

Doctoral Internship in Psychology Training Program 2021-2022



Sioux Falls VA Health Care System



Sioux Falls VA Health Care System
2501 W. 22nd Street
PO Box 5046
Sioux Falls, SD 57105
605-333-6890
<http://www.sioxfalls.va.gov/>

MATCH Number: 220611

Applications Due: November 26, 2020 @23:59

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Living in Sioux Falls

Sioux Falls is the largest city in South Dakota built on the banks of the Big Sioux River named for the Sioux Tribe of American Indians and the waterfalls of the Big Sioux River. The population of the city is approximately 182,000 people. While it is not a “big city” by population, 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 and a reasonable commute.

Sioux Falls has a wonderful park system with over 80 parks. There is a 29-mile paved bike trail that wraps itself around the city along the Big Sioux River greenway and through urban and wildlife areas. One of the most popular parks is Falls Park, where the Big Sioux River falls over slabs of pink quartz near downtown Sioux Falls. It is a 123-acre park in the middle of the city with viewing areas, walkways, and picnic areas to enjoy the Big Sioux River falls. Boating, golfing, camping,



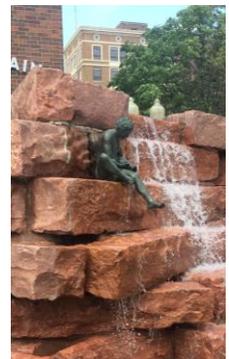
Falls Park. Photo Courtesy: The Sioux Falls Convention & Visitors Bureau

kayaking, and biking are among other activities made easier by the local park system and are frequently enjoyed in Sioux Falls. There are hiking areas within 30-60 minutes from Sioux Falls that include: Devils Gulch, Palisades State Park, Newton Hills State Park, Blue Mounds State Park, and Good Earth State Park.



Downtown Sioux Falls hosts “First Fridays” where all the local businesses come together to create a unique event filled with live music, food trucks, street art, and tours of local galleries. The Downtown Block Party on the Eastbank is a First Friday free event in the summer with live music from regional acts, food vendors, beer and wine, and shopping. Additionally, there is the Sculpture Walk, where new and unique

Phillips Ave Shops. Photo Courtesy: The Sioux Falls Convention & Visitors Bureau



Sculpture. Photo Courtesy: E. Blegen



DSF Block Party. Photo Courtesy: The Sioux Falls Convention & Visitors Bureau

sculptures are brought to the streets downtown every year.

Live music is readily available in Sioux Falls of a variety of genres. Given the relative size of Sioux Falls, a wide variety of concerts, shows, and entertainers make their way through the city. Recent concerts include Kenny Chesney, Cher, Rob Zombie & Marilyn Manson, Foo Fighters, Twenty One Pilots, Ghost, Carrie Underwood, Eli Young Band, In This Moment, Art Alexakis, Keith Urban, and the Smashing Pumpkins. The Sioux Falls Jazz

Fest is a free three-day outdoor jazz and blues musical event held every other year since 1991, featuring two stages of music. Riverfest is a party on the Big Sioux in downtown Sioux Falls with live music, food trucks, live art, and fireworks. Comedians who have performed shows in Sioux Falls include Jim Gaffigan and Dave Chappelle, and there are local stand-up comedians that perform at various venues around the city.

Sioux Falls has the Washington Pavilion, a historic cultural venue featuring art galleries, hands-on science exhibits, and theater performances. Washington Pavilion's Visual Art Center (VAC) hosts six galleries of changing exhibits and the Egger gallery which hosts the Northern Plains Tribal Art collection. The VAC hosts a variety of local, regional, and nationwide exhibitions and is free on the first Friday evening of every month. Washington Pavilion's Kirby Science Discovery Center features more than 100 hands-on exhibits for all ages. The Pavilion also hosts professional theatre and dance year-round; recent events include: Jersey Boys, Whose Live Anyway, the Nutcracker, Les Misérables, The Color Purple, and Waitress.

Sioux Falls is home to several amateur and professional teams. Baseball fans can enjoy watching the Sioux Falls Canaries (AAIPB), hockey fans can watch the Sioux Falls Stampede (USHL), and indoor football fans can enjoy the professional league Sioux Falls Storm (IFL). University athletics also hold tournaments in Sioux Falls, such as the postseason Summit League Men's Basketball Tournament.



Summit League Tournament. Photo Courtesy: The Sioux Falls Convention & Visitors Bureau

For the family, Sioux Falls provides other year-round activities, many being affordable or free. To name just a few, the Great Plains Zoo & Delbridge Museum of Natural History has more than 1,000 animals, hosts popular events such as the Zoo Boo where children get to Trick or Treat around the zoo, and offers camps for children. The Butterfly House & Aquarium has over 800 free-flying butterflies from around the world in a tropical conservatory and hundreds of marine fish and corals in aquariums, including a stingray touch pool. Wild Water West waterpark has waterslides, a wave pool, a baby pool, batting cages, bumper boats, go karts, mini golf, paintball, and more. Siouxland Libraries offer free Storytime including songs and stories, activity classes, a great selection of children’s books, and play area. Sioux Falls and surrounding communities host regular festivals to include the South Dakota Peach Festival, South Dakota Chislic Festival, Sioux Empire Fair, Czech Days, Pride in the Park Festival, Sidewalk Arts Festival, and Festival of Bands.



Butterfly House & Aquarium In-Tank Children’s Viewing Bubble. Photo Courtesy: E. Blegen

Sioux Falls is the home of University of Sioux Falls, Augustana University, Southeast Technical Institute, Sanford School of Medicine of The University of Sioux Falls, South Dakota Public Universities & Research Center, and National American University – Sioux Falls. Additionally, Dakota State University, South Dakota State University, and University of South Dakota are within an hour’s drive of Sioux Falls.



Cathedral Drone. Photo Courtesy: The Sioux Falls Convention & Visitors Bureau

Sioux Falls Royal C Johnson Veterans Memorial VA Medical Center

The Sioux Falls VA Health Care System (SFVAHCS) is a Joint Commission accredited, complexity level 2 medical center. The Sioux Falls VA is a teaching hospital (affiliated with the University of South Dakota Sanford School of Medicine) 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 in Sioux Falls, South Dakota with four community-based outpatient clinics (CBOCs) located in Aberdeen, SD; Dakota Dunes, SD; Spirit Lake, IA; and Watertown, SD and one outreach clinic in Wagner, SD.

For more information to orient yourself to the Sioux Falls VA, please check the Sioux Falls VA website, www.siouxfalls.va.gov.

Psychology Setting

The Mental Health Service Line has long been a major component of SFVAHCS. 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 CBOCs and one outreach clinic across a two-state area in addition to the main medical center in Sioux Falls. All the CBOCs offer both psychiatric care and psychotherapy services using on-site visits and/or telemental health services. The Sioux Falls VA also offers services using 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.

The mental health staff includes psychologists, psychiatrists, 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, Acceptance and Commitment Therapy, Interpersonal Psychotherapy, Cognitive Behavioral Conjoint Therapy for PTSD, Problem-Solving Therapy, Integrative Behavioral Couples Therapy, Illness Management and Recovery, Exposure and Response Prevention, and Exposure, Relaxation, and Rescripting Therapy. Our Addiction Treatment Program offers a range of treatment options including intensive outpatient treatment, evening outpatient treatment, relapse prevention, 12-step groups, as well as a Seeking Safety group for Veterans dealing with PTSD and substance use disorders. Mental health has been integrated into Primary Care (Primary Care Mental Health Integration, PCMH), 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 Team works 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, Extended Care and Rehabilitation [EC&R, e.g., Pain Clinic, Community Living Center (CLC), Behavioral Recovery Outreach (BRO)], and Home-Based Primary Care.

Internship in Health Service Psychology

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 by APPIC. Only 52-week full-time internships are available. For the upcoming training year, the internship begins on **July 1, 2021**, and the stipend is \$26,234.

Application Process

To apply, applicants should follow the APPIC Match Guidelines as we follow the match policies established by APPIC. Other than the basic APPI, no supplementary materials are required for application to our program.

To be considered, all application materials for the 2021-2022 internship year need to arrive no later than 11:59 pm on **November 26, 2020**.

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. **Sioux Falls VA is committed to building a diverse group of practitioners, and in that spirit, actively encourages applications from underrepresented groups. We look for and appreciate the different experiences of each intern.** 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 based on 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.

All new VA Health Care System employees are subject to background checks. 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, and match result and select decisions are contingent on passing the screens. Interns are included in the random selection for drug screening during their appointments. VA training occurs in a health care setting; some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at a VA hospital. Securing a statement from university student health center, your regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training year (or taking additional preventative measures to limit patient exposure to the flu) will be required. A Training Qualifications and Credentials Verification Letter (TQCVL) also is required as part of the onboarding process. The letter documents extern, intern, or postdoctoral resident readiness for starting their clinical work at a VHA facility. There are requirements for such things as Hepatitis B vaccination (or signing a declination form), TB screening, screening against the List of Excluded Individuals and Entities database, etc. VA guidelines direct if the intern applicant is male, he must have registered with the Selective Service System by age 26 years. See the VA Psychology webpage for further details about eligibility requirements <https://www.psychologytraining.va.gov/eligibility.asp> (webpage).

Address application questions to:

Emily Blegen, PsyD
Director of Training, Psychology
Sioux Falls VA Health Care System
2501 W. 22nd Street
PO Box 5046
Sioux Falls, SD 57117-5046
Phone: (605) 333-6890
Emily.Blegen@va.gov

Or

Kari Leiting, PhD
Assistant Director of Training, Psychology
Sioux Falls VA Health Care System
2501 W. 22nd Street
PO Box 5046
Sioux Falls, SD 57117-5046
Phone: (605) 333-6890
Kari.Leiting@va.gov

Candidate Interviews

All personal interviews are conducted remotely, typically via video. Interviews are individual and coordinated by invitation only. Interviews are required of all applicants who make the final selection round. Candidates will be informed by email by end-of-business on Wednesday, **December 2, 2020** 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 will take about a half day (beginning at 10:00 CST) and involve an informational session with the training director(s) and supervisor(s) for several rotations as well as formal interviews in the afternoon. For the current selection cycle, interviews will take place on Wednesday, **December 16, 2020**; Monday, **January 4, 2021**; and Friday, **January 8, 2021**. Applicants will need to be available to interview on one of those days should they be invited for an interview. All invitation emails are released at the same time, 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 to 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 and 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. Internship programs may choose to inform applicants prior to the February deadline as to whether or not the applicants remain under consideration for admission, but may not communicate other ranking information. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Additional information regarding the match is available through the National Matching Services. **The Sioux Falls VA Match Number is 220611.**

COVID-19 Response and Adaptations

The COVID-19 pandemic has created a challenge in intern training. One of the challenges is that the pandemic evolves, so the training situation also will evolve. With COVID-19, this means we cannot say for certain exactly how specific rotations or training opportunities may evolve for the 2021-2022 training year. Due to the COVID-19 pandemic, the training program has transitioned psychology interns to seeing Veterans via telehealth, attending and participating in didactics and supervision via virtual media technologies, and benefitting from live, direct observation of clinical care by supervising psychologists. Interns at the end of the 2019-2020 training year were working in separate offices, which we will continue for the start of the 2020-2021 training year, and they transitioned to teleworking from home during increased risk of COVID-19 in the area. The training program has been able to continue training plans with workarounds for some activities. We do not expect there to be any significant changes to the base rotations, but there will likely be more utilization of telehealth and technology-based delivery platforms. It goes without saying that the health and safety of our Psychology Interns, along with the competent care of our Veterans, is of utmost importance to us. If there are significant changes to the training program, we will update our public materials. As always, we will continue to provide high quality training in psychology while keeping our trainees' health and wellness at the forefront.

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.

Time Requirements

The standard "tour of duty" is 8:00am to 4:30pm with 30 minutes for lunch and two 15 minutes breaks. Unsupervised time outside the regular 40-hour tour of duty cannot involve direct patient contact. Any hours worked beyond the 8:00am to 4:30pm tour of duty Monday through Friday will be documented on Trainee Time Sheets. The hour requirements are a minimum expectation and the emphasis should be placed on doing what needs to be done to gain the desired training rather than on the number of hours worked. At the same time, the internship structure is expected to help the intern adhere to a 40-hour per week work schedule. The internship is designed to duplicate the first year of a VA staff psychologist in terms of time commitment, leave time, and flexibility of time schedule.

Orientation

The orientation period is important for welcoming and orienting the intern to the internship program. 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 and Assistant Training Director 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) Complete baseline evaluation/assessment of skills.
- 6) Select rotations and develop individual training plans.
- 7) Receive office assignments, keys, parking tags, ID badges, security fobs, pagers and other related materials.
- 8) Receive copies of relevant research and policies, with discussion, such as:
 - a. APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1993)
 - b. APA Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (2012)
 - c. Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015)
 - d. Owen et al. (2015) Client Perceptions of Therapists' Multicultural Orientation: Cultural (Missed) Opportunities and Cultural Humility
 - e. Leppma et al. (2016) Working with Veterans and Military Families: An Assessment of Professional Competencies
- 9) Complete TMS telework training.
- 10) Complete training in the CPRS and Mental Health Suite.

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 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 workload 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 workload 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 regarding 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 regarding 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 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 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 specifics 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 one or two 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. A minimum of 200 hours of supervision (a combination of group and individual) is required to be obtained by the intern. 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

Training Rotations

During their first 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 that spans the entire year) 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, each lasting six months, or one year-long adjunctive experience. Total training hours equal 2080 hours for the internship year.

Major Rotations

2-2.5 days per week

Extended Care & Rehabilitation (CLC)
 Extended Care & Rehabilitation (Pain Clinic)
 General Outpatient Mental Health **OR** General Outpatient Mental Health CBOC/Telehealth Focus
 Primary Care Mental Health
 Posttraumatic Stress **OR** Posttraumatic Stress CBOC/Telehealth Focus

Minor Rotations

.5-.75 days per week

Administration
 Extended Care & Rehabilitation (CLC or Pain Clinic)
 Group Psychotherapy
 Military Sexual Trauma
 Neuropsychological Assessment

Yearlong Rotation: Assessment - 1 day per week

ADMINISTRATION Minor Rotation

Possible supervisor(s) include: Available staff dependent on intern interests.

Duration: 6 months during second half.

Supervision: 30-60 minutes individual face-to-face weekly supervision.

Description: In addition to clinical work, psychologists can have responsibilities as program managers, as program developers, in personnel management, and as part of committees representing mental health. This experience offers the intern exposure to some VA administrative roles. The intern will be

matched with a supervisor in an administrative role of interest and will learn the responsibilities and tasks associated with this role. Possible supervisors may include the Mental Health Outpatient Psychology Supervisor, EBP Coordinator, Health Behavior Coordinator, and Suicide Prevention Coordinator. Committee experiences may include disruptive behavior committee, vocational rehabilitation committee, pain committee, or ethics committee. This rotation is subject to approval by the Training Director and training committee based on intern performance in clinical duties during the first half of the internship training year as well as intern progress toward minimum hours requirement (500 direct client contact hours).

Responsibilities: Will vary depending on training goals and available supervisors. Responsibilities will be coordinated with the rotation supervisor. Options include:

- Staff / hospital outreach / education.
- Community outreach / education.
- Review of and write policies and procedures.
- Shadow administrative / program management duties (e.g., policy review).
- Program development.
- Attend monthly teleconference training series calls.
- Attend monthly webinar series.

ASSESSMENT Year-Long Rotation

Possible supervisor(s) include: Emily Blegen, PsyD

Duration: One day per week for the duration of the internship. Required of all interns.

Supervision: A minimum of one hour of individual supervision and one hour of group supervision weekly required throughout the rotation.

Description: This will be a mandatory rotation for all interns. Interns will develop the knowledge and abilities required to complete a diagnostic interview; administer, score, and interpret statistically sound personality and neuropsychological evaluations; and write an effective report to gain the level of expertise needed to become an independent practitioner. Interns will be expected to conduct a range of assessments for a variety of purposes to assist with diagnosis and treatment planning. By the end of this rotation, interns will have a firm grounding in principles of neuro-psychological evaluation. To facilitate these goals, group supervision meetings include discussion of theoretical and practical issues of assessment and neuropsychology, case conceptualization and test interpretation, and education and discussion about a variety of neurological conditions. At the Sioux Falls VA, neuropsychology is largely a diagnostic and consultative service. Most assessments are provided on an outpatient basis, with

opportunities for inpatient assessment also available. Patients often present with complex problems and a variety of etiologies, though typical referral questions include differential diagnosis of dementias, differential diagnosis of attention problems in adult veterans, traumatic brain injury, assessment of relative contributions of behavioral versus organic etiologies in impaired patients, and progress in recovery status post acute medical event (e.g., stroke, anoxia). Interns will typically have the opportunity to observe a pre-surgical evaluation provided to medical populations, including bariatric surgery, organ transplantation, and / or pain device implantation; interns may have the opportunity to complete one or more of these assessments.

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, cognitive assessment, and personality assessment.
- Interns in this rotation can expect to utilize self-report and performance-based tests. By the end of internship, trainees will be expected to demonstrate competence in both areas.
- Interns will have exposure to neuropsychological assessment. They will be expected to develop competence in appropriate administration of the tests and understanding skills each test measures but will not be expected to develop competence in interpretation of the profile of those results.
- Interns will be expected to become familiar with research relevant to assessment in general.
- Interns will be assigned approximately one case per week, allowing for initial orientation and training time as well as no shows. 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. Interns will be expected to be involved in providing assessment feedback to patients, families, and / or referral sources as requested, working closely with their supervisor.
- Scheduling will be done by supervisors. Interns can expect to have someone scheduled on their designated assessment day and will be expected to review the medical record for pertinent information to discuss with their supervisor 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, so the intern may or may not have the opportunity to write a portion of the report.
- 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 intern name.
- 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.

Recommended reading:

Groth-Marnat, G., & Wright, A. J. (2016). *Handbook of psychological assessment* (6th ed). Hoboken, NJ: John Wiley & Sons.

EXTENDED CARE & REHABILITATION Major OR Minor Rotation

Possible supervisor(s) include: Miranda Campbell, PhD, and Amanda Vander Lugt, PhD

Duration: 4 months during the 1st, 2nd, or 3rd rotation, or (pending review of experience) 6-month minor rotation during first or second half.

Supervision: Two hours weekly individual supervision for the major rotation. For the minor rotation, the intern is required to participate in 30-60 minutes of individual supervision per week based upon specific needs of the intern and activities on the rotation. Specifics of supervision (e.g., observing assessments and treatment, live supervision, etc.) will be determined and discussed in advance with the trainee.

Description: 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 the intern the ability to learn and develop more advanced knowledge and skills than with the minor rotation. By the end of this rotation, the intern will have a working knowledge of relevant medical terminology and with those medical disorders which are strongly linked to psychological functioning ("mind-body" connections). The intern will also gain experience with the specific types of psychological issues and problems that result from a variety of medical illnesses and conditions. In addition, the intern will learn to screen medical records for relevant psychological information, and finally, to educate physicians and allied health care personnel about the role of a psychologist in a medical setting.

The CLC provides physical medical and rehabilitation, transitional care, and respite care. The intern will gain experience working amidst a coordinated continuum of services on the CLC. The CLC is a 58-bed unit and veteran stays on the CLC typically are short-term, although there also are long-term residents. Veterans who reside in the long-term care unit have diverse and often complex chronic illnesses (e.g., cardiac disease, diabetes, chronic obstructive pulmonary disease, dementia). Veterans admitted to the

CLC hospice unit have terminal diagnoses (e.g., cancer, COPD) with typical life-expectancy of less than six months; there may be intern opportunities in hospice and palliative care. On the CLC, the intern would have the opportunity to answer consults, provide assessment and diagnosis, develop treatment plans, participate in team meetings, and provide short-term psychotherapy. The intern will learn the necessary techniques involved in interviewing and testing medical patients and incorporating existing psychological interviewing skills as well as the skills unique to interviewing medical patients.

The pain clinic experience provides the intern 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.). The intern 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. There are also opportunities for training and staff development with medical treatment team staff (e.g., nurses, residents).

Responsibilities: The specific duties of an intern will be negotiated at the start of the rotation, will be based on the interests and training needs of the intern as much as can be accommodated, and will depend on the hours allocation to CLC and / or Pain Clinic. Some specific opportunities that may be available on one or both rotations include:

- Co-conduct and / or conduct intake assessments to include functional assessment and / or treatment / behavioral planning.
- Conduct cognitive screening.
- Observe cases.
- Learn to provide Acceptance and Commitment Therapy for Chronic Pain.
- Learn to provide Cognitive and Behavioral Therapy for Chronic Pain.
- Conduct evidence-based therapeutic intervention on the CLC.
- 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 and palliative care.
- Participate in online trainings and consultation calls for Acceptance and Commitment Therapy.

Recommended readings:

Hayes, S. C., & Strosahl, K. D. (2004). *A practical guide to acceptance and commitment therapy*. New York, NY: Springer.

Polk, K. L., & Schoendorff, B. S. (Eds.). (2013). *The ACT matrix: A new approach to building psychological flexibility across settings and populations*. Oakland, CA: New Harbinger.

GENERAL OUTPATIENT MENTAL HEALTH Major Rotation

Possible supervisor(s) include: Erik Lohmann, PsyD, and Erin Murtha-Berg, PhD

Duration: 4 months during the 1st, 2nd, or 3rd rotation

Supervision: Two hours weekly individual supervision, 1-2 hours weekly Behavioral Health Interdisciplinary Program team meeting.

Description: 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. Our outpatient mental health clinic provides services for a wide variety of diagnoses and presenting issues, including depressive disorders, PTSD, anxiety disorders, marital issues, personality disorders, and serious mental illnesses. 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, borderline personality disorder, and / or schizophrenia. 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 or 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. On this rotation, an intern will be able to follow patients across levels of mental health care. All services may be provided on an outpatient level; but, in the case of some patients, care may begin with an inpatient stay.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of / need for service. Responsibilities will be coordinated with the rotation supervisor(s). 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, ACT for Mood, Emotion Regulation, Illness Management and Recovery, and / or Social Skills Training.
- Participate in elements of program development.

Recommended readings:

Wright, J. H., Basco, M. R., & Thase, M. E. (2006). *Learning cognitive-behavior therapy: An illustrated guide*. Washington, DC: American Psychiatric Publishing.

Hayes, S. C, Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change*, (2nd ed). New York, NY: The Guilford Press.

Hayes, S. C., & Smith, S. (2005). *Get out of your mind and into your life: The new acceptance and commitment therapy*. Oakland, CA: New Harbinger.

**GENERAL OUTPATIENT MENTAL HEALTH CBOC/TELEHEALTH FOCUS Major
Rotation**

Possible supervisor(s) include: Erik Lohmann, PsyD, and Erin Murtha-Berg, PhD

Duration: 4 months during the 1st, 2nd, or 3rd rotation

Supervision: Two hours weekly individual supervision, 1-2 hours weekly Behavioral Health Interdisciplinary Program team meeting.

Description: Technology is expanding the ways in which VA psychologists may reach out to veterans with mental health needs. Additionally, community-based outpatient clinics (CBOCs) provide outpatient mental health care to veterans located in more rural settings. The purpose of this training opportunity is to increase patient access to specialty mental health care in rural and underserved areas, and to reduce the number of miles that patients must travel to receive mental health services. Because this training opportunity serves a variety of different veterans with variable clinical needs, the placement may align with a diversity of training goals.

This training rotation offers the intern the experience of utilizing secure videoconferencing technology to provide services for veterans who live in a predominantly rural area and working in a CBOC as available. The intern will provide telehealth services to a CBOC from the Sioux Falls VA 1-2 days per week and may travel to a CBOC up to one day per week as available (CBOC supervision would be on site). The intern will increase skills in coordinating services and care with other professionals in VA mental health and in the community. The intern will gain knowledge and abilities providing telehealth services through a CBOC. 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.

The intern will complete intakes including diagnostic assessment and treatment planning and provide individual evidence-based treatment for a wide variety of diagnoses and presenting issues including but not limited to anxiety, depression, anger, trauma- and stressor-related disorder / PTSD, marital dissatisfaction, bipolar disorder, and substance abuse. Opportunities will be available for individual therapy and to observe and co-lead groups at the Sioux Falls VA.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of services. Responsibilities will be coordinated with the rotation supervisor(s). Options include:

- Provide specialized interventions (e.g., evidence-based therapies).
- Utilize telehealth technology to provide patient care.
- 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.
- Make appropriate referrals to other disciplines as necessary.
- Enhance case formulation and treatment through recommended readings, supervision discussions, and application to therapy cases.

Recommended readings:

See General Outpatient Mental Health rotation syllabus.

GROUP PSYCHOTHERAPY Minor Rotation

Possible supervisor(s) include: Dependent on groups.

Duration: 6 months during first and / or second half

Supervision: 30-60 minutes individual face-to-face weekly supervision.

Description: This experience offers the intern to develop, refine, and expand group psychotherapy skills. The intern will select two groups to co-facilitate amongst CBT-D, ACT-D, ACT-CP, Pain School, Emotion Regulation Skills, CBT-I, Illness Management and Recovery, Seeking Safety, and Social Skills Training. Choice of group will depend on intern skill, experience, clinical interest, major rotation schedule, supervisor, and group availability.

Responsibilities: Responsibilities will be coordinated with the individual group supervisors and may vary slightly depending on intern experience. In addition to co-facilitation or independent facilitation of psychotherapy groups, opportunities may include:

- Recruitment of group members.
- Staff / hospital education / outreach of group availability.
- Screening for group participation.
- Documentation of group sessions and treatment plans.
- Participation in online trainings or consultation calls.

Recommended reading:

Yalom, I. D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy* (5th ed). New York, NY: Basic Books.

MILITARY SEXUAL TRAUMA Minor Rotation

Possible supervisor(s) include: TBA

Duration: 6 months during second half of the year.

Supervision: 30-60 minutes individual weekly supervision.

Description: The Sioux Falls VA Military Sexual Trauma (MST) program provides mental health services to male and female veterans who have experienced a Military Sexual Trauma. The clinical population is complex, with many patients presenting with comorbid disorders and / or multiple traumatic events. The intern experience will be primarily administrative focused while working with the facility MST coordinator, though there also may be some clinical opportunities that arise.

The term Military Sexual Trauma (MST) is defined by Federal law (Title 38 U.S. Code 1720D) and is “psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred

while the Veteran was serving on active duty, active duty for training, or inactive duty training.” Sexual harassment is further defined as “repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.”

The VA is committed to treating any veteran who had an experience of sexual assault or repeated, threatening sexual harassment during a period of active duty, active duty for training, and inactive duty for training. The Veteran does not have to be service connected for a mental health condition secondary to MST or have reported the MST while in the military in order to receive MST-related care through the VA. Veterans who do not meet length of active duty requirements for general enrollment in VA health care are still eligible to receive care only for MST-related conditions. Veterans with an Other than Honorable discharge may receive MST-related care if a VBA Regional Office rules that the character of discharge is not a bar to health care benefits.

Responsibilities: Will vary depending on training goals and availability of services. Responsibilities will be coordinated with the rotation supervisor. Options include:

- Expand conceptualization skills for MST.
- Shadow administrative / program management duties (e.g., policy review).
- Be a part of MST program development.
- Work in the outreach of sexual assault awareness.
- Attend monthly teleconference training series calls.
- Attend monthly webinar series.
- Co-facilitate MST group.
- Provide education to staff (e.g., at CBOCs, primary care).
- Check MST hotline voicemail and triage in conjunction with MST coordinator.

NEUROPSYCHOLOGY ASSESSMENT Minor Rotation

Possible supervisor(s) include: Emily Blegen, PsyD

Duration: 6 months during the first and / or second half. This is an optional addition to the one-day required assessment rotation.

Supervision: A minimum of 30 minutes per week, in addition to regular assessment rotation supervision.

Description: This will be an optional minor rotation in which the intern 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.

Working closely with his or her supervisor, the intern will learn to carry out neuropsychological assessments from start to finish. This begins with evaluating and refining referral questions from providers in Mental Health, Primary Care, Neurology, Occupational Therapy, and Inpatient Medicine, as well as programs such as Vocational Rehabilitation or the Caregiver Support Program. The assessment process continues with gathering and evaluating historical and diagnostic information from medical charts and interviews and tailoring test batteries to address the specific patient's level of functioning and relevant differential diagnoses. Interns will achieve mastery in administration and scoring of tests. There is emphasis on increasing skills in interpretation of test data. Writing neuropsychological reports that are informative and useful to both referring providers and patients will be a major emphasis of training. The intern will also observe and provide feedback to the patients they assess and often to their families, an important and clinically sensitive task. The training emphasis on this rotation also includes familiarization with cognitive models of normal brain functioning and neuroanatomy. By the end of this rotation, the intern will have a firm grounding in principles of neuropsychological evaluation, allowing for advanced training in neuropsychology (postdoctoral fellowship).

Responsibilities:

- Conduct a range of assessments for a variety of purposes, including diagnosis and treatment planning.
- Administer, score, and interpret neuropsychological assessments which will include comprehensive clinical interview and mental status evaluation in addition to neuropsychological instruments, and may also include personality testing. The intern will be expected to integrate data from all tests in an assessment into a comprehensive report that provides appropriate information to the referral source.
- Become competent in choosing appropriate test batteries to answer referral questions.
- The intern can also expect some exposure to psychodiagnostic assessments as well as pre-surgical evaluations, though the clear emphasis will be on neuropsychological assessments.
- The intern will be expected to become familiar with research relevant to assessment in general, and specific cases as well.
- The intern will be assigned approximately 1-3 cases per month, allowing for initial orientation and training time as well as no shows. Interns can expect to complete at least (in addition to the required assessment rotation) 10 comprehensive assessments by the end of the year. In the absence of clinical cases (e.g., an unusual amount of "no shows,"), then mock cases or historical cases will be used for supervision and analysis.
- The intern will become competent in writing assessment reports, including making appropriate recommendations.
- Provide assessment feedback to patients, families, and / or referral sources as requested.

- Scheduling will be done by supervisors. The intern 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.
- The intern 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, so the intern may or may not have the opportunity to write a portion of the report.
- Interns are responsible for completing their work and documentation according to stated timeline requirements and for letting the supervisor know if they are not able to meet this timeline.
- Supervision of a practicum student in neuropsychological assessment.

Recommended reading:

Lezak, M. D., Howieson, D. B., Bigler, E. D., & Tranel, D. (2012). *Neuropsychological assessment* (5th ed). New York, NY: Oxford.

POSTTRAUMATIC STRESS Major Rotation

Possible supervisor(s) include: Desiree Howard, PsyD, and Kari Leiting, PhD

Supervision: All trainees are required to participate in two hours of individual supervision per week. 1-2 hours weekly Behavioral Health Interdisciplinary Program team meeting. Specifics of supervision (e.g., videotaping, audio taping, live supervision, etc.) will be determined by each supervisor and discussed in advance with the trainee.

Description: 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 are available to observe and co-lead various groups for this population of veterans such as Seeking Safety. 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-5), and Patient Health Questionnaire Depression Scale (PHQ-9). Other measures may be used throughout the course of training.
- Provide psychological assessments to team as needed.
- Provide psychotherapy to 4-10 veterans per week.
 - Use Cognitive Processing Therapy (CPT) and / or Prolonged Exposure (PE) treatment modality for at least two veterans.
 - Due to length of protocol with evidence-based psychotherapy (EBP) opportunities, the intern 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. The intern 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 the 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.
- Present current PTSD related journal article to 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.

Recommended readings:

Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences*. New York, NY: Oxford University Press.

Najavits, L. M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. New York, NY: Guilford Press.

Resick, P. A., Monson, C. M., & Chard, K. M. (2017). *Cognitive processing therapy for PTSD*. New York, NY: Guilford Press.

Rothbaum, B. O., Foa, E. B., & Hembree, E. A. (2007). *Reclaiming your life from a traumatic experience*. New York, NY: Oxford University Press.

POSTTRAUMATIC STRESS CBOC/TELEHEALTH FOCUS Major Rotation

Possible supervisor(s) include: Desiree Howard, PsyD and Kari Leiting, PhD

Duration: 4 months during the 1st, 2nd, or 3rd rotation.

Supervision: Two hours weekly individual supervision, 1-2 hours weekly Behavioral Health Interdisciplinary Program team meeting.

Description: Technology is expanding the ways in which VA psychologists may reach out to veterans with mental health needs. Additionally, community-based outpatient clinics (CBOCs) provide outpatient mental health care to veterans located in more rural settings. The purpose of this training opportunity is to increase patient access to specialty mental health care in rural and underserved areas, and to reduce the number of miles that patients must travel to receive mental health services.

This training rotation offers the intern the experience of utilizing secure videoconferencing technology to provide services for veterans who live in a predominantly rural area and working in a CBOC as available. The intern will provide telehealth services to that clinic from the Sioux Falls VA 1-2 days per week and may travel to a CBOC one day per week as available. This experience will help the intern develop the skills in coordinating services and care with other professionals in VA mental health and in the community. The intern will gain knowledge and abilities providing telehealth services through a CBOC (supervision would be provided on-site). 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.

The emphasis of this experience will include comprehensive PTSD intake evaluations, treatment planning, and provision of individual evidence-based treatment for PTSD. The patient population is comprised of male and female veterans from all war eras. Veterans often have complex histories and symptom presentations, which gives the intern the opportunity to refine differential diagnosis skills and gain experience with treatment planning that best meets the veteran's needs / readiness level and stage of recovery. The intern will gain exposure to EBPs for PTSD (CPT, PE), as well as therapeutic techniques relevant to this subpopulation (e.g., present-centered, time-limited therapy geared toward developing coping skills). Opportunities are available for individual therapy and to observe and co-lead groups at the Sioux Falls VA for this population of veterans such as Seeking Safety.

Responsibilities: Will vary depending on training goals, trainee experience, and availability of services. Responsibilities will be coordinated with the rotation supervisor. Options include:

- Provide specialized interventions (e.g., evidence-based therapies).
- Utilize telehealth technology to provide patient care.
- 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.
- Make appropriate referrals to other disciplines as necessary.
- Enhance case formulation and treatment through recommended readings, supervision discussions, and application to therapy cases.

Recommended readings:

See Posttraumatic Stress rotation syllabus.

PRIMARY CARE MENTAL HEALTH (PCMHI) Major Rotation

Possible supervisor(s) include: Kari Leiting, PhD, and Megan McBratney, PsyD

Duration: 4 months during the 1st, 2nd, or 3rd rotation.

Supervision: Two hours weekly individual supervision, one-hour weekly treatment team consultation meeting.

Description: The emphasis of this rotation is on the provision of brief evaluation and intervention to outpatients who are identified as needing psychological assistance by their primary care providers. Thus, the intern will utilize brief assessment and therapy modalities which may assist the provider in managing or improving the patient’s overall medical outcomes. The intern will develop the knowledge and abilities required to provide integrated psychological services within interdisciplinary medical treatment teams, or Patient Aligned Care Team (PACT). The intern will work alongside staff in the Primary Care clinic and are available for walk-ins, emergency consultation, and scheduled patients. Interns will become familiar with common medical terminology and will become proficient in reviewing medical records for information relevant to their clinical role. Interns will learn to document and verbalize their findings and recommendations succinctly to accommodate a high volume and frequency of patient encounters inherent in integrated primary care. Referrals may be related to psychosocial stress, suicide risk assessments, adjustment difficulties, grief, decrease in medical compliance, mood issues, substance misuse, sleep problems, pain management, or other stressor and / or lifestyle-related problems. Several comorbid conditions frequently are seen.

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

- 2-10 mental health triages / initial evaluations per week.
- Brief individual psychotherapy.
- Mental health crisis management.
- Completing suicide risk assessments and safety plans.
- Utilizing supervision / consultation as questions arise.
- Making appropriate referrals to specialty programs.
- Reading articles published on PCMHI as assigned.
- Shadowing other members of the interdisciplinary team, as can be arranged.
- Attending one weekly PACT team meeting.
- Collaborating with Primary Care psychiatry and social work.
- Attending 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.
- Participating in elements of program development.
- Participating in shared medical appointments as available.
- Attending PCMHI annual training as available.
- Option to attend PCMHI VISN training to obtain initial PCMHI certification.

Recommended reading:

Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2016). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* (2nd ed). Washington, DC: American Psychological Association

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, supervision (group and individual) 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, neuropsychology, 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.

Scheduled didactics for the 2019-2020 training year:

How to be Successful on Internship

Suicide Prevention

Military Culture

Veteran's Court

Cognitive Processing Therapy

Neuropsychology Testing

CAPS-5

Cognitive Behavioral Therapy for Depression

Prolonged Exposure

PTSD Assessment

Psychopharmacology

Group Therapy

Cognitive Behavioral Therapy for Chronic Pain

Military Sexual Trauma

Couples Therapy

Cognitive Behavioral Therapy for Insomnia

Women's Health

PTSD Didactic Series (Vtel series through the Minneapolis VA)

Acceptance and Commitment Therapy for Chronic Pain

Acceptance and Commitment Therapy for Depression

Primary Care Mental Health Integration

Postdoctoral Planning

Inpatient Medical Psychology

DBT and STAIR

Additional Approaches to CBT

Motivational Interviewing

Supervision

Impact of Rural Characteristics on Mental and Physical Healthcare

Challenging Clinical Situations Panel

Interpersonal Psychotherapy

Evidence-Based Treatments for Persons with Psychotic-Spectrum Disorders

Legal and Professional Considerations

VA Research: Projects and Processes

The Ins/Outs of Private Practice
LGBTQIA & Military Service
Hospice and Palliative Care
Mindfulness Based Relapse Prevention
EPPP and Licensure
Diversity in the Workplace
Program Development and Program Evaluation
Toxic Chemical Exposure
Moral Injury
CBOC Psychologist Experience
Polytrauma Clinic
Acceptance and Commitment Therapy for Problem Anger
Home Based Primary Care Psychology
Substance Use Disorders: Assessment and Treatment
Consultation at the Vet Center

*Additional didactic opportunities will come up throughout the year. The above schedule is subject to change.

Diversity Experiences and Diversity Workgroup

Although the patient population at the SFVAHCS is predominantly Caucasian and male, there are other populations that are served well. Ethnic minority groups represented in the patient population include African American, American Indian, Hispanic/Latino, and Asian. There are patients who identify as gay, lesbian, bisexual, transgendered, and nonbinary. The women Veteran population is increasing and services specifically for treatment and preventative care for women is a focus at our VA. There are training opportunities to work with Veterans with TBI, amputation, visual and hearing loss, and neuromuscular disorders, as well as with elderly Veterans. The internship supervisors promote learning about diverse practices. We recognize all interns are different and arrive to internship with different experiences and strengths. Several psychologists participate in the diversity workgroup (see next paragraph), participate within diverse organizations, and seek diversity trainings to remain consistent in providing a supportive and encouraging learning environment and supervision with diverse viewpoints. Commitment by supervisors, to include discussion and examination of diversity issues in supervision, is reviewed in internship committee meetings. During the orientation period, the Training Director provides journal articles and guidelines about working with diverse individuals in therapy and assessment to interns. Interns are helped to navigate gaining competency in diversity through experiential practices. Our program also has diversity seminars that focus on cultural and individual differences and diversity, including but not limited to gender identity, gender, and culture.

To ensure the interns are prepared to navigate cultural and individual differences in research and practice, our internship training program has a diversity workgroup that offers one way to oversee, encourage, and support the training environment for our diverse interns. The diversity workgroup is comprised of several psychologists and other ancillary staff, and our interns are an important part of the diversity workgroup. While the overall aim of the workgroup remains the same each year, to assist training culturally proficient psychologists, the task(s) of the diversity workgroup 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 complete a diversity-related project, which typically includes skills in research, administration, program development, action planning, interdisciplinary collaboration, and interpersonal communication / presentation. More specifically, the interns will essentially review current issues of diversity, select a topic meaningful to their interests, and design a study, carry out data collection, and disseminate results in a clinically meaningful way. Other projects may arise as the year progresses depending on goals and opportunities.

Journal Reading Group

Interns and training committee members will meet every other month except December to discuss a preselected scholarly journal article on a topic relevant to the internship. Topics may include evidence-based psychotherapy, diversity issues, and supervision. 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.

Case Presentations

Case presentations are structured, formal presentations designed to allow interns an opportunity to practice and demonstrate to training supervisors their 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. Feedback is provided to interns individually. Presentation objectives and process of evaluation will be provided to the intern during orientation via the Psychology Intern Handbook.

Supervision

The Sioux Falls VA staff appreciate our interns by acknowledging they have had different experiences, in taking the time to get to know them during the orientation period and beyond, not “throwing” interns into clinical work before undergoing an orientation period, individualizing training plans, and ensuring intern awareness of the internship requirements and expectations. Via bi-weekly meetings, the Training Director checks in with interns regarding new experiences, connecting with the VA, professional development, and local culture. The Sioux Falls VA staff also recognize that interns are not inexpensive labor but are valued members of the team balancing a variety of various duties. As a result, supervisory staff set aside time weekly to meet with interns under their supervision. Supervisors and the training directors have an “open door” policy, and our interns often take advantage of that resource for unscheduled consultation. Our supervisors really want our interns to succeed. Supervisors balance providing support and oversight with being one step ahead of the interns’ development to create space for the intern to experience and grow. Supervisors start their rotations, and especially the year, with a hands-on approach, and with extra supervision and discussion. Toward the end of the rotation and/or year, it is expected that the intern comes to supervision with the agenda to guide discussion, including areas in which they have specific interest. Each intern will have a mentor, who serves as a non-evaluative advisor throughout the year. Overall, a minimum of 200 hours of supervision (a combination of group and individual) will be provided.

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 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.

The Psychology Training Staff

Emily Blegen, Psy.D.

Minnesota School of Professional Psychology, 2014

Director, Psychology Internship Training

Staff Psychologist, Assessment

Dr. Blegen is a neuropsychologist and Internship Training Director. She continued at the Sioux Falls VA following her completion of internship training at the Sioux Falls VA. Her primary responsibilities are completing outpatient and inpatient neuropsychological evaluations. She serves as a clinical member on the Vocational Rehabilitation Committee. She additionally provides coordination for and supervision of university practicums in neuropsychology assessment at the Sioux Falls VA. She has on and off supervised intern and graduate psychologist clinical training in inpatient group therapy, outpatient SMI individual and group therapy, and in marital therapy, as she received her master's degree from Pepperdine University in marriage and family therapy with a focus on group therapy for schizophrenia. From a clinical and research perspective, she is interested in effects of toxic chemical exposure and dementia in rural populations. In her free time, she enjoys hockey and spending time with her family in the outdoors.

Miranda Campbell, Ph.D.

University of Illinois at Chicago, 2015

Staff Psychologist, HBPC and CLC

Dr. Campbell is currently a staff psychologist providing services to Veterans in the Home-Based Primary Care program and the Community Living Center. She graduated from the University of Illinois at Chicago following completion of her doctoral internship at the Edward Hines, Jr. VA Hospital. Her primary clinical role involves providing evidence-based psychotherapy to Veterans with chronic medical conditions and providing consultative services to interdisciplinary medical team members. Dr. Campbell has a background in cognitive-behavioral interventions, but also frequently uses motivational interviewing as well as ACT. Her clinical and research passions are broadly in the areas of rehabilitation psychology and geropsychology, with some specific interests in the areas of biological psychology, mindfulness-based interventions, and coping with chronic medical conditions. She serves on the Women Veteran's Advisory Committee and Psychology Internship Training Committee, including the Diversity Training Committee. In Dr. Campbell's free time, she enjoys listening to live music, playing various instruments, watching the Iowa Hawkeyes, hiking, baking, and spending time with her family and dog, Darwin.

Desiree Howard, Psy.D.
California Lutheran University, 2017
Staff Psychologist, Outpatient Mental Health and Polytrauma

Dr. Howard is currently a staff psychologist in the Outpatient Mental Health Clinic and the Polytrauma Clinic. She graduated from California Lutheran University in 2017 after completing internship at the Sioux Falls VA Health Care System. The majority of her clinical caseload focuses on treating PTSD by providing evidenced based treatments, including Cognitive Processing Therapy and Prolonged Exposure. The basis of her interest in exposure treatments stems from early training experiences in Exposure and Response Prevention for OCD, which continues to be an area of passion. Dr. Howard primarily works from a cognitive-behavioral approach and commonly provides treatment to Veterans who struggle with depressive and anxiety disorders. In addition, she has been trained in Dialectical Behavioral Therapy and currently facilitates the Emotion Regulation Group, strongly modeled after DBT Skills Training. She is a member of the Polytrauma Interdisciplinary Team, providing assessment and treatment recommendations for those with polytrauma injuries. She is passionate about providing supervision and training experiences to interns on the PTSD and Group Psychotherapy rotations. She serves on the Psychology Internship Training Committee and the Behavioral Health Interdisciplinary Committee (BHIP). As a transplant from California, in her free time she greatly enjoys being active and outdoors as much as possible, including going on hikes, boating, swimming, or exercising.

Kari Leiting, Ph.D.
University of New Mexico, 2016
Assistant Director, Psychology Internship Training
Staff Psychologist, Posttraumatic Stress Clinic
Cognitive Processing Therapy Regional Trainer

Dr. Leiting received her doctoral degree from the University of New Mexico in 2016 after completing her doctoral internship at the Cincinnati VA Medical Center. She received focused training in graduate school about treatment for anxiety and trauma-related disorders. Trauma has been a passion since early graduate school, and she sought clinical and research opportunities to expand training with populations who have experienced trauma including sexual assault on college campuses and Veterans who have experienced combat and / or non-combat related trauma. She joined the Sioux Falls VA in 2016. Her primary role at the Sioux Falls VA is working with Veterans who have experienced trauma and exhibit PTSD or trauma / stressor related symptoms. She serves on the Psychology Internship Training Committee, including the Diversity Training Committee. She is the Assistant Director of the psychology internship. She supervises interns on the PTSD rotation, with a strong emphasis on provision of culturally competent, evidence-based psychotherapy services. She is formally trained in Cognitive Processing Therapy (Dr. Leiting is a CPT Regional Trainer), Prolonged Exposure, Motivational Interviewing, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for anxiety, Mindfulness Based Relapse Prevention, and Seeking Safety. She is a clinical member of the Behavioral

Health Interdisciplinary Committee (BHIP). Dr. Leiting enjoys spending her free time working on puzzles, reading, and attempting to keep plants alive.

Erik Lohmann, Psy.D.

Regent University, 2016

Staff Psychologist, Outpatient Mental Health

Dr. Lohmann interned at the Sioux Falls VA Health Care System, and he returned to the team after being part of a group private practice where he provided outpatient psychotherapy for couples and individuals and completed diagnostic and forensic assessments. His current duties primarily consist of leading CBT groups for inpatient and outpatient settings, providing outpatient psychotherapy for couples and individuals (CBT, IPT, IBCT, CBCT for PTSD, and CPT), serving on one of the Behavioral Health Interdisciplinary Program (BHIP) teams, and membership on the Psychology Internship Training Committee. When not working, Dr. Lohmann is spending time riding / running on the local bike trail, spending time with his spouse or his friends, or chasing his two children.

Erin Murtha-Berg, Ph.D.

University of North Dakota, 2017

Coordinator, Local Evidence-Based Psychotherapy

Staff Psychologist, Outpatient Mental Health

Dr. Murtha-Berg interned at the Fargo VA Health Care System prior to earning her doctoral degree from the University of North Dakota. She is currently a staff psychologist in the outpatient mental health clinic and serves as the Local Evidence-Based Psychotherapy (LEBP) coordinator. She is passionate about providing psychotherapies that are supported by research and that help Veterans make meaningful change in their lives. Clinically, her interests are generalist in nature and include treatments for depression, anxiety, and trauma. She provides a variety of individual and group EBPs including but not limited to ACT for depression and anxiety, CBT, CPT, and MI. In her role as LEBP coordinator, she engages in administrative tasks that support implementation of EBPs for mental health and behavioral conditions at our facility. She is also a clinical member of the Behavioral Health Interdisciplinary Program (BHIP) team. Dr. Murtha-Berg is active in internship training as well, serving on the Psychology Internship Training Committee and supervising the General Mental Health rotation. She enjoys sampling local restaurants and coffee shops, reading non-fiction, and spending time with her family, including a beagle and corgi

Summer Nelson, Ph.D.

University of Tulsa, 2013

Supervisor, Outpatient Mental Health Psychology

Staff Psychologist

Dr. Nelson completed her predoctoral internship training at the Salem VA Medical Center in Salem, Virginia before earning her doctoral degree from the University of Tulsa. In her current position as the Outpatient Mental Health Psychology Supervisor, she supervises psychologists and social workers

within several outpatient programs at the Sioux Falls VA and surrounding CBOCs. Specifically, she has program oversight of all psychotherapy services, Primary Care Mental Health Integration (PCMHI), the Suicide Prevention Program, and the Behavioral Health Interdisciplinary Program (BHIP) teams. Her current role is primarily administrative, though she has expertise in treatment for PTSD, including CPT, PE, and STAIR, and Military Sexual Trauma, previously serving as the local MST coordinator. Additional clinical interest areas include measurement-based care and personality disorders. She serves on the Employee Threat Assessment Team, Medical Records Committee, and Psychology Internship Training Committee. In her free time, she enjoys getting outside with her family and her dog, Steamboat. She also loves to knit (“badly” per her assessment), cook, and read.

Amanda Vander Lugt, Ph.D.

University of North Texas, 2011

Chair, Pain Committee

Co-Chair, Health Promotion Disease Prevention Committee

Staff Psychologist, Extended Care & Rehabilitation

Dr. Vander Lugt obtained her degree from the University of North Texas after completing her internship at the VA Maine HealthCare System. Her primary role at the Sioux Falls VA is as a Pain Psychologist and Health Behavior Coordinator. Her clinical passion is helping Veterans reconnect with or find a full and meaningful life. She is the Chair of the Pain Committee, Co-Chair of the Health Promotion Disease Committee, and member of the Psychology Internship Training Committee. Primary clinical and research expertise includes Acceptance and Commitment Therapy, chronic pain, continuum of care issues, rehabilitation, effective communication, Motivational Interviewing, and program development / research. In her free time, she loves the outdoors and teaching her two young children about the Earth.

Edwin Yerka, Ph.D.

California School of Professional Psychology, San Diego, 1999

Staff Psychologist, Spirit Lake CBOC

Dr. Yerka completed his APA accredited internship training at Pacific Clinics in Santa Fe Springs, California. He is a staff psychologist at the Spirit Lake CBOC with 60% of time doing telehealth. His primary clinical and research interests include Acceptance and Commitment Therapy and other mindfulness-based psychotherapies, CBT, anxiety, depressive disorder, addictive behaviors, Cognitive Processing Therapy for PTSD, couple’s therapy, behavioral health integration, telehealth psychology, and forensics. He serves on the Psychology Internship Training Committee. Dr. Yerka in his free time enjoys being active with golfing, racquetball, traveling, camping, and volunteering in his community.

ADDITIONAL PSYCHOLOGY STAFF (GRADUATE PSYCHOLOGISTS NOT YET LICENSED)

Megan McBratney, Psy.D.

Azusa Pacific University, 2018

Graduate Psychologist, Facility Lead for Primary Care Mental Health Integration

Dr. McBratney completed her predoctoral internship at the VA Black Hills Healthcare System before earning her doctoral degree from Azusa Pacific University. She provides brief individual therapy within the primary care setting, utilizing a cognitive-behavioral approach and mindfulness practice in addition to crisis assessment and intervention. She works in collaboration with primary care providers and receives referrals for walk-in services from all over the hospital. She is a member of several committees to include Health Promotion Disease Prevention committee, PACT steering, and the Psychology Internship Training Committee. She enjoys spending her free time outdoors either running, cycling, or hiking with her dog.