

## 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](mailto:Brienne.Dyer@va.gov)

**APPIC Match Numbers:**  
**General Program: 216611**  
**Neuropsychology Track: 216612**  
**Applications Due: November 03, 2019**

### **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](mailto:apaaccred@apa.org); Web: [www.apa.org/ed/accreditation](http://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 2017-2018 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](http://www.va.gov/oaa/archive/coe_handout.pdf) or [www.boise.va.gov](http://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. Mark Heyne 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 43% of Veterans served residing in rural or highly rural areas. Overall, the facility serves more than 37,000 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 8,100 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 information, 87% identify themselves as "Not Hispanic or Latino." Approximately 85% of the total number identified their race as White/Caucasian, with the remaining 15% identifying their race as Native American, Alaska Native, Asian American, Black or African American, and Native Hawaiian or Pacific Islander. Fourteen 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 (1%), 25-34 (14%), 35-44, (16%), 45-54 (15%), 55-64 (19%) 65-74 (25%), 75-84 (7%), and 85+ (3%). 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:** \$26,166

**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. Further, VA appointment requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the graduate program must complete and sign this letter. VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

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 half day of informational sessions, individual interviews, and a “meet and greet” with current staff and trainees (8:15am - 1:00pm).

Interview preference goes to trainees who have a strong interest in receiving a generalist, rural, interprofessional training experience. Consideration for the neuropsychology track requires training courses and experiences consistent with the goal of applying for a postdoctoral fellowship in neuropsychology. 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) as well as the national VA nondiscrimination policy (VHA Directive 1018, effective May 30, 2013).

**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 details on page 8)

**Important Deadlines**

**Application Deadline: November 03, 2019**

**Interview Notification Deadline: By December 9, 2019**

**Interviews: January 10,17, & 24, 2020**

**Training Aims**

1. **Integration of Science into Healthcare:** 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 program’s 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.
2. **Generalist Training:** We believe that psychologists should be well rounded generalists, as they receive training with a variety of identifiable populations (e.g.,, rural, women, and ethnically and geographically diverse groups) and a range of problems. As the primary focus of the internship

year is training, we plan the training year based upon trainee needs and goals, and allow for flexibility as their professional identities become increasingly consolidated.

3. **Developmental Training:** We believe that the training process should be developmental. 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. Objective competencies were 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.
4. **Sensitivity to Diversity:** The Boise VA Psychology training program values diversity and the unique perspectives individual differences provide. As such, we place a high value on attracting a diverse group of trainees as well as emphasizing awareness of diversity issues throughout the training year. We provide opportunities for trainees to apply their knowledge of individual and cultural diversity in clinical, research, and interprofessional settings. We encourage exploration of how individual cultural identities interact with those of others.
5. **Interprofessional Collaboration:** We believe that interprofessional collaboration is key to the provision of comprehensive healthcare and professional satisfaction. As such, our training year includes opportunities for our interns to interact with other health professionals in clinical, administrative, and research settings. One way in which this is accomplished is through our trainees involvement with a variety of healthcare trainees (e.g., Internal Medicine Residents, Nurse Practitioner Residents, Pharmacy Residents) in the Center of Excellence,

***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 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 expected to commit a minimum of 40 hours a week to the internship experience. Trainees are required to travel as part of the optional 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. Each rotation clinical supervisor completes formal, written

evaluations of the intern's performance at the midpoint and end of the rotation. Additionally, the Training Committee completes mid- and end of year evaluations of the trainee's progress towards meeting the program competencies, with the minimal level of achievement of 3 by mid-year and 4 by end of year using the scale below:

- 1 = Most skills are new and Intern works under close supervision (entry practicum level)
- 2 = Some skills have been acquired and trainee works under close supervision (mid-practicum level)
- 3 = Many skills in this area have been acquired and trainee works with moderate supervision (intern entry level)
- 4 = Most skills in this area have been acquired and trainee works with minimal supervision (intern exit level/fellow entry level)
- 5 = Trainee has achieved mastery appropriate for independent function (fellow exit level)
- 6 = Experienced Psychologist level (typical psychologist 2 years post degree)

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 (e.g., Trainee Satisfaction 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 additional feedback solicited as needed (e.g., when significant programmatic changes are considered). 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-transference 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. Telehealth opportunities exist within most rotations. Interns may have the opportunity to provide telehealth care directly to highly rural Veterans' homes or to other VA facilities within our

catchment area. 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)
- Residential PTSD
- Neuropsychology
- Behavioral Health Interdisciplinary Program (BHIP)
- Pain Management
- 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.

**Residential Posttraumatic Stress Disorder Clinical Team (PCT):** The Boise VA Medical Center offers specialty PTSD 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 can assist with these groups. 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. As available, there are opportunities to see patients for bedside evaluations in the Community Living Center (CLC) or inpatient medical or psychiatric units. Interns may also participate in the “Brain Health” cognitive skills group. Generalist interns taking the neuropsychology rotation will typically see 1-2 patients per week, depending on training needs.

**Behavioral Health Service Interdisciplinary Program (BHIP):** Trainees on this rotation provide assessment and psychotherapy (i.e., individual, couples, family, and group therapy) to Veterans referred to 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).

**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.

**Pain Management:** The Pain Management rotation offers interns the opportunity to conduct pain-focused psychological assessment and interventions. In addition to pain assessments, interns will also be able to gain competency with the protocol for CBT-CP, which is an evidence based practice for chronic pain. The rotation will have a strong emphasis on group interventions. Interns will facilitate interdisciplinary groups with the Integrated Spine Program, as well as process and CBT groups within the Behavioral Health Pain Management Program. During this rotation, interns will also have a role within the multidisciplinary setting of the Comprehensive Pain Clinic alongside nursing, anesthesiology, and pharmacy. The CPC is a specialty consultation service that receives referrals from primary care regarding veterans with complex histories of pain and comorbidities. The CPC offers multidisciplinary assessment and treatment planning services and individual follow-up when indicated. Interns will be able to be active members of the CPC team which includes regular huddles, educational meetings, triage of referrals, and direct patient care.

### ***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.

### **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 within 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.

### **Psychological Assessment**

Interns will spend one day a week conducting psychological assessment with a variety of different presenting concerns. The main focus of the clinic is on complex presentations and personality disorders; however educational, spinal cord stimulator, and cognitive assessments are also conducted. Interns will be exposed to a wide variety of measures including projectives, self-report batteries, structured interviews, academic testing, cognitive testing, and validity measures.

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 in Neuropsychology minor rotations. 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. 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 scholarly 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. More information on the Boise VAMC CoEPCE can be found at: <http://boisevacoe.org/index.php>

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***

**Adam Brotman, Psy.D., PC-MHI 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.

**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., Behavioral Health Integrated Programming (BHIP) 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. At this VA, Dr. Enlow has also served on the residential and outpatient PTSD treatment teams. Her primary interests include treating PTSD and substance use disorders, and working as a member on the Workplace Violence Prevention Program team. She regularly employs ACT and PE in treatment. Dr. Enlow is also completing training to serve as a VA Consultant for those learning ACT for Depression.

**Eric Everson, Ph.D., BHIP 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.

**Mark Heyne, Ph.D, ABPP, Chief of Psychology:** Dr. Heyne obtained his Ph.D. in Clinical Psychology with a focus in Rehabilitation from the Illinois Institute of Technology in Chicago in 2011. In 2010 he was commissioned as an officer in the United States Navy, completing his clinical internship at the Naval Medical Center – San Diego and his post-doctoral residency at U.S. Naval Hospital – Naples, Italy. During his almost seven years as an active duty psychologist, he served as Department Head of a behavioral health service, served as Deputy Chief of a residential substance treatment facility, and deployed to Djibouti, Africa as the sole psychologist providing clinical services for over 5,000 military personnel. From 2017-2019, he served as a civilian supervisory psychologist at one of the largest substance treatment facilities in the Department of Defense. His current position is as the Chief of Psychology at the Boise VAMC.

**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.

**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., Caldwell PC-MHI 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., Outpatient PTSD Psychologist:** 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:** 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., Pain Management Psychologist:** 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.

**Gregory W. Mondin, Ph.D., BSN, Home Based Primary Care 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.

**Julia Owen-Shoal, Psy.D., PTSD Psychologist:** Dr. Owen-Shoal received her Psy.D. in Clinical Psychology from the Florida Institute of Technology in 2006. She completed her pre-doctoral internship at the Miami VAMC. Post-internship, she started a new PTSD Clinical Team (PCT) at the Lake City VAMC where she served as the MST coordinator and a Prevention and Management of Disruptive Behavior (PMD) trainer. In 2013 she transferred to the HONOR Center Domiciliary, a 45 bed residential psychosocial treatment program for Homeless Veterans in Gainesville, FL. She joined the Boise VAMC

in 2019 and is currently a team member of the PTSD residential treatment program. Her primary clinical, research, and training interests include PTSD, Personality Disorders, Health Psychology, and the Recovery Model. She primarily utilizes second and third wave CBT based interventions.

**Danae Perez-Cahill, Ph.D., PC-MHI Psychologist:** 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.

**Gavin Shoal, Ph.D., BHIP Psychologist:** Dr. Shoal obtained his Ph.D. in Clinical Psychology from the University of Kentucky in 2005. He completed his doctoral internship at the Cincinnati VA with emphases in substance use disorders and neuropsychology. He subsequently completed a post-doctoral fellowship with emphasis upon substance use disorder treatment at the North Florida/ South Georgia Veterans Health System. Following his fellowship, he served for 10 years as Clinical Coordinator for the NF/SG VHS Psychosocial Residential Rehabilitation Treatment Program (PR RTP), leading a team caring for Veterans with comorbid serious mental illness and substance use disorders. He joined the Boise VA in 2019 and is currently a staff psychologist with the Behavioral Health Interdisciplinary Program. Dr. Shoal's research interests focus upon substance use disorder etiology and antisocial behavior, especially amongst adolescents and young adults. He is also passionate about workplace team development and the incorporation of physical health interventions (e.g. exercise programming) into holistic approaches to mental health care.

**Leigh Smithkors, Ph.D., Caldwell Psychologist:** 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 impulsogenic 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., ABPP-CN Neuropsychologist, VISN 20 V-IMPACT PCMH Program Manager:** 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, Telehealth, rural health, and integrated care. Dr. Sordahl is an active member of the National Academy of

Neuropsychology (NAN), American Academy of Clinical Neuropsychology (AACN), and Division 40 of the APA

**Laura Wetherbee, Ph.D., BHIP and C&P Psychologist:** Dr. Wetherbee received her Ph.D. in Clinical Psychology with a focus on Diversity and Community Mental Health from Pacific Graduate School of Psychology at Palo Alto University in 2016. She completed her doctoral internship at Kansas City VA, and her postdoctoral fellowship in PCMHI at Boise VA. Dr. Wetherbee currently provides individual and couples therapy and conducts Compensation and Pension Evaluations. Her research interests include interprofessional team functioning and clinical outcomes. She utilizes CBT, ACT, and mindfulness based interventions.

**Jordan Wisner, Ph.D., Boise V-IMPACT Hub Telehealth Psychologist:** Dr. Wisner attained his Ph.D. in Clinical Psychology from Pacific Graduate School of Psychology at Palo Alto University in 2017. He has previously trained at the VA Eastern Kansas Healthcare system, completed internship at the VA Southern Nevada Healthcare System, and came to the Boise VA for his postdoctoral residency. He currently works as staff on the Telehealth Team as a PCMHI psychologist. His clinical and research interests include the study and treatment of trauma with a focus on male military sexual trauma and combat trauma along with Quality Improvement projects examining different systems within the VA. He employs evidenced based care such as ACT, Mindfulness and CBT along with other time limited therapies adapted for PCHMI.

***Trainees:***

**Graduate Programs of Interns:**

**2011-2012**

University of North Texas  
Adler University  
Brigham Young University

**2012-2013**

Alliant 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  
Fielding Graduate University  
University of Northern Colorado

**2016-2017**

Pacific Graduate School of Psychology  
University of Montana

Adler University  
University of Anchorage

**2017-2018**

George Fox University  
Pacific University (x2)  
Regent University

**2018-2019**

Regent University  
Pacific University  
Florida Institute of Technology  
Washington State University

**2019-2020**

Regent University  
University of Denver  
University of Montana  
Bowling Green University

**Placement of Former Interns:**

Boise VA Medical Center (x11)  
VA Puget Sound Health Care System- American Lake  
Dallas VA Health Care Center  
Togus VA Medical Center  
San Francisco VA Medical Center (x4)  
South Texas Veterans Health Care System (x2)  
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  
Edith Nourse Rogers Memorial Veterans Hospital  
Grand Island VA Medical Center

***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 2019.

**Internship Program Admissions**

**Date Program Tables are updated: 08/07/2019**

**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:**

Total Direct Contact Intervention Hours	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: 350
Total Direct Contact Assessment Hours	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: 100

**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\***

Annual Stipend/Salary for Full-time Interns	\$26,166	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours	
Hours of Annual Paid Sick Leave	104 hours	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): Federal holidays (10); 5 days authorized absence for approved professional activities (e.g., dissertation defense, workshops, etc.); Eligible for Dependent Care and Medical Care Flexible Spending Accounts; Eligible for life insurance; weekly professional development time		

\*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)

	<b>2015-2018</b>	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	<b>PD</b>	<b>EP</b>
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	7	2
Military health center	0	0
Academic health center	1	0
Other medical center or hospital	1	0
Psychiatric hospital	0	0
Academic university/department	0	1
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.