 position): For those trainees interested in gaining additional training in neuropsychology and who anticipate participating in a 2-year Neuropsychology specialty fellowship, there is opportunity to apply to the Neuropsychology Track. Interns matched to this track will participate in training and didactic experiences throughout the year to meet the Houston Conference Guidelines on Specialty Education and Training in Clinical Neuropsychology (1998). The intern will participate in the Neuropsychology rotation as well as two other rotations of their choice, while continuing to conduct one neuropsychological evaluation each week throughout the year. There are opportunities to be involved in the weekly Memory Clinic which is an interprofessional collaboration between neuropsychology, geriatric medicine, and other services (social work, pharmacy). The intern will participate in bimonthly Neuropsychology didactics with Drs. Champion, Dyer, and Sordahl that include supplemental readings (e.g., journal articles and book chapters), case presentations, and advanced training in neuropsychology and neuroanatomy. As available, the intern will have opportunities to co-lead cognitive skills groups and present neuropsychology trainings to Behavioral Health.

Seminars and Additional Training Experiences

Interns are required to attend weekly seminar presentations, which include discussions of various topics related to clinical and professional development. Interns may also be assigned rotation-specific articles to promote the implementation of theory, research, and critical thought in their formulations of patients’ behavior and symptoms. Participation in Psychiatry Grand Rounds, Journal Club and Interdisciplinary Case Conference is also required. In addition to didactics offered by the medical center, interns are encouraged to attend Behavioral Health Service meetings, presentations, and seminars. Interns also have opportunities to attend monthly psychology CE trainings, Behavioral Medicine didactics, Behavioral Medicine Journal Club, and neuropsychology seminars. Finally, interns are required to demonstrate their knowledge through formal presentations, including case, research, and assessment presentations.

Another component of training is engagement with the Boise VAMC Center of Excellence in Primary Care Education (CoEPCE). One of seven such Centers of Excellence within the Veterans Health Administration, the CoEPCE provides a curriculum and collaborative experience to an interprofessional team of learners that include internal medicine residents, pharmacy residents, nursing and advance practice nursing residents, and psychology trainees. As a part of our commitment to training interns to be consumers of and participants in clinical research, interns will participate in a year-long scholar inquiry project through the CoEPCE. Interns who have completed their dissertations may also collaborate with
staff on other scholarly projects (e.g., use of neuropsychology database, program evaluation/quality improvement within PTSD program). Interns receive up to four hours for research and/or dissertation research per week, and several of the staff are available for consultation or participation in all phases of research.

Finally, interns will lead/co-lead at least one group during the training year. There are various opportunities across rotations (e.g., ACT, pain management, Seeking Safety), including the potential to develop a group.

Requirements for Completion of Doctoral Internship
Program completion requires 2080 hours of internship training activities under clinical supervision (four hours weekly). Performance evaluation of and feedback to interns by clinical supervisors and other internship faculty is continuous; however, more formal evaluations are completed at the end of each rotation (see Method and Frequency of Evaluation). Maintaining good standing in completing the internship requires satisfactory ratings in the clinical competencies (see Program Goals and Objectives).

Facility and Training Resources
Psychology interns have assigned office space in the main BHS buildings and share clinical space with psychiatry, social work, nursing, and recreational therapy interns. Additionally, trainees have temporary private offices for specific rotations, many of which are co-located in primary care. 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. Teleconferencing technologies are available to support seminars, clinical case conferences, and other trainings as well as clinical applications. Interns have computers available in their private and temporary offices and online access to journals, library support, and SPSS. In addition to over 10 BHS support staff, there is a designated Psychology Secretary (1.0 FTE) and a Neuropsychology psychometrician and a statistician (1.5 FTE) committed to the support of the Psychology Training Program.

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 policy with the Director of Training.

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 Boise VAMC. A copy of the due process policy is also available on the Boise Psychology Sharepoint site.

Privacy policy: The program does not collect personal information from potential applicants who visit the program website.

Self-Disclosure: This program does 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.
Training Staff

Brittany Bowman, Ph.D., Associate Training Director, BHIP & Integrated Care Team Psychologist: Dr. Bowman received her Ph.D. in Clinical Psychology from Idaho State University in 2015, and her Master’s degree in Clinical Psychology from Eastern Washington University in 2011. She completed her doctoral internship at the Boise VA Medical Center in 2015 and joined the Boise VAMC staff in July 2015. Dr. Bowman is the Associate Training Director for the Doctoral Internship and Postdoctoral Training Programs. She is also Team Lead of the Bear River BHIP Team and is a member of the Integrated Care Team. Her primary research interests are related to PTSD, personality disorders, and mental health access within rural settings. Her primary clinical interests include ACT and other mindfulness-based interventions, integrated care, and personality and cognitive assessment.

Adam Brotman, Psy.D., Integrated Care Team Staff Psychologist: Dr. Brotman earned his PsyD. in Clinical Psychology from Pacific University in 2008. He completed his doctoral internship at the Student Health and Counseling Center at Central Washington University, where he helped develop a holistic group therapy program to treat depression. He worked from 2008 through July 2011 as a staff psychologist at Atascadero State Hospital, a forensic inpatient psychiatric facility. In this position he helped develop a group treatment protocol based in cognitive therapy principles to treat psychotic symptoms. Dr. Brotman’s professional and academic interests include stress management and lifestyle changes as essential aspects of treating illness, mindfulness-based interventions, and motivational interviewing.

Jamie Champion, Ph.D., Clinical Neuropsychologist: Dr. Champion received her Ph.D. in Clinical Psychology from Washington State University in 1997. She completed a doctoral internship at the University of Florida Health Sciences Center with specializations in neuropsychology and clinical health psychology. She completed a post-doctoral residency in rehabilitation psychology/neuropsychology at Northwest Occupational Medicine Center in Portland, Oregon. Dr. Champion also completed her postdoctoral M.S. in Clinical Psychopharmacology from Alliant International University. Her clinical, research, and training activities are in neuropsychology, rehabilitation psychology, and behavioral health. Dr. Champion is the designated psychologist for the Boise VAMC’s Community Living Center (CLC) and Interdisciplinary Polytrauma team. Dr. Champion is a member of the Geriatric Extended Care Council.

Mandi F. Deitz, Ph.D., PTSD Program Manager: Dr. Deitz received her Ph.D. in Clinical Psychology from East Tennessee State University in 2014. She completed a doctoral internship at the Boise VA Medical Center in Boise, ID. She completed a post-doctoral residency with a specialization in posttraumatic stress disorder and polytrauma at the VA Salt Lake City Health Care System in Salt Lake City, Utah. Dr. Deitz currently manages both outpatient and residential PCT programs as well as provides individual and group therapy using evidenced-based trauma-focused treatment protocols (e.g., PE, CPT, ACT). She also holds a master’s degree in clinical psychology from East Tennessee State University (2007) and a bachelor’s degree in psychology from Western Carolina University (2005).

Brienne Dyer, Psy.D., Training Director, Clinical Neuropsychologist: Dr. Dyer obtained her Psy.D. in Clinical Psychology with a focus in Neuropsychology from Pacific University in 2010. She completed a doctoral internship at the Central Arkansas VA with emphases in neuropsychology and geropsychology, and a two-year postdoctoral fellowship in neuropsychology/rehabilitation psychology at the University of Missouri – Columbia. She joined the Boise VA in 2012. Her primary clinical, research, and training interests include neuropsychology and rehabilitation psychology with Veterans with traumatic brain injury, epilepsy, chronic medical conditions, and PTSD. Dr. Dyer serves as the Training Director for the doctoral internship and postdoctoral fellowship at the Boise VAMC.

Angela Enlow, Ph.D., Posttraumatic Stress Disorder Clinical Team Psychologist: Dr. Enlow received her Ph.D. in Clinical Psychology from Fielding Graduate University in 2011. She completed her doctoral internship at the Asheville VA Medical Center in 2011 and joined the Asheville VAMC staff following internship. There, she served on the Home-Based Primary Care team until 2014 when she transferred to the Boise VAMC. Dr. Enlow now serves on the PTSD Clinical team offering both residential and
outpatient treatment. Her primary interests include PTSD and substance use disorders and she regularly employs ACT, CPT, and PE in treatment.

**Eric Everson, Ph.D., Staff Psychologist and Evidence-Based Psychotherapy (EBP) Coordinator:**
Dr. Everson received his Ph.D. in Counseling Psychology from Marquette University in 2013. He completed a doctoral internship at Utah State University’s Counseling and Psychological Services, where he worked for an additional year after internship. Dr. Everson also worked in community mental health in Boise from 2013 to 2014, providing outpatient assessment and psychotherapy for children, adults, and families prior to joining the Boise VAMC in 2014. Dr. Everson’s research interests include professional self-care, client and therapist experiences in psychotherapy, and therapist training and supervision. His clinical interests include individual, couples, and group psychotherapy. Dr. Everson currently participates as a team member of a Behavioral Health Interdisciplinary Program (BHIP) and is the Boise VAMC local coordinator for the Evidence-Based Psychotherapy program.

**Beth Fassig, Psy.D., Chief of Psychology:** Dr. Fassig received her Psy.D. in Counseling Psychology with a minor in Statistics and Research Methods from the University of Northern Colorado in 2003. She completed a doctoral internship at the Denver VA Medical Center. Dr. Fassig joined the Boise VA Medical Center in 2004 and has contributed to the development of the Multidisciplinary Comprehensive Pain Team and associated Pain Management Program, Polytrauma Support Clinic Team, Integrated Post Combat Care Clinic (IPCCC), Primary Care-Behavioral Health Integration Team, and Compensated Work Therapy (CWT) Program. In conjunction with her participation in the VISN 20 Executive Development Program, Dr. Fassig has been the behavioral health representative in the Boise VA Medical Center’s transition to the Patient-Centered Medical Home Model of care delivery. Dr. Fassig holds a clinical faculty position with the University of Washington Department of Psychiatry and Behavioral Sciences and provides psychotherapy supervision to psychiatry residents and supervises practicum, internship, and fellowship activities for graduate-level trainees.

**Jill Hedt, Ph.D., Acting National V-IMPACT PCMHI Co-Director:** Dr. Hedt received her Ph.D. in Clinical Psychology from Idaho State University in 2006 and completed her doctoral internship at the Portland VAMC. Dr. Hedt’s research and clinical interests include rural, telehealth, and interprofessional education and practice. Dr. Hedt holds a clinical faculty position with the University of Washington Department of Psychiatry and Behavioral Sciences. She is active in professional organizations and currently serves as Chair of Boise VAMC Research and Development Committee. Dr. Hedt is the Acting National V-IMPACT PCMHI Co-Director for a national telehealth program implementing PCMHI into medical centers and CBOCs throughout the nation.

**Jana Hobson, Psy.D., C&P Psychologist:** Dr. Hobson obtained her doctoral degree in Clinical Psychology from the Hawai‘i School of Professional Psychology in Honolulu, Hawai‘i in 2011. She completed her APA pre-doctoral internship at the Charles George Veterans Affairs Medical Center in Asheville, North Carolina where she worked with the military population in a variety of settings, including primary care, emergency department, inpatient unit, and the outpatient clinic. Her focus was the treatment of posttraumatic stress disorders, substance abuse, mood and anxiety disorders. Dr. Hobson completed her postdoctoral fellowship in Las Vegas, Nevada, while working with adolescents, adults, and couples. Dr. Hobson joined the Boise VAMC in 2015 and is working part time conducting compensation and pension examinations.

**Autumn Keefer, Ph.D., VISN 20 V-IMPACT PCMHI Program Manager:** Dr. Keefer earned her Ph.D. in Counseling Psychology from Indiana State University in 2003. She completed a doctoral internship at the Harry S. Truman VAMC in Columbia, Missouri, and a post-doctoral fellowship in clinical medical psychology at the Memphis VAMC. Prior to coming to the Boise VA in 2015 as a VISN 20 Virtual IMPACT PCMHI psychologist, Dr. Keefer developed and was employed in a health psychology program in a regional medical center and served as the health behavior coordinator at the VA in Columbia, Missouri. Her clinical and research interests include telehealth, primary care-mental health integration, prevention and health behavior change, and psychological adjustment to acute and chronic medical illness.
India King, Psy.D., Associate Director of Evaluation and Performance Improvement, Psychology Faculty at the Center of Excellence in Primary Care Education: Dr. King received her Psy.D. in Clinical Psychology with a focus in Health Psychology from Pacific University in 2014. She completed her doctoral internship at the White River Junction VA in Vermont. In 2015, she completed her postdoctoral fellowship at the Boise VA, with a focus in integrated primary care at the Center of Excellence in Primary Care Education (CoEPCE). Following completion of her postdoctoral fellowship, she joined the Boise VA in 2015. As Associate Director for Evaluation and Psychology faculty, Dr. King works with the CoEPCE’s interprofessional faculty focusing on the development and evaluation of team-based approaches to primary care and the integration of mental health into the curriculum of professions that receive training at the Boise VAMC. Her clinical and research interests include primary care psychology, chronic disease management, interprofessional teaching, shared-decision making and motivational interviewing.

Brian Konecky, Ph.D., Boise V-IMPACT Hub Telehealth Psychologist: Dr. Konecky received a Ph.D. in Clinical Psychology from Idaho State University in 2012. He completed his doctoral internship at the Southern Arizona Psychology Internship Consortium in 2012 which was followed by a postdoctoral fellowship at the Center of Excellence for Research on Returning War Veterans at the Central Texas Veterans Health Care System (CTVHCS) in Waco, Texas. Following postdoc, he worked as a staff psychologist as part of the Primary Care Behavioral Health Team at the CTVHCS for several years where he was also part of the internship training committee for Central Texas. In 2016, Dr. Konecky accepted a position at the Boise VAMC doing integrated behavioral health via telehealth as part of the Virtual Integrated Multisite Patient Aligned Care Team Hub. Dr. Konecky participates as part of the internship training staff, enjoys providing brief interventions over telehealth technology, and continues to be involved in research projects. Dr. Konecky primarily operates from a CBT or ACT frame with necessitated detours into the existential realm. Humor, fun, and creativity are highly valued by Dr. Konecky and considered useful therapeutic interventions.

Emily Konecky, Ph.D., BHIP and C&P Staff Psychologist: Dr. Konecky received her Ph.D. in Clinical Psychology from Idaho State University in 2015. She completed her doctoral internship at the Central Texas Veterans Health Care System, where she worked as staff for an additional year providing outpatient behavioral health individual and group psychotherapy, and assessment. She joined the Boise VAMC in 2016 and is currently a team member of a Behavioral Health Interdisciplinary Program and conducts Compensation and Pension evaluations. Her research interests include effects of trauma on emotion regulation and mental health; and development and psychometric evaluation of psychological assessment instruments. Dr. Konecky’s clinical interests include trauma and stressor-related, mood and anxiety disorders, and health psychology. She primarily utilizes CBT, ACT, interpersonal and mindfulness based interventions.

Melissa Kremer, Psy.D., Posttraumatic Stress Disorder (PTSD) Telemental Health Provider: Dr. Kremer earned her PsyD. in Clinical Psychology from the Adler School of Professional Psychology in 2012, with a concentration with in trauma psychology. She completed her doctoral internship at the Boise VAMC. She helped develop the first civilian military psychology academic training program at the Adler School of Psychology. Her research, clinical interests and areas of expertise include trauma psychology, military psychology and evidence-based psychotherapies for PTSD and Telemental Health.

Craig Lodis, Ph.D., Substance Use Disorder Psychologist in Residential and Outpatient Substance Abuse Treatment: Dr. Lodis received his Ph.D. in Clinical Psychology from the University of Maine in 2013. He completed his doctoral internship at the VA Pacific Islands Healthcare System in Honolulu, HI and went on to complete his Post-Doctoral Fellowship at the Boise VA Medical Center in Boise, Idaho. His research and clinical interests involve the role of avoidance in substance use disorders and co-morbid PTSD. His work in the residential substance use program consists of individual therapy and case management with residents. He also facilitates Seeking Safety and ACT groups for the inpatient and outpatient substance use program. Dr. Lodis also conducts consults on the medical and psychiatric inpatient units for veterans whose mental and/or medical conditions are impacted by substance use. He relies heavily on ACT and MI in the majority of his clinical work.
Cody Maddox, Ph.D., Behavioral Health Pain Program Manager: Dr. Maddox received his Ph.D. in clinical psychology from Duquesne University in 2013. He completed his doctoral internship at Penn State Center for Counseling and Psychological Services. Dr. Maddox joined the Boise VA in 2013 and is a member of the Multidisciplinary Comprehensive Pain Team, the Integrated Spine Care Sub-Committee, and manages the BH Pain Management Program. Dr. Maddox’s clinical interests include group and couples psychotherapy, psychodynamic psychotherapy, existential psychology, pain management, as well as personality assessment utilizing both objective and projective measures. His primary research interest is in process and outcome studies examining the efficacy of psychotherapy.

Ingrid McKie, Ph.D., Staff Psychologist: Dr. McKie earned her Ph.D. in Clinical Psychology from the University of Arkansas in 2008. She completed her doctoral internship at the University of Tennessee Professional Psychology Internship Consortium, where she worked in the PCT residential program at the Memphis VAMC. Subsequently, she worked as a postdoctoral fellow for two federally-funded grants, held by the National Center for PTSD and the Boston VA. She assisted in the development of prevention and treatment protocols for returning Veterans with comorbid PTSD and marital distress/domestic violence. Following a few years in private practice, where she continued to work closely with Veterans via her connection with the Arkansas National Guard Yellow Ribbon Program, she began working in the PCT and MST Clinics at the VA Healthcare System of the Ozarks in Fayetteville, Arkansas in 2011. Currently, Dr. McKie participates as a team member on the BHIP and Integrated Care Team. Her primary clinical and research interests include combat and interpersonal trauma, the effects of trauma on family systems, and factors of resiliency that are emphasized in the domain of positive psychology.

Gregory W. Mondin, Ph.D., BSN, Home Based Primary Care Lead Psychologist: Dr. Mondin received his Ph.D. in Counseling Psychology from the University of Wisconsin-Madison in 1998. He completed a post-doctoral fellowship in Exercise, Sport and Counseling Psychology at The Ohio State University Sports and Family Medicine Center. He is currently the lead psychologist for the HBPC team, providing mental health prevention, assessment, treatment, management, and professional consultation services in the Veteran’s residential setting. His research and clinical interests include approaches to anxiety and stress management, adapting to lifestyle changes associated with aging and chronic illness, and mindfulness-based treatment of depression.

Danae Perez-Cahill, Ph.D., Integrated Care Team Lead: Dr. Perez-Cahill obtained her Ph.D. in Clinical Psychology from the University of Massachusetts, Amherst in 1998. She completed a doctoral internship and post-doctoral fellowship at Beth Israel Deaconess Medical Center (BIDMC), as well as a post-doctoral neuropsychology fellowship at Massachusetts Mental Health Center/ BIDMC. She worked for over 10 years in the Psychiatry Department and the Neurology Department at BIDMC, where she provided psychotherapy services and neuropsychological evaluations to a primarily Spanish-speaking population. Her clinical interests include primary care-mental health integration, neuropsychology, Latino mental health issues, and psychodynamic therapy. Dr. Perez-Cahill holds a clinical faculty position with the University of Washington Department of Psychiatry and Behavioral Sciences. She is currently the Program Manager for the Integrated Care Team, a multidisciplinary team that provides primary care-mental health integration and triage services for the Boise VAMC.

Steven Pote, Ph.D., Pain Psychologist: Dr. Pote received his Master’s Degree in Community Counseling from Gonzaga University in 2010 and his Ph.D. in Counseling Psychology from the University of Northern Colorado in 2016. He completed his doctoral internship at the Boise VA Medical Center in 2016 and his postdoctoral fellowship in professional geropsychology at the VA Pittsburgh Healthcare System in 2017. Dr. Pote’s VA training background includes experiences in post-deployment adjustment, rural mental health, primary care-mental health integration, psychodiagnostic and neuropsychological assessment, geriatric inpatient psychology, group psychotherapy, and multi-site interdisciplinary consultation. His primary research interests are in subjective well-being, caregiver burden, late-life adjustment, and quality improvement of clinical services. While an integrative clinician, Dr. Pote’s underlying therapeutic orientation is cognitive-behavioral therapy.

Leigh Smithkors, Ph.D., Rural Health Clinical Team Lead (Caldwell): Dr. Smithkors received her Ph.D. in Clinical Psychology from the University of Iowa in 2011 and completed her postdoctoral
Fellowship in Substance Use Disorders at the North Florida/South Georgia VAMC in Gainesville, Florida. Dr. Smithkors’ research interests include the assessment and modeling of personality traits; she has several publications focused on the impulsigenic traits. Her clinical interests include assessment, group therapy and third-wave behavioral therapies. Dr. Smithkors joined the Boise VA after serving as an Assistant Professor of Psychology at Southern Polytechnic State University from 2012 to 2014.

**Jeff Sordahl, Psy.D., Telehub Neuropsychologist:** Dr. Sordahl obtained his Psy.D., in Clinical Psychology from George Fox University in 2013. He completed a doctoral internship at the Boise VA Medical Center with emphases in neuropsychology and integrated care. He completed a two year post-doctoral fellowship in neuropsychology with a minor in integrated care at the South Texas Veterans Health Care System. Dr. Sordahl joined the Boise VA in 2015. His primary clinical, research, and training interests include neuropsychology, rehabilitation, integrated care, and Acceptance Commitment Therapy. Dr. Sordahl is currently pursuing certification through the American Board of Professional Psychology (ABPP). He is an active member of the National Academy of Neuropsychology (NAN), the International Neuropsychological Society (INS), and Division 40 of the APA.

**Ami Student, Psy.D., Behavioral Sleep Medicine Psychologist (Telehealth):** Dr. Student obtained his Psy.D. in Clinical Psychology from the PGSP-Stanford Psy.D. Consortium in 2013. He completed his doctoral internship at the Boise VA Medical Center, and went on to complete a postdoctoral fellowship in primary care psychology at the San Francisco VA Medical Center. At both sites Dr. Student trained extensively in primary care-mental health integration (PC-MHI) and health psychology through the VA’s Centers of Excellence in Primary Care Education. His clinical and research interests include PC-MHI, behavioral sleep medicine, chronic pain management, living with HIV, the health effects of illness stigma, care for sexual and gender minorities, and Acceptance and Commitment Therapy. Dr. Student works as a sleep psychologist, providing services to rural Veterans through telehealth technologies.

**Trainees:**

**Graduate Programs of Interns:**

**2011-2012**
University of North Texas  
Adler University  
Brigham Young University

**2012-2013**
Aliant University/California School of Professional Psychology, San Francisco  
Pacific Graduate School of Psychology, Stanford Consortium  
George Fox University

**2013-2014**
George Fox University  
East Tennessee State University  
Our Lady of the Lake University

**2014-2015**
Pacific Graduate School of Psychology  
Idaho State University  
Adler University

**2015-2016**
George Fox University  
Pacific Graduate School of Psychology
Placement of Former Interns:

Boise VA Medical Center (x7)
VA Puget Sound Health Care System- American Lake
Dallas VA Health Care Center
Togus VA Medical Center
San Francisco VA Medical Center (x3)
South Texas Veterans Health Care System
VA Salt Lake City Health Care System
VA Health Care Center at Harlingen
Phoenix VA Medical Center
Dartmouth College
Providence Medical Group
VA Pittsburgh Healthcare System
VA Northern California

Local Information
For further information on local culture, arts and recreational activities please see attached website.

Chamber of Commerce:
http://www.boisechamber.org/cwt/external/wcpages/

**The information in this brochure is updated annually and current as of Summer 2017.**
Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: July 2017

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:

Interview preference goes to trainees who have a strong interest in receiving a generalist, rural, interprofessional training experience. Additionally, we are committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups. The Boise VAMC adheres to the Americans with Disabilities Act (ADAAA; ADA Amendment of 2008 effective January 1, 2009).

Consideration for the neuropsychology track requires training courses and experiences consistent with the goal of applying for a postdoctoral fellowship in neuropsychology.

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:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
<td>X</td>
<td></td>
<td>350</td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>X</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

Describe any other required minimum criteria used to screen applicants:

Completion of an APA accredited doctoral program

For applicants interested in the neuropsychology track, we will accept applicants with a minimum of 450 combined direct care hours (assessment and intervention) who may have a greater number of hours in assessment than intervention. Applicants may only apply to the general or the neuropsychology track.

Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-Time Interns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-Time Interns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>104</td>
<td></td>
</tr>
<tr>
<td>Hours of Annual Sick Leave</td>
<td>104</td>
<td></td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick Leave?

Other Benefits (Please describe): Life insurance, federal holidays (10), dissertation release time, and weekly professional development time

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

<table>
<thead>
<tr>
<th>Initial Post-Internship Positions</th>
<th>2014-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>11</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>