Psychology Internship Program 2017-2018

Sioux Falls VA Health Care System
2501 W. 22nd Street
PO Box 5046
Sioux Falls, SD 57117
(605) 333-6890
http://www.siouxfalls.va.gov/

MATCH Number: 220611
Applications Due: November 6, 2017

Accreditation Status

The predoctoral internship at the Sioux Falls VA Health Care System is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be in 2021.

Questions related to our accreditation status should be directed to the Commission on Accreditation:

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

Application & Selection Procedures

Criteria for acceptance into the program

According to VA policy, internship funding can be provided only to students who are U.S. citizens and are enrolled in APA-accredited doctoral programs in clinical or counseling psychology. In addition, we require that a prospective intern's university advisor or director of training verify that he or she approves and recommends the student receive an internship at this facility as specified on the APPIC “Academic Program’s Verification of Internship Eligibility and Readiness” form. Only 52-week full-time internships are available. For the upcoming training year, the internship begins on July 1, 2018, and the stipend is $24,014.

Application Process

To apply, applicants should follow the APPIC Match Guidelines as we follow the match policies established by APPIC.

To be considered, all application materials for the 2017-2018 internship year need to arrive no later than 11:59 pm on November 6, 2017.

A selection committee comprised of Psychologists involved in internship training reviews applications. We seek applicants who have a sound knowledge and clinical base in intervention and assessment, and we look for interns whose training goals match the training that the Sioux Falls VA offers. We also look for applicants who have the personal characteristics necessary to function well in our internship setting. Two internship positions are offered to assist in providing meaningful peer interaction, support and socialization.

The Sioux Falls VA Health Care System training program will closely adhere to guidelines put forth by the APA, VA and APPIC. As required under APPIC policies, offers to interns may not be made before Match Day. Further, the VA Health Care System is an Equal Opportunity Employer. The selection of interns is
made without discrimination on the basis of race, color, religion, sex, national origin, politics, marital status, physical handicap, or age. We are committed to providing a supportive and professional environment that values and promotes diversity. Applicants who have been selected during the uniform notification period will need to complete a Standard Form 171 for the appointment to be processed. All new VA Health Care System employees are subject to background checks and a random drug screen during their orientation period. Interns are included in the random selection for drug screening during their appointments. Because of significant time delay between completion of criminal background checks and the start of the internship year, shortly after selection interns will be instructed to begin the procedure for completing this background check. Match result and select decisions are contingent on passing these screens. VA guidelines direct if the intern applicant is male, he must have registered with the Selective Service System by age 26 years.

Address application questions to:
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PO Box 5046
Sioux Falls, SD 57117-5046
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Candidate Interviews

All personal interviews are conducted individually and by invitation only. Candidates will be informed by email by Thursday, November 16, 2017 concerning whether or not they have been invited for a personal interview. We regard interviews as a two-way process - a chance for us to meet and learn more about the applicant and an opportunity for the applicant to meet us and get a better understanding of our program. Interviews are on site (phone interviews only approved in extenuating circumstances) and are required of all applicants who make the final selection round. In-person interviews take a full day (typically 8:00 am to 3:30 pm) and involve an informational session with the training director(s), supervisor(s) for each rotation, and current interns; followed by a tour of the facility; extended lunch with the opportunity for informal discussion; and three formal interviews in the afternoon. For the current selection cycle, in-person interviews will take place on Thursday, December 14, 2017; Thursday, January 4, 2018; and Wednesday, January 24, 2018. Applicants will need to be available to interview on those days should they be invited for an in-person interview. All invitation emails are released at the same time, so as to allow for equal opportunity to schedule a preferred interview date. As there are a limited number of spots available on each day and we may not be able to accommodate an applicant’s first date choice, we ask the applicant also specify alternate day preferences. Interview day appointments will be determined by the order in which emails are received. Once an interview day has been agreed upon we will provide further information regarding local accommodations and other details. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Match Process

We will follow the match policies established by APPIC. Our program uses one match number for all positions. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services. The Sioux Falls VA Match Number is 220611.
**Psychology Setting**

The Mental Health Service Line has long been a major component of the Sioux Falls VA Health Care System (SFVAHCS). The medical center is a teaching hospital (affiliated with the University of South Dakota Sanford School of Medicine) providing a full range of patient care services, with state-of-the-art technology as well as education and research. The catchment area served by the SFVAHCS is predominately considered rural and highly rural. The SFVAHCS provides inpatient and outpatient care for Veterans in eastern South Dakota, southwestern Minnesota, and northwestern Iowa. As a result of our unique location and dedicated staff, we uphold the vision to improve access and quality of care for rural Veterans and use innovative practices to support the unique needs of Veterans in geographically remote areas. Providing services closer to where rural Veterans reside is important to the SFVAHCS. To do so, we maintain four community based outpatient clinics (CBOCs; Aberdeen, Sioux City, Spirit Lake, and Watertown) and one outreach clinic (Wagner) across a two state area in addition to the main medical center in Sioux Falls. All of the CBOCs offer both psychiatric care and psychotherapy services through the use of on-site visits and/or telemental health services. The Sioux Falls VA also offers services through the use of telemental health to CBOCs and home. The areas covered by the SFVAHCS include four Native American reservations - the Sisseton-Wahpeton, Flandreau Santee Sioux, Crow Creek, and Yankton Sioux. There may be some opportunities to work with Native American persons, although this is not guaranteed.

The mental health staff currently includes psychiatrists, psychologists, social workers, addiction treatment providers, nurses, peer support specialists, and compensated work therapy staff. Treatment is recovery based and includes inpatient services to the medical units and psychiatric unit and outpatient services, which offer individual and group therapy and peer support groups. Evidenced-based psychotherapies (EBPs) for posttraumatic stress disorder, serious mental illness and other disorders are offered in the form of Prolonged Exposure, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Cognitive Behavioral Therapy for Chronic Pain, Motivational Interviewing, Social Skills Training and Acceptance and Commitment Therapy. Our Addiction Treatment Program offers a range of treatment options including intensive outpatient treatment, evening outpatient treatment, relapse prevention, and 12-step groups, as well as a Seeking Safety group for Veterans dealing with PTSD and substance use disorders. Mental health has also been integrated into Primary Care and the Emergency Department, allowing quick access to mental health services such as evaluation, triage, crisis management, brief psychotherapy and behavioral health interventions. Our Mental Health Service Line Suicide Prevention Coordinators work with the national Veterans Crisis Line that is staffed 24 hours a day, 7 days a week. Psychology also has a presence in providing services through the Polytrauma Clinic, Managing Overweight/Obesity for Veterans Everywhere (MOVE) Program, the Pain Clinic, CLC, and Home Based Primary Care services.

**Training Model and Program Philosophy**

**SFVAHCS Mission Statement:** To honor America's Veterans by providing exceptional health care that improves their health and well-being.

**SFVAHCS Mental Health Service Line Mission Statement:** To help improve the health and well-being of Veterans and their families through use of best-evidence practice health care, in a timely manner.

**SFVAHCS Psychology Internship Mission Statement:** To provide a wide range of experience in the application of psychological principles, including psychotherapy and psychological assessments, through exposure to Veterans of varying backgrounds and cultures, thus fostering substantial responsibility in carrying out professional functions to prepare the intern to become an independent practitioner as a clinical psychologist.

**Philosophy Statement:** The philosophy of SFVAHCS's psychology internship program espouses a competency-based training experience that is responsive to the mission of the facility and the Mental
Health Service Line in providing exceptional health care through the use of best-evidence practices in a timely manner to improve the health and wellbeing of our Veterans. We are committed to providing a broad range of high-quality learning opportunities and supervision to the intern, with a strong emphasis in rural health care, in a supportive and professional environment. We view the internship training program as a service to the psychology profession and not as a revenue or labor source. It is the aim of the internship to assist the intern in completing the final formal training required on his or her way to becoming an independent practitioner by meeting the specific goals and objectives set forth by the internship program.

Orientation and Training Schedule

During the first week of the internship, the intern will begin to learn about the variety of administrative and clinical areas where psychologists are assigned. They will have the opportunity to meet with psychology staff members to gain a better understanding of the psychologists’ roles in various areas. During orientation, the interns meet with the Training Director, Assistant Training Director, and other staff psychologists to plan their training schedule for the entire year. Three major rotations will be completed which are four months in duration. Interns may also select up to two optional minor rotations that are six months in duration. Each rotation will provide an opportunity for exposure to and participation with various interprofessional treatment teams, the make-up of which will depend on the rotation. The intern will be supervised by licensed psychologists, most of whom have received specialized training through the VA in EBPs. The intern will be educated on the research behind these therapies as well as on how to apply them by the mental health staff who have had this formalized training and who regularly put it into practice. In addition to the three major rotations and optional minor rotations, each intern will be required to complete a year-long rotation in psychological assessment in which he or she will administer, score and interpret statistically sound cognitive, personality and neuropsychological tests. During the orientation period, the intern also will be introduced to general procedures of the Mental Health Service Line at SFVAHCS. Orientation will include but is not limited to the following:

1) Complete personnel processing and learning about hospital-wide policies and procedures.
2) Tour the medical center.
3) Review administrative guidelines of the Mental Health Service Line and the Psychology Internship Training Program.
4) Meet with psychologists.
5) Select rotations and develop individual training plans.
6) Complete baseline evaluation/assessment of skills.
7) Receive office assignments, keys, parking tags, ID badges, security fobs, pagers and other related materials.
8) Interns are given copies of the APA publications, “Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations,” and “Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients.”
9) TMS telework training.

Program Aims, Competencies and Requirements for Completion

Training will consist of a competency-based education, expanding on both the foundational and functional competencies of the intern. Per APA Guidelines and Principles, the primary training method for the intern will be experiential in that the intern will provide services through direct contact with Veterans. There will be a wide range of quality professional training with education that is broad in focus so the skills learned will be generalizable to other populations outside of VA. These competencies are assessed within a framework of increasing understanding and will be enhanced by both supervised clinical experience and didactics.

The ultimate aim of our program is to prepare interns for entry to postdoctoral positions as an independent psychologist, and to carry on the goals, ethics and ideals of the profession as they enter the field of professional psychology. Consistent with our overall aim, it is expected that upon completion of
the program, all interns will meet the following nine competencies, expressed through the following elements:

**Competency:** Demonstrate competency in the knowledge of and ability to consistently provide accurate **Diagnostic Skills, Assessment and Case Conceptualization.**

**Elements**
1) Establishes rapport with the patient.
2) Diagnostic interviewing skills.
3) Differential diagnostic skills and knowledge of the most recent version of the DSM/ICD.
4) Completes interview within a reasonable time frame.
5) Selection of appropriate assessment tools based on referral question, client history, and support by the empirical literature.
6) Appropriate administration of assessment tools.
7) Appropriate scoring of assessment tools.
8) Appropriate interpretation of assessment tools.
9) Reliably evaluates risk for suicide/harm concerns and potential for violence and documents evaluation.
10) Completes suicide/homicide risk assessments and safety plans as appropriate.
11) Writes a comprehensive, yet concise, report which clearly addresses the referral question.
12) Report includes all necessary biopsychosocial information as well as collateral information.
13) Report includes accurate/defensible conclusions/conceptualization which incorporates theory and case material.
14) Report includes useful recommendations that are clear and concrete.
15) Provides meaningful, understandable and useful communication of results (e.g., client, family members, other professionals).
16) Understands effects of medical conditions and medications on psychological functioning.
17) Manages expected work load pertaining to assessment.

**Competency:** Demonstrate competency in the knowledge of and ability to consistently and appropriately apply empirically supported **Clinical Skills** while providing individual and group **Psychotherapy/Counseling.**

**Elements**
1) Completes required patient records promptly and accurately.
2) Discusses issues of confidentiality and informed consent with the patient.
3) Recognizes and responds appropriately to patient crisis, facilitating the patient’s exploration and expression of affectively difficult issues during crisis.
4) Demonstrates appropriate clinical judgment regarding intervention during patient crisis.
5) Collaboratively establishes therapy goals and develops a treatment plan.
6) Formulates a useful case conceptualization from a theoretical perspective to guide treatment.
7) Establishes and maintains an effective therapeutic alliance.
8) Applies therapeutic techniques in an effective and flexible manner.
9) Independently delivers Evidence Based Therapies.
10) Demonstrates awareness of personal issues that could interfere with therapy.
11) Maintains professional boundaries.
12) Plans for termination and manages termination in a healthy manner.
13) Coordinates care with other providers.
14) Monitors and documents patient progress during therapy and toward goals and adjusts therapy approach as needed.
15) Manages expected work load pertaining to intervention.
16) Demonstrates appropriate clinical judgment regarding supervision and consultation during patient crisis.

**Competency:** Demonstrate competency in the knowledge of, ability to collaborate in and appropriate provision in direct or simulated practice of **Supervision.**

**Elements**
1) Collaborates effectively with other providers or in interdisciplinary settings.
2) Appreciates and integrates perspectives from theory, scientific literature, and other professions in supervision with supervisor.
3) Develops expected knowledge with regard to supervision.
4) Able to establish and maintain an effective supervisory relationship.
5) Provides appropriate feedback/guidance to relevant parties such as supervisees.
6) Deals with boundary issues and the power differential in supervisory relationship as needed.
7) Integrates awareness and knowledge of individual and cultural diversity in providing supervision.

**Competency:** Demonstrate competency in the knowledge of and ability to consistently provide appropriate type and level of information when providing Consultation and Interprofessional/Interdisciplinary Skills.

**Elements**
1) Conducts consultations with skill and knowledge.
2) Prepares clear and useful feedback and recommendations to all appropriate parties.
3) Appreciates and integrates perspectives of other professionals to maintain a climate of mutual respect.
4) Integrates knowledge of one’s own role and those of other professions to appropriately assess and address/coordinate the healthcare needs of the patients and populations served.
5) Performs effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, and effective.
6) Develops expected knowledge with regard to program evaluation and development.

**Competency:** Demonstrate competency in the knowledge of and ability to consistently apply Scholarly Inquiry.

**Elements**
1) Seeks out professional writings regarding assessment cases.
2) Seeks out professional writings regarding treatment cases.
3) Awareness and use of current literature, research and theory in interventions/assessments.
4) Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in case conceptualization and treatment planning.
5) Uses findings from outcome evaluation to alter intervention strategies as indicated.
6) Demonstrates independent, critical thinking in scholarly endeavors.

**Competency:** Demonstrate competency in the knowledge of and ability to consistently demonstrate appropriate behavior in compliance with APA Ethical Principles, Professional Standards, and Legal Issues.

**Elements**
1) Demonstrates knowledge of issues related to confidentiality and informed consent.
2) Demonstrates awareness of APA ethical guidelines and ethical issues that arise in professional activities, and applies ethical decision-making processes in order to resolve them.
3) Demonstrates ability to think critically about ethical and legal issues.
4) Behaves in a manner that is consistent with ethical guidelines.
5) Adheres to ethical guidelines in assessment.
6) Adheres to ethical guidelines in treatment.
7) Adheres to ethical guidelines relevant to consultation and supervision.
8) Adheres to ethical guidelines relevant to scholarly inquiry.

**Competency:** Demonstrate competency in the knowledge of and ability to consistently demonstrate sensitivity and awareness regarding Cultural and other forms of Diversity.

**Elements**
1) Demonstrates awareness of numerous aspects of individual diversity, and how their own personal/cultural history, attitude, and biases may affect how they understand and interact with people different from themselves.
2) Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others.
3) Sensitive to issues of diversity in assessment.
4) Sensitive to issues of diversity in case conceptualization.
5) Sensitive to issues of diversity in treatment.
6) Sensitive to issues of diversity relevant to consultation and supervision.
7) Sensitive to issues of diversity relevant to scholarly inquiry.

**Competency:** Demonstrate competency in the ability to consistently and appropriately convey
Professional Values, Attitudes, and Behaviors.

**Elements**
1) Reliably manages expected workload.
2) Responds appropriately to supervisory feedback.
3) Manages conflicting environmental and supervisory demands appropriately.
4) Well prepared for supervisory meetings and effectively presents clinical material in supervision.
5) Recognizes how personal characteristics and biases impact therapy/assessment work and seeks supervision/consultation when needed.
6) Awareness of own competence and limitations as a clinician.
7) Awareness of continuing developmental professional goals.
8) Possesses an appropriate level of confidence in clinical abilities and has a sense of self as a "Psychologist."
9) Is able to appropriately express professional needs to supervisors.
10) Interacts professionally and respectfully with other staff, appropriately managing boundaries.
11) Demonstrates accountability, responsibility, and dependability.
12) Shows initiative.
13) Exercises good judgment as a professional.
14) Concern for the welfare of others and their general well-being is evident in all professional contexts.

**Competency:** Demonstrate competency in effective communication skills and the ability to form and maintain successful professional relationships involving Communication and Interpersonal Skills.

**Elements**
1) Interacts effectively with psychology staff and program leadership.
2) Oral communication is clear and reflects a thorough grasp of professional language and concepts.
3) Uses appropriate professional language when communicating with other healthcare providers.
4) Nonverbal communication is professional/appropriate.
5) Written communication is clear and reflects a thorough grasp of professional language and concepts.
6) Forms and maintains respectful and productive relationships with clients.
7) Forms and maintains respectful and productive relationships with peers, colleagues, and supervisors.
8) Understands diverse views in complicated interactions.
9) Manages difficult interpersonal challenges and conflictual relationships when needed.

On entry into the program, the interns’ prior training experiences are reviewed, and their assessment and therapy abilities are informally assessed. This is done to identify strengths and areas of further growth to facilitate the development of a training program that best meets the specific training needs of each intern. In keeping with our philosophy, interns are encouraged to address those areas in which they have had limited experience (e.g., working with certain populations such as those with severe mental illness, particular assessment approaches such as use of neuropsychological instruments or personality testing, exposure to various theoretical orientations).

This website training manual is not comprehensive. At the beginning of the training year, each intern receives a Psychology Intern Handbook that is comprehensive including specifies about the required competency elements within each domain, along with examples of expected levels of performance. Competency ratings will be operationalized and will be a measurable reflection of the program’s stated aims and competencies. These ratings will be used to show the intern has achieved the expected
outcomes, has successfully completed the internship requirements and has demonstrated the ability to move on to entry-level practice in the field of professional psychology. The means for assessing these competencies will be varied and include self-assessment, direct observation, the use of video or audio recordings, formal and informal case presentations, review of written work, review of test data, discussion of clinical interaction, individual and group supervision, as well as input from other interdisciplinary staff. Assessment of competencies will occur throughout the internship year. Informal feedback will be given on a regular basis during supervision. Formal evaluation of competencies is completed midway through the year and near the end of internship, with the training director providing feedback to the intern. At the end of the year, the training director will consolidate and summarize the intern's training history and competency ratings that will be used as part of the data for the year end reports for the Office of Academic Affiliations (OAA). In addition to evaluation of the intern, ongoing evaluation of the program by the intern will also be gathered, including ratings and feedback on didactic seminars, supervisors and the program itself. Further follow-up evaluations will be attempted at one and three years. These evaluations will assess the degree to which the program met its aims and objectives and if and when the intern became licensed, obtained work on a part-time or full-time basis, and if the work was in his/her chosen field. Information gleaned from all evaluations will be used to further improve and change the program as deemed appropriate.

**Program Structure**

The intern will receive supervision that maintains full compliance with VHA Handbook 1400.04 *Supervision of Associated Health Trainees*, which will be offered both formally and informally throughout the year. Program staff will exhibit mutual courtesy and respect for cultural and individual diversity towards each other and among the interns. The structure of supervision and supervisors will include the following: Director of Training will provide the general administration of the internship. Each intern will have a Yearly Mentor that will serve as an advocate, provide support, and support planning for post-internship goals. Each intern will have a Rotational Primary Supervisor(s) who will supervise the intern's rotation, provide evaluation and manage progress of rotational competencies, and serve as case supervisor during the rotation. Formal supervision will be scheduled on a regular basis and include a minimum of four hours per week, at least two hours of which will include individual supervision for the major rotation’s expected ten or more hours of face-to-face patient contact. Further learning will be offered through regularly scheduled didactics seminars, Continuing Medical Education, difficult case conferences, joint learning opportunities, and observational learning opportunities. This broad range of training activities will be structured to assist the intern in acquiring the knowledge and skills needed to demonstrate competency within the identified aims and objectives of the program. Program staff will be accessible to the interns to provide them with consultation, guidance, supervision and encouragement needed to successfully complete the internship.

**Training Experiences**

There are currently four required rotational experiences offered at the Sioux Falls VA Health Care System. The Psychological and Neuropsychological Assessment rotation spans the entire year. Three major rotations each last four months. During orientation week, interns will complete baseline assessment and identify short- and long-term career goals. In conjunction with the Director of Training, an intern will select three major rotations (along with the required Psychological and Neuropsychological Assessment rotation) as part of an internship year training plan that is consistent with and supports the intern’s goals and aim of the internship. The intern also will select two adjunctive experiences. An adjunctive experience lasts six months and is in addition to the required experiences. Total training hours equal 2080 hours for the internship year.

**MAJOR ROTATIONAL EXPERIENCES:**

1. Extended Care & Rehabilitation
2. General Outpatient Mental Health
3. Posttraumatic Stress
4. Primary Care Mental Health Integration
5. Psychological and Neuropsychological Assessment

ADJUNCTIVE EXPERIENCES:

1. Extended Care & Rehabilitation
2. Military Sexual Trauma
3. Neuropsychological Assessment

ASSESSMENT ROTATION

Supervisors: Emily Blegen, PsyD, and Jeffrey Ellison, PsyD

This will be a one day a week, year-long rotation for all interns. The focus of this rotation is on developing the knowledge and abilities required to complete high-quality, thorough assessments to gain the level of expertise needed to become an independent practitioner. This includes diagnostic interviewing and administering, scoring, and interpreting statistically sound neuropsychological and personality assessments. The intern will complete both inpatient and outpatient assessments for a wide range of purposes and variety of referral sources that will assist providers with diagnosis and treatment planning. Common diagnostic populations include: TBI, dementia, and ADHD.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of/need for service. Responsibilities will be coordinated with the rotation supervisors. Opportunities include the following:

- Competencies emphasized include diagnostic interviewing, intellectual assessment, assessment of learning disabilities, and personality assessment.
- Interns in this rotation can also expect to utilize both self-report and performance based personality tests. By the end of internship, trainees will be expected to demonstrate competence in both of these areas.
- Interns will also have exposure to neuropsychological assessment. They will be expected to develop competence in appropriate administration of tests, but will not be expected to develop competence in interpretation of results. Instead, focus will be on identifying appropriate referrals for neuropsychological assessment.
- Interns will be expected to become familiar with research relevant to assessment in general, and specific cases as well.
- Interns will be assigned approximately one case per week, allowing for initial orientation and training time as well as no shows. However, interns can expect to complete a minimum of 25 comprehensive assessments by the end of the year.
- Interns will become competent in the writing of assessment reports, including integration of test data and making appropriate recommendations. They will also be expected to provide assessment feedback to patients, families, and/or referral sources as requested.
- Scheduling will be done by supervisors. Interns can expect to have someone scheduled on their designated assessment day and will be expected to check with supervisors regarding specific information about the referral.
- Interns will also be responsible for answering inpatient consults from time to time. These assessments have a quicker turnaround time than do outpatient referrals and need to be completed within 24-48 hours.
- Interns are responsible for completing their work and documentation according to timeline requirements and for letting the supervisor know if they are not able to meet this timeline.
- Normative and Interpretive reference manuals will be available for intern use, but interns are encouraged to bring any materials they may have, appropriately marked with identifying data.
- Interns will be expected to research and write a concise scholarly report on one assessment tool or diagnosis which will be shared with other interns.
- Supervision of a practicum student in assessment.
EXTENDED CARE & REHABILITATION

Supervisors: Amanda Adcock Vander Lugt, PhD, and Darci Van Dyke, PhD

This rotation will focus on gaining experience and understanding a psychologist’s role within the community living center (CLC) and/or pain clinic, depending on intern interest and whether a major or minor rotation. The major rotation will provide interns the ability to learn and develop more advanced knowledge and skills than with the minor rotation. First, CLC provides physical medical and rehabilitation, transitional care, and respite care. Interns will gain experience working amidst a coordinated continuum of services on the CLC, but opportunities may also exist with hospice and palliative care. The CLC is a 58 bed unit and veteran stays on the CLC typically are short-term, although there are long-term residents, some of whom have been on CLC for years. Interns would have the opportunity to answer consults, develop treatment plans, participate in team meetings, and provide short-term psychotherapy. The pain clinic experience provides interns an opportunity to learn about the biopsychosocial model of chronic pain through the assessment and treatment of veterans with a variety of medical diagnoses (e.g., neuropathies, fibromyalgia, degenerative spine conditions, etc.) and comorbid mental health diagnoses (e.g., anxiety, depression, PTSD, mTBI, etc.). Interns would obtain introduction to theories of chronic pain, medical treatments (e.g., opioid and non-opioid medications, trigger point injections, surgical interventions), rehabilitations, complementary and alternative treatments (e.g., acupuncture, mindfulness), and therapy.

Responsibilities: The specific duties of an intern will be negotiated at the start of the rotation and will be based on the interests and training needs of the intern as much as can be accommodated. Some specific guidelines are included below. Opportunities include:

- Conduct a minimum of 10 intake assessments during the course of the rotation to include functional assessment and/or treatment/behavioral planning.
- Conduct cognitive screening.
- Observe at least five cases.
- Learn to provide Acceptance and Commitment Therapy for Chronic Pain.
- Learn to provide Cognitive and Behavioral Therapy for Chronic Pain.
- Become competent in consultation with the CLC staff.
- Actively participate in CLC team or family meetings as appropriate.
- Actively participate in pain committee meetings as appropriate.
- Discharge planning.
- Complete TMS training for hospice & palliative care.
- Participate in online trainings and consultation calls for Acceptance and Commitment Therapy.

GENERAL OUTPATIENT MENTAL HEALTH

Supervisor: Darci Van Dyke, PhD

This rotation will focus on furthering knowledge and abilities regarding services provided through an outpatient mental health clinic. Individual and group psychotherapy, with a focus on Cognitive Behavioral Therapy for Depression and Acceptance and Commitment Therapy for Depression, will be provided along with diagnostic assessment/interviewing and treatment planning. A variety of time-limited, skills-based groups are available for the intern to observe, co-lead, and lead under supervision. Some of the groups include a focus on depression, anger, anxiety, borderline personality disorder, and / or schizophrenia. Our outpatient mental health clinic provides services for a wide variety of diagnoses and presenting issues, including depressive disorders, thought disorders, PTSD, anxiety disorders, marital issues, personality disorders, and serious mental illnesses. Due to the rural nature of our catchment area, the intern will also be provided the opportunity to receive supervised experience with telehealth. Consistent with APA guidelines, the intern will develop skills to provide telehealth services in a developmental manner. First, he or she must demonstrate competencies face-to-face before the introduction of providing any electronic versions of therapy, such as telehealth. An opportunity for individual and group therapy may exist on an inpatient basis, as our inpatient psychiatric unit serves Veterans who are...
admitted for a number of mental health conditions such as depression, schizophrenia, schizoaffective disorder, bipolar disorder, anxiety disorders, dementia, and dual diagnosis issues.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of/need for service. Responsibilities will be coordinated with the rotation supervisors. Options include the following:
- Engage in individual therapy with at least 6 patients per week in person and/or via telehealth.
- Conduct biopsychosocial intakes and diagnostic interviews with individual therapy patients.
- Collaboratively develop treatment plans with patients using objective, reasonable, and measurable goals.
- Complete assessment as needed for diagnostic clarification and treatment planning of individual therapy patients.
- Attend and actively participate in weekly mental health outpatient treatment team consultation meetings and BHIP meetings, presenting individual therapy cases for feedback as appropriate.
- Attend monthly interdisciplinary meetings.
- Make appropriate referrals to other disciplines as necessary.
- Enhance cognitive behavioral case formulation and treatment through recommended readings, supervision discussions, and application to therapy cases.
- Conceptualize and provide treatment using Acceptance and Commitment Therapy through recommended readings, supervision discussions, and application to therapy cases.
- Observe and facilitate therapy sessions for groups that can include CBT for depression, Emotion Regulation, Illness Management and Recovery, and/or Social Skills Training.
- Participate in elements of program development.

MILITARY SEXUAL TRAUMA

Supervisor: Summer Nelson, PhD

Description: This adjunctive experience offers the intern to develop, refine, and expand clinical and administrative skills. The clinical population is complex, with many patients presenting with comorbid disorders and/or multiple traumatic events. The experience is one that will assist interns to acquire the in-depth experience in the area for working with PTSD.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of services. Responsibilities will be coordinated with the rotation supervisor. Options include:
- Intake Interview.
- Diagnostic clarification.
- EBT intervention (e.g., Prolonged Exposure, STAIR therapy, Cognitive Processing Therapy).
- Expand conceptualization skills for MST.
- Work in the outreach of sexual assault awareness.
- Attend monthly teleconference training series calls.

NEUROPSYCHOLOGY ASSESSMENT

Supervisors: Emily Blegen, PsyD, and Jeffrey Ellison, PsyD

This will be an optional minor rotation for all interns in which he or she will administer, score, and interpret statistically sound neuropsychological screens and tests. This will offer the intern the ability to learn and develop more advanced knowledge and skills with neuropsychological batteries than the mandatory assessment rotation.

Responsibilities:
- Interns will conduct a range of assessments for a variety of purposes, including diagnosis and treatment planning.
- Interns will administer, score, and interpret neuropsychological assessments which will include comprehensive clinical interview in addition to neuropsychological instruments, and may also...
include personality testing. Interns will be expected to integrate data from all tests in an assessment into a comprehensive report that provides appropriate information to the referral source.

- Interns in this rotation can also expect to utilize both self-report and performance based personality tests. By the end of internship, interns will be expected to demonstrate competence in both of these areas.
- Interns will become competent in choosing appropriate test batteries to answer referral questions.
- Interns can also expect some exposure to psychodiagnostic assessments as well as pre-surgical evaluations.
- Interns will be expected to become familiar with research relevant to assessment in general, and specific cases as well.
- Interns will be assigned approximately one case biweekly, allowing for initial orientation and training time as well as no shows. Interns can expect to complete at least 15-25 assessments by the end of the year.
- Interns will become competent in writing assessment reports, including making appropriate recommendations. They will also be expected to provide assessment feedback to patients, families, and/or referral sources as requested.
- Interns will also be responsible for answering inpatient consults from time to time. These assessments have a quicker turnaround time than do outpatient referrals and need to be completed within 24-48 hours.
- Interns are responsible for completing their work and documentation according to stated timeline requirements (typically 2 weeks for outpatient consults) and for letting the supervisor know if they are not able to meet this timeline.
- Normative and Interpretive reference manuals will be available for intern use, but interns are encouraged to bring any materials they may have, appropriately marked with identifying data.
- Interns will also be expected to research and write a concise scholarly report on one assessment or diagnosis which will be shared with other interns.
- Interns will be assigned approximately one case biweekly, allowing for initial orientation and training time as well as no shows. Interns can expect to complete at least 15-25 assessments by the end of the year.
- Interns will become competent in writing assessment reports, including making appropriate recommendations. They will also be expected to provide assessment feedback to patients, families, and/or referral sources as requested.
- Interns will also be responsible for answering inpatient consults from time to time. These assessments have a quicker turnaround time than do outpatient referrals and need to be completed within 24-48 hours.
- Interns are responsible for completing their work and documentation according to stated timeline requirements (typically 2 weeks for outpatient consults) and for letting the supervisor know if they are not able to meet this timeline.
- Normative and Interpretive reference manuals will be available for intern use, but interns are encouraged to bring any materials they may have, appropriately marked with identifying data.
- Interns will also be expected to research and write a concise scholarly report on one assessment or diagnosis which will be shared with other interns.
- Supervision of a practicum student in neuropsychological assessment.

POSTTRAUMATIC STRESS

Supervisors: Kyle Lythgoe, PsyD, and Summer Nelson, PhD

This rotation will provide the opportunity to work with two psychologists and other mental health staff who provide outpatient services to Veterans within a specialized focus on Posttraumatic Stress Disorder, sub-threshold symptoms of PTSD, and Military Sexual Trauma (MST) that have resulted in clinically significant distress or functional impairment. Services are provided to Veterans of all eras. The intern will gain knowledge and exposure to evidenced based therapies for these disorders that include Cognitive Processing Therapy, Prolonged Exposure, and Seeking Safety by therapists who have received the special formalized training in these treatments. Opportunities will be available to observe and co-lead various groups for this population of Veterans such as Anger Management, Seeking Safety, and other support and processing groups. In addition to individual and group therapy, training will also include completing clinical interviews, administering recommended assessment tools, and developing treatment plans.

Responsibilities: Some guidelines are provided below. However, some specific duties of an intern will be negotiated at the start of the rotation and will be based on the interests and training needs of the intern as much as can be accommodated. Training options may include the following:

- Observe or conduct 2 intakes per month during the course of the rotation.
- Conduct PTSD diagnostic interviews and measure treatment outcomes using measures such as the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), PTSD Checklist (PCL), and Beck Depression Inventory-II (BDI-II). Other measures may be used throughout the course of training.
- Provide psychological assessments to team as needed.
- Provide psychotherapy to 4-6 Veterans per week.
  - Use Cognitive Processing Therapy (CPT) and/or Prolonged Exposure (PE) treatment modality for at least 2 Veterans.
  - Due to length of protocol with evidence-based psychotherapy (EBP) opportunities, interns may be required to complete the EBP with a Veteran following the formal end of the rotation. In this situation, there may be some overlap with another major rotation. Interns and rotation supervisors will work together in managing the intern’s schedule should this situation arise.
- Gain experience in group therapy through observation and co-facilitation of a skills-oriented or support group.
- Participate in PTSD didactic series offered through Minneapolis VA via VTEL. This series is offered one time during the training year. Trainees participating in the PTSD rotation are required to participate in the didactic series when it is offered, regardless of whether the intern is currently on the PTSD rotation at the time it is offered.
- Participate in PTSD teleconference.
- Present current PTSD related journal article to PTSD supervisors or Psychology Internship Training Team.
- There may be additional opportunity for interns to assist with program development as the PTSD specialty services are evolving.
- New ideas are welcome.

**PRIMARY CARE MENTAL HEALTH INTEGRATION**
*Supervisor: Edwin Yerka, PhD*

The focus of the rotation is on developing the knowledge and abilities required to provide integrated psychological services within interdisciplinary medical treatment teams. During this rotation, interns function as key members of an interdisciplinary Patient Aligned Care Team (PACT). Interns work alongside staff in the Primary Care clinic and are available for walk-ins, emergency consultation, and scheduled patients. Skills emphasized will include: evaluation and brief treatment for clinical and behavioral health issues; mental health crisis management; triage decision making to prioritize service delivery; consultation and collaboration with primary care providers as well as emergency department medical providers and specialty mental health; making referrals to appropriate specialty mental health programs; as well as collaboration with psychiatry and social work assigned to Primary Care. During this rotation, experience will be gained in learning to identify and address a variety of mental health and behavioral health issues such as mood disorders, anxiety disorders, substance use issues, adjustment disorders, sleep problems, issues with adherence to medical recommendations, pain management and more. As noted above, this rotation will offer the intern experience in working with a range of providers including physicians from various specialties, physician assistants, nurse practitioners, nurses, social workers, pharmacists, dieticians and others. Interns will also get exposure to the Patient Aligned Care Team (PACT) model.

**Responsibilities:** Will vary depending on training goals, trainee experience, and availability of/need for service. Responsibilities will be coordinated with the rotation supervisors. Options include the following:
- Minimum of 6 mental health triages/initial evaluations per week.
- 6-8 individual psychotherapy patients weekly.
- Seek out supervisor as questions arise.
- Read articles published on PCMHI as assigned.
- Shadow other members of the interdisciplinary team, as can be arranged.
- Attend one weekly PACT team meeting.
- Attend other PCMHI-related meetings as assigned (e.g., Opioid Safety Initiative meeting, Pain Committee meeting, Integrated Health Committee meeting).
- Co-facilitation of psychoeducation group, if available.
- Participate in elements of program development.
- Participate in shared medical appointments as available.
Didactics

As noted above, further learning will be offered through regularly scheduled didactic seminars, Continuing Medical Education, difficult case conferences, joint learning opportunities with residents and observational learning opportunities. At the SFVAHCS internship site, we want the interns to receive high quality didactics from providers and others who are experienced in a variety of mental health and evidence based therapy specialties to further the interns’ development and growth and increase competency knowledge. Didactic topics will likely include cultural diversity, ethics, behavioral health issues, rural mental health, psychological assessment, neuropsychological assessment, neuroanatomy, preparation for licensure, suicide prevention, military culture, MST, motivational interviewing, introduction to psychopharmacology, telehealth, CBT-D, PE, CPT, DBT and STAIR, interpersonal psychotherapy, ACT-D, ACT-CP, CBT-I, CBT-CP, anger management, hospice and palliative care, substance use, VA research, women's health, and consultation and supervision. Didactics are sequential, with early didactics being foundational. In keeping with APPIC standards, successful completion of the internship requires a minimum of 100 hours of scheduled didactic training and case conferences.

Additional Experiences

Case Presentations: Case presentations are structured, formal presentations designed to allow interns an opportunity to demonstrate to training supervisors their level of overall competence in assessment and therapy by addressing program training competencies as applied to their clinical work. Interns must present one therapy case and one assessment case. Presentation objectives and process of evaluation will be provided to the intern during orientation week via the Psychology Intern Handbook.

Journal Reading Group: Interns and training committee members will meet every other month with the exception of December to discuss a preselected scholarly journal article on a topic relevant to the internship. Topics may include evidence based psychotherapy, diversity issues, supervision, and others. Except for the first group (August), interns will take turns selecting an article and will provide a copy to each group member. The intern will provide a brief synopsis of the article and facilitate discussion.

Diversity Sub-Committee: Our program endeavors to teach and promote attitudes of openness and respect for individual differences; awareness of diversity knowledge and skill growth areas; and continual expansion of knowledge and skills about individual differences. Diversity issues are addressed during formal clinical supervision, non-formal day-to-day supervisor-intern interactions, journal reading group, formal professional didactic seminars, and the Diversity Sub-Committee. The Diversity Sub-Committee will include the Assistant Director of Training, one or more Psychologists, and the two interns, with oversight from the Director of Training. While the overall aim of the Sub-Committee remains the same each year, to assist training culturally proficient psychologists, the task(s) of the Diversity Sub-Committee each year will look different depending on the needs of the interns, Sioux Falls VA, and Veterans. Each year, the principal assignment will be that the interns and Diversity Sub-Committee work together to assist the interns in program development for a diversity-related objective, which typically includes skills in research, administration, communication, and interdisciplinary collaboration. Other projects will arise as the year progresses depending on goals and opportunities. Such examples would include increasing hospital awareness and understanding of cultural and diversity issues by presenting a booth at an outreach event or by providing a presentation during a brown bag lunch at a CBOC.

Facility and Training Resources

The Sioux Falls VA Health Care System will provide office space for the intern in compliance with APA accreditation requirements. Offices will be equipped with computer access to medical records, the Internet, word processing and email. Library access consists of the Wegner Library/Health Science Information Center, which is part of the University of South Dakota. Library facilities are located in the city of Sioux Falls (3 blocks from VA) and at the University in Vermillion, SD (about 50 miles away). Services can also be accessed directly online through the Sioux Falls VA Health Care System website. Online
services include direct viewing and printing of numerous medical and mental health journals. Those not available can be requested online. If work with statistical packages is needed, multiple packages including SAS and SigmaStat can be accessed through the Research Department at the Sioux Falls VA Health Care System.

**Administrative Policies and Procedures:** The Sioux Falls VA Health Care System’s policy on Authorized Leave is consistent with VA standards. You are welcome to discuss this with the Director of Training.

**Due Process:** The internship program follows due process guidelines to assure that decisions are fair and nondiscriminatory. All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed to every intern in the internship training manual during orientation and subsequently reviewed with the Director of Training. The manual also contains information regarding expected performance and conduct, the evaluation process, procedures for making decisions about problematic performance and/or conduct, remediation plans including time frames and consequences for failure to rectify problems, and procedures for appealing the program’s decisions or actions.

**Privacy policy:** We collect no personal information from you when you visit our website.

**Self-Disclosure:** We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern’s performance, and such information is necessary to address these difficulties.
Training Staff

PSYCHOLOGY STAFF QUALIFICATIONS AND INTERESTS

Name: Rosalie Ball (Aberdeen CBOC)
Degree: PhD
Date of Degree: 2015
University from which degree was received: University of South Dakota
Primary clinical and research interests and expertise: Cognitive Behavioral Therapy, Prolonged Exposure Therapy for PTSD, Cognitive Processing Therapy for PTSD, chronic pain, rural mental health services
University Appointments: None currently
ABPP status, if applicable: Not applicable

Name: Emily Blegen
Degree: PsyD
Date of Degree: 2014
University from which degree was received: Minnesota School of Professional Psychology
Primary clinical and research interests and expertise: Psychological and neuropsychological assessment, geriatric and rural populations, Cognitive Behavioral Therapy
University Appointments: None currently
ABPP status, if applicable: Not applicable

Name: Jeffrey Ellison
Degree: PsyD
Date of Degree: 2009
University from which degree was received: School of Professional Psychology at Forest Institute
Primary clinical and research interests and expertise: PTSD, neuropsychology, rural mental health services
University Appointments: None currently
ABPP status, if applicable: Not currently

Name: Laurie Juraszek (Sioux City CBOC)
Degree: PsyD
Date of Degree: 2014
University: Pacific University School of Professional Psychology, Oregon
Primary clinical and research interests and expertise: Prolonged Exposure and Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Depression, couples therapy, and chronic pain
University Appointments: None at this time
ABPP status: Not applicable

Name: Kyle Lythgoe
Degree: PsyD
Date of Degree: 1997
University from which degree was received: California School of Professional Psychology, Los Angeles
Primary clinical and research interests and expertise: PTSD specialist, child and family, Cognitive Behavioral Therapy
University Appointments: None currently
ABPP status, if applicable: Not currently

Name: Summer Nelson
Degree: PhD
Date of Degree: 2013
University from which degree was received: University of Tulsa
Primary clinical and research interests and expertise: Treatment for PTSD (CPT, PE, STAIR), military sexual trauma
University Appointments: None currently
ABPP status, if applicable: Not currently

Name: Darci Van Dyke
Degree: PhD
Date of Degree: 2015
University from which degree was received: University of North Dakota
Primary clinical and research interests and expertise: Cognitive Behavioral Therapy, Interpersonal Psychotherapy, Motivational Interviewing, couples / marital, and decision-making
University Appointments: None currently
ABPP status: Not currently

Name: Amanda Vander Lugt
Degree: PhD
Date of Degree: 2011
University from which degree was received: University of North Texas
Primary clinical and research interests and expertise: Acceptance and Commitment Therapy (ACT), chronic pain, program development, research, elder adults, continuum of care issues, and rehabilitation
University Appointments: None currently
ABPP status: Not applicable

Name: Ed Yerka
Degree: PhD
Date of Degree: 1999
University from which degree was received: California School of Professional Psychology, San Diego
Primary clinical and research interests and expertise: ACT, CBT, anxiety, depressive disorders, couples therapy
University Appointments: None currently
ABPP status: Not applicable

ADDITIONAL PSYCHOLOGY STAFF

Name: Kate Andal
Degree: PhD (not yet licensed)
Date of Degree: 2014
University from which degree was received: University of South Dakota
Primary clinical and research interests and expertise: Psychological and neuropsychological assessment
University Appointments: None currently
ABPP status, if applicable: Not applicable

Name: Kari Leiting
Degree: PhD (not yet licensed)
Date of Degree: 2016
University from which degree was received: University of New Mexico
Primary clinical and research interests and expertise: Treatment for PTSD (CPT, PE), Motivational Interviewing
University Appointments: None currently
ABPP status, if applicable: Not currently
Local Information

The Sioux Falls VA Health Care System is a teaching hospital providing a full range of patient care service, with state-of-the-art technology as well as education and research. Care is provided to eligible Veterans in eastern South Dakota, northwestern Iowa, and southwestern Minnesota. The Sioux Falls VA is part of the VA Midwest Health Care Network, which includes facilities in Minnesota, North Dakota, Iowa, Nebraska, and South Dakota. The Royal C Johnson Veterans Memorial VA Medical Center is located in Sioux Falls, South Dakota with four community based outpatient clinics (CBOCs) located in Aberdeen, SD; Sioux City, IA; Spirit Lake, IA; and Watertown, SD and one outreach clinic in Wagner, SD. Sioux Falls is the largest city in South Dakota offering a variety of shopping, attractions, dining and entertainment options as found in larger metropolitan areas but with a small-town, welcoming feel.

Directions to the Royal C Johnson Veterans Memorial VA Medical Center and Psychology Department

The Royal C Johnson Veterans Memorial VA Medical Center is located at 2501 W. 22nd Street in Sioux Falls, SD. For more information to orient yourself to the Sioux Falls VA, please check the Sioux Falls VA website, www.siouxfalls.va.gov

The Psychology main offices, including the Director of Training office, are located on the third floor of Building 1.
If you need additional directions, please call 605-333-6890.