**VA Nebraska-Western Iowa Health Care System**

# Doctoral Internship in Clinical Psychology

“Excellent Generalist” Rural Focus

**Note:** For the standardized APA-required summary of the four NWI Internship training tracks, admission criteria, financial support and benefits, plus a summary table outlining initial graduate placements (post doc and jobs) please see the following link:

[Appendix A: Internship Admissions, Support, and Initial Placement Data](#_Appendix_E:_)

See also: [Table of Content Links](#_Table_of_Content).

**Application Due Date: 11/12/18**

**MATCH Numbers:**

**Track 221713 – “NWI – Rotation Based – Grand Island VA”**

**Track 221714 – “NWI – Rotation Based – Lincoln VA”**

**Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC”**

# Accreditation Status

The Doctoral Internship in Clinical Psychology Program of the VA Nebraska-Western Iowa Healthcare System (NWI) is designated as “Accredited” by the APA Commission on Accreditation with our next site visit in 2021. See the APA webpages for more details:

<http://www.apa.org/ed/accreditation/about/about-accreditation.aspx?item=2>

<http://www.apa.org/ed/accreditation/about/coa/decoding.aspx>

Questions related to the program’s accredited status should be directed to the Commission on Accreditation.

***APA’s Commission on Accreditation:***

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 2002

Phone: (202) 336-5979/e-mail: apaaccred@apa.org

Web: <http://www.apa.org/ed/accreditation>

# Three Training Sites: One Unified Internship

For the convenience of the reader, information about the three training tracks (and a fourth potential track), are available via embedded links throughout this brochure, including: [Table of Content Links](#_Table_of_Content) (located at the end of the brochure), as well as information about [Shared Attributes of Training Across Training Sites](#_Shared_Attributes_of_1), and [Site-Specific Training Experiences](#_Site-Specific_Training_Experiences_1).

A map depicting the relative locations of the four training sites can be found at: [NWI Facilities/Training Site Information](#_NWI_Facilities/Training_Site_1). Pictures and links to information about each training site follow:

Pictures of 4 VA facilities where Nebraska- Western Iowa internship training takes plance

[Grand Island VA](#_Grand_Island_VA_1)

[Lincoln VA](#_Lincoln_VA_2)

(if funded)

[Omaha VA Medical Center](#_Omaha_VA_Medical) (\*)

[Norfolk CBOC](#_Norfolk_CBOC)

(\*) Note: A potential fourth training track is described but not in as much detail. The Omaha VAMC training site may or may not be continuing pending funding decisions from the VA’s national Office of Academic Affiliations (OAA) in the DC/Virginia area. A single Internship position was funded on a temporary basis for the 2018-19 training year with no guarantee of continuing funding. However, VA NWI has not been informed by the national OAA whether or not funding will continue into the 2019-20 training year. We hope the Omaha VAMC training site will continue, but this is out of our hands. We will let the applicant pool know as soon as we know through the “Match News” process. Until then, this brochure will include only limited information about the potential Omaha position.

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# Application & Selection Procedures

## Eligibility

The 2019-20 Internship training year is a one-year and one-day appointment from Sunday August 18th, 2019 through Sunday, August 16th, 2020. Unless otherwise instructed, eligible Interns must be able to follow an 08:00 AM to 4:30 PM work schedule M-F, and be physically present on site on the first business day (**Monday, August 19, 2019)** and on the final business day (**Friday, August 14, 2020)** as well as throughout the full 52-weeks per APA accreditation (and some state licensing) requirements (see [Training year defined)](#_Training_year_defined:).

Internship applicants must meet the following criteria to be considered for the VA NWI Doctoral Internship in Clinical Psychology Program:

1. **Doctoral student in good standing** 
   1. in an APA-accredited graduate program in psychology or
   2. in an APA approved re-specialization training program in Clinical or Counseling Psychology
2. **Approved for Internship** status by graduate program director of training
3. A **minimum of 250 direct intervention hours** and a **minimum of 25 direct assessment hours** of supervised graduate level pre-internship practicum experience
4. **U.S. citizenship.** All Interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA will not consider applications from anyone who is not currently a U.S. citizen
5. Match results and selection decisions are contingent upon passing these screens:
   1. Male applicants born after 12/31/1959 must have registered for the draft by age 26; the Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed
   2. Matched Interns are subject to fingerprinting and background checks
   3. Understanding starting and continuation in position is subject to passing random drug screening

**Note:** After Internship, to be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an APA-accredited graduate program in psychology AND must have completed an APA-accredited Internship in Psychology, with the specialty area of the degree consistent with the assignment for which the applicants is to be employed.  The only exception is for those who complete a new VA Internship that is not yet accredited (such as the VA NWI Internship described herein); please note, this exception does not apply to other federal psychology positions.

Internship applicants must meet the following criteria to be considered for the VA NWI Doctoral Internship in Clinical Psychology Program:

All coursework required for the doctoral degree, including qualifying and comprehensive examinations, must be completed prior to the start of the Internship year. Applicants must have successfully proposed their dissertation by the Internship application deadline**. We prefer candidates whose doctoral dissertations will be complete by the time the Internship year begins, although this is not required.**

Note: A CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING are required to become a VA Intern or VA postdoctoral fellow. Please do not apply if you cannot meet these criteria.

After receipt of the initial application package all communication will be accomplished via the e-mail address provided on the APPIC application unless otherwise specified. Applicants who have been selected during the uniform notification period will need to complete a Standard Form 171 for the appointment to be processed; although this is an application for Federal employment, Interns are “trainees” and receive stipends rather than hourly wages.

All new VA employees and trainees are subject to background checks and a random drug screen during their orientation period, and possibly at intervals thereafter. Due to a significant time delay between completion of criminal background checks and the start of the Internship year, Interns will be instructed to begin the procedure for completing paperwork for the background check process around 4 months prior to the beginning of the training year. Drug screens are not expected prior to the start of the Internship year; however, Interns are included in the random selection for drug screening during their appointment, and are expected to satisfactorily complete the background check and random drug screen to maintain their appointment.

**Federal employment / trainee positions (including VA Internship Match selection and subsequent appointment as an Intern trainee) is conditional upon successful completion of required fingerprinting and background check, and random drug screen, in addition to the other requirements listed in this brochure. Fingerprinting is sent to the FBI as part of the background check. Fingerprinting is time sensitive and must be completed within 90 days prior to the issuance of the PIV card (Homeland Security ‘personal identification verification” card that is required for VA computer access). The PIV card is scheduled to be issued during the first week of the Internship.**

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## Application Procedures

Applications are due on or before 10:59 PM Central Standard Time (11:59 PM Eastern Standard Time) on **Monday, November 12th, 2018**. We rely on the APPIC portal for all application materials. Applicants are required to submit: 1) a completed APPI; 2) three letters of recommendation; 3) two sample assessment reports at least one of which must include WAIS-IV and at least one of which must include personality assessment using either a current version of the MMPI (MMPI-2 or MMPI-RF) or PAI, with or without other assessment measures; 4) a current Curriculum Vitae; and 5) transcripts from all graduate programs attended.

All applicants must submit the APPIC Application for Doctoral Internship in Clinical Psychology (AAPI) as per APPIC procedures, as well as graduate transcripts and letters of recommendation.

Applicants must have administered, scored and interpreted at least five integrated reports using psychological assessment batteries using the WAIS-IV, and either the MMPI-2 (or MMPI-RF) or PAI, in addition to any other neuropsychological assessment instruments, and must have written the accompanying reports by time of application. Applicants are asked to submit two de-identified integrated assessment reports through the APPIC portal. A report written for an assessment course may fulfill one of the minimum number of reports required but should **not** be included as either of the two de-identified sample assessment reports submitted through the APPIC portal. Applicants with a greater number of integrated assessment reports over the minimum required will be given priority in selection for interviews, although this is not the only factor.

Clinical work samples must be submitted through the APPIC portal and must be de-identified of client or patient identifying information.

The Internship will consider information only through the APPIC portal; please do not send any application materials directly to the Internship. Application materials will be reviewed upon receipt through the portal.

**ALL APPLICATION MATERIALS MUST BE RECEIVED BY 11:59 PM EASTERNL STANDARD TIME (10:59 PM Central Standard Time) ON MONDAY, NOVEMBER 30th, 2018.**

If you have questions about the application process, please contact the Acting Training Director:

Dr. A. Jocelyn Ritchie at [Jocelyn.Ritchie@va.gov](mailto:Jocelyn.Ritchie@va.gov).

The initial review of the total applicant pool will begin as applications are received and continue until interviews are arranged.

## Selection and Interviews

Applicants may choose to apply to one, two, or all of the training tracks. Applications are reviewed by the entire NWI training committee. There is a single interview process conducted by representatives from each of the four training sites, after which applicants who have interviewed rank (and are ranked by) each track separately.

The four training tracks are outlined below and described in greater detail in the following links:

[Shared Attributes of Training Across Training Sites:](#_Shared_Attributes_of)

[Site-Specific Training Experiences](#_Site-Specific_Training_Experiences)

[Grand Island VA](#_Grand_Island_VA_1)

[Lincoln VA](#_Lincoln_VA_2)

[Norfolk CBOC](#_Norfolk_CBOC)

Omaha VAMC

See also [Table of Content Links](#_Table_of_Content)

Outline of training tracks:

1. **Track 221713 – “NWI – Rotation Based – Grand Island VA”**
2. **Track 221714 – “NWI – Rotation Based – Lincoln VA”**
3. **Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC”**
4. Track 221711 – “NWI – Rotation Based – Rural Outpt Emphasis Omaha” (if funded)
5. **Track 221713 – “NWI – Rotation Based – Grand Island VA” Track – Grand Island, NE**

The VA NWI Doctoral Internship in Clinical Psychology “Grand Island - Rotation Based” Track (221713) has three (3) Intern slots for the 2019-20 Internship year, based at the Grand Island VA. The Grand Island VA no longer has inpatient treatment settings but continues to have residential nursing home and residential substance abuse treatment settings, as well as being a very large outpatient facility (akin to a “Super-CBOC”).

This training setting has three primary clinical rotations: General Mental Health, Primary Care Mental Health Integration, and PTSD, as well as a year-long Assessment Clinic. See below for further details on how this training track provides roughly equivalent training as the other training sites, as well as the differences across training sites.

1. **Track 221714 – “NWI – Rotation Based – Lincoln VA” Track – Lincoln, NE**

The VA NWI Doctoral Internship in Clinical Psychology “Lincoln - Rotation Based” Track (221714) has three (3) Intern slots for the 2019-20 Internship year based at the Lincoln VA. The Lincoln VA is a former hospital setting which was converted in the 1990’s into a very large community-based outpatient clinic (aka “Super-CBOC”).

This training setting has three primary clinical rotations: General Mental Health, Primary Care Mental Health Integration, and PTSD, as well as a year-long Assessment Clinic. See below for further details on how this training track provides roughly equivalent training as the other training sites, as well as the differences across training sites.

**Re Norfolk and Omaha Tracks:**

1. **Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC”**
2. **Track 221711 – “NWI – Rotation Based – Rural Outpt Emphasis Omaha” (if funded)**

**Please Note:**

In reading the descriptions throughout this brochure, applicants to the Norfolk-based internship position (and the Omaha-based position if funded) can loosely apply the content contained in the descriptions of the three “Primary Rotation” in Grand Island and Lincoln to many of the aspects of their year-long clinical training experience. Note that the Norfolk-based and Omaha-based Interns train towards the same types of overall competencies as Interns in the other three tracks. At the same time, the term “rotation” may be applied to the Norfolk-based Intern to demark three 4-month periods for the purpose of trainee evaluations, setting and assessing progress towards individualized training goals, etc. The first Intern was accepted into the Norfolk CBOC track in the 2015-16 training year. As a relatively new training experience, some of the details about the placement evolved across the 2015-16 and 2016-17 training years, and may be expected to continue to evolve; any such changes will be described in greater specificity at the time of the interviews. This type of evolution is also expected for the Omaha placement.

1. **Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC” Track:**

The VA NWI Doctoral Internship in Clinical Psychology “NWI – NO Rotations – Rural Norfolk CBOC” Track (221715) has a single (1) Intern slot for the 2019-20 Internship year, based at the smaller, more typically sized, rural “Community Based Outpatient Clinic” (aka “CBOC”) in Norfolk, NE.

The “Rural Norfolk NE/No Rotations” training setting does **not** have separate rotations. The trainee meets the same competencies as in the other tracks through alternate means. The Norfolk training site is based in Primary Care and includes experiences typical of a more traditional Primary Care Mental Health Integration rotation as described for the other training tracks. As this is a rural CBOC, the Norfolk-based Intern may also expect to have many similar training experiences from the other rotations described for the Lincoln and Grand Island training sites (e.g., PTSD, etc.). These will become available at various times across the Internship year as patients’ needs dictate rather than within the confines of the formal rotations described for the other training sites.

Although there is a single licensed supervising psychologist (Pam Hannappel, PhD) on site, the Norfolk-based Intern has additional exposure to other NWI supervisors as described in greater detail below. The supervising psychologist and Intern at the Norfolk CBOC address all types of client presentations across general mental health, PTSD, and neurocognitive issues all from within a primary care setting; in other words, the Intern may expect to see “anyone who steps in the door,” which is typical of a generalist rural practice.

4) **Track 221711 – “NWI – Rotation Based – Rural Outpt Emphasis Omaha” (if funded)**

The VA NWI Doctoral Internship in Clinical Psychology “NWI—Rotation Based – Rural Outpt Emphasis Omaha” Track (221711) was temporarily funded to have a single (1) intern slot for the 2018-19 training year. **If funded** for the 2019-20 training year, we will announce this through “Match News.” If funded, the single Omaha-based intern will be based at VA NWI’s largest facility, the Omaha VA Medical Center.

If funded, The Omaha training track (if funded for an additional year) represents a hybrid of the other training tracks. The Omaha-based Intern has GMH experience across the training year, under a single supervisor, and two or more smaller rotations in PTSD, OCMHI and other areas determined by the Intern’s individualized training plan. All Interns participate in a year-long Assessment Clinic (eight hours per week). The Omaha-based trainee meets the same competencies as in the other training tracks through alternate means. See below for further details on how this training track provides roughly equivalent training as the other training sites, as well as the differences across training sites.

The 2018-19 training year is the first year this training site is funded, so some changes are likely to occur across the 2018-19 training year that can be described at the time of the interview. It is expected that the Omaha-based intern (if funded) will experience a hybrid of what happens in Norfolk (with one GMH ‘rotation’ across the entire year) and some optional rotations, similar to what happens in Grand Island and Lincoln but maybe for fewer hours per week.

Regarding the year-long GMH rotation, the Omaha-based Intern will have one primary supervisor, Ronn Johnson, PhD ABPP, who is a highly experienced psychologist and supervisor. At the current time, it is planned that the Omaha-based Intern will have some experiences in PTSD (including CPT training) in the fall. This will be followed by a PCMHI minor rotation added for 8 hours in the spring and summer (off-set by reducing hours elsewhere).  There will also be options for “electives” for additional experiences.

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## Interview Process

The NWI Doctoral Internship in Clinical Psychology has been a member of APPIC since July 2013. All VA Psychology Internship Programs agree to follow APPIC and the National Matching Service’s policies and procedures regarding internship selection and the Match process. No person at VA Internship Programs will solicit, accept, or use any ranking-related information from any Intern applicant.

Applicants will be notified via email whether they have been offered an on-site interview. Applicants for all four tracks will be interviewed within the same two- or three-day period. Interviews are conducted by a panel of supervisors representing each of the training site. Applicants may apply for any or all of the training tracks. Applicants get one interview which includes representatives from each training site. Applicants ranking each training site are ranked separately by the NWI faculty.

Interns are selected based on a variety of factors, which are primarily based upon the Selection Committee’s assessment of the “best fit” between the Internship and specifics related to the training site as described below and the candidate’s prior experience, skills, and training goals. Individuals whose application packet suggests they may be a good match to our sites will be invited to an in-person interview. The NWI Doctoral Internship in Clinical Psychology participates in the APPIC Match and adheres to all policies regarding Match procedures.

“Best fit” includes a number of sometimes overlapping factors, whether for determining interviews or later Match rankings. Our mission at NWI is to provide an integrated educational approach in support of the development and maintenance of psychologists in service to Veterans who live in rural and highly rural settings. As such, we evaluate application packets for quality of performance and areas of focus. The quality of the applicant’s essays and submitted reports are also carefully reviewed. In particular, NWI considers evidence of invested interest in working with Veterans and/or those who live in rural areas or have other work, personal, or professional experience with underserved populations. NWI seeks those applicants whose experience suggests that current scientific knowledge plays an important role in their clinical practice, and who are evaluated highly in their professional recommendation letters. NWI also considers the quality of training and settings (i.e., experience with empirically supported treatments, Veterans, integrated care, and rural health).

Future competence as an “excellent generalist” professional psychologist practicing in rural America also suggests it is important for trainees to begin their Internship year with a minimum of 250 hours of psychotherapeutic intervention in a variety of practicum settings and at least 25 hours of assessment experience (and typically greater number of hours are more preferred than meeting the minimum required). Although not required, we prefer that Interns have exposure to at least one type of empirically supported/evidence based therapy, and also prefer group therapy experience with 10 or more group therapy sessions. We believe that Interns should enter their training year with a minimum of five integrated psychological assessment reports and with evidence of diagnostic interviewing skills; confidence in administering, scoring and interpreting commonly used psychological instruments (including intelligence, personality, and cognitive instruments); and capability of producing a work sample that is clearly written, demonstrates critical thinking, integrates pertinent information and provides appropriate recommendations.

“Best fit” also includes indications of self-awareness and a budding identity as a professional psychologist, as demonstrated by awareness of ethical principles, the importance of considering diversity in clinical practice, and a history of effective use of supervision. The applicant’s professional references and their essays are reviewed for indications that this area of development is present. The presence of these basic skills by incoming Interns allows for the development of professional levels of competence, as opposed to focusing on acquiring basic competence during the Internship year.

During the interview process, applicants may be asked to demonstrate they have a working knowledge of basic psychological assessment principles in part by being able to describe a generalist level of understanding of what scores such as z-scores, T-scores, scaled scores and standard scores (e.g., those, related to WAIS-IV and the MMPI &/or PAI - essentially, the measures likely to be in their sample reports), mean to psychologists. Applicants may also be asked to orally analyze a case scenario given to them on the day of interview and/or demonstrate basic writing proficiencies to briefly analyze a case.

Interviews are bi-directional, with the opportunity for staff to interview applicants about their experience and goals, and for applicants to meet staff and better understand the program and expectations for a rural internship. In addition, on-site interviewees will have the opportunity to meet with current Interns.

Applicants who are interviewed will be invited to specific interview dates and times at the discretion of the Acting Training Director. **For the 2019-20 training year, on-site interviews will likely be held on January 3rd and 4th, 2020 (and depending on the number of applicants invited to interview possibly also on January 7th)**. Applicants may be asked to rank order their preference of available interview dates, understanding that the preferred dates and times may not be available. The interview process occurs in Lincoln and begins around 08:00 AM and often extends into the mid to late afternoon.

Applicants invited for interviews are recommended to check transportation into both Lincoln and Omaha, as Omaha is 50 miles away. Applicants will be sent information about local hotels and eateries as part of the interview preparation information provided at that time.

**Applicants interview only once which is applied to any of the training tracks to which they apply. Interviews for all tracks will take place in Lincoln, with representative NWI faculty from all four sites in attendance, in addition to representation by current Interns.**

**Optional “Open-House” tours** are available and are not considered interviews and do not take the place of the interview process. These optional in-person “Open House” tour times will be determined and announced at a later date for interested interviewees, and will include times at Grand Island and the Norfolk CBOC (and if funded, the Omaha VAMC). These are typically on Wednesday and Saturday - the day before the first interviews (Grand Island VA, Norfolk CBOC, and if funded Omaha VAMC) and the day after the second interview day (Grand Island only). Again, attendance at any of the in-person “Open Houses” is optional. These will be brief (approximately one-hour max) tours in each of the Open-House sites. These are optional for a number of reasons including the unpredictability of Nebraska winter weather. There is **no “extra credit”** for attending either of these brief optional “Open-House” tours. Our intent is to give applicants invited to interview further information about the variations of wonderful opportunities available to any successfully Matched Intern stationed at various training sites. Therefore, invitations for interviews will include the specific “where, when and with whom” information for those invited interviewees who are interested in touring the Grand Island, and/or Norfolk training sites. While not guaranteed, in the past these “Open-Houses” have been scheduled to make it possible for an applicant to go to at least two “Open-House” sites over the course of the same day; in addition, they have been scheduled to increase the likelihood of being able to attend the in-person interview on one day and at least one “Open-House” on the previous or subsequent day.

**Optional teleconference “Open-Houses”** will also be scheduled to provide interested interviewees opportunities to learn more about each site and ask additional questions for which they may not have had time during the main interview. Dates for these informational teleconference calls have not yet been determined and will be held via the VA Nationwide Teleconferencing System (VANTS) in which applicants who have been invited for interviews will be given the toll-free number to call and access codes. NWI faculty will join the teleconference calls - typically the Training Director and faculty representatives from Lincoln, Grand Island, Omaha, and the Norfolk CBOC. As with the in-person “Open-Houses”, attendance at any of the audio teleconferenced “Open-Houses” is optional and offered only to applicants invited to interview. The teleconferenced “Open-Houses” tend to be scheduled a few weeks after the in-person interviews.

**Weather Note**: The in-person interview and “Open House” dates are typically in early January. Nebraska weather can be unpredictable related to snow, ice, and other hazards and is typically quite cold at this time of year. Applicants are encouraged to demonstrate good judgment by dressing appropriately for the weather (even if this means foregoing typical interview attire). For information on winter driving conditions in Nebraska, see the Nebraska State Patrol website which is frequently updated to describe current road conditions: <http://www.511.nebraska.gov/atis/html/index.html>. There is also a “511 Nebraska” smart phone app from the State Patrol that shows road conditions. Information about Grand Island, Lincoln, Norfolk, and Omaha as well as distances between the training sites are found towards the end of this brochure including a number of websites listed. See: [NWI Facilities/Training Site Information](#_NWI_Facilities/Training_Site_1) for information on distances between training sites. If invited to interview, specific directions to the interview site and the other VA Open-House locations will be provided at that time.

### Equal Opportunity / Diversity

The Department of Veterans Affairs is an Equal Opportunity Employer; even though technically Interns are not employees, all of our training programs are committed to inclusion to foster a range of diversity among our training classes. Thus, qualified applicants with a range of life experiences are encouraged to apply with consideration given to VA experience, as well as professional or personal experience with historically underrepresented groups, such as ethnic minorities, sexual orientation, and disability status.

Applicants with disabilities choosing to request reasonable accommodations to facilitate the interview process are invited to make requests in writing (preferably by email) after the invitation to interview is received and as early as possible thereafter in order to allow sufficient time to make necessary arrangements. Accommodations are individualized, and in the past have ranged from providing specific instructions on locating accessible entrances and elevators, to arranging secure V-tel interviews from a VA nearer to the applicant.

More information on VA’s emphasis on diversity at the national level can be found at:

<https://www.diversity.va.gov/>

<https://www.diversity.va.gov/council/default.aspx>

<https://www.diversity.va.gov/policy/default.aspx>

<https://www.diversity.va.gov/products/default.aspx>

The NWI Doctoral Psychology Internship has an active Multicultural Diversity Committee that Interns are welcome to join. Among other things, the Committee is in a continual process of identifying community experiences for Interns in order to augment the more formal diversity training experiences. (See: [Didactics and other experiential education](#_Didactics_and_other)

As in past years, in 2018 VA NWI again achieved that status of being a “LGBTQ Healthcare Equality Leader,” earning a 100 out of 100 rating. The HEI participants are given scores in four criteria: foundational elements of LGBTQ patient-centered care, LGBTQ Patient Services and Support, Employee Benefits and Policies and LGBTQ Patient and Community Engagement. Participants that receive the maximum score in each section earn the coveted status of *“2018 LGBTQ Healthcare Equality Leader.*” This illustrates NWI’s commitment to LGBTQ equality and inclusion. Closer to home, two of the Internship faculty participated alongside primary care providers in an VA initiative LGBTQ “Scan Echo” project to improve the experience of LGBTQ Veterans in receiving medical primary care and mental health care.

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## Match Process

The Internship adheres with all APPIC Match policies including the prohibition about communicating any 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. Other than communicating information about the Internship more generally, the only selection-related information communicated by internship staff prior to the Match deadline is whether candidates remain under consideration and the size of the applicant pool.

Applicants may rank any combination of the four training tracks, but must let the Internship know which ones they are ranking to ensure the Internship includes them in the Internship’s rankings for each track.

Additional information regarding the Match will be available through the National Matching Services.

Any other questions may be directed to the Training Director. Please note that email communication is preferred to ensure a timely response.

**Acting Training Director:** A. Jocelyn Ritchie, JD, PhD

0.6 FTE Acting Training Director, Psychology

0.4 FTE Neuropsychologist, Polytrauma Support Clinic

(Lincoln, Omaha, and occasionally Grand Island)

Mailing Address:

VA Nebraska-Western Iowa Healthcare System

600 South 70th Street

Lincoln, NE 68510

Email: Jocelyn.Ritchie@va.gov

Omaha Phone: 402-599-4000

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# Psychology Setting

Please note that the specific areas of interest and expertise of the current NWI psychologists are listed along with additional information about the four training sites are available at the following links: [Shared Attributes of Training Across Training Sites:](#_Shared_Attributes_of_1) and [NWI Facilities/Training Site Information:](#_NWI_Facilities/Training_Site)

NWI is comprised of multiple facilities. However, the NWI Doctoral Internship in Clinical Psychology training is located within four NWI facilities: three community-based outpatient Clinics (CBOCs) located in Lincoln, Grand Island, and Norfolk, and the Medical Center in Omaha.

Grand Island and Lincoln house the largest of the NWI CBOCs (“super-CBOCs” due their large patient population and array of services) and are locally referred to as the “Grand Island VA” and “Lincoln VA” respectively, as they were previously free-standing full-service VA hospitals until a merger of three systems into what is now NWI in the mid-1990’s. The Lincoln VA became wholly outpatient, whereas the Grand Island VA retained two residential programs (substance abuse 28-day treatment and a skilled nursing/hospice/respite unit).

All NWI CBOCs provide primary care services; at the larger CBOCs, other services such as pharmacy, physical therapy, and radiology are also available. Veterans needing more intensive or specialized services are typically referred to NWI’s one major medical center in Omaha or to community partners. The Omaha VA Medical Center provides inpatient services, emergency room care, and surgery/major medical procedures. The Omaha VAMC, as well as Grand Island, provide telehealth services to the smaller CBOCs.

NWI serves over 10,000 unique Veterans needing mental health or behavioral health services in any given fiscal year, with increasing numbers each year. Approximately 50% of the Veterans seeking mental health services through NWI were seen through the Omaha VAMC, approximately 24% were seen in Lincoln, 20% in Grand Island, and the rest through smaller rural and suburban facilities. NWI serves Veterans from Nebraska and parts of Western Iowa and Northern Kansas.

NWI has a wide array of services for rural and highly rural Veterans, which in turn provides a range of rich training experiences for psychology Interns interested in broad generalist training necessary for successful rural practice. The NWI Psychology Interns provide a significant portion of their services to rural Veterans – both face-to-face and, when appropriate, via telehealth. Western Iowa is primarily designated as Rural by the VA with no Highly Rural counties, whereas a significant portion of the Nebraska areas served by the four training sites are designated by the VA as Rural and Highly Rural, with many counties served by Grand Island designated as “Frontier” by some criteria.

The majority of the NWI psychologists providing clinical care to Veterans are full-time and licensed in Nebraska, with a few licensed in Nebraska plus an additional state, and fewer still licensed in states other than Nebraska. Most NWI psychologists function within the Mental Health Service Line, with three in the Extended Care and Rehabilitation Service Line, and most recently four health behavior psychologists within the new Whole Health Service Line. Five (5) psychologists are full-time at the Grand Island VA; four have been licensed for a significant number of years, and the fifth plans to be licensed by September 2018. Five (5) psychologists are at the Lincoln VA, two of whom are half-time. In addition, the psychologist recently named Director of Mental Health and Behavioral Science is mostly in Omaha but present in Lincoln on a limited basis. A single psychologist is stationed at the Norfolk CBOC and works 32 hours per week (M-Th).

The majority of NWI psychologists in Grand Island and Lincoln serve Veterans in outpatient settings (General Mental Health, PCT/PTSD Clinics, Primary Care Mental Health Integration). The exception is Grand Island, which also includes services to the residential nursing home (CLC) and residential substance abuse treatment programs. In Lincoln, the outpatient substance abuse treatment team includes a psychologist who is also a Licensed Alcohol and Drug Counselor and participates in the Substance Abuse Outpatient Treatment program, as well as General Mental Health. The local Military Sexual Trauma (MST) Coordinator in Lincoln is a psychologist whereas in Grand Island the local MST Coordinator is a highly experienced social worker who is a PTSD Specialist. Both of these clinicians work collaboratively with the lead MST Coordinator for NWI, a psychologist based in Omaha. In Grand Island there is a psychologist whose time is split between being the psychologist on the skilled nursing home (Community Living Center or CLC) and serving rural Veteran via telehealth. The mental health site supervisor for Grand Island is a psychologist and PTSD Specialist. The mental health site supervisor for Lincoln is a psychologist in Primary Care who was recently promoted from the Chief of Psychology to Chief of the Mental Health Service Line.

There are 12 psychologists stationed in Omaha four of whom have supervisory roles with the Omaha-based Intern (2018-19). The Omaha-based psychologists also provide intermittent didactic training and may agree to serve as mentor/preceptors upon request for Interns across the NWI Internship. Roles of the Omaha VAMC psychology staff include outpatient mental health, as well as being part of the following teams of providers: inpatient psychiatric unit, residential rehabilitation programs, home-based primary care, and residential substance abuse programs. If an Intern Matches to the Omaha training site, he or she will have four supervisors whose roles are primarily outpatient (Assessment, PTSD, Primary Care, and Outpatient General Mental Health).

Several psychologists within NWI have multiple roles, some of whom travel across NWI sites. The Chief of all NWI residential substance abuse programs is an Omaha-based psychologist, as is the PTSD Program Director/Evidence Based Treatment Coordinator for NWI. The NWI Health Behavior Coordinator is typically a psychologist who travels across facilities within NWI, based in the Primary Care service line. The role of the Health Behavior Coordinator consists of education to Primary Care teams as well as providing consultation and training to providers on health coaching and motivational interviewing. Duties belonging to the health behavior coordinator also include behavioral medicine group, individual, and telehealth interventions, and occasional bariatric surgery evaluations. There is a “Level 2-B” Pain Psychologist based in Omaha who travels across NWI sites to provide consultation to the Pain Management Teams at the individual sites and to train Primary Care teams more generally. There is a Recovery Specialist based in Omaha who consults to the inpatient and residential psychiatric services in Omaha and to other clinical staff across NWI involved in the care of Veterans with severe and persistent mental illnesses across the system. This psychologist travels across NWI sites, coordinating psychosocial rehabilitation options for Veterans and the training of Peer Specialists in Lincoln, Omaha and Grand Island. Finally, the Polytrauma neuropsychologist has offices in Lincoln and Omaha and intermittently uses of office space in Grand Island. Travel between sites is common to provide services as near as possible to where the Veteran lives. The Polytrauma Support Clinic is part of the Extended Care and Rehabilitation service line; regardless of service line, the Polytrauma psychologist closely collaborates with Mental Health, PCT (primary care team), and Primary Care psychologists across sites. The Polytrauma neuropsychologist is also the NWI Internship Acting Training Director.

For additional information, see links related to

* [Grand Island-based Psychology Staff:](#_Grand_Island-based_Psychology)
* [Lincoln-based Psychology Staff:](#_Lincoln-based_Psychology_Staff:)
* [Norfolk-based Psychology Staff:](#_Norfolk-based_Psychology_Staff:)
* [Omaha VAMC Psychology Staff:](#_Omaha_VAMC_Psychology)
* and, the [Preceptor Option:](#_Preceptor_Option:)

NWI psychologists employ a range of evidence-based therapies and continuing education is supported. The majority of NWI psychologists have participated in one or more evidence-based psychotherapy trainings provided by the VA. NWI psychologists who have not received at least one form of VA-sponsored evidence-based psychotherapy training are those who are not eligible under VA rules – typically due to their administrative duties or those whose VA position requires other types of training. In addition, all psychologists located in primary care have participated in specialized integrated care training through the VA.

**Please note** that the NWI Doctoral Internship in Clinical Psychology does **not** have the internal resources to provide the formal of EBP training sufficient to be “certified” within the VA after licensure. However, when opportunities arise, efforts are made to ensure Intern access if possible. See [Training Opportunities](#_Training_Opportunities_1) below for additional descriptions of opportunities that have arisen in the past. For the past few years, Interns have been trained by the VA’s regional CPT trainers who travel to Nebraska from the Minneapolis VA, which is followed by 6-months of weekly phone consultation allowing them to be “certified” by the VA in CPT once they achieve licensure. However, this type of training opportunity cannot be guaranteed. In addition, this is not available for other EBP training. More typically, training for Interns in EBPs occurs primarily through shadowing of supervisors, direct observation of Intern intervention skills, reading training manuals, supervision, and co-facilitation of groups. Even when formal (VA certification eligible) CPT training is available, these alternative methods are used for other EBPs such as CBT for Insomnia, ACT for Depression, ACT adapted for PTSD, Prolonged Exposure for PTSD, CBT for Chronic Pain, DBT, etc..

NWI has been on the forefront of providing comprehensive tele-health services to our rural Veterans, and is one of the top VAs in the nation in tele-health use. Through an encrypted telehealth system, NWI Clinicians may provide individual and group mental health services to Veterans located at the rural CBOCs, as well as to their homes. Please; note, however that at the time of this writing, our NWI Internship policy manages risk by requiring that Interns (when deemed competent to do so) may provide telehealth to a rural CBOC but only where there are sufficient safeguards, such on-site clinical staff (usually an LPN) present at the rural CBOC. Alternatively, when V-tel to home is unavoidable, at this time our policy is that a supervisor is required to sit in the room. NWI psychologists are able to conduct clinical interviews and evidence based treatments (individual and group) via telehealth, allowing for mental health services at the NWI CBOCs that do not have mental health staff stationed there (IA CBOC: Shenandoah; NE CBOCs: Bellevue, Holdrege, North Platte, and O’Neil). The goal is to have Interns begin utilizing Telehealth shortly after they have “Area Level Supervision” in face-to-face treatment in order to integrate this skillset into the training year in a meaningful way. This experience may vary across the four training sites and may depend on patient availability.

NWI psychologists and Interns are encouraged to attend live and webinar offerings provided their schedule allows. These include, for example, the national monthly PTSD treatment webinars, national Primary Care Integration webinars, etc.. Historically, NWI psychologists and/or Interns at times present at the monthly psychology meetings (with all sites linked via V-tel) presenting topics of interest and/or discussing complex cases. Psychologists from across NWI are welcome to join the Interns in their didactic series offerings, either as students learning about a new (to them) topic area or as in-room discussants. Interns also present topics to peers in other settings, including during Assessment Clinic group supervision as well as during the Interprofessional didactic series.

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# Training Model and Program Philosophy

The NWI Doctoral Internship in Clinical Psychology Training Program prepares Interns to be entry-level Professional Psychologist through a Scholar-Practitioner model. As mentioned above the program is a multi-site program, offering training at the Grand Island VA, Lincoln VA, Norfolk CBOC, and (if funded) the Omaha VAMC. At all sites the program’s training is structured within a developmental model of training, gradually increasing the sequence, intensity, duration, and frequency of experiences across the training year.

The NWI Doctoral Internship in Clinical Psychology Program strives to balance depth and breadth of experience, all focusing on learning core competency skills through providing psychological services to Veterans, primarily those living in rural areas. Interns can at times average approximately 45 hours a week to the Internship, depending on their skill sets coming into the Internship, and always recognizing that the goal of the Internship is the breadth and depth of training rather than simply time spent. Thus, the 08:00AM to 04:30PM / 40-hour per week expectation is a minimum, with the emphasis placed on the desired training and the Intern meeting basic professional and interprofessional competency expectations, rather than on the number of hours worked.

Note that Interns receive stipends and are not eligible for “comp time” engaging in training activities over 40 hours per week. The NWI Internship has chosen to define a limited procedure for time traveling outside the 8-4:30 schedule he or time entitled “equivalent time off,” which **may be** granted by the Training Director and Chief of Psychology for Interns in specific and limited circumstances, similar to, yet distinct from other forms of Authorized Absence (“AA”). See [NWI Intern Authorized Absence](#_NWI_Intern_Authorized) for details.

The primary training method is experiential (i.e., service delivery in direct contact with service recipients) across a wide range of practice areas. Interns will have a range of supervisors capable of providing training experiences in various evidence-based and evidence-supported therapies. In addition to the VA defined “Evidence Based Psychotherapies” or EBPs described above (e.g., ACT-D, CBT-D, CBT-I, CBT-CP, IBCT, IPT-D, MI/ME, PE and CBSST), psychologists also provide other evidence-supported interventions including: CBT for Tinnitus; Dialectical Behavior Therapy (DBT); Seeking Safety (for PTSD and Substance Abuse); Coping Skills for PTSD groups; Imagery Rehearsal Therapy for Nightmares; Mindfulness Based Stress Reduction (MBSR) interventions; Mindfulness-Based “Yoga for PTSD and Polytrauma” and “Yoga for Chronic Pain”, “iRest Yoga Nidra Guided Meditation”, etc. Not all of these are available at each training site and is variable regarding implementation. See [Site-Specific Training Experiences](#_Site-Specific_Training_Experiences_1) for more details.

Interns are provided supervision and mentorship with movement toward relative independence and flexibility in practice skills as the year progresses, according to the graduated levels of responsibilities policies governing VA supervision of psychology trainees. As such, Interns often shadow their supervisors early in the rotation, and depending on their level of prior training may practice with the supervisor in the room (“Room Level Supervision”) before competency determinations allow the Intern to practice under either “Area Level” or “Available Level” of supervision.

In addition to shadowing supervisors (leading to “Room Level” then “Area Level” of responsibility), co-facilitation of group therapies also provides opportunities for intensive supervision and skill acquisition. The experiential training component includes not only formal application of assessment and therapy skills, yet also socialization into the profession of psychology. The experiential training is augmented by other appropriately integrated consultative guidance. As noted above, the Internship typically relies on these types of internal training and will take advantage of any more formal training opportunities as they arise.

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# Program Aims

The overal aim of the NWI Doctoral Internship in Clinical Psychology Training Program is to develop competent, well-rounded psychologists prepared for independent practice as “excellent generalists” in rural America, preferably within the VA, consistent with the APA COA’s profession-wide competencies. Whether or not they choose to practice in rural or urban clinical environments, or go on to specialized postdoctoral training, graduates will be prepared for entry-level practice in diverse clinical environments as effective members of interprofessional collaborative teams, utilizing theoretically informed, with evidence-supported (preferably evidence-based) practices as well as the ability to think critically when addressing areas of limited research.

See also: <http://www.apa.org/ed/accreditation/>

Section C: IRs related to Standards of Accreditation: C-8 I. Profession-Wide Competencies

(Commission on Accreditation, October 2015; revised July 2017)

Training is the primary mission, with delivery of patient care as an essential vehicle through which training occurs. NWI recognizes that each Intern enters the training year with his/her unique set of prior experiences, strengths and individual training needs. Each of the three rotations in Grand Island and Lincoln (General Mental Health, Primary Care Mental Health Integration, and PTSD rotations, plus a year-long Assessment Clinic) provide Interns with written overall expectations and within each set of pre-defined expectations there is room for the Intern to plan his/her Internship experiences with the primary rotation supervisor in a manner that maximizes the Intern’s individual training goals and improves upon identified weaknesses. Although the Norfolk-based (and if funded the Omaha-based Intern) does not do not have this same type of rotation structure, they too have a set of written expectations that in many ways are consistent with the rotation expectations used in Grand Island and Lincoln and used as a foundation upon which the Intern’s individualized training goals are developed, understanding that the manner in which these goals are obtained may differ due to the unique issues of each training environment.

Although there are four training tracks, this is a unified Doctoral Internship in Clinton Psychology. Each of the training tracks teach to the same competencies across the entire year. See [Shared Attributes of Across Training Sites](#_Shared_Attributes_of_1), [Site-Specific Training Experiences](#_Site-Specific_Training_Experiences), and [Program Goals & Core Competencies](#_Core_Competencies) sections for additional details, as well as : [Appendix F: APA Commission on Accreditation Profession-Wide Competencies:](#_Appendix_F:_).

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# Shared Attributes Across Training Sites:

In addition to these brief descriptions of training requirements and opportunities shared across the four training sites, please see descriptions below of [Site-Specific Training Experiences](#_Site-Specific_Training_Experiences) for individual differences in the training available at the [Grand Island VA](#_Grand_Island_VA_1) ; [Lincoln VA](#_Lincoln_VA_1) ; [Norfolk CBOC](#_Norfolk_CBOC) ; and [Omaha VA Medical Center](#_Omaha_VA_Medical) training sites.

See the [Table of Content Links](#_Table_of_Content) at the end of the brochure for additional links. For the convenience of the reader, the following links are provided:

[Examples of Individualized Time Allocations](#_Examples_of_Individualized)

[Elective Hours and Sample Schedule Alternatives:](#_Elective_Hours_and)

[Training Opportunities](#_Training_Opportunities)

[Assessment Training](#_Assessment_Training)

[Telemental health training](#_Telemental_health_training)

[Didactics and other experiential education](#_Didactics_and_other)

[Supervision](#_Supervision_1)

[Important Caveats Regarding Future Licensure:](#_Important_Caveats_Regarding)

[Travel between training sites](#_Travel_between_training)

[Program Goals & Core Competencies.](#_Core_Competencies)

[Appendix F: APA Commission on Accreditation Profession-Wide Competencies:](#_Appendix_F:_)

[Schedules](#_Didactics)

[Requirements for Completion of the Internship](#_Stipend_and_Benefits)

[Other necessary paperwork to assist with ongoing Accreditation](#_Other_necessary_paperwork)

[Stipend and Benefits](#_Stipend_and_Benefits_1)

[Facility and Training Resources](#_Facility_and_Training_1)

## Examples of Individualized Time Allocations

The training year is divided into four parts for all Interns. All Interns are together much of the time during the two-week orientation period at the beginning of the year. Thereafter, Grand Island- and Lincoln-based Interns complete each of three Primary Rotations over the course of the training year. Although the Norfolk-based Intern does not have rotations, the Norfolk training site utilizes the same timeframes for evaluations, goal setting, and Intern projects, etc. as the other two rotation-based training sites. Thus, when the words “rotation” or “primary rotation” are used within this context, applicants interested in the Norfolk training experience may interpret these accordingly.

The table below depicts alternative schedules available to Interns. Norfolk-based Interns do not separate their hours into “primary rotation” and “electives,” yet similar principles apply. It is expected that approximately 28 hours per week Interns are engaged in “clinically related” activities (e.g., a combination of 16-24 hours for Primary Rotation activities and four-12 hours for elective activities if any). Note that this is not 28 hours of client contact per week, yet rather includes both client contact hours, as well as other clinically related activities, such as documentation of therapy sessions, intake report writing, rotation-related program development activities, etc. Primary Rotation hours and elective hours are flexible; additional hours devoted to the Primary Rotation experiences are typically offset by fewer number of elective hours, and vice versa.

Another eight plus hours per week are devoted to the year-long Assessment Clinic, which typically includes both test administration and report writing. The Polytrauma neuropsychological battery may take longer for Interns to complete and write up, so this may need to be augmented by some additional time out of the elective hours.

Before being given permission to branch out into significant elective training activities, an Intern is expected to be on track with all other expectations such as timely report writing, area level supervision for primary rotation and assessment clinic duties, etc. As a result, Interns may expect fewer elective hours early in the Internship, as they learn new skills and prepare to obtain area level supervision in those skills. After the first two-week orientation period, didactics average three hours per week.  Five hours of supervision are scheduled to ensure Interns meet the minimum of four hours of scheduled supervision per week, including a minimum of two hours of scheduled individual supervision.

An individual Intern’s schedule is developed by the Intern in conjunction with his/her Primary Rotation supervisor within the constraints of the overall schedule devoted to the Assessment Clinic. Possible Intern schedules might include a different combination of hours depending on rotation and Intern interests, strengths and areas of weakness, while having all 28 hours divided between primary rotation and electives plus the eight hours of Assessment Clinic.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | Example 1 | Example 2 | Example 3 | Example 4 |
|  | Total | | 44 | 44 | 44 | 44 |
|  | Hours | |  |  |  |  |
| Primary Rotation | | 16-24 | 18 | 24 | 16 | 20 |
| Electives | | 4-12 | 10 | 4 | 12 | 8 |
| Assessment Clinic | | 8 | 8 | 8 | 8 | 8 |
| Didactics | | 3 | 3 | 3 | 3 | 3 |
| Supervision | | 4-5 | 5 | 5 | 5 | 5 |

More information regarding each site will be offered in subsequent sections of this document further highlighting how the training sites provide roughly equivalent training, as well as the differences across training sites.

Please note that the internship requires intermittent travel between VA training sites in order to allow all NWI Interns to be physically together for some training experiences. Travel is consistent with rural psychology practice. Although Intern travel is most concentrated during the first two-week orientation period, Interns continue to travel throughout the training year. Winter travel is limited, with the exception of participation in the Internship applicant interviews in Lincoln in January. See [Travel between training sites](#_Travel_between_training_1) as well as for details.

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## ‘Elective’ Hours and Sample Schedule Alternatives:

As mentioned previously, early in the Internship ‘elective’ hours are used for training to demonstrate minimum telemental health competencies; this requirement is for Interns at all sites. To ensure that any significant use of ‘elective’ hours are being used appropriately within the broader training context, the Intern and his/her primary rotation supervisor(s) typically develop a written training plan for the ‘elective’ hours, in collaboration with the Assessment Clinic supervisor and any ‘elective’ supervisor, and that such plan will be submitted to the Acting Training Director. Interns who are not meeting the basic expectations of their Primary Rotations may not engage in ‘elective’ activities until they are meeting these basic expectations, understanding that the basic expectations will increase across the span of each rotation and across the span of the training year, consistent with the developmental model.

Provided an Intern is meeting expectations for satisfactory progress in his or her primary rotation and Assessment Clinic, the Intern may collaboratively work with his or her supervisor to use ‘Elective Hours’ to further enrich their training. Some options are not available at all sites.

One choice could be to complete additional hours related to a prior rotation or to complete additional hours in the Assessment Clinic. Another choice could be continuing with a therapy case or two over an extended period across rotations from an earlier rotation, for example. Alternatively, an Intern could choose to focus additional time in particular aspect of his/her current rotation, for example: doing additional hours within the General Mental Health (GMH) rotation developing a group not currently offered in addition to the basic GMH rotation requirements. At times, Interns have chosen to use ‘elective’ hours to prepare for an upcoming rotation with which they have little foundational experience.

Sometimes these additional hours must be used to meet the demands of transitioning from practicum to Internship. For example, early in the internship, ‘elective’ hours are used to meet the Telehealth training demands and/or learning their way around the VA Computerized Patient Record System (CPRS). In addition, Interns participating in more complex neuropsychological or other assessments may need to use ‘elective’ hours to augment the eight hours provided within the Assessment Clinic schedule.

Early in the year, ‘elective’ hours may be used (in whole or in part) to provide Interns the opportunity to prepare for experiences later in the year. Alternatively, ‘elective’ hours may be used to continue with longer-term therapy patients from prior Primary Rotations. ‘Elective’ hours might be used to study evidence-based treatment manuals in preparation for potential future clients, or to pursue more extensive program development projects or to learn more extensive neuropsychological assessment skills or other specialty skills not typically included in any of the three Primary Rotations (if available). Finally, ‘elective’ hours may be spent at different training sites to further develop skills through opportunities that may not be available at their “home” site.

Other than use of hours within the current rotation under the primary rotation supervisor, any significant use of ‘elective’ hours requires approval of the Training Director and the Chief of Psychology, with input from the Intern’s Primary Rotation supervisor and Assessment Clinic supervisor. As indicated elsewhere, it is an expectation that Interns submit a **brief** written plan for how and when they plan to use their ‘elective’ hours within primary rotation, Assessment Clinic, and other relevant areas

The goal of the Internship is for all Interns to successfully graduate fully prepared to be “excellent generalists” or “excellent post-docs” therefore, ensuring that each Intern is making expected progress in the program is essential. In cases where the Intern is having difficulty meeting the regular demands of the Assessment Clinic, or meeting the regular demands of their primary clinical rotations (e.g., timeliness of Assessment Clinic reports or Rotation notes or Intake reports in the chart, slower than expected acquisition of basic testing or therapy skills, etc.), the use of ‘elective’ hours may be an option prior to development of a more formal deficiency remediation plan. In this case, the Training Director and Chief of Psychology will subsequently review the Intern’s progress with the primary supervisor to determine when the Intern may begin to use their ‘elective’ hours in an alternative manner, or if a formal remediation plan is required. The process for implementing a remediation plan will be discussed with Interns during the orientation week.

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## Training Opportunities

Descriptions of [Site-Specific Training Experiences](#_Site-Specific_Training_Experiences) are available at the [Grand Island VA](#_Grand_Island_VA_1) ; [Lincoln VA](#_Lincoln_VA_1) ; and [Norfolk CBOC](#_Norfolk_CBOC) and [Omaha VA Medical Center](#_Omaha_VA_Medical) training sites.

NWI faculty train Interns in their respective rotations to use evidence-based therapies through shadowing of supervisors, direct observation of Intern intervention skills, supervision, and co-facilitation of groups. The Internship typically relies upon these internal resources for training.

**Please note** that, like many VA programs, the NWI Doctoral Internship in Clinical Psychology does **not** currently have the **internal** resources to provide formal training for each EBP sufficient to be “certified” within the VA. In other words, Interns are not guaranteed to be able to attend formal EBP training with the six-month consultation required to be deemed a VA-certified provider (upon licensure). Instead, training is primarily done via shadowing their supervisors, discussion, and role-play within supervision sessions, as well as study of EBP manuals and didactic presentations.

That said, the NWI Internship also makes effective use of opportunities for **external** training as they arise, for example the CPT Regional Trainers who travel to NWI from the Minneapolis VA for a 2-day training plus 6 months of consultation calls thereafter. If successfully completed, Interns are eligible for VA certification once licensed. Each training year is different in terms of the external training opportunities that arise, all of which are outside the control of the NWI Internship faculty.

Past interns have participated in the following training opportunities. It should be noted that the availability of external training resources vary year to year due to factors outside our control, and that those listed may or may not be available in the upcoming internship year:

* On-site CPT trainings (with six months of ongoing phone consultation) from the regional CPT trainers from the Minneapolis VA
  + Classes: 2012-13; (not 2013-14); 2014-15; 2015-16; 2016-17; 2017-18; 2018-19
  + We hope to offer this again in the 2019-20 training year, but cannot guarantee it.
* Two and a half-day V-tel comprehensive training in DBT from the “Journeys” DBT program at the Minneapolis VA,
  + Classes: 2015-16; 2016-17; 2017-18
  + Starting in 2018-19 we will be doing this internally as an in-person training to the entire Internship class (likely in Lincoln) rather than as a V-tel observation of another agency’s live training, using the Minneapolis materials.
* Two-day ACT trainings (without the six month consultation call) from Minneapolis VA regional trainers,
  + Classes: 2013-14
* Two-day Virtual Reality for PTSD training,
  + Through a grant from VISN 23 – 2014-15;
* Six-hour training on Moral Injury by Dr. Krista Krebs (Grand Island supervisor) co-sponsored by the Nebraska Psychological Association
  + Classes: 2017-18

In addition to didactics (see discussion in the Didactics section, below), Interns are encouraged to attend the Nebraska Psychological Association (NPA) Fall and/or Spring Conference trainings alongside the NWI psychology faculty. For details of past and future NPA events, see: <http://nebpsych.org/Calendar>. Interns are encouraged to attend live and webinar offerings which are open to the Interns choosing upon approval of their primary supervisor.

Web-based or V-tel offerings include, for example, the national monthly PTSD treatment webinars, national Primary Care Integration webinars, national monthly post-doc level HIV/Hep C didactics, etc.

The Whole Health Flagship Grant is just getting up and running at the time of this writing (July 2018). The new Whole Health psychologists are currently on board and about to take over the Pain Clinic at Grand Island, Lincoln and Omaha training sites and will be available to Interns interested in learning more about whole health including shadowing biofeedback and other interventions. Other Whole Health providers include acupuncturists, chiropractors, yoga and tai chi instructors, etc.

The Internship encourages Interns to learn telehealth skills once on “Area Level” supervision for a particular skill. At this time Interns can earn “Area Level" status for telehealth to another VA location in which clinical staff are present. Due to risk management concerns, at this time Interns remain on “Room Level” supervision for any telehealth into the Veteran’s home or into their Tablet. Telehealth training includes training on the technology as well as training on how to structure sessions and risk management safety plans, etc. Dr. Diane Todd and Dr. Krista Krebs in Grand Island have done extensive telehealth to home. Drs. Ritchie and Marius in Lincoln also have experience with telehealth. Other supervisors have done telehealth training but don’t necessarily practice telehealth due to other demands.

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## Assessment Training

As noted above, descriptions of [Site-Specific Training Experiences](#_Site-Specific_Training_Experiences) are available at the the [Grand Island VA](#_Grand_Island_VA_1) ; [Lincoln VA](#_Lincoln_VA_1) ; [Norfolk CBOC](#_Norfolk_CBOC) ; and [Omaha VA Medical Center](#_Omaha_VA_Medical) training sites, including:

* + [Grand Island Assessment Clinic](#_Grand_Island_Assessment)
  + [Lincoln Assessment Clinic](#_Lincoln_Assessment_Clinic)
  + [Norfolk Assessment Clinic](#_Norfolk_Assessment_Clinic)
  + [Omaha Assessment Clinic](#_Omaha_Assessment_Clinic)

Regarding assessment/psychological testing training, Interns at all sites are required to complete the year-long training experience (Assessment Clinic). How this plays out varies from site to site, depending on local conditions and opportunities. Testing typically involves neurocognitive screenings and, depending on the skill level of the Intern, may also include more complex neuropsychological assessment. The number of assessments and the types of measures used with Veterans vary across training sites. Basic assessment competencies that are consistent across sites (please refer to the sections related to each training site in addition to descriptions below).

Interns across all sites gain experience with a variety of psychological testing approaches, learn to clarify referral questions, select test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to Veterans and referring providers. The majority of psychological testing referrals are for neurocognitive screenings and dementia evaluations. However, referrals may also include a range of other types of assessments and tools, including psychodiagnostic assessments, suicide risk assessments, homicide and other threat assessments (e.g., for the Disruptive Behavior Committee), behavioral assessments and functional behavioral analysis, pre-surgical assessments, or other types of assessment on an as needed basis. Assessments are assigned by the supervisor based on the Veteran’s service needs and availability, the Intern’s availability, as well as the Intern’s individual training needs.

All Interns have the chance to work with the Polytrauma Support Clinic neuropsychologist, although the extent of this varies by training site and Polytrauma patient referral flow. The supervising neuropsychologist strives to ensure the Interns have acquired basic neurocognitive screening competencies during the initial two-week orientation period. Supervision/consultation in the Assessment Clinic is provided by the same neuropsychologist and is available for additional consultation on an as needed basis. To date several Interns based in Lincoln have successfully pursued neuropsychology postdocs. However, it should be noted that Interns based in both Grand Island and Norfolk have gone on to 2-year neuropsychology postdoctoral fellowships, despite having much less frequent access to the Polytrauma Support Clinic.

All Interns across all training sites are required to learn and demonstrate competencies in the administration and interpretation of a number of required and optional cognitive assessment instruments over the course of the training year. To ensure basic assessment competencies are met, Interns are observed under “Room Level” supervision until the primary supervisor determines the Intern may administer measures without direct supervision (aka “Area Level” supervision) per the VA graduated level of responsibility and supervision guidelines. Peer supervision by more advanced students typically helps those with less experience and provides valuable teaching experience for the more advanced students as well, recognizing that each of the incoming Interns has their own strengths and weaknesses and the favor is likely to be returned as the training year progresses. See also: [Supervision](#_Supervision_1)

The basic neurocognitive screening battery on which Interns must initially demonstrate competence to attain “Area Level” supervision status includes the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka “FAS” & “Animals”) and TOMM, in addition to other screeners, such as the MOCA. Interns work with their direct Assessment Clinic supervisor to determine any variations from the basic neurocognitive battery that are appropriate for any particular referral. After demonstrating psychometric competencies for administration of neuropsychological measures under “Room-Level” supervision, Interns administer and score neuropsychological batteries, write reports, and provide test feedback under “Area-Level” supervision, with greater supervisor involvement in all aspects of assessment earlier in the training year, moving to less direct involvement as the year progresses.

At some point in the training year, each Intern across training sites is required to demonstrate basic working knowledge competencies in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT. Only the Lincoln-based Interns actively involved in the Polytrauma Support Clinic are required to administer the Polytrauma battery. The Interns based in Grand Island, Norfolk and Omaha are required to demonstrate basic competencies on these measures over the course of the year and will not necessarily have opportunities to administer them for an actual evaluation of a Veteran, which is highly dependent upon opportunity, as well as primary rotation supervisor approval.

Across the training year, Interns are also required to use either the MMPI-2 or MMPI 2-RF at least once, and to also use the PAI at least once during the training year, irrespective of training site and track. One or more of the supervisors are proficient with the Rorschach, yet this is not typically used at our VA and therefore is unlikely to be included within the NWI Interns’ training experiences.

Optional assessment instruments that Interns may also choose to learn over the course of the training year range from dementia instruments (e.g., DRS-II, Cognistat) to additional neuropsychological assessment instruments (e.g., NAB, WMS-IV, Booklet Categories, MBMD, VSxVT, VIP, DKEFS, etc.) either by Intern choice or supervisor determination. Additional measures typically learned in the Primary Rotations may also be used in the Assessment Clinic, such as various pain inventories, PTSD inventories, depression inventories, CAPS, other structured interviews, etc.

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## Telemental Health Training

Early in the training year Interns across sites are required demonstrate a minimum level of competence in telehealth technologies and considerations related to effective telemental health interventions. Training in the effective use of telehealth offers Interns the chance to gain and master the technical knowledge of telehealth, which is becoming more and more widely utilized across the country to provide mental health services, in particular to rural/underserved regions.

The goal is for Interns to complete the training by the end of the fourth month of the internship. This will allow them to offer individual telemental health services. The telehealth program at NWI has certain requirements that must be met. With supervisor approval, Interns may begin offering individual telehealth services to those who are appropriate for telehealth, provided the Intern is on “Area Level” supervision for the type of intervention being offered. The use of telehealth interventions depends on a number of factors, e.g., Veteran’s availability, Veteran’s needs and permission, etc. These factors are discussed in depth with primary rotations supervisors.

Interns are required to use ‘elective’ hours as dedicated time early in the Internship year to complete the necessary didactic and experiential training requirements outlined in VISN 23 and NWI policies on the use of telehealth equipment. Opportunities to provide telehealth interventions are based on a developmental approach, with Interns first demonstrating skills in face to face encounters prior to utilizing telehealth interventions. Initial telehealth sessions will be observed as part of the Intern competency process.

Interns and their supervisors collaborate to develop an individualized training plan for each rotation. Depending on the Intern’s prior experience, such plans begin with “shadowing” a caseload, first watching NWI mental health clinicians providing telehealth interventions or the supervisor observing the Intern under “Room Level” supervision, increasing to “Area Level” supervision. An Intern must attain “Area Level” supervision status before the Intern may begin to provide telehealth services to other NWI facilities, including to the NWI rural CBOCs who are without an on-site mental health presence.

At this time, the NWI internship allows Interns on “Area Level” to provide telehealth from the training site to another VA site. “Telehealth” to home is considered a “Room Level” activity, given the additional risks involved. The option to do telehealth to home (or tablet regardless of Veteran location) with a supervisor in the room has been successfully used by Interns who choose to pursue this.

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# Didactics and Other Experiential Education

Formal didactics and other experiential education is designed to give Interns the content and skill practice required for successful transition into entry level professional psychology. Skill practice includes clinical skills, and professional presentation skills, as well as skills in the selection and use of scientific information relevant to their current practice.

Didactics and other training opportunities are graded in complexity and consistent with development of professional development and practice skills in expected in doctoral psychology training programs. Three hours of planned didactics are provided each week. Attendance is required and depending on the location of the presenter, may be either in-person of V-tel connection with the rest of the group. Additional seminar / webinar / conference trainings are offered intermittently, some of which are required. Some didactics also occur during some of the time devoted to the weekly group Assessment Clinic supervision, at first by the faculty training new measures or other assessment content areas, and later replaced by the Interns themselves. The focus of all training is on developing the core competencies necessary for entry-level psychologists in rural and/or interprofessional practice consistent with the Standards of Accreditation.

There are two formal weekly didactics series, both held on Wednesday afternoons. These include:

1. a two-hour “**Breadth**” didactic series covering a wide range of topics from 13:00 to 14:50
2. a one-hour “**Depth**” didactic series from 15:00 to 16:00

Note: On those Wednesdays when Interns travel across sites to have “Breadth” didactics and other learning experiences as a group, the “Depth” didactic is held on Monday afternoons to allow more time for Intern travel during standard tour hours.

The “**Breadth**” didactic series consists of weekly didactic seminars primarily provided by NWI psychologists covering a broad range of topics weekly over two-hours. Topics include: rural mental health, military culture, various diversity/multicultural-related topics, ethics, supervision, risk assessment, psychodiagnostic and neurocognitive assessment, consultation, professional identity and development, and various evidence-based treatments (e.g., CPT for PTSD; PE for PTSD; CBT-Insomnia; CBT-Chronic Pain; ACT; etc.) as well as evidence supported therapies (e.g., Mindfulness; Imagery Rehearsal Therapy for Nightmares; Yoga for PSD, Chronic Pain & other mental health conditions; etc.). Other topics range from Polyvagal Theory to legal issues such as the *Dauber*t standard and civil commitment, to preparing for Postdoc Interviews, etc.

The weekly “**Depth**” didactic series continues to offer greater exposure in certain key areas and include even more experiential components. “Depth” topics rotate between four content areas throughout the training year:

* Motivational Interviewing micro-skills,
* Diversity-related topics,
* Ethics, and
* Interprofessional Core Competencies.

Interprofessional Education (IPE) trainings are on the first Wednesday of each month at which time the eight NWI Interns at their respective sites are joined by trainees from other health professions. Typically, these include Pharmacy Residents and Social Work Interns stationed at the Grand Island site, and at times may also include Dentistry Residents stationed in Grand Island, Pharmacy Residents stationed in Lincoln, and other NWI trainees.

In addition to seminar participation, Interns and trainees of other professions give presentations, either to each other or collaboratively. Towards the end of the training year, experienced Interns present or co-present about PTSD and Depression to the new Pharmacy residents (who start their training year July 1). In the following Winter or Spring, these same Pharmacy residents and the Interns of the following cohort co-present to the group on subjects of shared interest, such as pain management and substance abuse. Finally, the Pharmacy residents present to the group about their pharmacy research projects, which often serves as a dress rehearsal for their final presentations to the pharmacy faculty. Because of the number of topics, it is possible that more than one Intern may partner with a Pharmacy resident (and sometimes also including a Dentistry resident), for example presentations in pain management and substance abuse etc..

Interns provide in-service trainings and other presentations to their peers, NWI psychologists and/or the interdisciplinary teams associated with their rotations. These may include the two brief case presentations that are required of Interns in each rotation interval. The Intern and his/her supervisor may choose among a variety of locations in which to present, including the Psychology monthly meeting (V-tel across all sites), treatment team meetings at their home station, the NWI-wide Disruptive Behavior Committee, or the Monday 8:00 AM group supervision time. In addition to case presentations within the Assessment Clinic Group supervision, Interns present on assessment related topics of interest including presentations on assessment instruments (e.g., MMPI-RF, symptom validity measures, etc.) presentations on conditions or syndromes of relevance (e.g., various types of dementias, overlap of cognitive symptoms in TBI and PTSD and other psychiatric disorders, etc.), as well as other mini-didactics.

In preparing for case presentations, topic presentations, or interprofessional presentations, Interns have access to the VA library and interlibrary loan, as well as an extensive electronic library. In addition, Interns have access to an array of pre-developed materials available through the VA’s Psychology Training Council as well as by prior Interns and NWI faculty. The use of pre-developed materials is not mandatory, yet rather are a resource that Interns are free to adapt when developing their presentations. It is expected that Interns using pre-developed materials still spend sufficient time preparing in order to demonstrate their professional skill development, put their own stamp on the materials and be able to answer relevant questions. Interns also have mentoring available through the Internship faculty if needed. Interns have significant advanced warning on the dates of their various presentations it is expected that if using the materials provided, updated research findings will be included. When creating topic presentations Interns may be asked to partner with each other as co-presenters.

On the second Wednesday of the non-Winter months all Interns meet together for didactics, rotating across the NWI training sites throughout the Internship year (weather permitting). VA station cars are made available to the Interns from Grand Island, Lincoln, and Omaha with mileage reimbursement provided to the Norfolk-based Intern. In addition to didactics in the afternoons on these travel days, the group as a whole typically meets for community-based experiences that typically relate either to cultural diversity or diversity of psychological treatment environments. At times, however, the morning may be set aside for journal-club or other planned discussion related to rural psychology practice to be led by a supervisor and/one or more Interns in rotation, with the discussion facilitated as needed through questions and comments by the presence of a supervisor. Due to travel on designated Wednesdays, the “Depth” didactic meets on a Monday once a month to allow the travelers to leave for their home base around 15:00 (3 PM).

During the first two-week Orientation period prior to the start of the first rotation, Interns from all training sites engage in a number of other trainings and didactics, as well as basic on-boarding processes. Time is spent in administrative orientation to the VA - such as setting up access to computers, completing paperwork and obtaining their Personal Identity Verification (PIV) cards, learning about the Computerized Patient Record System (“CPRS”), enrolling in health insurance, etc.. Interns also spend a significant amount of time in basic didactic training. Topics during this orientation period and in the weeks thereafter typically include but are not limited to:

* Welcome to the VA Culture and Expectations
* Introduction to Professional Ethics within the VA
* Suicide Risk Assessment and Management
* Homicide/Violence Risk Assessment and Management
* Introduction to Motivational Interviewing
* Foundations of Multicultural Diversity Self-Awareness
* Introduction to Military Culture
* Introduction to Rural Culture and Rural Psychology Practice
* Introduction to other multicultural awareness topics
* Technical issues
  + How to use the Computerized Patient Record System (CPRS)
  + How to respond to consults from other providers \
  + Safety issues within the clinics
  + How to utilize the Library and Interlibrary Loan and electronic resources
  + How to check out VA station cars (Grand Island, Lincoln and Omaha)
  + How to use the VA credit card to pay for gas in VA station cars
  + How to request mileage reimbursement (Norfolk only)
  + How to use telemental health equipment with patients
  + How to develop a telemental health safety plan
  + How to use IM and video skype on the VA system with other VA employees
  + Specific language required for voicemail greetings
  + Etc.

The two other goals for the first two-week orientation period are 1) the development of group cohesion of the Intern class, and 2) readying all eight Interns to attain “Area Level” supervision status on the basic neurocognitive assessment battery as early as possible in the first rotation. Neurocognitive training is facilitated by several hours of in-person and V-tel trainings, as well as peer-to-peer practice among Interns.

Taken together these orientation week topics set a minimum level of shared basic knowledge and skills across the training class with which to begin their first rotation with their respective supervisors. This also sets up Interns up for additional skill building through the planned sequence within the “Breadth” and “Depth” didactic series over the course of the rest of the training year. This is particularly true for Motivational Interviewing, which is one of the monthly “Depth” topics where Interns will observe, discuss and participate in role-plays in order to develop mastery of core MI skills the Interns may use with a variety of Veterans.

Across the rest of the training year there are a wide range of other, mostly optional, educational opportunities to support the overall training goals. The one mandatory educational attendance requirement other than the three-hours of weekly didactics) relates to the educational presentations within the monthly Psychology Meeting, bringing together all Interns and faculty across all four sites via V-tel. Interns with an interest may choose to work with their supervisors to use elective time to attend specific webinars. There are many training options available through the VA’s Talent Management System (TMS), HSR&D Cyber Seminar Program, [The Center for Deployment Psychology,](http://www.eventbrite.com/o/the-center-for-deployment-psychology-7990693029?utm_source=eb_email&utm_medium=email&utm_campaign=reminder_attendees_48hour_email&utm_term=orgname) MyVeHU Campus, and other VAs across the country that open trainings/didactics/grand rounds to all VA facilities (typically through telephone and/or Adobe Connect). This must be pre-approved by the Interns primary supervisor first to ensure Interns are meeting the basic demands of the program before engaging in optional activities.

The Intern’s individualized training plan within each rotation also tasks the Intern to complete the equivalent of 10 brief educational activities, to be determined in collaboration with the rotation supervisor. This is actually more flexible than it might seem, and generally would be met by the basic readings etc. necessary for each rotation. At least one of the 10 educational activities that related to the rotation must have a multicultural focus that is generally related to the clinical area of the rotation. Generally, this requirement is easily met as Interns do reading related to new evidence-based therapies in each rotation.

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# Supervision

For the convenience of the reader, the following links to the Supervision-related sections are offered:

[Supervision: APA Standards of Accreditation](#_Supervision:_APA_Standards_1)

[Supervision: VA Handbook 1400.04 Graduated Levels of Responsibility](#_Supervision:__VA)

[Telesupervision Policy:](#_Telesupervision_Policy:_1)

[Preceptor Option:](#_Preceptor_Option:_1)

[Supervision Training:](#_Supervision_Training:)

[Important Caveats Regarding Future Licensure:](#_Important_Caveats_Regarding_1)

### Supervision: APA Standards of Accreditation

Consistent with APA accreditation standards, Interns receive at least four hours of planned (pre-scheduled) supervision every week of which a minimum of two hours are scheduled in-person individual supervision with their primary rotation supervisors. NWI Interns are scheduled for more than the minimum, in part to ensure the minimum is met and in part to ensure good training. Interns may have additional supervision beyond the APA minimum requirements on an as-needed basis or due to specific training goals.

Briefly, each Intern has two hours of scheduled individual supervision with his or her primary rotation supervisor. Interns often receive additional individual supervision from their Assessment Clinic supervisors, particularly at the beginning of the training year or when new skills are being developed. The amount of time spent in individual supervision with an Assessment Clinic supervisor varies based on the complexity of the case and the Intern’s experience with various testing instruments. There are two and one -half hours of scheduled group supervision. These include one and one-half hours of scheduled Assessment Clinic group supervision (currently on Tuesday afternoons), and a one-hour of scheduled group supervision every Monday morning, both of which are discussed in greater detail below.

In addition to APA supervision requirements, the VA has additional supervision requirements. Per VA requirements, **the physical presence of a supervising psychologist on site is required of all clinical interactions undertaken by Interns at each training site**. Interns may not have clinical interactions with individuals face-to-face, by phone, or by any other means if there is not a psychologist supervisor present on-site at the time the clinical interaction. When a supervisor is not physically present on site, Interns may engage in report-writing, notes, other clinical documentation, and other forms of learning. If a mental health emergency occurs in the clinic and a supervising psychologist is not present, the clinic staff must respond according to the established protocols in place for that clinic for when a mental health provider is not present and behave as if the Intern is in fact not present. The latter is particularly important for the Norfolk-based Intern as the supervising psychologist is never present on Fridays, and at the Polytrauma Support Clinic for similar reasons. However, this is also relevant for Interns based at the other training sites.

V-tel or phone supervision does not take the place of the physical on-site supervision requirement per the VA requirement. A certain amount of V-tel supervision is allowed by APA policy but is avoided by the Internship whenever possible. See [Telesupervision Policy:](#_Telesupervision_Policy:_1)

Interns always know who their primary supervisor is on each rotation as well as the backup supervisors designated for each rotation in case an internship faculty member is unavailable. If needed, the Chief of Psychology, the Training Director, or Associate Training Director also serve as “backup to the backup” supervisors. Individual tele-supervision is a last resort alternative, and if needed used consistent with APA policy.

It should be noted that at the rotation-based sites (Lincoln and Grand Island) Primary Rotation supervisors change with each rotation and Assessment Clinic supervisors may or may not change across rotations. If funded, the Omaha-based supervisor is likely to remain consistent across the training year, although some changes can be arranged to allow greater breadth in Assessment training. The Norfolk-based psychologist is responsible for providing supervision for therapy, who also supervises some of the Assessment Clinic cases. Other psychologists from the other training sites may also provide supervision to the Norfolk-based Intern for assessment cases, as described in greater detail in the Norfolk training site section below. See [Norfolk CBOC](#_Norfolk_CBOC) and [Norfolk Assessment Clinic](#_Norfolk_Assessment_Clinic).

There are two scheduled group supervision meetings twice a week. Group supervision utilizes a hybrid model, combining in person supervision (internship faculty are present at each site) and telesupervision (at the same time the sites connect via video conference).

One weekly 90-minute group supervision is specific to the Assessment Clinic. During the first weeks group supervision is focused on learning new instruments, with more case-specific discussions as Interns start actual testing on “Room Level” or “Area Level” supervision status. See [Supervision: VA Handbook 1400.04 Graduated Levels of Responsibility](#_Supervision:__VA) for a description of “Room Level” and “Area Level” supervision.

A series of mini-didactics and group discussion related to various areas of assessment skills has been incorporated into Assessment Clinic group supervision, based on prior Intern feedback. Examples of topics for these mini-didactics are: assessing dementia, dementia versus depression, pre-surgical evaluations (bariatric, liver transplant, or spinal cord stimulator implant), providing feedback to Veterans and their family, assessment in forensic settings, civil commitment evaluations, US Supreme Court *Daubert* case, etc.. These are typically presented by faculty at the beginning of the training year and increasingly by Interns (individually or in pairs) as the training year progresses.

One-hour of group supervision is required on Monday’s at 08:00 AM in addition to the weekly Assessment supervision. This is led by four psychologists, one in the room with Interns at each training site bringing the eight Interns together through this hybrid in-room / V-tel model. These include: the Training Director (usually in Lincoln), the Grand Island VA’s mental health site supervisor, the Omaha VA’s mental health site supervisor (if funded), and the Norfolk-based psychologist. The Monday morning group supervision covers a range of topics, including case discussions, case presentations and additional discussion related to administrative issues, as well as supervision skills, psychologists’ roles as consultants and administrators, program evaluation, and other topics related to professional role development.

In addition to having multiple supervisor perspectives within the discussions, using telehealth technology in this hybrid model of group supervision provides a number of other advantages to the Interns’ training experience. First, the NWI Doctoral Internship faculty believe it is very important to foster an integrated Internship experience across the four training sites, allowing the Interns to experience as a larger group, with access to a greater range of supervisors. This is also important in facilitating collegial bonds between the Interns across the training sites, building upon the bonds forged through in-person group activities that occur during the first two-weeks of the Internship and as scheduled throughout the rest of the training year, as well as through other V-tel activities (i.e., “Breadth” and “Depth” didactic series, the Psychology Meeting, group supervision, Peer Supervision sessions, etc.).

### Supervision: VA Handbook 1400.04 Graduated Levels of Responsibility

The VA requires us to follow APA accreditation standards as described above. In addition, VA policy requires that a supervising psychologist must be physically present in the facility at all times in which the Intern engages in actual face-to-face (or tele face-to-face) provision of clinical services. The VA Handbook 1400.04 (March 19, 2015) describes three levels of “Graduated Levels of Responsibility,” which reflects a developmental model for all trainees and describes where in the facility the supervising psychologist may be relative to the trainee and patient. The terms “Room Level,” Area Level,” and “Available Level” supervision reflect that formal determinations have been made by supervisors of the trainee’s competence level for the health care service being provided by the trainee.

1. Room. The supervising practitioner is physically present in the same room while the trainee is engaged in direct health care activities.
2. Area. The supervising practitioner is in the same clinic or treatment area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with Veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation and treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.
3. Available. Services are furnished by the trainee under the supervising practitioner’s guidance. The supervising practitioner’s presence is not required during services, but the supervising practitioner must be in the facility, available immediately by phone or pager, and able to be physically present as needed.

## [Telesupervision Policy:](#_Preceptor_Option:Supervision)

## Please note that NWI’s telesupervision policy is consistent with but more restrictive than APA telesupervision requirements. APA allows one hour of individual telesupervision and one hour of group telesupervision to count towards the weekly minimum requirements. However, VA nationally does not encourage telesupervision to the same extent.

## NWI does not consider the hybrid model used in group supervision to be “telesupervision,” as a supervisor is physically present in the room with the Intern at each site. NWI strives to use telesupervision (V-tel without supervisors present in the room) as a last resort only. We try to have as much supervision as possible to be in-person, with ‘make-up’ supervision hours for those times when a live supervisor is not on-site in the hybrid model group supervision described above.

## This is particularly relevant for the Norfolk-based Intern who receives additional individual and/or group supervision to ‘make up’ for the Norfolk supervisor not being present during the Assessment Clinic group supervision sessions. Instead, the Norfolk supervisor is present during the Monday AM group supervision, and provides three hours of individual supervision and when on site the assessment supervisor provides additional individual or group supervision.

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## Preceptor Option:

## If they wish, Interns may opt to ask an NWI psychologist to become their preceptor. If accepted, this is a year-long relationship whose role is to provide professional mentorship (e.g., professional development and career planning) throughout the training year by a licensed psychologist who is not in an evaluative role. Selection of a preceptor by an Intern is not required but maybe very helpful. However, not all NWI psychologists have room in their schedules to adequately provide this role. The proposed preceptor is not obligated to accept a request by an Intern to enter into this type of relationship. Once the proposed preceptor agrees to enter into this role, the goals of the relationship are individually crafted between the Intern and preceptor. Interns are encouraged to consider chosing a preceptor from psychology staff not within the Intern’s home-base site, allowing for exposure to a fuller range of the NWI psychology faculty.

## The preceptor role is not intended to be therapeutic in nature; it is advised that in agreeing to enter into the preceptor relationship, that the Intern and preceptor discuss the scope and limits of such scope related to their roles. For more personal issues, Interns are encouraged to use their health insurance and/or any access to EAP services that may be available if the topic areas might be considered therapy or come close to therapy.

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## Supervision Training:

Supervision skills training occurs in a variety of direct and indirect ways.

Along with indirect learning through participating as a supervisee regarding their own cases in individual supervision, supervision skill development may also become a direct topic within individual supervision, both generally as well as in supervising trainees’ peer supervision development. In addition, at least one of the weekly group supervision sessions periodically includes discussion of supervision skill development, with an emphasis on this topic in the latter portion of the training year. Supervision is also a topic within the “Breadth” didactics. Interns are expected to be active participants in any NWI in-house trainings directed at faculty regarding their supervision competencies. Lincoln-based Interns have opportunities to engage in supervision of practicums students, which is not available to Interns at the other training sites. Grand Island-based Interns may have the opportunity to supervise other trainees, such as social work trainees, if available. This has not been an option for Norfolk-based Interns. The Omaha-based Intern may have opportunities to supervise psychiatry residents learning cognitive behavioral therapy.

Interns at across sites come together three times per month for scheduled peer supervision to practice supervision skills related to actual cases making the training more relevant to the overall training program. The eight Interns meet for 60 minutes at least three times per month, connected via V-tel across the four training sites, typically from their individual offices. In addition to these three 60-minute scheduled peer supervision sessions, there are additional unscheduled, informal opportunities for peer supervision as Interns share their various strengths with each other. With limited exceptions, all Interns have 30 minutes per day in common (12:30-13:00), which is intentionally set aside for optional peer interactions and support irrespective of the form taken. This may be for social interaction, for shared presentation planning, or for unscheduled or informal peer supervision in addition to any other forms of peer interactions chosen (or foregone). In addition to these 30-minute opportunities built into the schedule, Interns have reported frequent contact throughout the day using the VA’s internal messaging system which allows both text and video contact across individual offices irrespective of training site.

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## Important Caveats Regarding Future Licensure:

NWI does not guarantee the minimum scheduled supervision as required by APA will meet all states’ licensure requirements. Interns are encouraged to research the licensure requirements of states in which they are likely to practice in the future. It is the Intern’s responsibility to contact these states and become familiar with any requirements needed to be met and to bring this to the NWI faculty for consideration. To the extent possible, the NWI Internship will work with Interns to develop individualized plans to assist the Intern in meeting the requirements that the Intern identifies to meet his or her future needs. It is especially important for the Intern to be vigilant of his or her future licensing needs and plan accordingly.

Some states require trainees to submit a training plan or internship contract to the licensing board at or before the beginning of the Internship; Interns should check whether these requirements apply to all internships or only apply to internships within the jurisdiction of the state. Some states may require that an Intern’s supervisors have a certain number of CEUs related to supervision during every two-year period in order for the Intern’s supervision hours to count towards his/her own licensure application in that state. Some states require that an Intern’s supervisor be licensed for a minimum number of years. Some states require both and/or additional requirements. These examples are not exhaustive. **Again, we encourage incoming Interns to check with their intended licensing board(s) and be proactive to bring these requirements to the attention of the Internship; we will work with you to the extent practicable to meet these requirements.**

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## Travel Between Training Sites

There is intermittent travel required between VA training sites in order to allow all NWI Interns to be physically together for some training experiences. This happens more frequently in the first two weeks orientation period and then less frequently throughout the training year. The training class is typically physically together for three to five days during the initial two-week orientation period. This not only helps develop cohesion among the training class, but also introduces travel as a fact of life in rural psychology practice, both for psychologists and our patients.

Travel to Grand Island on the first day of the Internship helps ensure all Interns complete necessary tasks to begin the Internship with access to the computer system and signed up for benefits. Other travel during the first two weeks include a day in Norfolk during Week 1 and 2 days in Lincoln during Week 2. To make travel between sites possible, Interns are given the opportunity to use government vehicles where/when available (Grand Island, Lincoln and Omaha training sites). The Norfolk CBOC does not have a VA station car, therefore, the Norfolk-based Intern typically submits travel requests and is then reimbursed for mileage when using the Intern’s own vehicle.

Although travel is most concentrated during the first two weeks orientation period, Interns from all training sites continue intermittent travel throughout the training year. The Norfolk-based Intern typically does the most travel. Historically, a Lincoln-based supervisor has travelled to Norfolk on Fridays, sometimes accompanied by another Intern, once per month to supervise assessment and provide in-person supervision. Additional assessment experiences are offered to the Norfolk-based Intern through travel to the Lincoln, Grand Island, or Omaha. During the 2017-18 training year, Dr. Hannappel supervised additional assessment on days she is present (M-Th).

On those Fridays in which both a supervisor and Intern travel to Norfolk, both the Norfolk-based Intern and the traveling Intern are typically scheduled so each administer an assessment battery to a Veteran. This is followed by in-person group supervision with the travelling supervisor. This assessment ‘counts’ towards Assessment Clinic requirements for both Interns. If there is a cancellation or no-show, the Norfolk-based Intern typically has priority. In this case, the travelling Intern has access the VA computer to work on other Internship-related projects or engages in telemental health activities if available. Time is designated for peer supervision with or without the supervisor present.

At least once a month, the Norfolk-based Intern may choose either Lincoln. Omaha, or Grand Island for additional Assessment Clinic experiences. There are free, overnight student accommodations at the Grand Island VA, but not elsewhere. If the Norfolk-based Intern so chooses, he/she may come on a Thursday and rather than driving back that same day, can stay overnight to allow a full day in Grand Island the next day. In this case the Norfolk-based Intern may arrange to participate in selected groups and activities available on the Thursday, such as Pain Clinic in Grand Island and other training activities not available in Norfolk. This of course requires permission from the Norfolk supervisor and advance coordination with the Interns and supervisors in Grand Island and Lincoln. Provided the Norfolk-based Intern has demonstrated proficiency in the basic neurocognitive battery first, if interested in the more complex Polytrauma neuropsychological battery he or she may arrange to come to Omaha to shadow and/or participate in the Polytrauma evaluations. These arrangements may also involve coordination with the Lincoln-based Intern who is in the rotation with weekly Polytrauma Assessment Clinic duties (General Mental Health rotation). Although travel is in flux, the goal remains to meet the Norfolk Intern’s training needs through all practical means.

Travel is also required when the entire Intern class meets face-to-face approximately once a month at one of the three non-Omaha training sites. When Interns travel between training sites, Interns are able to access their “personal” VA computer drives from anywhere within the NWI system. In addition, they may access the shared Internship drives behind the VA firewall, which assists in supervision of confidential reports. Protocols completed may remain in the place where the testing is done as they can be scanned into pdf documents on site then saved in the secure shared folders behind the VA firewall and retrieved when back at their home station.

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# Program Goals & Core Competencies

See also:

[Appendix C: Goals and Sample Evaluation Forms](#_Enter_Evaluation_Forms)

[Appendix F: APA Commission on Accreditation Profession-Wide Competencies:](#_Appendix_F:_)

Core competency expectations that together merge into each training goal are outlined in the Appendices of this brochure and are discussed at the beginning of the year and each rotation, with formal evaluation at the end of each rotation.

Specific Internship competencies and elements of those competencies have been adjusted to reflect changes due to APA’s shift from “Guideliines and Procedures” (G&P) to “Standards of Accreditation” (SOA) effective January of 2017. Some of the additional NWI-defined elements are also listed:

1. Professional research utilization and/or production:
   1. Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
   2. NWI Added Element: Demonstrate a working knowledge of the scientific basis of one or more of the evidence-based psychotherapies and evidence-supported psychotherapies
2. Professional and ethical behavior:
   1. Be knowledgeable of and act in accordance with each of the following:
      1. the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
      2. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
      3. Relevant professional standards and guidelines.
   2. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
   3. Conduct self in an ethical manner in all professional activities.
3. Individual and cultural diversity issues in professional practice:
   1. An understanding of how one’s own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself.
   2. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
   3. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
      1. This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of one’s career.
      2. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with one’s own
   4. Demonstrate the ability to independently apply one’s knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
4. Development of professional values, attitudes, and behaviors:
   1. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of other.
   2. Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
   3. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
   4. Respond professionally in increasingly complex situations with a greater degree of independence as you progressed across levels of training.
5. Professional communication and interpersonal skills:
   1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
   2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
   3. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
6. Assessment skills:
   1. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
   2. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
   3. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
7. Intervention skills:
   1. Establish and maintain effective relationships with the recipients of psychological services.
   2. Develop evidence-based intervention plans specific to the service delivery goals.
   3. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
   4. Demonstrate the ability to apply the relevant research literature to clinical decision making.
   5. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
   6. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
8. Supervision skills:
   1. Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
   2. NWI Added Element: Demonstrate a working knowledge of the developmental model of supervision and competency-based supervision.
9. Consultation and interprofessional / interdisciplinary skills:
   1. Demonstrate knowledge and respect for the roles and perspectives of other professions.
   2. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
   3. NWI Added Element: Demonstrate competence in the four domains developed by Interprofessional Education Collaborative (see: [www.une.edu/wchp/ipec](http://www.une.edu/wchp/ipec)) which include:
10. Values/Ethics for Interprofessional Practice;
11. Roles/Responsibilities;
12. Interprofessional Communication; and,
13. Teams and Teamwork.

Interns have multiple opportunities to work within interprofessional teams across the various rotations and any ‘elective’ experiences. Regardless of setting (e.g., Pain Team, Mental Health Team, PTSD/PCT Team, Polytrauma Support Clinic Team, etc.), the Intern works to develop and demonstrate same core competencies, albeit their expression may be somewhat different in different settings.

Most of the training comes through experiential activities, with skill development also woven into some didactic training experiences, supervision discussions, and peer supervision experiences. Consultation skills are also modelled during supervision, particularly later in the internship year when supervision becomes more consultative in nature. In addition, Interns complete case consultation via active participation on various treatment teams and collaboration with other providers, supervisors, and peers. Interns frequently observe supervising psychologists provide consultation. Consultation skills are facilitated during peer supervision, Assessment Clinic group supervision, individual supervision with staff psychologists, DBT Consultation Group experiences, discussions within the monthly Psychology Department Meetings, and discussions within the weekly rotation-specific interprofessional meetings (e.g., Mental Health Team meetings, PTSD Treatment Team meetings, and in Grand Island Residential Services Rounds). Over the course of the training year, Interns are expected to become increasingly skillful in their consultations with others. Skills are evidenced by the quality of participation by Interns during team meetings regarding assessment findings, observations of patients’ mental status, therapy interventions, case management, diagnoses and discharge interventions, etc.. Interns gain further knowledge by consulting with their supervisors on therapy and assessment cases, and providing peer supervision during group supervision, as well as reading professional articles and books. Finally, Interns each complete at least two case presentations during the course of each 16-week rotation, in addition to several other types of presentations.

As noted above under the [Supervision Training](#_Supervision_Training:) section, development of supervision skills includes scheduled weekly peer supervision, as well as specific didactics related to supervision. Interns engage in training other disciplines, including providing some staff training in Mindfulness skills and interprofessional training of and/or alongside trainees from other disciplines (e.g., social work, pharmacy, dentistry, and physical therapy) through the “Depth” didactic series (see descriptions in the narrative elsewhere in this document).

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***In order to maximize Interns’ abilities to successfully meet these competencies the NWI Doctoral Internship in Clinical Psychology seeks to:***

* Offer the Intern a broad range and diversity of clinical and testing experiences and challenges;
* Assist the Intern in refining already acquired skills and in expanding and developing greater expertise in the areas of diagnosis, assessment and intervention;
* Offer the Intern experience with rural and highly rural populations, as well as other diverse populations;
* Provide the Intern the opportunity to work with a variety of programs, patients, supervisors, and role models;
* Develop in the Intern a sensitivity to cultural differences (including rural culture, military/Veteran culture, different ethnic and religious cultures, etc.), and offer a knowledge base to support psychological work within that awareness;
* Provide practical guidance and support as the Intern copes with therapeutic issues and integrates clinical experiences with academic knowledge;
* Provide a structure for the Intern to develop not only professional knowledge and skills, but also an appreciation of the uniqueness of our discipline, an understanding of the diversity of our roles, and an opportunity to participate fully in the application of our skills to various segments of the institution;
* Allow the Intern to demonstrate an awareness of how ethics and standards affect all areas of our practice and daily functioning;
* Foster and encourage the Intern's ability to independently assume a variety of roles, such as diagnostician, teacher, psychotherapist, supervisor, consultant, etc. including development of interprofessional core competencies consistent with entry-level psychology practice;
* Assist the Intern to understand and to strengthen his/her unique and independent characteristics as a professional and a psychologist;
* Facilitate a transition from trainee to independent professional within the context of an ever-changing health care arena, and become better prepared for the reality of the practice environment including practice as part of interprofessional healthcare teams.

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# Schedules

NWI work schedules for trainees, as well as full time psychology staff are typically Monday through Friday, 8:00 AM to 4:30 PM (Military time: 08:00 to 16:30; aka “Tour of Duty” or “Tour”). This is the default schedule for all Interns. Thus, unless otherwise given advance permission, Interns are expected to be on site and ready to engage in internship activities at 08:00 AM, take only 30 minutes for lunch, and leave no earlier than 04:30 PM. Similar to requirements for permanent employees, Interns may request a change of tour of duty, which must be approved in advance by both the Chief of Psychology and Training Director. To meet the breadth and depth of available training, the expectation is that Interns will often average 45-50 hours per week, particularly early in the training year, depending on their prior training coming into the Internship. Interns are trainees, and for that reason, there is no ‘overtime’ or AA for this additional time spent in training activities - for example, Interns staying late one night must still come in at 08:00 AM the following day. There is “equivalent time off” for time actually en route traveling outside of the regular ‘tour hours. See: [NWI Intern Authorized Absence](#_NWI_Intern_Authorized) for details.

Interns may work with the Acting Training Director and Chief of Psychology to get approval for individualized schedules in order to meet certain clinical experiences (e.g., when the Intern and the Primary Rotation supervisor desire the Intern to have routine involvement in evening or Saturday clinics). Without prior approval, the standard five-day tour of duty is from 08:00 to 04:30 PM.

Arriving after 08:00 AM should be the rare exception rather than a regular occurrence. Habitual lateness (arriving after 08:00 or the designated start time if a tour change is approved) or habitually leaving early may result in the Intern being deemed to having used Annual Leave for the time missed, per the Chief of Psychology. **Please note that the VA does not close for inclement weather.**

In addition to their 30-minute lunch period, Interns will have a half-hour (from 12:30 to 01:00 most days M-F) that is purposely scheduled as “protected” time in order give all Interns the option to informally meet with each other, whether in person, or via the VA’s internal messenger system (Microsoft Lync), the Cisco Jabber V-tel system from their office computers, or by phone.

An Intern’s particular schedule is based on individual rotations and that Intern’s Internship plan. As may be seen in the sample schedules along with individualized descriptions of the training sites later in this document, the sample week in Lincoln might look different from a sample week in Grand Island, and the weekly schedule of two Interns at the same site may be quite different regarding particular activities on particular days. However, all experiences will allow Interns to develop the common set of core competencies necessary for sucessful completion of the internship. Sample schedules might be:

* + [Grand Island Schedule Examples (subject to change)](#_Grand_Island_Schedule)
  + [Lincoln VA Schedule Examples (subject to change)](#_Lincoln_VA_Schedule)
  + [Norfolk CBOC Schedule Examples (subject to change)](#_Norfolk_CBOC_Schedule)

Following the end of the two-week orientation period, clinical activities begin at all training sites. For example, Lincoln and Grand Island-based Interns this is the start of the first of three Primary Rotations, each lasting approximately 16 weeks and, depending on electives, encompassing 16-24 hours per week:  General Mental Health, Primary Care Mental Health Integration, and PTSD. All four training sites follow the same evaluation schedule and focus on training towards the overall competencies described elsewhere.

Note that Interns are expected to be physically on-site the first day of the Internship and the last day of the Internship. Interns in the 2019-20 Internship year report at 08:00 AM on Monday August 20, 2018 at the place designated by the Training Director. Please note that paperwork is likely to list Sunday August 19 as the official beginning of the two-week Federal pay period. Timing may vary and the first stipend installment is typically made via electronic transfer on the third Friday of the training year (September 8th for the 2019-20 training year), and every two weeks thereafter for 26 equal installments. See [Stipend and Benefits](#_Stipend_and_Benefits_1) and [Training year defined](#_Training_year_defined:) for additional details.

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# Requirements for Completion of the Internship

1. **By the end of the training year, Interns must have met each of the APA-defined (and any NWI-defined) competency areas with a rating “4” (*Year-End Intern Level*) or higher.**

* **See:** [Program Goals & Core Competencies](#_Core_Competencies)

1. **A. Interns must be full-time and present on-site on both the first and last days of**

**the training year to be able to document a “full 52-week” internship per APA**

**requirements; and,**

1. **Interns meet the minimum hour requirements and must spend 25% of their time**

**in direct, face-to-face clinical service.**

These are each described in turn:

1. **By the end of the training year, Interns must have met each of the APA-defined (and any NWI-defined) competency areas with a rating “4” (*Year-End Intern Level*) or higher.**

* **See:** [Program Goals & Core Competencies](#_Core_Competencies)

Formal evaluation of individual Intern competencies occurs three times a year, coinciding with the end of each of the three rotations in Lincoln and Grand Island. The goal of the evaluation process is benefit the Intern’s progress to successful completion of the Internship by guiding the Intern’s priorities while there is time to improve and meet the minimum competencies required. In addition to their weekly discussions, supervisors and Interns engage in somewhat more structured yet still informal mid-rotation reviews during their regular supervision hours, using the Intern’s individualized training goals, the rotation expectations, and the evaluation forms to guide the discussions in order to give time within the rotation to make necessary adjustments. Frequent review and/or evaluation provides timely feedback that validates trainees’ achievements by noting areas of strengths; this also facilitates trainees’ further growth by identifying areas that would benefit from additional training, and similarly provides feedback to the Internship.

The formal evaluations occur at the end of each rotation period. The process takes into account three principles: (a) that psychological practice is based on the science of psychology which reciprocally influences and is influenced by the professional practice of psychology; (b) that training for practice is sequential, cumulative, and graded in complexity; and (c) that integrating these skills within the interprofessional core competencies are key to modern psychological practice. Educational quality is linked to content in terms of individual knowledge, skills, achievement, and the ability of the Intern to integrate these together in an adaptive manner to meet the needs of a diverse group of patients. Finally, ratings on the competency evaluations of individual Interns serve as markers for the overall success of the program.

Beginning in the Summer of 2018, the Internship initiated a two-step process within the formal evaluation at the end of each rotation.

* First, each primary rotation supervisors make their individual ratings and then review these ratings within a one-to-one discussion with the Intern (typically in a scheduled supervision meeting).
* The Intern is given a copy of the supervisor’s signed ratings and time to then return the evaluation form with the Intern’s signature indicating agreement or disagreement and any reasons for disagreement the Intern chooses to give.
* This is then signed with a copy to the Intern and to the Training Director for signature.
* Shortly thereafter, there is a “consensus meeting” of supervisors outside the presence of the Intern. The consensus meeting is designed to ensure the Intern gets credit for demonstrating competencies observed across multiple settings and across multiple supervisors that may not have been observed by the primary rotation supervisor, as well as the opportunity for developing remediation plans for any areas not already identified as needing remediation.
* The consensus meeting results in a signed consensus evaluation. This is signed at a minimum by the primary rotation supervisor and any others present with the primary rotation supervisor, with a list of those supervisors attending the consensus meeting who were unable to sign (e.g., participating via phone or V-tel).
* A copy of the signed consensus evaluation is provided to the Intern by the primary rotation supervisor.
* The Intern is given 24 hours to return the evaluation form with their signature indicating agreement or disagreement, and again given the opportunity to express reasons for disagreement.
* The signed form is sent to the Training Director (both as a pdf immediately and a paper copy through the VA mail system).
* This final form is signed by the Training Director with a paper copy for the Internship physical file, a pdf copy for the Internship virtual file, and a pdf copy returned to the Intern for his/her records.

A grievance process with articulated steps providing due process is available to resolve any disputes regarding progress toward meeting competency criteria or any other aspect of the Internship throughout the training year at any part of the evaluation process. The goal of the Internship is to assist Interns in attaining all competencies at the required level for successful completion. If necessary, the Training Director and the Internship Supervisor Committee, with consideration of Intern input if any, will develop an individualized plan of remediation which if followed is designed to bring the Intern to meet all expected competencies and successful completion of the Internship.

1. **A. Interns must be full-time and present on-site on both the first and last days of**

**the training year to be able to document a “full 52-week” internship per APA**

**requirements; and,**

**B. Interns meet the minimum hour requirements and must spend 25% of their time**

**in direct, face-to-face clinical service.**

The Internship is a 52-week, with 2080 funded hours. The 2019-20 training year is a leap year so has an extra day in February. The dates making up the 52 weeks are:

**Monday August 19th, 2019 through Friday August 14th, 2020**

Your official appointment has to be over one year (even if only one year and a day) in order to receive benefits. The VA paperwork you eventually receive from HR is likely to indicate something similar to:

**Sunday August 18th, 2019 through Sunday August 16th, 2020**

Funded hours includes annual leave, federal holidays and sick leave that (if taken) do not ‘count’ towards internship hours. Consistent with APA Accreditation, the Internship is required to be a ‘full 52 weeks’, which is interpreted to require on-site presence by the successful graduate on both the first day and last day of the training year. This also protects the Intern as many states also require a ‘full 52 week’ internship for licensure. Other than the requirement for a ‘full 52 weeks,’ APA Standards of Accreditation do not mention a specific number of hours being required, but rather focuses on profession-wide competencies.

As noted in [Appendix A: Internship Admissions, Support, and Initial Placement Data](#_Appendix_E:_), there are four hours per pay period for Annual Leave (104 hours) and 10 federal holidays. Interns accrue four hours of sick leave per pay period (104 hours). Thus, the minimum requirement is for approximately 1,752 hours over the course of the training year, although successful completion of the internship is competency based and not simply the number of hours in training. Although the NWI Internship does not require 2,000 hours, Interns are encouraged to consider completing 2000 training hours as for some future employers 2000 hours may give the graduate competitive edge (all other factors equal).

Per APA accreditation standards, the successful Intern will have at least 25% of his/her time in face-to-face clinical activities (aka ‘direct’ clinical activities). Time spent shadowing supervisors doing clinical work while learning new skills may be counted towards this requirement, typically at the beginning of the training year and at the beginning of subsequent rotations when learning new skills.

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# Stipend and Benefits

See the following VA website for additional details: <http://www.psychologytraining.va.gov/benefits.asp>

**Stipend:** Interns receive a competitive stipend paid in 26 biweekly installments.  The first installment is paid at end of week three of the Internship (covering the first two weeks of duty). VA Internship stipends are locality adjusted to reflect different relative costs in different geographical areas.  Effective July 1, 2018, the stipend for the VA NWI Internship is **$26,166** (or approximately $1,006 per biweekly pay period **before taxes**).

**Benefits:** VA Interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners.  However, unmarried partners of either sex are not eligible for health benefits. Dental and vision insurance are also made available to interns if they wish to sign up for one or both. HR can also provide information about other benefits – for example a child care stipend may be available for trainees. For additional information about some of the benefits, see: <https://www.va.gov/oaa/AHE_Fed_Health_Life.asp>

**Holidays and Leave:** Interns receive the 10 annual federal holidays.  In addition, Interns accrue four hours of sick leave (SL) and four hours of annual leave (AL) for each full two-week pay period as an Intern, for a total of between 96 and 104 hours of each during the year.

**Authorized Absence:** According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence (AA) without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training.

**Liability Protection for Trainees:** When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

***NWI INTERNSHIP CLARIFICATION NOTE:***

1. All trainees earn and use the same amount of AL and SL leave throughout the training year. As such, trainees with prior federal service will not earn leave at greater amounts than available to all other Interns, nor will trainees with prior federal leave be allowed to use leave at a rate greater than that available to all other Interns. In other words, the same amount of holiday and AL will accrue regardless of amount of prior federal service, as described above.

1. See [NWI Intern Authorized Absence](#_NWI_Intern_Authorized) below for a more in-depth description of the three types of NWI Internship defined authorized absence (AA) available to NWI Interns in their roles as trainees. These have been developed and defined within the discretion of the NWI Training Director and Chief of Psychology as being related to activities providing substantial benefit to the VA. These are divided into three categories to differentiate limited circumstances under which this is granted.
2. Interns are encouraged to save a significant amount of annual leave accrued and any AA granted in order to allow the Intern sufficient time for travel to and from post-doc interviews and job interviews, as applicable.
3. To safeguard the APA accreditation of the Internship (and meet restrictive licensure requirements in some but not all states), Interns must be physically present on site on the first and last day of the Internship; thus, Interns may not curtail their training year by 'saving' leave or AA days in order to finish the internship in less than the full 52-week time span.
4. Interns are strongly encouraged to use all AL prior to the end of the training year; as such, decisions to grant AA described below may include consideration of whether the Intern also using available AL for these purposes. Per current VA Office of Academic Affiliations directives, any AL not used must be reimbursed to Interns leaving the VA at the completion of the training year. If there is no break in service and the Intern is going to another VA for post-doc or post internship employment, then the Intern can work with HR at both sites to arrange for AL and SL to be transferred to the new VA. Note that this requires the NWI HR to be informed by the other VA; therefore the Intern should work with the post-doc training director or the Chief of Psychology at the new VA to coordinate with NWI’s HR in a timely manner to ensure this happens. Whether or not there is a break in service, there may be a mechanism for SL to be transferred to a new VA (whether Interns go directly to a VA for post-doc or job, or the Intern leaves the VA and then subsequently returns to VA service).
5. After leaving the VA Internship and before transferring insurance at the post–Internship positions (whether post-doc or employment or if on extended leave without pay for whatever reason), Interns are encouraged to talk with NWI HR specialists about options and costs of extending health insurance coverage, as well as regulations about how to go about this, so Interns may make informed choices.
6. Once at the VA, Interns may access the internal VA intranet including the Office of Academic Affiliations FAQ page for further details about benefits, etc.: <http://vaww.oaa.med.va.gov/FAQS/details.aspx?TID=16&Cat=4>

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## NWI Intern Authorized Absence \*\*\*

There are three types of **discretionary** AA defined by the NWI Internship which may be granted. These related to activities deemed by the NWI Training Director and Chief of Psychology as providing substantial benefit to the VA and its educational mission. These three types of discretionary AA are not available to employees and have been given the following descriptors:

1. “five-day AA”
2. “travel-related equivalent time off AA”
3. “education-related AA”

All leave, including discretionary AA, must be requested through the Chief of Psychology (or by a process outlined by the Chief of Psychology) and should be planned to minimize absences during mandatory training experiences. A “Certificate of Internship" is issued upon successful completion of the “full 52-week program” per APA Accreditation requirements.

Requests to use AA are not automatic (see below) and are not reimbursable or transferrable when leaving the Internship.

**First**, up to five days of AA (hereinafter **“-days AA”**; 40 hours total) **may** be granted at the discretion of the Training Director and/or the Chief of Psychology taking into consideration the Intern’s progress in training, clinical needs of the Intern’s patient caseload, prior use of AA, use of other leave, etc. Per the decision of the NWI Training Director and Chief of Psychology, use of “5-days AA” is restricted to the following: post-doc interviews, job interviews, and dissertation defense, and may **not** be used for other purposes.

The **second** type of discretionary AA granted through the Internship to trainees is “**travel-related equivalent time off AA.**”  Please note: Per VA Handbook 5007 Part II Chapter 2, Interns are not employees and therefore are not eligible for “comp time” nor “overtime pay for engaging in over 40 hours of internship-related activities per week. However, travel is part of rural practice and NWI Doctoral Psychology Interns are required to engage in intermittent travel between rural facilities. As a result, the NWI Internship has elected to define a limited procedure entitled “travel-related equivalent time off AA.” A limited number of “travel-related equivalent time off AA” may be granted provided the Intern is current with all Internship expectations and is designed to offset travel time outside the minimum required regularly scheduled tour of duty during which the Intern was actually in transit related to travel between VA training sites. This includes, for example, travel during the first two weeks orientation period as well as travel during assessment clinic Fridays and for didactics-related travel across NWI training sites. All such travel must have prior approval from the supervisor and Training Director.

We estimate over the course of the training year, up to 40 hours of “travel-related equivalent time off AA” may become available for Interns based in Lincoln, Grand Island and (if funded) Omaha, and possibly somewhat more for the Intern based in Norfolk. Use of accrued travel-related “travel-related equivalent time off AA” is **allowed not only** for the purpose of the “five-days AA” (described above) **but also for** the following education-related purposes: dissertation data collection or writing, meetings with dissertation committee members, visiting matched post-doc sites, or attending graduation. Other similar purposes can be considered on written request and rationale to the Training Director. Another use of “travel-related equivalent time off AA” that may be approved by the Internship could be related to an Intern negotiating an extended leave due to documented medical issues.

The **third** type of discretionary AA, **“education-related AA”** is for situations where 1) the Internship itself suggests Interns attend a training or other educational training off-site, 2) an Intern decides he/she would like to attend and requests for AA to attend, **and** then 3) does in fact attend the training or other suggested educational activity. For example, when the internship offers Interns the opportunity to attend the Fall and Spring Conferences of the Nebraska Psychological Association (and assuming there are no reasons why the request for AA would not be granted e.g., the Intern is currently meeting all internship requirements, for example), then the AA hours granted would not be charged against the Intern’s “5-day AA.”

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# Facility and Training Resources

Interns matched to the NWI Doctoral Internship in Clinical Psychology are stationed at one of four training sites based on the APPIC approved Internship Match process through the National Matching Service: Grand Island VA, Lincoln VA, Norfolk CBOC, and Omaha VAMC.

The NWI Mental Health and Behavioral Science Division has allocated adequate facilities conducive to a supportive training environment, with office space in Grand Island, Lincoln, Norfolk and Omaha as needed. Interns have assigned physical office space in their base station with access to office space wherever they are providing care if away from their offices. They have access to computers in their home office and at other sites, as well as computer access in any temporary offices. Interns have access to telehealth equipment.

Interns based in Lincoln, Norfolk and Omaha are assigned to their own offices in which they are able to do therapy and testing or other assessment. Interns based in Grand Island share a single office in which they do not meet patients. Instead, Grand Island-based Interns have access to private ‘hotel’ offices and conference rooms they can reserve for meeting with patients for therapy and testing or other assessment. Interns at all four locations have their own desks, locking drawer space, separate phone numbers, and separate voicemail. Appropriate temporary office space is provided to Interns when travelling to Polytrauma in Omaha.

Library resources are also available and include access to the VA Medical Library in Omaha with interlibrary loan clerk assistance, as well as the VA’s access to electronic library databases. Local resources also include the medical libraries associated with the University of Nebraska Medical Center in Omaha, UNO, and UNL.

Various psychological tests and other assessment materials are provided for use at the four training sites.

Each Intern may access their VA file system from any VA computer within the NWI system and may apply to the VA Administration for remote computer access if approved by the Chief of Psychology.

Use of VA station cars is available in Grand Island, Lincoln, and Omaha. The Norfolk-based Intern is reimbursed for using his/her own car for travel at the current federal rate. Reimbursement rates typically change each year. For FY 2018 the rate is $0.545 cents per mile. For more information, see:

<https://www.irs.gov/newsroom/2016-standard-mileage-rates-for-business-medical-and-moving-announced>

<https://www.patriotsoftware.com/payroll/training/blog/what-is-mileage-reimbursement/>

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***Policies and Procedures***

The NWI Internship program adheres to and makes available to all interested parties formal written policies and procedures that govern Intern selection; practicum and academic preparation requirements; administrative and financial assistance; Intern performance evaluation; feedback, advisement, retention, and termination; and due process and grievance procedures for Interns and training staff.

Our privacy policy is clear: We will collect no personal information about you when you visit our website.

# Training Staff

The Internship Faculty/Supervisors are listed for each of the training sites along with site-specific information and may be found using the links below. Note the staff with \* by their name are part time staff.

[Grand Island-based Psychology Staff:](#_Grand_Island-based_Psychology)

[Lincoln-based Psychology Staff:](#_Lincoln-based_Psychology_Staff:)

[Norfolk-based Psychology Staff:](#_Norfolk-based_Psychology_Staff:)

[Omaha VAMC Psychology Staff:](#_Omaha_VAMC_Psychology)

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# NWI Facilities/Training Site Information:

The map below of the eastern half of the state of Nebraska offers a sense of where the main NWI facilities/training sites are in relation to each other. Drive times estimated are in good weather on dry roads; more time should be allowed under varying weather conditions.

Roughly speaking, the Grand Island VA is almost exactly 100 miles (parking lot to parking lot) from the Lincoln VA, and takes approximately 2 hours’ drive-time in good weather.

The Norfolk CBOC is approximately 2.25 to 2.5 hours’ drive-time from each of the other sites (Grand Island VA, Lincoln VA and Omaha VAMC) depending on your route and driving habits. Because there is little if any interstate travel, weather conditions may make a more significant impact on drive times to and from Norfolk.

The Omaha VAMC is almost exactly 50 miles (parking lot to parking lot) east of Lincoln VA

and about 50 minutes’ drive time in good weather



For winter driving conditions in Nebraska, see: <http://www.511.nebraska.gov/atis/html/index.html> which is updated frequently by the Nebraska State Patrol to describe current road conditions. There is also a “511 Nebraska” smart phone app.

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# *Site-Specific Training Experiences*

Go to [Shared Attributes Across Training Sites](#_Shared_Attributes_of) for aspects of training that is shared across training sites or for additional information go to the [Table of Content Links](#_Table_of_Content) or [Top of the Document](#_top). Links to the four sites are also found below:

[Grand Island VA](#_Grand_Island_VA_1)

[Lincoln VA](#_Lincoln_VA_2)

[Norfolk CBOC](#_Norfolk_CBOC)

[Omaha VA Medical Center](#_Omaha_VA_Medical)

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# *Grand Island VA*

**3 Internship Positions**

**Track 221715 : “NWI - Rotation Based – Grand Island VA”**



The Grand Island VA sits on a picturesque parcel of land, is easily accessible, and has plentiful parking. The Grand Island VA is 100 miles from the Lincoln VA (parking lot to parking lot) and about 150 miles to Omaha.

Known locally as the “Grand Island VA”, the Grand Island training site is technically a very large CBOC (Community Based Outpatient Center) but may also be considered to be a hospital due to having residential services. In the 1990’s the Grand Island VA, along with the Lincoln VA and the Omaha VA – all then freestanding VA hospitals - merged into the VA Nebraska-Western Iowa HCS (NWI). Inpatient medical and psychiatric services, surgical services and medical specialty care consolidated in the Omaha VAMC. The Omaha VAMC is a full-service VA Medical Center with NWI’s only 24-hour emergency services department. The Omaha VAMC also houses NWI’s higher echelon administrative structure. Since the 1990’s, services at the Grand Island VA have included outpatient mental health, outpatient primary care, and two residential programs: a rehabilitative/nursing home known as a Community Living Center (CLC) and residential substance abuse treatment program.

Mental health services in Grand Island include both General Mental Health (with one psychologist and several clinical social workers), and PTSD focus within General Mental Health (which includes one psychologist and two clinical social workers designated “PTSD Specialists”) There is also one psychologist integrated into Primary Care (PCMHI). The GMH psychologist also serves the residential substance abuse treatment unit (SAARTP) in Grand Island (18 beds). In addition, a psychologist functions part time within the treatment team in the 54-bed CLC skilled nursing home which accepts referrals from across the NWI system, although for Veterans living far afield it is preferred that they utilize a nursing home in the Veteran’s home community if possible. That psychologist’s other half-time function is to do telehealth interventions. Grand Island provides more telehealth training to Interns than other sites because of this, although the other sites are striving to catch up.

Approximately 80% of the individual Veterans seeking services of any kind at the Grand Island VA are from rural or highly rural counties. Approximately 80% of the in-person, face-to-face mental health encounters in Grand Island are with Veterans from rural areas, with an additional approximately 10% from highly rural areas. Urban referrals to the Grand Island facility are typically to the Residential Substance Abuse Program. In addition, some Veterans from urban areas may spend time at the Grand Island CLC for annual care-giver (and Veteran) respite stays.

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# Grand Island Rotations

# The following provides specific information that is site-specific to the Grand Island VA training site. See [Shared Attributes of Across Training Sites:](#_Shared_Attributes_of) for aspects of training shared across training sites.

Outpatient General Mental Health (GMH) - This is a general outpatient clinic providing a full range of mental health treatment to Veterans diagnosed with mental health disorders including mood and anxiety disorders (other than combat-related PTSD) and psychotic disorders. One of the psychologists in Grand Island is not yet licensed. As a result, , the primary rotation supervisory duties in GMH are currently shared by Drs. Duke and Krebs, who are supervisors of the PCMHI and PTSD rotations, respectively. Dr. Duke had been the GMH primary supervisor for many years before transferring into PCMHI. In addition, the Intern has access to Dr. Diane Todd, not only in her role as Assessment Clinic supervisor, but also due to her superb clinical skills generally and her duties as a telehealth specialist and Community Living Center psychologist.

Interns provide individual and group psychotherapy, initial evaluations, team consultation, and diagnostic assessment. Interns gain exposure to evidence-based treatment modalities including CBT and ACT etc., as well as other evidence-supported interventions. Group interventions in which Interns are required to participate are set by the primary rotation supervisors. These typically include Mindfulness Group and ACT group. Additionally, the following groups may be available in which interns may participate: Seeking Safety group, Barlow’s Transdiagnostic groups (titled Mood Management), Cognitive Behavioral Therapy for Depression, and Anger Management groups. Interns also learn to develop treatment plans and interventions that are aligned with Veterans’ individualized preferences and goals. The clinic’s interdisciplinary team consists of psychologists, social workers, mental health nurse practitioners, and psychiatrists. There are opportunities for interdisciplinary collaboration and honing skills for working in interdisciplinary settings. Interns participate in a weekly interdisciplinary mental health clinic treatment team meeting (sometimes called a “huddle”), as well as larger monthly interdisciplinary mental health meetings. NWI also implemented outpatient mental health teams (Behavioral Health Interdisciplinary Program teams - BHIP), with current Interns as active participants. Through their participation on BHIP teams, Interns learn through experience and supervision discussions how teams provide a means of leveraging the expertise of individual members and provide recovery-oriented, evidence-based treatments for mental health issues presented by Veterans.

When completing this 4-month rotation Interns will be required to travel to Norfolk once a month - typically on the first Friday per month (weather permitting). The Intern will be accompanying their rotation supervisor who provides area level supervision to the Norfolk Intern since the tour of duty for the psychologist stationed at the Norfolk CBOC is Monday through Thursday.

There is significantly more access to substance abuse treatment training in Grand Island than at the other two training sites, due to the presence of the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). There is no separate substance abuse rotation, as this is incorporated with the General Mental Health rotation. However, Interns may discuss extending their SUDP experiences through a limited use of elective hours outside the GMH rotation. While on the GMH rotation, Interns based in Grand Island have the opportunity to work with patients from the SARRTP. SARRTP is a residential treatment program for patients with problems with alcohol and other drugs. This multidisciplinary unit treats both drug and alcohol dependent patients with the understanding that many of the patients also suffer with a variety of mental health problems. The treatment program aims to improve the quality of life for veterans by integrating substance abuse services with evidence-based psychological services with a strong emphasis on the practice of mindfulness. The program emphasizes individual and group psychotherapy. Substance use treatment and psychological services are integrated into a program which consists of the principles of bio-psychosocial rehabilitation, combining pharmacological, psychological, educational, and social interventions to assist the veteran in recovering a healthy lifestyle and to establish a meaningful role in the community. Psychology Interns in the Grand Island General Mental Health rotation have the opportunity to receive training in group therapy, individual therapy, clinical interview assessment, and psychodiagnostic testing.

Post-Traumatic Stress Disorder - Treatment for PTSD (military/combat and non-military/combat) in Grand Island is conducted by clinicians from the General Mental Health Clinic who specialize in trauma treatment. This rotation is supervised by Dr. Krista Krebs, who is also a co-facilitator of the VISN-23 PTSD Mentors Workgroup. She has a particular interest in PE as well as treating ‘moral injuries’ and is the primary provider of PTSD-related didactics. At least three Grand Island clinicians (1 psychologist and two highly experienced clinical social workers) are VA-certified in Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Grand Island-based Interns will greater opportunity to shadow clinicians certified through the VA in PE and CPT than elsewhere in the NWI Doctoral Internship in Clinical Psychology. Training is also done through involvement in individual therapy, and co-facilitate evidence-based group therapies. If available and as directed by their Primary Rotation supervisor(s), Interns are also involved in various therapies for Veterans not ready or otherwise not appropriate for more direct trauma work. These could include the application of ACT to PTSD; involvement in group interventions (e.g., Relaxation Group, Mindfulness Group, or Seeking Safety, Imagery Rehearsal Therapy for Nightmares, and CPT group). During this rotation Interns have in the past been required to participate in Dialectic Behavior Therapy (DBT) Skills Group which is facilitated by Social Worker DBT Therapists. This requirement is likely to continue, however due to the growth of social work practicum students in Grand Island, the logistics of how this occurs in Grand Island are currently being worked out. Similarly, if there are new NWI staff who need DBT training, they may also take precedence over trainees. Interested Interns may investigate whether they could be assigned to engage in individual DBT therapy if deemed appropriate by the PTSD supervisor and part of the Intern’s individualized training plan. In addition, Interns will be involved in all aspects of treatment including diagnostic assessment, treatment planning, individual psychotherapy, and group psychotherapy. If interested, Interns may meet with the local Military Sexual Trauma (MST) coordinator for Grand Island and participate in or help develop treatment programs/options.

Primary Care - Mental Health Integration (PCMHI) - The PCMHI rotation experience is somewhat different in Grand Island from the PCMHI rotation experience in Lincoln and the year-long experience in Norfolk. This rotation is supervised by Dr. David Duke.

NWI has been a leader in Primary Care - Mental Health Integration, with psychologists, social workers, and psychiatrists integrated into our primary care clinics. The Grand Island PCMHI team uses a co-located collaborative care model and interacts extensively with Primary Care staff including physicians or allied health providers, nursing, pharmacy, dieticians, social work and medical support staff. Primary care staff in Grand Island often contact the PCMHI team to either meet a patient while in the primary care office, or to enlist assistance with consultation or liaison services. Primary Care medical providers request help with a variety of needs or issues related to lifestyle and behavioral difficulties, such as medical compliance and health promoting practices; coping with illness or chronic diseases, pain management, sleep difficulties, crisis situations, coordination of care, and brief treatment of psychological conditions.

The Grand Island PCMHI rotation offers training in individual assessment and brief intervention, as well as group psychoeducation. Interventions may include: crisis management, relaxation training, smoking cessation, weight management, chronic illness self-care, goal setting, short-term psychotherapy, motivational interviewing, problem-solving groups, behavioral self-analysis and assertive communication training. The PCMHI Rotation emphasizes training in consultation skills, effective clinical communications, and health coaching practices. Interns also develop skills in educating medical staff from an array of professional backgrounds through the provision of in-services and brief consultation. The PCMHI Rotation requires familiarity with medical syndromes; psychological problems that impact medical care outcomes; and methods of communication to which medical providers are responsive; thus Interns receive extensive exposure to appropriate methods of written, electronic, and verbal interdisciplinary communication, report writing and other documentation.

Interns in the Grand Island PCMHI Rotation are involved in all aspects of treatment, including diagnostic assessment, consultation, individual psychotherapy, and group psychotherapy, as well as program development and team building practices key to the PCMHI role. Interns also attend Patient Aligned Care Team (PACT) meetings, as well as team led huddles to enhance exposure to effective communication and interprofessional team processes.

Evidence-based psychotherapies learned in the PCMHI rotation typically include CBT for Insomnia (CBT-I) and other sleep interventions, as well as CBT for Chronic Pain (CBT-CP). Interns on the PCMHI rotation participate as the mental health provider in the “Yoga for Chronic Pain” group for which NWI contracts with a community yoga instructor. Interns lead group therapies such as Brief Problem Solving Therapy, Sleep Education group, and a 4-session Depression group. A significant training activity is Interns’ participation in the weekly Interdisciplinary Pain Clinic, a specialty clinic serving Veterans with complex cases of chronic/intractable pain. With supervision, Interns conduct chronic pain assessments / evaluations, provide brief intervention, and assist with coordination of psychological care for patients with chronic pain. Interns will also be able to assist with the multidisciplinary psychoeducational class, Chronic Pain 101, as well as co-facilitate "Managing Chronic Pain" therapy groups. The Chronic Pain 101 includes a telehealth component with Veterans participating from several sites and offers information about effective pain management and includes topics about stress, activity pacing, living a balanced lifestyle, cognitive restructuring, anger management, assertiveness, family dynamics, and relapse prevention. A variety of treatment modalities are utilized within Pain Psychology.

One of the interventions offered through PCMHI is weight management. At the VA this program is called MOVE. MOVE is a national weight management program designed by the [VA National Center for Health Promotion and Disease Prevention (NCP)](http://www.prevention.va.gov/), a part of the Office of Patient Care Services. MOVE is a multi-stepped model of increasingly intensive interventions designed to help Veterans lose weight, keep it off and improve their health. MOVE features five levels of care, ranging from individual counseling and dietary intervention, group psychoeducation, medication management for weight loss, Very Low Calorie Diet programs, to bariatric surgery. NWI is the only site in the upper Midwest offering all five levels of intervention. Interns may be involved with psychological assessment and individual/group interventions. Interns will be exposed to evidenced based health behavior interventions, Motivational Interviewing (MI) and CBT. Interns may participate in interdisciplinary team meetings and staff education. Very occasionally, Interns might be able to be involved in Bariatric pre-surgical evaluations, although these do not arise often. The NWI MOVE program offers a weekly group to Veterans at all NWI locations, connecting them via telehealth. Facilitators/presenters rotate and the PCMHI Psychologist does presentations occasionally.

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# *Grand Island Assessment Clinic*

This year-long training experience involves neurocognitive screenings and occasionally more complex neuropsychological assessments (e.g. Grand Island area Veteran in need of Polytrauma evaluation). Beginning in the 2016-17 training year, and likely continuing in 2017-18, Dr. Diane Todd has become the Assessment Clinic supervisor across all rotations. She is backed up by the other Grand Island psychologists who have excellent assessment skills as well, and were previously rotated through the Assessment Clinic supervision role for the 5 years prior to Dr. Todd taking over.

Please see the general requirements for the Assessment Clinic for all Interns at all three training sites for additional details. In addition to gaining “area level” supervision status early in the training year, at some point in the training year, each Grand Island-based Intern is required to demonstrate basic competencies (essentially equivalent to “area level” supervision) in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT. However, only the Lincoln-based Interns will be required to actually administer the Polytrauma battery near the beginning of their General Mental Health rotation.

Grand Island-based Interns will not necessarily have opportunities to administer them for an actual evaluation of a Veteran, depending on opportunity. The Grand Island-based Interns may choose to administer parts of this battery in individual cases in Grand Island under the supervision of their Grand Island Assessment Clinic supervisors and may request consultation from the Polytrauma psychologist who is often present during Assessment Clinic group supervision via V-tel. Occasionally the Polytrauma psychologist travels to Grand Island to administer the battery, at which times Grand Island-based Interns have been invited to observe or to administer under the Polytrauma psychologist’s observation depending on the Intern’s demonstrated competencies. Whether or not those opportunities arise, Interns in Grand Island prepare by practice administering the tests with fellow interns and supervisors during individual and/or group supervision. In addition, they are given access to samples of completed protocols and reports which they may review and discuss in order to obtain basic competencies. Provided the neuropsychologist is available, Grand Island-based Interns interested in improving their neuropsychological skills may request to use some of their elective time to write reports under the Polytrauma neuropsychologist’s supervision, basing their report on test administered by the neuropsychologist or other clinician acting as their psychometrist.

See [Assessment Training](#_Assessment_Training) for further details about the Assessment Clinic shared across all three NWI Internship training sites.

# Other experiences that Grand Island-based Interns may choose to incorporate into the primary rotations/Assessment Clinic are:

Community Living Center (CLC) - The CLC for NWI is housed in the Grand Island VA. The mission of the CLC is to provide compassionate care to eligible Veterans with sufficient functional impairment to require this level of care. Veterans with chronic stable conditions including dementia, those requiring rehabilitation or short term specialized services such as respite or intravenous therapy, or those in need of comfort and care at the end of life are served in the CLC. A full-time psychologist, Dr. Diane Todd, provides 0.5 FTE as part of the CLC multi-disciplinary team, providing cognitive and psychological assessments and team consultation. Interns may also gain experience in interventions that assist Veterans and families cope with death and dying issues.

Access to the Grand Island CLC provides Interns interested in geriatric care a wealth of experiences related to skilled nursing facilities. This also applies to non-geriatric Veterans with significant health issues more generally. Interns may be involved with the CLC for assessment Clinic referrals during the year-long Assessment Clinic. They may be involved with CLC patients during the General Mental Health rotation, providing psychotherapy for residents due to any number of psychiatric issues, and during the PTSD rotation due to trauma-related issues. When on PCMHI rotation Interns are not likely to see Veterans from the CLC. They are however very likely to see Veterans from the local state-run Veteran’s Home or community skilled nursing facilities who are seen on-site at the Grand Island VA.

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# *‘Elective’ Hours*

Interns at all three training sites may use ‘elective’ hours in which they may further individualize their training program. ‘Elective’ experiences must be approved by the primary supervisors and Assessment Clinic supervisors, as the Intern must be meeting all other Internship expectations before using “elective’ hours. Please see details at the following [Shared Attributes of Training Sites](#_Shared_Attributes_of).

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# Grand Island Schedule Examples (subject to change)

Note that the 2nd Wednesday of the month, Interns from all sites travel to meet face-to-face as a group in a single location for rural-focused training and other diversity activities and didactics (weather permitting); to facilitate travel back to the home station, the “Depth” didactics move to Monday afternoons those weeks.

**Grand Island GMH Rotation**

Day                Hrs   Duties

|  |  |  |
| --- | --- | --- |
| Monday | 8+ | AM: 1-hr 8AM Group Supervision (with Site Supervisors)  AM: Electives e.g., Primary Rotation experiences; ‘Elective’ experiences  PM: Primary Rotation experiences; 1-hr Peer Supervision |
| Tuesday | 8+ | AM: 1-hr individual Supervision; SA Mindfulness Group;  AM: Final Draft Assessment report writing & submission  PM: Primary Rotation experiences; 1.5-hr Grp Assessment Supervision  Noon: Psychology Staff Meeting (1x per month) |
| Wednesday | 8+ | AM: Primary Rotation Experiences; ‘Elective’ experiences  AM: Individual Supervision  PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series  PM: Psychology Staff Meeting (4th Wed only) |
| Thursday | 8+ | AM: Primary Rotation experiences; ‘Elective’ experiences  AM: Backup 1.5 hr Assessment Clinic group supervision time  PM: Primary Rotation experiences; ‘Elective’ experiences; Transdiagnostic Grp |
| Friday | 8+ | AM: Individal Supervision; Assessment, Scoring (& begin report writing)  PM: Draft Report Writing; Integrated Recovery Group  PM: Possible back-up for or individual supervision 15:30-16:30  (e.g., due to Federal Holidays, sick leave, schedule changes, etc.) |

**Grand Island PTSD Rotation**

Day                Hrs   Duties

|  |  |  |
| --- | --- | --- |
| Monday | 8+ | AM: 1-hr 8AM Group Supervision (with Site Supervisors)  AM: Assessment Testing & Scoring  PM: Scoring & Draft Report writing; 1-hr Peer Supervision |
| Tuesday | 8+ | AM: Primary Rotation Experiences; 8:30-9:30 DBT Consultation Group;  PM: Final draft of Assessment Report;  PM: 1.5-hr Group Assesment Clinic Supervision  Noon: Psychology Staff Meeting (1x per month) |
| Wednesday | 8+ | AM: MH ‘Huddle’ Meeting; Individual Supervison;  AM: Primary Rotation Experiences; ‘Elective’ experiences  AM: Possible back-up for indiv supervision 11:00-12:00  PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series  PM: Psychology Staff Meeting (4th Wed only) |
| Thursday | 8+ | AM: DBT Skills Group  AM: Possible backup 1.5 hr grp supervision time 8:00-9:30  PM: Primary Rotation experiences; ‘Elective’ experiences |
| Friday | 8+ | AM: Individal Supervision; Assessment, Report Writing  PM: Draft Report writing & submission  PM: Possible back-up for or individual supervision 15:30-16:30  (e.g., due to Federal Holidays, sick leave, schedule changes, etc.) |

**Grand Island PCMHI Rotation**

Day                Hrs   Duties

|  |  |  |
| --- | --- | --- |
| Monday | 8+ | AM: 1-hr 8AM Group Supervision (with Site Supervisors)  AM: Assessment Testing & Scoring  PM: Draft Scoring & Report writing; 1-hr Peer Supervision |
| Tuesday | 8+ | AM: Final draft of Assessment Report; Primary Rotation Experiences  AM: Sleep Group 3rd Tuesday;  PM: Primary Rotation Experiences; GMH Mindfulness Group  PM: 1.5 hour Assessment Clinic Group Supervision  Noon: Psychology Staff Meeting (1x per month) |
| Wednesday | 8+ | AM: MH ‘Huddle’ Meeting; Primary Rotation Experiences;  AM: 1-hr Indiv. Supervision;  AM: Possible back-up for grp or indiv supervision 11:00-12:00  PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series  Noon: Psychology Staff Meeting (4th Wed only) |
| Thursday | 8+ | AM: Primary Rotation Experiences; Pain Treatment Group; Yoga for Chronic Pain  AM: Possible back-up for grp or indiv supervision 8:00-9:30  PM: Tobacco Cessation Group; Interdisciplinary Pain Assessment / Tx Clinic |
| Friday | 8+ | AM: Assessment, Report Writing  PM: Report Writing; Individual Supervision  PM: Possible back-up for or individual supervision 15:30-16:30  (e.g., due to Federal Holidays, sick leave, schedule changes, etc.) |

# Grand Island-based Psychology Staff:

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1. David L. Duke, Ph.D. (Auburn University 2004). Grand Island. VA since January 2011. Mental Health in Primary Care Integration (0.5 FTE); Substance Abuse Recovery and Rehabilitation Treatment Program (SARRTP, 0.5 FTE). Co-supervises General Mental Health rotation rotation pending licensing of graduate psychologist. 5-8 hours/week devoted to Internship. Duties include Pain Clinic, Sleep Groups, SAARTP. Other Clinical interests include SMI, mindfulness skill training, ACT, substance use, couples therapy, and ethical decision-making in psychotherapy.
2. Krista K. Krebs, Ph.D. (Iowa State University 2000). Grand Island.  VA since 2007.  PTSD Specialist and acting Grand Island Site Supervisor, as well as Co-PTSD Mentor for VISN 23. Co-supervises General Mental Health rotation pending licensing of graduate psychologist. 8-10 hours/week devoted to internship. Duties include PTSD screening and intervention. Clinical/Research interests include Prolonged Exposure Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, neuropsychological screening. Research interests include PTSD, ACT, moral injury and impact of killing on PTSD symptoms, group and individual therapy via telemental health technologies, rural mental health issues. Part-time faculty at Capella University.
3. Peter C. Meidlinger, Ph.D. (University of Nebraska, 2017). Grand Island VA since 2017 (VA Internship at Durham VAMC 2016-17). Drs, Duke and Krebs formally supervising Interns in Mental Health Clinic rotation until Dr. Meidlinger is licensed (expected September 2018). Clinical interests include exposure-based, cognitive behavioral treatment of anxiety disorders, CBT treatment of depression, transdiagnostic treatment of anxiety and depression, prolonged exposure therapy for PTSD, and cognitive processing therapy for PTSD.

1. Diane L. Todd, Ph.D.  (Oklahoma State University 1997).  Grand Island.  VA since 2012; beginning in Tomah, WI; transferred to Grand Island in April of 2015.   Clinical psychologist in Outpatient Mental Health, providing outpatient services primarily through telemental health to Veterans through local CBOCs (community-based outpatient clinic) and/or at home (using VA technology similar to a secure version of Skype).  Veterans agree to be seen using this system because it is the most convenient (or only feasible) option for them.   Services provided are intended to be as close as possible to the traditional, in-office therapy experience as possible.   Psychologist supporting the Community Living Center (CLC); providing an array of services, including individual counseling, cognitive assessment, consultation, and interdisciplinary team duties.   Assessment supervisor for NWI’s Doctoral Psychology Internship.  Helps explore the world of assessment, augmenting experiential learning with role plays of various testing/assessment scenarios.   Clinical interests include CBT, Interpersonal therapy (IPT), serious and persistent mental illness (SMI), the intersection of personality (broadly defined) and change.

Go to [Shared Attributes Across Training Sites](#_Shared_Attributes_of) for aspects of training that is shared across training sites or for additional information go to the [Table of Content Links](#_Table_of_Content) or [Top of the Document](#_top).

See also:

[Grand Island VA](#_Grand_Island_VA_1)

[Norfolk CBOC](#_Norfolk_CBOC)

[Omaha VA Medical Center](#_Omaha_VA_Medical)

# *Lincoln VA*

**3 Internship Positions**

**Track 221714: “NWI - Rotation Based – Lincoln VA”**



The Lincoln VA is housed on a graceful campus with plentiful parking, easily accessed as it is located near two major streets on the eastern side of Lincoln. The Lincoln VA was dedicated in 1930 and as such is one of the oldest VA hospital buildings in the United States, listed in the National Registry of Historical Places. The Lincoln VA is made up of a cluster of building joined into one facility through shared corridors, with the mental health and substance abuse treatment services provided in an adjoining building to the right, just out of view in the picture above. Parking lot to parking lot, the Lincoln VA is approximately 100 miles east of the Grand Island VA, 120 miles south-southeast of Norfolk, and 50 miles west of the Omaha VA.

Known locally as the “Lincoln VA”, the Lincoln training site is in fact a large community-based outpatient clinic (CBOC) that serves such a large number of Veterans it classifies as a “Super CBOC” with no residential services. In the 1990’s the Lincoln VA, along with the Grand Island VA and the Omaha VA – which had each been freestanding VA hospitals - merged into a single entity - the VA Nebraska-Western Iowa HCS (NWI). Inpatient medical and psychiatric services, surgical services and medical specialty care consolidated in the Omaha VAMC. The Omaha VAMC is a full-service VA Medical Center with NWI’s only 24-hour emergency services department. The Omaha VAMC also houses NWI’s higher echelon administrative structure. Lincoln VA patients needing more intensive services are sometimes served at the Omaha VAMC or in one of the two residential programs at the Grand Island VA.

Since the merger into NWI in the 1990’s, the Lincoln VA (“Super-CBOC”) provides only outpatient medical and mental health care. Services include a large primary care service, with some limited specialty care with more medical specialty care available through the Omaha VAMC or in the community. The Lincoln VA provides extensive outpatient behavioral health services, such as individual, group, and family counseling through the General Mental Health clinic as well as Primary Care Mental Health Integration.

Approximately 40% of the individual Veterans seeking services at the Lincoln VA are from rural counties; approximately 40% or so of all in-person, face-to-face mental health encounters are with patients from rural areas, with another 3% or so from highly rural areas. Lincoln is also a primary telemental health service delivery site to rural areas.

The Lincoln VA offers Interns an array of clinical experiences. Mental Health Services in Lincoln include a General Outpatient Mental Health Clinic, a specialized PTSD clinic, referred to as a “PCT (please see below), an outpatient Substance Abuse Clinic, Mental Health in Primary Care Integration, Pain, and Telemental Health. The Lincoln VA serves Veterans of all ages including a large number of geriatric Veterans with a variety of mental and medical needs. A number of these Veterans seek neurocognitive evaluations related to possible dementia. Some also participate in group and individual psychotherapy, as well as psychoeducation for families caring for Veterans.

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# Lincoln Rotations

# The following provides specific information that is site-specific to the Lincoln VA training site. See

# [Shared Attributes Across Training Sites](#_Shared_Attributes_of) for aspects of training shared across training sites.

Outpatient General Mental Health (GMH) - This is a general outpatient clinic providing a full range of mental health treatment to Veterans diagnosed with mental health disorders including mood and anxiety disorders and psychotic disorders. Staff include psychiatry, social work, nursing (RN and APRN), and clinical pharmacy, in addition to psychology, in addition to a mental health peer specialist. Lincoln-based Interns will provide individual and group psychotherapy, initial evaluations, team consultation, and diagnostic assessment. Interns gain exposure to evidence-based treatment modalities including CBT and ACT, as well as other evidence-supported interventions. Interns also learn to develop treatment plans and interventions that are aligned with Veterans’ individualized preferences and goals. We currently have psychologists, social workers, mental health nurse practitioners, and psychiatrists integrated into our outpatient mental health clinics enhancing opportunities for interdisciplinary collaboration and honing skills for working in interdisciplinary settings. Interns are active participants in a weekly interdisciplinary mental health clinic treatment BHIP team meeting (teams (Behavioral Health Interdisciplinary Program teams), as well as larger monthly interdisciplinary mental health meetings. Through their participation on BHIP teams, Interns learn through experience and supervision discussions how teams provide a means of leveraging the expertise of individual members and provide recovery-oriented, evidence-based treatments for mental health issues presented by Veterans.

Lincoln’s Outpatient General Mental Health Clinic provides Interns with both group and individual psychotherapy experiences. Interns in the GMH rotation primarily receive training in Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT). Less frequently, training in Marital/Couples Therapy may be available. One established group that Interns are encouraged to co-facilitate is the interdisciplinary telehealth group “Cognitive Behavioral Therapy for Tinnitis” along with Dr. Jerry Bockoven, primary GMH rotation supervisor, and an audiology provider.

Interns with an interest in substance use disorders may make arrangements through the GMH rotation to participate in Seeking Safety and other substance abuse-related services. There is no separate SUDP rotation, so in addition to engaging in substance abuse interventions as part of the GMH rotation, Interns may also discuss extending SUDP experiences through a limited elective outside the GMH rotation. One psychologist is actively involved in the SUDP program, leading Seeking Safety groups as well as Anger Management groups.

Similar to the other rotations, Interns in the GMH rotation must complete a project during the course of the rotation. This may involve developing a new group, completing a program evaluation project, or developing recommendations for improving groups or processes within the outpatient mental health service, etc. Interns are counselled to take the first several weeks observing and noting any gaps in services or inefficient processes that could be improved upon, then discussing the proposed project in supervision before embarking.

Post-Traumatic Stress Disorder - The PTSD Care Team (PCT) provides specialized mental health treatment to Veterans who have a diagnosis of PTSD due to trauma during in the military service. The PCT team, including the Intern, attends the weekly BHIP meetings and participates in their interdisciplinary discussions. Individual supervision involves both Dr. Prendes-Lintel who is part-tiime, and Dr. Marius who is full-time. Dr. Prendes-Lintel has a long history of treating refugees and torture survivors in the community before coming to VA, and is an excellent resource to all Interns.

Our experience has been that Lincoln-based Interns have no difficulty getting supervised experience offering Cognitive Processing Therapy (CPT) in individual therapy and when a sufficient cohort exists, in a group format. The psychologists in the PCT, as well as some of the psychologists and social workers in the General Mental Health clinic are trained in CPT (and VA certified). Lincoln-based Interns will have the opportunity to shadow clinicians certified through the VA to provide Prolonged Exposure (PE) to the extent this is available. However, due to staffing changes only one psychologist offers PE in Lincoln at the current time.

Availability of training experience with PE is more limited than CPT and varies from year to year. Updates on PE training availability in Lincoln may be given at the time of the interviews as well as in response to questions prior to Match decision-making. Because we are a unified internship, there is sometimes an option to shadow a Grand Island PE provider via V-tel (subject of course to Veteran and Therapist agreement).

Interns are also involved as assigned in various therapies for Veterans not ready or otherwise not appropriate for more direct trauma work. Supervisors may or may not assign the Intern to become involved in mindfulness-based group interventions (e.g., Relaxation Group, Yoga for PTSD) depending on availability, Intern interest and/or necessity, etc..

Interns in the PTSD rotation are typically required to participate in Dialectic Behavior Therapy (DBT) Skills Group, co-leading alongside an experienced DBT clinician. However, if there are new NWI staff who need DBT training, they may also take precedence over trainees. The DBT Skills Group utilizes a hybrid V-tel model in which groups are combined across sites via V-tel. Interns participating in DBT in any manner attend the weekly DBT Consultation meeting in which DBT providers from both Lincoln and Grand Island consult about cases, provide support to each other related to difficult situations not uncommon in DBT populations, and continue to learn from each other. Interns with a particular interest in DBT may request to do individual DBT therapy if deemed appropriate by the PTSD supervisor and part of the Intern’s individualized training plan. Generally this requires a commitment beyond the bounds of a single rotation.

Lincoln-based Interns will be involved in all other aspects of PTSD treatment including diagnostic assessment, treatment planning, individual psychotherapy, and group psychotherapy. Interns quickly take ownership of providing weekly psychoeducational groups for Veterans and their spouses (or other supports).

Similar to the other rotations, Interns in the PCT rotation must complete a project during the course of the rotation. This may involve developing a new group, completing a program evaluation project, or developing recommendations for improving groups or processes within the PCT, etc. For example, the configuration of the current PTSD Education Group / PTSD Coping Skills series is an adaptation of what used to be an 8-session series, adapted by one of the prior Interns in a successful effort to make start point of therapy more readily available to Veterans as they present themselves to the clinic. Another year an Intern in the PCT rotation and an Intern in the PCMHI rotation collaborated to create a 4-session Imagery Rehearsal for Nightmares therapy group which has continued as an Intern option since that time in the PCMHI rotation.

Primary Care - Mental Health Integration (PCMHI) – As with other Primary Care settings throughout the VA, primary care services in Lincoln are based on a collaborative care model. The primary supervisor for the PCMHI rotation is Dr. Rose Esseks; as of the fall of 2018, Pain Clinic is being taken over by the Whole Health psychologists who are all experienced pain psychologists with biofeedback expertise, so additional supervision will be available from Dr. Krista Crowe.

Primary Care staff includes physicians or mid-level providers, nursing, pharmacy, dieticians, social work and medical support staff, in addition to psychology. Although primary care staff contact with the Lincoln PCMHI psychologist has typically involved referrals rather than more instantaneous access through use of a beeper as in Grand Island, this has been changing beginning in the 2016-17 training year. As such, Interns may be increasingly involved in carrying a pager and be available for immediate consultation and patient access (similar to the experience of Interns in the Grand Island PCMHI rotation). Referrals involve a variety of needs or issues related to lifestyle and behavioral difficulties, such as medical compliance and health promoting practices; coping with illness or chronic diseases, crisis situations, coordination of care, and brief treatment of psychological conditions.

As in Grand Island, Lincoln-based Interns in the PCMHI rotation also develop skills in educating medical staff from an array of professional backgrounds through the provision of in-services and brief consultation.

PCMHI offers Interns an experience in providing brief, evidence-based treatments to patients referred from primary care, collaborative, team-based care, and a variety of pain and insomnia treatment options. The PCMHI rotation also affords regular interdisciplinary consultation with nurses, physicians, and mid-level providers. Interns in the PCMHI Rotation are involved in all aspects of treatment, including diagnostic assessment, consultation, individual psychotherapy, and group psychotherapy, as well as program development.

The PCMHI Rotation emphasizes training in consultation skills, effective clinical communications, and health coaching practices. The PCMHI Rotation requires familiarity with medical syndromes; psychological problems that impact medical care outcomes; and methods of communication to which medical providers are responsive. Thus, Interns receive extensive exposure to appropriate methods of written, electronic, and verbal interdisciplinary communication, report writing and other documentation.

Interns in the rotation participate in the weekly Interdisciplinary Pain Clinic, a specialty clinic serving Veterans with complex cases of chronic/intractable pain. With supervision, Interns conduct chronic pain assessments / evaluations, provide brief intervention, and assist with coordination of psychological care for patients with chronic pain.

PCMHI offers individual assessment and brief intervention, as well as group psychoeducation. Individual evidence-based psychotherapies used by Interns in the PCMHI rotation typically include CBT for Insomnia (CBT-I), CBT for Chronic Pain (CBT-CP), and Motivational Interviewing. Other individual interventions may include: relaxation training, smoking cessation, weight management, chronic illness self-care, goal setting, problem solving, behavioral self-analysis, assertive communication training, and short-term psychotherapy for depression, anxiety and other disorders.

The PCMHI rotation also provides Interns with an array of group experience. PCMHI Interns facilitate weekly groups including Coping with Chronic Pain, Sleep Enhancement, and Smoking Cessation groups. Interns periodically lead a group format for Imagery Rehearsal Therapy for Nightmares (using or adapting a 4-session series developed by prior Interns). Other Intern-developed groups have included a 4-week “Depression Group” as well as a 6-week “Cognitive Skills” group which is open to any Veteran with cognitive concerns regardless of etiology (dementia, TBI, PTSD, etc.). Interns also co-facilitate the “iRest” (“Integrated Restoration”) Yoga Nidra Guided Meditation for Chronic Pain with Dr. Ritchie. Due to the recent inception of the Whole Health program, we no longer have a “Yoga for Chronic Pain” option in which Interns can participate as co-facilitators. The new Whole Health program provides Veterans with access to yoga and Tai Chi without needing a specific diagnosis. Interns now have across to Whole Health Psychologists at each training site (other than Norfolk) who may provide access to introductory biofeedback training.

Depending on scheduling during a particular Intern’s PCMHI rotation, there may be some limited contact with the MOVE program during the PCMHI rotation. MOVE is a national weight management program designed by the [VA National Center for Health Promotion and Disease Prevention (NCP)](http://www.prevention.va.gov/), a part of the Office of Patient Care Services. MOVE is a multi-stepped model of increasingly intensive interventions designed to help Veterans lose weight, keep it off and improve their health. MOVE features five levels of care, with individual counseling and dietary intervention, group psychoeducation, medication management for weight loss, Very Low Calorie Diet programs, and bariatric surgery. NWI is the only site in the upper Midwest offering all five levels of intervention. The PCMHI Intern may be able to participate in the psychologist’s role within the interdisciplinary psychoeducational “MOVE Group” depending on timing. The NWI MOVE program offers a weekly group to Veterans at all NWI locations, connecting them via telehealth. Facilitators/presenters rotate and the PCMHI Psychologist does presentations occasionally.

Interns may be involved with psychological assessment within the PCMHI rotation (separate from the Assessment Clinic). Interns in the PCMHI rotation are exposed to evidence-based health behavior interventions, including formal and informal assessments within Motivational Interviewing (MI) and CBT. Interns may participate in interdisciplinary team meetings and staff education. Very occasionally, Interns might be able to be involved in Bariatric or Spinal Cord Stimulator pre-surgical evaluations, although opportunities for these are limited.

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# Lincoln Assessment Clinic

The Assessment Clinic is a year-long training experience which involves neurocognitive screenings as well as more complex neuropsychological assessments. Lincoln-based Interns on the General Mental Health and PTSD rotations typically test on Fridays, whereas Interns on the PCMHI rotation test on Tuesdays or Thursdays.

All other things equal, Lincoln-based Interns in the GMH rotation do their assessments through the Polytrauma Support Clinic using a larger neuropsychological assessment battery supervised by Dr. Ritchie. Interns in the other rotations do their Assessment Clinic work under the supervision of other psychologists. Dr. Ritchie is also available to consult with Interns and their supervisors across NWI or directly supervise Interns through her V-tel attendance at the Assessment Clinic Group Supervision as she is in Omaha on the day the Assessment Clinic group supervision meets.

In 2017-18, the Interns agreed that the one Intern interested in (and subsequently matching with) a two-year neuropsychology postdoc would remain in the Polytrauma Support Clinic across the training year, augmenting experience with the more typical referrals depending on the Polytrauma referral numbers. In 2018-19 all three Lincoln-based Interns have indicated an intention to apply for two-year neuropsychology postdocs. It is likely that the three incoming Interns may opt to modify the typical arrangement so they each get Polytrauma experience as well as more typical referrals in preparation for the postdoc applications and interviews.

Please see the general requirements for the Assessment Clinic for all Interns at all three training sites for additional details. In addition to gaining “area level” supervision status early in the training year, at some point in the training year related to the basic neurocognitive screening, the Lincoln-based Intern in the GMH rotation must also quickly gain area level supervision for the more complex Polytrauma battery. This includes the WAIS-IV, CVLT-II, BVMT-R, WCST (hand administered), and RCFT. Whether they do the Polytrauma rotation (typical) or not (atypical), all Lincoln-based Interns are required to learn the Polytrauma battery prior graduation. This typically involves training with other Interns and then giving a mock testing with the neuropsychologist as the client; when deemed sufficiently competent, the Intern is allowed to administer the battery to an actual Veteran under direct observation (“room level” supervision). Polytrauma evaluations typically take place in Omaha at the Polytrauma Clinic’s offices in a mini-CBOC across the street from the Omaha VA in what is known as the Center Mall.

Overall, Lincoln-based Interns learn to administer and interpret a number of required and optional cognitive assessment instruments over the course of the training year, similarly to those learned in the other training sites. Much of the first two weeks of orientation and training is devoted to ensuring that each Intern is at (or close to) the skill level for attaining “area level” supervision status regarding a basic clinical interview and administering a basic neurocognitive battery including the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka “FAS” & “Animals”) and TOMM, in addition to other screeners such as the MOCA.

See [Assessment Training](#_Assessment_Training) for further details about the Assessment Clinic shared across all three NWI Internship training sites.

# Other experiences that Lincoln-based Interns may choose to incorporated into the internship are:

Clinical Supervision – Lincoln-based Interns have access to supervision opportunities with externs from the University of Nebraska-Lincoln’s Doctoral Counseling Program. The number of externs each year varies; some years there are no externs. Some externs do no assessment, while others do quite a bit. In the 2018-19 training year, a 2nd year extern will be doing assessment exclusively. Supervision by Interns does not replace the supervision externs receive from licensed psychologists, and it is possible that the Intern can shadow this process as well. In addition, the Intern’s supervisory experiences will be reviewed with the Intern’s clinical supervisors. This training experience is not readily available at the other training sites, although we continue to look for opportunities.

See also: [Supervision Training:](#_Supervision_Training:) for further details about supervision training shared across all three NWI Internship training sites.

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# *‘Elective’ Hours*

Interns at all four training sites may use ‘elective’ hours in which they may further individualize their training program, provided they are meeting all the basic requirements of the rotation/internship. ‘Elective’ experiences must be approved by the primary supervisors and Assessment Clinic supervisors, as the Intern must be meeting all other Internship expectations before using “elective’ hours. Please see details at the following link: [Shared Attributes Across Training Sites:](#_Shared_Attributes_of).

# Lincoln VA Schedule Examples (subject to change)

Note that the 2nd Wednesday of the month, Interns from all sites travel to meet face-to-face as a group in a single location for rural-focused training and other diversity activities and didactics (weather permitting); to facilitate travel back to the home station, the “Depth” didactics move to Monday afternoons those weeks.

**Lincoln GMH Rotation**

Day Hrs Duties

|  |  |  |
| --- | --- | --- |
| Monday | 8+ | AM: 1-hr 8AM Group Supervision (with Site Supervisors)  AM: Report writing, finalization  PM: Primary Rotation experiences; 1-hr Peer Supervision  PM: Possible back-up for group or individual supervision  (e.g., due to Federal Holidays, sick leave, changes in schedule, etc.) |
| Tuesday | 8+ | AM: 8-9AM BHIP Mtg; Primary Rotation Experiences;  AM: 1-hr Indiv. Super1-hr Individual Supervision  Noon: Psychology Staff Meeting (1x per month) |
| Wednesday | 8+ | AM: Tinnitis Group; Primary Rotation Experiences; ‘Elective’ experiences  PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series  PM: Psychology Staff Meeting (4th Wed only) |
| Thursday | 8+ | AM: Primary Rotation experiences; ‘Elective’ experiences;  AM: Possible backup 1.5 hr Assessment Clinic grp supervision 8:00-9:30  PM: Primary Rotation experiences; ‘Elective’ experiences |
| Friday | 8+ | AM: Assessment & Scoring  PM: Assessment Report Writing  PM: Possible back-up for or individual supervision 15:30-16:30  (e.g., due to Federal Holidays, sick leave, schedule changes, etc.) |

**Lincoln PTSD Rotation**

Day Hrs Duties

|  |  |  |
| --- | --- | --- |
| Monday | 8+ | AM: 1-hr 8AM Group Supervision (with Site Supervisors)  AM: Primary Rotation experiences; ‘Elective’ experiences  PM: Primary Rotation experiences; 1-hr Peer Supervision  PM: Possible back-up for group or individual supervision  (e.g., due to Federal Holidays, sick leave, changes in schedule, etc.) |
| Tuesday | 8+ | AM: 8-8:30 AM BHIP Meeting; 8:30-9:30 AM DBT Consultation Meeting;  AM: Primary Rotation Experiences  PM: Primary Rotation Experiences; 1.5-hr Group Assesment Clinic Supervision  Noon: Psychology Staff Meeting (1x per month) |
| Wednesday | 8+ | AM: 1-hr Indiv. Supervision; Primary Rotation Experiences;  AM: Yoga for PTSD  PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series  Noon: Psychology Staff Meeting (4th Wed only) |
| Thursday | 8+ | AM: DBT Skills Group  AM: Possible backup 1.5 hr grp supervision time 8:00-9:30  PM: Primary Rotation Experiences; ‘Elective’ Experiences |
| Friday | 8+ | AM: Assessment, Report Writing  PM: Report Writing  PM: Possible back-up for or individual supervision 15:30-16:30  (e.g., due to Federal Holidays, sick leave, schedule changes, etc.) |

**Lincoln PCMHI Rotation**

Day Hrs Duties

|  |  |  |
| --- | --- | --- |
| Monday | 8+ | AM: 1-hr 8AM Group Supervision; Primary Rotation Experiences;  AM: 1-hr Individual Supervision  PM: Smoking cessation group; 1-hr Peer Supervision; |
| Tuesday | 8+ | AM: Assessment, Scoring, Report Writing  PM: Report Writing  PM: 1.5 hr Assessment Clinic group supervision |
| Wednesday | 8+ | AM: Primary Rotation Experiences; 1-hr Indiv. Supervision  PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series  PM: Psychology Staff Meeting (4th Wed only) |
| Thursday | 8+ | AM: Primary Rotation Experiences; Finalize Ass’m’t report  AM: Possible back-up for gpor individual supervision 8:00-9:30  PM: Primary Rotation Experiences; iRest Yoga Nidra Guided Meditation Gp |
| Friday | 8+ | AM: Pain Clinic; Pain Group 11-12  PM: Pain Clinic report writing; Sleep Group  PM: Possible back-up for or individual supervision 15:30-16:30  (e.g., due to Federal Holidays, sick leave, etc. |

# Lincoln-based Psychology Staff:

1. Jerry Bockoven, Ph.D. (University of Oregon, 1988). Lincoln. VA since September 2012.  Mental Health Clinic.  4-6 hours/week devoted to internship. Primary duty is to provide evidence-based psychological therapies addressing a wide range of clinical issues. Clinical/research interests include mindfulness-based treatments, psycho-educational approaches, integration of spirituality and psychotherapy and anxiety disorders.
2. Krista Crowe, Psy.D. (Midwestern University, Glendale 2015). Lincoln VA. Health Behavior Coordinator, Staff Psychologist. VA staff since 2018; completed VA internship and postdoctoral fellowship in 2015 and 2016, respectively. 4-6 hours/week devoted to internship. Primary duty is to provide behavioral health and psychological treatment for health conditions such as chronic pain, insomnia, diabetes and hypertension as well as providing Motivational Interviewing training and clinician coaching to hospital staff. Clinical interests include health psychology, pain psychology, interdisciplinary care, biofeedback, and Complementary and Integrative Health (CIH) interventions. Research interests include interdisciplinary care outcomes and psychological treatment of physical conditions.
3. **\***Rosemary J. Esseks, Ph.D. (University of Nebraska-Lincoln 2003). Lincoln. VA since August 2010. Primary Care-Mental Health Integration (part time, 24 hrs/week). 8-10 hours/week devoted to internship. Duties include brief individual and group therapy. Clinical interests include motivational interviewing, health psychology, marital/family counseling. Research interests include program evaluation and motivational interviewing. Lecturer in the Department of Psychology, University of Nebraska-Lincoln and the Creighton University School of Medicine.
4. William Keller, Ph.D. (University of Iowa 1971). Lincoln. VA since June 1971. Mental Health Clinic, SUDP, and PCT. 0-2 hours/week devoted to internship. Duties include individual, couples, and group counseling, neuropsychological and diagnostic assessment. Clinical/Research interests include complex cases including of childhood trauma, substance abuse, medical, psychiatric and personality disorders.
5. **\***Maria Prendes-Lintel, Ph.D. RYT-200. (University of Nebraska-Lincoln, 1996). Lincoln. VA from 2016. PCT. 1-2 hours/week devoted to internship. Duties include group and individual interventions to address trauma including evidence-based therapies and including co-leading a weekly Yoga for PTSD group. Clinical/Research interests include PTSD, refuges, and torture survivors.
6. A. Jocelyn Ritchie, JD, Ph.D. RYT-200. (University of Nebraska-Lincoln 1990 plus UNL clinical retraining 1992-1996 and neuropsychology post-doc Yale University 1997-1999). Lincoln/Omaha. VA since Sept. 2007 (1st in PSD/PCT; then Polytrauma & PTSD/PCT). Current Duties: Internship Training Director (0.6 FTE), Polytrauma Neuropsychology (NWI-wide; 0.4 FTE). Clinical/Research interests include civil and criminal forensic neuropsychological assessment and symptom validity; Traumatic Brain Injury; co-leading a weekly Yoga for PTSD group (Lincoln) and for Polytrauma. (Omaha); group and individual “iRest” (Integrated Restoration) Yoga Nidra Guided Meditation (for PTSD, TBI & Chronic Pain); Violence Risk Assessment; Americans with Disabilities Act; Civil Commitment Law; Serious Mental Illness and psychosocial rehabilitation.

Go to [Shared Attributes Across Training Sites](#_Shared_Attributes_of) for aspects of training that is shared across training sites or for additional information go to the [Table of Content Links](#_Table_of_Content) or [Top of the Document](#_top).

See also:

[Grand Island VA](#_Grand_Island_VA_1)

[Lincoln VA](#_Lincoln_VA_2)

[Omaha VA Medical Center](#_Omaha_VA_Medical)

# *Norfolk CBOC*

**1 Internship Position**

**Track 221715: ”NWI – NO Rotations – Rural Norfolk CBOC”**



The Norfolk community-based outpatient clinic (CBOC) was established in Nov. of 2008 and is located in a strip mall on one of the main thoroughfares in town. Parking is easily accessed and is within walking distance to other shops and eating establishments.

The CBOC provides primary care services for Veterans in the Northeastern part of Nebraska and in Western Iowa. Mental health services at Norfolk are provided on-site by a part-time psychologist (four days per week, M- Th), with additional psychotherapy and all psychiatric involvement provided to Norfolk Veterans through telehealth from other NWI facilities. Approximately 95% of the Veterans served at the Norfolk CBOC are from rural counties with an additional 2% from highly rural counties.

The Norfolk CBOC is in a rural community with a population of approximately 24,000 people. The catchment area for this clinic spans over 120 miles with over 2,300 Veterans currently enrolled. The mental health service is embedded in primary care and serves Veterans experiencing a wide range of mental health issues, including anxiety and mood disorders, trauma and stressor related disorders (PTSD included), acute and chronic health issues, chronic and severe mental illnesses, substance use disorders, adjustment problems and relationship issues. On-site team members include one Psychologist, four Primary Care Providers, clinical pharmacist, nursing staff, and medical support assistants. Telehealth Team members include psychiatry, social work, and pharmacy. The primary mode of treatment in the Mental Health Clinic is individual therapy, although group work may be developed by the Intern with supervisor approval. Currently group work is offered via tele-mental health for PTSD, pain management, weight management, nightmares, MOVE! group, and insomnia. The addition of on-site groups by the Intern may be a valuable addition to the Norfolk CBOC’s capacity to serve the mental health needs of this highly rural Veteran population. The Norfolk CBOC also manages emergency and walk-in cases on an as-needed basis. The Norfolk-based Intern will complete the full Internship year at this site, rather than rotating through specific clinics.

Given the nature of the Norfolk CBOC’s elderly population, the Intern will undoubtedly have exposure to intake assessments, neurocognitive evaluations, and psychotherapy for the individual therapy, as well as psychoeducation for families caring for the Veteran. Work with a geriatric population certainly necessitates close interdisciplinary communication, as this population tends to have complicated medical needs.

The Norfolk-based training track has significant differences in structure due to not being rotation-based. Due to the integration into the primary care setting, the Norfolk Intern will provide services to “anyone who steps in the door,” a common practice for rural psychology. This ensures that across the training year, the Norfolk-based Intern will have the opportunity to see patients with a wide variety of diagnoses, thereby gaining similar training experiences as Interns at the other two training sites, just not confined within the context of a rotational structure.

Interns at all training sites are supervised by psychologists or have access to psychologists who have received training in evidence-based psychotherapies (EBPs). Currently, the primary supervisor at the Norfolk CBOC is certified in CPT to treat PTSD and CBT-Insomnia. The Intern may be able to obtain training in other EBPs by observing via telehealth psychology staff at other NWI sites. Also, co-supervision or consultation with other psychologists in the NWI system may be available to provide greater depth of training within the context of a particular case. Evidence-based psychotherapies are frequent topics in the didactic training series. Multiple on-line trainings in EBPs have been identified within the VA “TMS” system to round out the Intern’s training as well.

The Norfolk-based Intern has the unique advantage of being able to follow a significant number of cases for an extended time throughout the Internship year rather than having to terminate/transfer cases at the end of each rotation or limit him/herself to those that fit into their elective hours. The Norfolk-based Intern will enjoy the greater flexibility of being able to customize their experience to the clinical needs and interests of the Intern on the site within the limitations of the clinical opportunities available. If the desired clinical experience is not offered specifically at the Norfolk CBOC, the Intern may choose to travel to another CBOC within NWI to meet their training needs if available (with the approval of their supervisor). Other advantages enjoyed by the Norfolk-based Intern relate to the depth of Interdisciplinary training opportunities described below.

**An important note about supervision**: The Norfolk-based Intern may have no clinical contact with patients whatsoever in the absence of an on-site licensed psychologist to supervise the Intern’s activities. As mentioned above the Intern or internship faculty travel to ensure the Intern has on-site supervision available so that the Intern may have clinical contact with patients and round out his or her clinical training. When the Intern travels to the other training sites, he/she has opportunities to experience a greater range of supervised experiences, as well as to engage in face-to-face peer interactions with other NWI Interns. Faculty, and at times an Intern, from an NWI site will travel to Norfolk to provide supervision of clinical experiences. This provides the other Intern with a more rural experience, as well as providing the Norfolk Intern with additional formal and informal face-to-face peer interactions.

During times when no on-site supervision is present, the Norfolk-based Intern will follow an individualized plan developed in conjunction with the on-site supervisor. Typically, this will include writing assessment and intake reports, completing notes, completing assigned rotation projects, meeting with other supervisors via telehealth related to assessment skill development, and/or engaged in a variety of pre-planned training activities. These other pre-planned training activities may include program development activities, such as developing groups for the Norfolk CBOC, program quality improvement activities, literature reviews, and other projects as assigned. In addition, the plan may include pre-arranged opportunities to shadow community psychologists amongst other common psychologically relevant training experiences. The NWI Doctoral Internship in Clinical Psychology Standard Operating Procedure (SOP; related to the expectations for the Intern when the Norfolk supervisor is off-site) includes an addendum listing examples of activities the individualized training plan may include, designed to help assure any planned or unplanned absences by the supervising psychologist does not interfere with the Intern’s overall training.

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# Non-Rotation Training Experiences:

# The following provides specific information that is site-specific to the Norfolk CBOC training site. See

# [Shared Attributes Across Training Sites:](#_Shared_Attributes_of) for aspects of training shared across training sites.

Outpatient General Mental Health - Much of the generalist rural practice of the Norfolk Clinic is consistent with a traditional GMH clinic as described for the other training sites in terms of the diversity of clinical presentations, as well as opportunities to work with other disciplines. The Intern is embedded within Primary Care full-time with offices next to the offices of the Norfolk Clinic Primary Care Providers, and just down the hall from all the other disciplines. This type of close contact over the course of the year allows the Norfolk-based Intern a unique opportunity to develop and operate within deeply rooted interprofessional relationships. There will be opportunities for the Norfolk-based Intern to shadow selected disciplines within the clinic, as described elsewhere.

PTSD - The Norfolk CBOC has ample opportunities to work with Veterans with PTSD; therefore, the Norfolk Intern gains significant exposure to evaluation and treatment of this population across the training year. The clinic supervisor is certified in CPT for PTSD and is highly knowledgeable regarding this diagnosis and treatment, all of which provides the Intern options for hands-on training in this core EBP. Additionally, the Norfolk Intern has access to the PTSD education class (delivered via V-tel from Grand Island) with bi-weekly two-hour sessions. The Norfolk Intern is offered to participate in the V-tel PTSD group therapy for Veterans.

The Norfolk-based Intern may also have the opportunity to shadow the implementation of PE via V-tel from Grand Island, depending on clinician and Veteran agreement. These types of V-tel experiences also afford the Norfolk-based Intern opportunities for diversity in supervision related to PTSD, albeit not necessarily interprofessional. The Norfolk-based Intern will also have the opportunity to take several on-line trainings related to PTSD (as well as other disorders) including CPT and PE trainings through the VA ”TMS” system as well as through the Medical University of South Carolina series as part of the activities the Intern has available during times there is no on-site supervision.

Primary Care-Mental Health Integration - Given that psychology at the Norfolk clinic is 100% embedded in a Primary Care clinic, the Norfolk-based Intern has wide-ranging opportunities to engage in traditional Motivational Interviewing. The Intern has continuing opportunities to work directly with Primary Care Provider staff related to an array of health-related diagnoses including diabetes, smoking cessation, pain management, and weight related concerns. The development and fostering of interprofessional relationships is important within rural VA psychology and the Norfolk CBOC provides significant opportunities for this type of professional development. The Norfolk-based Intern can also travel to other training sites to sample how PCMHI is implemented in other chemical environments.

Pain clinic- The Norfolk-based Intern will have the opportunity to participate in within-clinic referrals for therapy or consultation related to pain issues that Veterans present via PCMHI under the Norfolk psychologist’s supervision. However, there is no formal “Pain Clinic” in Norfolk as at the other sites. The Intern may have opportunities to sit in on sessions during intermittent on-site visits from the NWI “Level 2-B” pain consultant (Rex Schmidt, Psy.D.) who provides on-site psycho-education and individual sessions during visits to Norfolk. Time permitting, the Intern may have the option of one-on-one discussions with Dr. Schmidt about pain management topics/issues. The Intern also may have access to participation in the Pain 101 class presented via V-tel, a group that is co-led by Dr. Schmidt and a psychologist based in Grand Island.

The Norfolk-based Intern may travel (e.g., to Grand Island on Thursdays or to Lincoln on Fridays) to participate in the multidisciplinary Pain Clinics at other training sites, as well to shadow the psychologist who is part of the Pain Assessment Team and/or the Intern who is assigned to the PCMHI rotation at that time. Interns traveling to Grand Island, Lincoln or Omaha also have access to the Whole Health Psychologists who are all experienced Pain clinicians with biofeedback as one of their tools along with CBT for chronic Pain and other interventions. Other Whole Health clinicians include acupuncturists, chiropractors, yoga instructors, and tai chi teachers. The Norfolk-based Intern can request opportunities to interact and learn from Whole Health clinicians across the other three training sites.

Substance use treatment- There is no formal substance abuse treatment program at the Norfolk clinic. That said, the Norfolk Veteran population has included a number of dual diagnosis cases including both mental health, as well as substance abuse such as alcohol abuse, abuse of pain medications, and other illicit substances such as methamphetamine and cannabis. Although not a full substance abuse assessment, the Norfolk-based Intern can anticipate doing preliminary assessment before referrals are made to inpatient or outpatient substance abuse treatment in other settings. Those requiring residential or intensive out-patient treatment are referred to other VA programs, typically the residential treatment programs at the Omaha VA or the Grand Island VA. Patients completing these programs are often referred back to the Norfolk CBOC as an after-care treatment option. In addition, the Norfolk clinic is able to work with less intense substance use presentations when the Veteran does not need residential or intensive out-patient treatment. Veterans discharged to local half- or three-quarter-way homes within Norfolk and surrounding areas are often followed in the Norfolk clinic as well.

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# Norfolk Assessment Clinic

The Assessment Clinic is a year-long training experience primarily involving neurocognitive screenings and possibly more complex neuropsychological assessments. The Norfolk-based Intern typically completes his/her hands-on assessment training on Thursdays and Fridays. As the primary supervisor for the Norfolk-based Intern is not in the clinic on Fridays, a Lincoln-based supervisor (possibly with a Lincoln-based Intern) might travel to Norfolk once a month or so, or on an as needed basis. This allows on-site supervision for the Norfolk-based Intern and the travelling Intern to both be engaged in administering the basic neurocognitive screening battery to two Veterans, followed by group supervision. In addition, the Norfolk supervisor is very skilled in neuropsychological assessment, and supervises assessments on other days, depending on patient needs. There are opportunities to expand report writing styles and skills by means of testing a Veteran at the Norfolk CBOC under the immediate supervision of the on-site supervisor and having a supervisor located at a different NWI CBOC supervise the report writing. This provides the Norfolk Intern with several styles and interpretations to expand upon current neuropsychological foundations.

The Norfolk-based Intern’s assessment training often includes monthly travel (typically to Grand Island or Lincoln on a Thursday and/or Friday, with travel to Omaha also be considered) to provide additional supervised assessment experiences when the Norfolk CBOC has a decrease in referrals or to round ont training. For example, in Grand Island, the Norfolk-based Intern will be able to conduct neurocognitive assessments (same battery used at Norfolk) and/or pain assessments during the pain clinics, as well as gaining experience with the Community Living Center (CLC) geriatric residents and CLC treatment team meetings.

Other clinical staff may be on-site at the Norfolk clinic before and/or after the typical 08:00-04:30 tour. However, the Norfolk supervisor is not on site for the final half hour of the extended day, during which time the Intern may not have clinical contact with patients, yet may engage in clinicaly relevant paperwork (e.g., writing notes or assessment reports, etc., or working on Internship projects that not involving any contact with Veteran clients or potential clients.

Interns in all training sites learn to administer and interpret a number of required and optional cognitive assessment instruments over the course of the training year. During the beginning of Internship, training is devoted to ensuring that each Intern is (or gets close to) attaining “Area Level” supervision status regarding a basic clinical interview and administering a basic neurocognitive screening battery, including the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka “FAS” & “Animals”) and TOMM, in addition to other screeners, such as the MOCA.

Over the course of the training year the Norfolk-based Intern is required to demonstrate a basic working knowledge regarding the additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT. This typically occurs during the group supervision discussions, but sometimes through actually administering the measures. The Polytrauma neuropsychologist might intermittently travel Norfolk to administer the Polytrauma battery, at which times the Intern is invited to observe or to administer under the Polytrauma psychologist’s observation depending on the Intern’s demonstrated competencies. Interns with an interest in Neuropsychology can request to travel to Omaha to get Polytrauma Support Clinic experience. If such opportunities do not arise the Intern is to practice administering the tests with fellow interns and supervisors during individual and/or group supervision, and will be given access to samples of completed protocols and reports which he/she may review and discuss in order to obtain basic competencies (equivalent to “Area Level” supervision). If the Norfolk Intern is limited with travel due to weather, he/she may participate in report writing for an already administered Polytrauma battery to gain experience with working with a psychometrist.

After demonstrating competencies in administration of neurocognitive assessments under “Room Level” supervision, the Intern is allowed to administer and score neurocognitive batteries, write reports, and provide test feedback under “Area Level” supervision.

See [Assessment Training](#_Assessment_Training) for further details about the Assessment Clinic shared across all four NWI Internship training sites.

# **Other assessment-related experiences** that the Norfolk-based Intern may encounter or that may be able to be incorporated into the Internship involve travel to Grand Island, Omaha, and/or Lincoln. Please see descriptions of opportunities elsewhere in NWI including: [Grand Island Rotations](#_Grand_Island_Rotations) and [Lincoln Rotations](#_Lincoln_Rotations).

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# *‘Elective’ Hours*

The Norfolk Intern may use ‘elective’ hours in which they may further individualize their training program. Please see details at the following link: [Shared Attributes Across Training Sites](#_Shared_Attributes_of). The Norfolk location provides flexibility, typically on Fridays, and are considered ‘elective’ hours. This flexibility assumes approval by the primary supervisors and Assessment Clinic supervisors, as the Intern must be meeting all other Internship expectations before using “elective’ hours.

# 

# Norfolk CBOC Schedule Examples (subject to change)

Note that the 2nd Wednesday of the month, Interns from all sites travel to meet face-to-face as a group in a single location for rural-focused training and other diversity activities and didactics (weather permitting); to facilitate travel back to the home station, the “Depth” didactics move to Monday afternoons those weeks.

**Norfolk Single Year-Long GMH/Primary Care Integration “Rotation”**

Day Hrs Duties

|  |  |  |
| --- | --- | --- |
| Monday | 8+ | AM: 1-hr 8AM Group Supervision (with Site Supervisors)  AM: GMH Rotation Experiences  PM: Primary Rotation experiences; 1-hr Peer Supervision; 0.5 hr Indiv Superv.  PM: Possible back-up for group or individual supervision  (e.g., due to Federal Holidays, sick leave, changes in schedule, etc.) |
| Tuesday | 8+ | AM: Weekly Norfolk CBOC Clinic Staff Meeting – 30 minutes;  AM: GMH Rotation Experiences;  PM: GMH Rotation Experiences; 1-hr individual Supervision ;  PM: 1.5-hrs Grp Assessment Supervision (V-tel 3-4:30 PM)  Noon: Psychology Staff Meeting (1x per month) |
| Wednesday | 8+ | AM: GMH Rotation Experiences;  PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series  PM: Psychology Staff Meeting (4th Wed only) |
| Thursday | 8+ | AM: Primary Rotation experiences; 1-hr Individual Supervision  AM: Possible backup 1.5 hr Assessment Clinic grp supervision 8:00-9:30  PM: Primary Rotation experiences; 0.5-hr Individual Supervision |
| Friday | 8+ | AM: Travel to other training sites or Projects with no patient contact  No On-Site Supervision Available in Norfolk.  May do elective projects including: telehealth training (but not provision of telehealth services), on-line EBP training; scoring and report writing of previously administered assessments, project completions, etc. Completion of outstanding documentation, projects from “In Absence” folder, etc.  PM: Possible back-up for or individual supervision 15:30-16:30  (e.g., due to Federal Holidays, sick leave, schedule changes, etc.) |

# Norfolk-based Psychology Staff:

1. Pamela P. Hannappel, Ph. D. (University of Missouri- St. Louis 1996). Norfolk CBOC. VA since 2009. Primary Care Mental Health Integration (part time, 32 hours/week). 8-10 hours/week devoted to internship. Duties include brief and longer term therapy, intake assessments, diagnostic clarification, and neuropsychological evaluations. Clinical/Research interests include rural mental health, geriatric psychology, PTSD, depression, parenting issues, and health/weight management.

# Other Psychology Staff meeting face-to-face with Norfolk-based Intern:

Dr. Ritchie and other supervisors may occasionally travel to Norfolk from other sites, up to once a month or so (sometimes accompanied by an Intern) for Friday Assessment Clinic unless the Norfolk-based Intern travels to another training site instead. When the Intern travels, he/she has the opportunity to experience a broader range of assessments and a broader range of supervision styles, although all developmental in nature.

See also:

[Grand Island VA](#_Grand_Island_VA_1)

[Lincoln VA](#_Lincoln_VA_2)

[Norfolk CBOC](#_Norfolk_CBOC)

[Omaha VA Medical Center](#_Omaha_VA_Medical)

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# *Omaha VA Medical Center* (Note: this is not currently funded)

**1 Internship Position (if funded)**

**Track 221711: “NWI – Rotation Based – Rural Outpt Emphasis Omaha” (if funded)**



Starting at the end of August 2018, there will be one Intern based in Omaha under temporary funding for the 2018-19 training year. Although we hope this continues, we cannot guarantee this position will be continue into the 2019-20 training year. Information is provided in the hope it is refunded, but we won’t know until later in the application season. We will keep applicants informed through the “Match News.” If this position continues, this expected the nature of the experiences may evolve as the 2018-19 training year progresses. However it evolves, the position trains to the same competencies as the other training sites.

The Omaha VAMC is the flagship facility for NWI, providing both primary care and mental health services for Omaha and the rural areas of eastern Nebraska and Western Iowa, as well as specialty care for Veterans throughout the entire NWI catchment areas. The only NWI inpatient psychiatric unit is in Omaha (12 beds). The Omaha VAMC also has a residential mental health psychiatric residential rehabilitation treatment program (PRRTP; 10 beds), and a residential substance abuse program (SAARTP; 11 beds). The Mental Health and Behavioral Science service line includes subspecialties of Mental Health Clinic, Recovery Program, Substance Use Disorder Program, Mental Health Intensive Care Management Program, Posttraumatic Stress Disorder clinic, and Psychology services. In addition, Omaha VAMC’s Extended Care and Rehabilitation Services include mental health services through Home Based Primary Care. Omaha (like the Lincoln, Grand Island, and Norfolk facilities) also has psychologists integrated into Primary Care as well as extensive interaction with psychiatry, social work, and other mental health providers. The Omaha MHC/PCT serves a majority of Western Iowa and much of rural eastern Nebraska where no other VA mental health services exist. Approximately 30% of the in-person, face-to-face outpatient mental health/PTSD encounters at the Omaha VAMC are from rural areas and 1.5% from highly rural areas (not including telehealth encounters).

The current plan is for single Omaha-based Intern (if funded) who would complete a year-long Outpatient General Mental Health experience (approximately 16 hrs/wk) with Dr. Ronn Johnson PhD ABPP, a year-long Assessment Clinic experience (up to 8 hrs/wk) with Dr. Myla Browne PhD, and at least two ‘elective’ mini-rotations of no more than 8 hrs/week in combination at any one time. Most of these ‘elective’ hours will likely be doing PTSD CPT cases and groups for 4-6 months with Dr. Daniel Levinson and PCMHI for the second 6 months) with Dr. Joshua Brown.

# [Omaha Assessment Clinic](#_Omaha_Assessment_Clinic)

The Assessment Clinic is a year-long training experience primarily involving neurocognitive assessment in the Omaha VAMC Geriatric Evaluation clinic supervised by Dr. Myla Browne. In addition, the Intern will have the option for additional evaluations across the Omaha VAMC referral base. The Omaha-based Intern will typically complete his/her hands-on assessment training on Tuesdays as this is one of the days when the geriatric interdisciplinary assessment team meet.

Interns in all training sites learn to administer and interpret a number of required and optional cognitive assessment instruments over the course of the training year. During the beginning of Internship, training is devoted to ensuring that each Intern is (or gets close to) attaining “Area Level” supervision status regarding a basic clinical interview and administering a basic neurocognitive screening battery, including the RBANS, Trail Making, Clock Drawing, Phonemic and Semantic Verbal Fluency (aka COWAT; aka “FAS” & “Animals”) and TOMM, in addition to other screeners, such as the MOCA.

Over the course of the training year the Omaha-based Intern is required to demonstrate basic competencies (roughly equivalent to “Area Level” supervision) in the administration and interpretation of additional required measures that are typically used in the Polytrauma battery, e.g. WAIS-IV, CVLT-II, BVMT-R, WCST, and RCFT. The Polytrauma Support Clinic is based in Omaha so there may be opportunities to do some assessments there as well.

After demonstrating competencies as psychometrists for instruments involved in neurocognitive assessments under “Room Level” supervision, the Intern is allowed to administer and score neurocognitive batteries, write reports, and provide test feedback under “Area Level” supervision.

See [Assessment Training](#_Assessment_Training) for further details about the Assessment Clinic shared across all four NWI Internship training sites.

# Other Experiences the Omaha-based Intern may consider

Other experiences that the Omaha-based Intern may encounter are similar to those described for the other training sites. If the Omaha-based training position is funded intermittent ravel may be permitted provided the Intern is meeting all other internship requirements. Please see descriptions of opportunities elsewhere in NWI including: [Grand Island Rotations](#_Grand_Island_Rotations) and [Lincoln Rotations](#_Lincoln_Rotations). In addition, Omaha VAMC has some interesting internal options such as experience running groups within inpatient and residential settings.

# Omaha VAMC Schedule Examples (subject to change and if funded)

Note that the 2nd Wednesday of the month, Interns from all sites travel to meet face-to-face as a group in a single location for rural-focused training and other diversity activities and didactics (weather permitting); to facilitate travel back to the home station, the “Depth” didactics move to Monday afternoons those weeks.

**Omaha Year-Long GMH with “Mini-Rotations” (PTSD 6 months; PCMHI 6 months)**

Day Hrs Duties

|  |  |  |
| --- | --- | --- |
| Monday | 8+ | AM: 1-hr 8AM Group Supervision (with Site Supervisors)  AM: Year-Long GMH Rotation Experiences with Dr. Ronn Johnson  PM: 1-hr Primary Rotation experiences; 1-hr Peer Supervision  PM: Possible back-up for group or individual supervision  (e.g., due to Federal Holidays, sick leave, changes in schedule, etc.) |
| Tuesday | 8+ | AM: Assessment & Scoring  AM: Individual Supervision with Dr. Myla Browne (11:00-12:00)  PM: Assessment Report Writing  PM: Possible back-up for or individual supervision 15:00-16:30  (e.g., due to Federal Holidays, sick leave, schedule changes, etc.) |
| Wednesday | 8+ | AM: GMH Rotation Experiences with Dr. Ronn Johnson  PM: 2-hr “Breadth” didactic series & 1-hr “Depth” didactic series  PM: Psychology Staff Meeting (4th Wed only) |
| Thursday | 8+ | AM: Possible backup 1.5 hr Assessment Clinic grp supervision 8:00-9:30  AM: PTSD Mini-Rotation experiences with Dr. Daniel Levinson  PM: PTSD Mini-Rotation experiences with Dr. Daniel Levinson |
| Friday | 8+ | AM: Year-Long GMH Rotation Experiences with Dr. Ronn Johnson  PM: Year-Long GMH Rotation Experiences with Dr. Ronn Johnson  PM: Possible back-up for or individual supervision 15:30-16:30  (e.g., due to Federal Holidays, sick leave, schedule changes, etc.) |

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## Omaha VAMC Psychology Staff:

1. Myla Browne, Ph.D. (University of Nebraska-Lincoln 2005).  Omaha.   VA since December 2010.  Mental Health Clinic.  8 hours/week devoted to internship.  Duties include cognitive, personality, and diagnostic assessment and group therapy. Clinical interests include cognitive functioning, geriatrics, and severe mental illness.  Research interests include cognitive functioning, geriatrics, treatment and rehabilitation for severe mental illness, program evaluation.
2. Joshua M. Brown, Ph.D. (University of Kansas 2016).   Omaha.  NWI VA since August 2016 starting in Grand Island and then relocating to Omaha in August 2017. Dr. Brown’s current role includes Primary Care Mental Health Integration, assessment, diagnosis, empirically validated individual and group treatment protocols, group treatments, and supportive treatments as appropriate. Available 0-2 hours per week for internship supervision. Clinical interests include trauma/PTSD, evidence-based treatments, couples therapy, LGBT and Transgender veteran treatment, military and law enforcement psychology and training, mindfulness, and teaching.
3. Chris Heaney, Psy.D. (Illinois School of Professional Psychology, 1996).  Omaha.   VA since 6/2000. Health Psychologist, Whole Health Program. 0-2 hours/week devoted to internship. Primary duty is to provide a range of Health Psychology interventions and assessments for veterans involved in the Whole Health and Pain Management Programs. Clinical interests include health psychology, mindfulness, biofeedback, caregiver education, grief/bereavement counseling, psychological interventions at the end of life. Assistant Clinical Professor in the Department of Psychiatry, Creighton University School of Medicine.  Research interests: include exploring interventions that impact heart rate variability, and applications of mindfulness.
4. Ronn Johnson, Ph.D., ABPP (Oklahoma State University 1986).  Omaha. VA since 2016.  Lead Clinical Psychologist Outpatient Mental Health Clinic. 2-5 hours/week devoted to internship.  Duties include providing couples, individual and transdiagnostic group psychotherapy; Clinical Consult Review Team; BHIP leader; Co-leader Psychiatric Resident Psychotherapy Seminar; cross sex hormone mental health assessments; organ transplant mental health assessments. Clinical/Research interests include forensic psychology, public safety, ethical-legal issues, and teaching. Associate Professor, Department of Psychiatry, Creighton University School of Medicine.
5. Terry North, Ph.D. (University of South Dakota-Vermillion 1989).  Omaha.  VA since 1993.  PCT.  0-2 hours/week devoted to internship. Duties include NWI PTSD Program Director, NWI Evidence-Based Psychotherapy Coordinator, PTSD therapy, neurocognitive assessment, psychiatry resident training and supervision.  Clinical/Research interests include trauma processing therapy, mindfulness meditation, CBT, cultural diversity, evidence-based psychotherapy interventions. Clinical Assistant Professor, Department of Psychiatry, University of Nebraska Medical Center; Assistant Professor, Department of Psychiatry, Creighton University.
6. R. Dario Pulido, Ph.D. (George Mason University 2004).  Omaha.   VA since August 2009. Domiciliary Chief, Omaha Residential Rehabilitation Treatment Programs (RRTPs) and Outpatient Substance Use Disorders Program (SUDP) (1.0 FTE). 0-2 hours/week devoted to internship. Duties include program management of the substance use and psychosocial (mental health) non-acute residential programs, and SUDP in Omaha, as well oversight of substance use programs in Lincoln and Grand Island. Clinical interests include substance use, trauma, CBT, cultural diversity, DBT, mindfulness, motivational interviewing.  Research interests include PTSD and substance use, PTSD and memory, integrated treatment for co-occurring disorders, cross-cultural issues.
7. Rex Schmidt, Psy.D. (Forest Institute of Professional Psychology 1998).  Omaha and all NWI Sites.  VA from 2001 – 2003 and since February 2014.  Pain Clinic. 0-2 hours/week devoted to internship. “Level 2-B” Pain Psychologist. Duties include facility-wide pain management program development, clinical consultation and staff training.  Travels across NWI sites to provide consultation to the Pain Management Teams at each site and to train Primary Care teams more generally. Provides patient pain education and therapy groups, individual therapy, pre-surgical screening evaluations, biofeedback for chronic pain, and interdisciplinary pain evaluations.  Clinical/Research interests include clinical outcomes of pain interventions, neuroplasticity and chronic pain, mindfulness-based meditation, interdisciplinary pain rehabilitation, and health psychology.
8. Mark R. Tims, Psy.D. (Florida Institute of Technology 1989).   Omaha.  NWI VA since July 2014, Iowa City VA 2010-2014 (20 years as USAF clinician). Available 0-2 hours per week for internship supervision. Outpatient MHC. Current duties include primarily individual psychotherapy utilizing CBT, IPT, and Problem Solving approaches. Clinical interests: military and law enforcement psychology.
9. James C. Willcockson, Ph.D. (University of Arkansas 1987). Omaha. VA since February 2011. PCT. 0-2 hours/week devoted to internship. Duties include group and individual therapy utilizing Cognitive Processing Therapy, Group Coping Skills Training and Seeking Safety Therapy, Individual Therapy, psychological and cognitive assessment. Clinical/Research interests include health psychology and chronic pain management.
10. Nancy K. Willcockson, Ph.D. (University of Arkansas 1985; Neuropsychology Post-Doc Letterman Army Medical Center, SF CA 1987). Omaha.  VA since 2012.  Duties include Military Sexual Trauma Coordinator and psychological services to Veterans suffering from MST.  0-2 hours/week available for assessment training and supervision of interns.  Clinical and Research interests include Women’s issues, MST, Neuropsychological Assessment of Dementia, Degenerative Disorders, and Prevention Strategies for MCI/Dementia.
11. Michael E. Worsley, Psy.D. (Forest Institute of Professional Psychology 2003).  Omaha.  VA since 2008. DOM and outpatient SUD.  0-2 hours/week devoted to internship.   Duties include providing psychological services to veterans who have been diagnosed with mental health and/or substance use disorders. This includes assessment, diagnosis, empirically validated individual and group treatment protocols, group treatments, and supportive treatments as appropriate. Responsible for behavioral, developmental, and/or clinical aspects of assessment, diagnosis, prognosis, and treatment of veterans diagnosed with mental health and/or substance use disorders and treated in both inpatient and outpatient settings. Clinical interests include the empirically/evidence-based treatment modalities, assessment, LGBT and Transgender veteran treatment, and military psychology.

The main supervisors for the 2018-19 training year are:

Dr. Ronn Johnson Outpatient General Mental Health (year-long)

Dr. Myla Browne Assessment Clinic (year-long)

Dr. Daniel Levinson PTSD ‘elective (first 6 months)

Dr. Joshua Brown PCMHI ‘elective’ (second 6 months)

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Other NWI Psychologists:

1. Tabitha A. Carlson, Psy.D. (Forest Institute of Professional Psychology 2008). Omaha. VA since November 2009. Currently Whole Health Director since 2018. Grand Island PCMHI Psychologist 2009 to 2016 then NWI-wide Health Behavior Coordinator. Travels between NWI sites as needed. National CBT-I Consultant. Clinical/Research interests include health psychology, motivational interviewing, behavioral medicine for sleep, neuropsychological screening, psychological assessment, preventative health behaviors, medical decision making, interdisciplinary collaboration, self-management education, adjustment to illness, family and couples counseling. 0-1 hours/week devoted to internship.
2. Todd Fleischer, Ph.D.  (University of Nebraska-Lincoln 1994).   Lincoln/Omaha.  VA since 2007. Chief of Mental Health and Behavioral Science. Bi-annual reviews with Psychology staff pending new Chief of Psychology.   General Mental Health (Omaha, 3 days; Lincoln 2 days) with intermittent travel to other sites (Grand Island and Norfolk).  Duties include brief therapy, neurocognitive screenings, and supervising the NWI Mental Health Service Line.  0-3 hours/week devoted to internship. 1-2 hours/week extern supervision.   Clinical and research interests include the cognitive impact of PTSD, discriminating cognitive impairment caused by PTSD and/or TBI, enhancing the cognitive screening of dementia.

# Information about Nebraska more generally

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# *Nebraska Ethnic / Multicultural Diversity Data:*

Below are brief demographics of Nebraska and specific demographics of the communities in which the training sites are located. All data are based on the US Census Bureau website as of July 13, 2016 unless otherwise noted. The demographic makeup of the state and of each city is quite reflective of the demographic makeup of the Veterans who seek services through the Lincoln, Grand Island, Omaha, and Norfolk CBOCs.

**Nebraska** has an estimated population of approximately 1.9 million as of July 2015. Per the 2010 Census, the racial makeup of the state was approximately 86.1% White/Caucasian, 4.5% Black/African American, 1.0% Native American/Indian, 1.8% Asian, 0.1% Pacific Islander, 4.3% other race, 2.2% two or more races, and 9.2% any race Hispanic/Latino. According to a survey done by Gallup for UCLA Law School’s Williams Institute, 3.2% of Nebraska’s residents identify as LGBT. Gender-wise the split is 50/50. With regard to age, 28% are ages 18-24, 37% are ages 25-39, 27% are ages 40-59, and 8% are ages 65+.

Nebraska is home to eight Native American Indian tribes:

* Santee Sioux
* Omaha
* Ogallala Sioux
* Oto
* Pawnee
* Ponce
* Sac and Fox
* Winnebago

**Lincoln** is the capital of Nebraska and the second-most populous city in the state. In 2015, the estimated population was 277,348. It is the county seat of Lancaster County and home to the University of Nebraska, Lincoln (UNL). Per the 2010 Census, the racial makeup of the city was approximately 86.0% White/Caucasian, 3.8% African American/Black, 0.8% Native American, 3.8% Asian, and 6.3% any race Hispanic/Latino.

**Grand Island** is the third-most populous city in Nebraska. In 2015, the estimated population was 51,440. It is the county seat of Hall County and home to the Nebraska State Fair. Per the 2010 Census, the racial makeup of the city was approximately 80.0% White, 2.1% African American/Black, 1.0% Native American, 1.2% Asian, and 26.7% any race Hispanic/Latino. As of 2014, the number of Veterans living in Grand Island was 3,323. The number of foreign born persons was estimated at 15.8%. About 23.4% spoke a language other than English in the home and 17.2% had bachelor’s degrees or higher education.

**Norfolk** (pronounced “Nor-fork”) is the ninth-most populous city in Nebraska. In 2015, the estimated population was 24,366. Per the 2010 Census, the racial makeup of the city was approximately 88.0% White, 1.6% African American/Black, 1.4% Native American, 0.6% Asian, and 12.1% are any race Hispanic/Latino. As of 2014, the number of Veterans living in Norfolk was 1,465. The number of foreign born persons was estimated at 6.7%. About 11.2% spoke a language other than English in the home and 22.3% had bachelor’s degrees or higher education.

**Omaha** is Nebraska’s most populous city. In 2015, the estimated population was 443,885. Per the 2010 Census, the racial makeup of the city was approximately 73.1% White, 13.7% African American/Black, 0.8% Native American, 2.4% Asian, and 13.1% any race Hispanic/Latino. As of 2014, the number of Veterans living in Omaha at that time was 27,728. The number of foreign born persons was estimated at 9.8%. About 15.4% spoke a language other than English in the home and 33.8% had bachelor’s degrees or higher education.

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# *Grand Island – Local Information*

Grand Island is a growing community in south central Nebraska offering natural beauty, easy commutes and friendly people. Grand Island and surrounding communities also offer good schools and reasonable rents.

Grand Island is the fourth largest city in Nebraska, with an estimated population of 49,989. As one of only three metropolitan areas in Nebraska, Grand Island is recognized for the depth and diversity of its economy and the wealth of businesses and industries that serve the community, region, state, and nation. The community also serves the retail needs of residents in much of rural Nebraska, including an area of over 20,000 square miles with an estimated population of over 200,000. Grand Island is also proud to be the host community for the Nebraska State Fair.

Grand Island attractions include: the Nebraska State Fair (late August - early September), the Hall County Fair (mid-July), the Stuhr Museum, and other attractions and events listed below.

Grand Island offers malls and plazas, a thriving Downtown with many unique shops, and small commercial outlets. Conestoga Mall ( [www.shopconestogamall.com](http://www.shopconestogamall.com) ) is the largest mall in the area, serving both Grand Island and most of the surrounding rural Nebraska population with smaller strip malls available. As one of the highest per-capita retail centers in the state, shoppers travel to Grand Island from across the region. Last updated: 8/30/2012 12:32:51 PMGrand Island offers a diverse array of shopping experiences with options ranging from national brand stores to locally owned boutique shops. Major chain restaurants are represented and there is an ever-increasing diversity of other dining experiences, including Thai food, Mexican food, and specialty bakeries. Dining options in Grand Island range from national chain restaurants to locally owned delis and markets that offer ethnic foods.

For a quick affordable get-away without having to drive to Lincoln or Omaha for a flight, Grand Island’s Central Nebraska Regional Airport offers daily nonstop jet service to Dallas/Fort Worth. In addition, there are twice-weekly nonstop service to Las Vegas and Phoenix-Mesa.  Air service to and from Grand Island is available, reliable, and affordable.

**Grand Island Events:**

* Art in the Park :

<https://www.facebook.com/Grand-Island-NE-Art-in-the-Park-Stolley-Park-353776683348/>

* Prairie Lights Film Festival: <http://www.prairielightsfilmfest.com/>
* Central Nebraska Ethnic Festival: <https://www.facebook.com/CentralNebraskaEthnicFestival/>
* Children’s Groundwater Festival: <http://www.groundwater.org/kids/festival.html>
* Harvest of Harmony Parade: <https://www.facebook.com/harvestharmony>
* Community Arts & Concert Association
* Husker Harvest Days: <http://hallcountyfair.com>
* Hoops Mania: <http://hoopsmania.com>
* Hall County Fair: <http://hallcountyfair.com>
* Nebraska State Fair: [www.statefair.org](http://www.statefair.org)

**Grand Island Area Attractions:**

* Stuhr Museum of the Prairie Pioneer: [www.stuhrmuseum.org](http://www.stuhrmuseum.org)
* Nebraska Nature Center: [www.nebraskanature.org](http://www.nebraskanature.org)
* Fonner Park: [www.fonnerpark.com](http://www.fonnerpark.com)
* Grand Island Little Theatre
* Plum Street Station
* Heartland Events Center: [www.heartlandeventscenter.com](http://www.heartlandeventscenter.com)

**Grand Island Websites:**

* <http://www.theindependent.com>
* [http://www.visitgrandisland.com](http://www.visitgrandisland.com/)
* <http://www.grandislandnebraska.com>
* <http://www.grand-island.com>
* <http://www.visitgrandisland.com>
* <http://www.grandisland.org>
* <http://www.gichamber.com>

**Websites of other towns near Grand Island:**

[http://doniphanne.com](http://doniphanne.com/)

[http://doniphanherald.com](http://doniphanherald.com/)

[http://www.cityofhastings.org](http://www.cityofhastings.org/)

[http://www.hastingstribune.com](http://www.hastingstribune.com/)

External Link Disclaimer: By clicking on the links above, you will leave the Department of Veterans Affairs website. VA does not endorse and is not responsible for the content of the linked website. Each link will open in a new window.

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# Lincoln - Local Information

Lincoln is the capitol city of Nebraska and home to the Nebraska Legislature and much of state government. The Nebraska Legislature is the nation’s only Unicameral and is housed in the beautiful and historic State Capitol Building. Lincoln is home to the University of Nebraska-Lincoln (UNL) and several other smaller colleges, including Nebraska Wesleyan University; therefore, access to various academic libraries is available (in addition to librarian services through the Omaha VAMC and other medical libraries in Omaha). The UNL Psychology Department has strong ties with NWI Psychology and includes the Clinical Psychology Graduate Training Program, the acclaimed Law and Psychology Graduate Training Program, and the yearly Nebraska Symposium on Motivation. UNL houses the university system’s Law College and Dental School.

Lincoln is a highly livable city with an extensive park system and multiple entertainment venues (e.g., Lied Center for Performing Arts, Pinnacle Bank Arena, Rococo Theatre, Pinewood Bowl Theater).

Nebraska tends to have reasonable rents compared with other parts of the nation and the overall cost of living is lower (with some exceptions depending on where you are from).

For young families, Lincoln has good schools compared with other parts of the nation. There are a wide variety of restaurants all across town, particularly in the Haymarket area of downtown, which has recently expanded due to the addition of the Pinnacle Arena, adding many new restaurants and bars. Lincoln is home to the University of Nebraska Cornhuskers, which provide a number of college sports events, the most popular being football (85,000-90,000 fans attend home games). The minor league baseball team, the Saltdogs, and the minor league hockey team, the Stars, also call Lincoln home. Other family-friendly places/activities include bike trails, the Sunken Gardens, Lincoln Children’s Zoo, and Lincoln Children’s Museum. Additionally, there are nearby apple orchards, pumpkin patches, and berry fields where one may do their own picking.

There is a wide variety of things to do in Lincoln itself. However, if one cannot find activities in Lincoln, Omaha is an hour away and Kansas City or Des Moines are three hours away. Several larger metropolis’ are within 10 hours of Lincoln, as Denver is approximately seven hours away, Minneapolis (seven hours), St. Louis (seven hours) or Chicago (eight hours), and one may easily reach a ski resort in eight-10 hours (e.g. Vail, CO is eight hours away). If one would like to fly somewhere, the Lincoln airport offers direct flights to larger hubs such as Chicago or Denver.

Children: [http://www.lps.org](http://www.lps.org/)

<http://www.lincolnzoo.org>

<http://www.lincolnchildrensmuseum.org>

Parks & Gardens: <http://lincoln.ne.gov/City/parks/parksfacilities/publicgardens/sunken/index.htm>

Sports: <http://lincolnstars.com>

<http://www.lincolnhockey.org>

<http://www.saltdogs.com>

Theater & Arts: <https://theross.org>

<http://www.liedcenter.org>

<http://www.pinewoodbowltheater.com>

<https://www.pinnaclebankarena.com>

<http://rococotheatre.com>

[http://www.unl.edu/finearts](http://www.unl.edu/finearts/)

UNL Psychology: <http://psychology.unl.edu/psylaw>

http://psychology.unl.edu/symposium/nebraska-symposium-motivation

Advocacy: <http://outlinc.org>

<http://www.malonecenter.org>

<http://leagueofhumandignity.com>

<http://www.disabilityrightsnebraska.org>

<http://www.urbanleagueneb.org>

<http://www.mha-ne.org>

<http://pti-nebraska.org/state-and-local-organizations>

<http://www.elcentrodelasamericas.org>

<http://www.malonecenter.org>

Lincoln websites:

[http://www.lincoln.ne.gov](http://www.lincoln.ne.gov/)

[http://www.lincoln.ne.gov/city/parks](http://www.lincoln.ne.gov/city/parks/)

[http://www.lincoln.org](http://www.lincoln.org/)

<http://lincolnmagazine.com/publisher.htm>

[http://journalstar.com](http://journalstar.com/)

<http://www.dailynebraskan.com>

To read about the Lincoln VA’s “Yoga for PTSD and Polytrauma” group at NWI see the following:

<http://www.nebraska.va.gov/TheLink/09SeptemberTheLink2011.pdf>

OR

<http://journalstar.com/news/local/war-torn-veterans-their-dreams-and-a-yoga-instructor/article_3205773e-761d-51c1-af95-2a60a17639e4.html>

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# Norfolk – Local Information

Norfolk was organized in 1881. The settlers proclaimed “North Fork” to be their permanent post office address, named after the river and suggested “Norfork” as the simplest compounding of “North Fork”. Postal authorities in the East Coast, mistakenly thinking the word had been misspelled, changed the spelling to “Norfolk” on the post office maps, akin to the spelling of Norfolk, Virginia. Residents of Norfolk, and indeed most native Nebraskans, continue to verbally say “Nor’fork” while maintaining the post office spelling.

Norfolk is located in Northeast Nebraska in Madison County in the Elkhorn River Valley, 112 miles northwest of Omaha, 121 miles north of Lincoln and 75 miles southwest of Sioux City, Iowa. U.S. The population was 24,210 at the 2010 census, making it the ninth-largest city in Nebraska.

Norfolk has been rated the 98th best place to live in the nation and Madison County has been rated the second best place for jobs in the nation by CNNMoney.com. It is the economic center for an area encompassing six counties. Basic economic activities of Norfolk are manufacturing, farming (both livestock and grain), education, retailing, and wholesaling. Manufacturing employs over 4,059 persons. Norfolk is the major retail trade center for Northeast Nebraska.

Norfolk boasts a large array of shopping opportunities. Larger retailers include a Super Walmart, Target, J. C. Penny’s, the Buckle, Shopko, Menards, Bomgaar’s, HyVee grocery stores, and Earl May. There are a number of appliance stores, furniture stores, small boutiques, and stores that sell locally made/grown items. Also available are a variety of restaurants, common fast food restaurants, national chains (e.g., Applebee’s, Perkins, and Pizza Hut), and smaller independently own restaurants (e.g., Chinese, Steak Houses, Bistros, Hispanic, Bar B Que, and Sushi).

With regard to schools, Norfolk offers private Catholic and Lutheran schools from Preschool through 12. Public school offers K-12, as well as a public Montessori (K-4) school, which transitions into traditional education 5-12. Public schools include smaller elementary schools (K-4), a single middle school (5-6), a Junior High (7-8), and a High School (9-12). The High School is the site of the Johnny Carson Theater, used for a variety of functions by the town. There is also a community college, Northeast Community College. There courses are offered as part of a traditional college tract, tech degrees, as well as a number of adult/community oriented courses.

For medical attention there is Faith Regional Health Services, which has two campuses and approximately 133 beds. This hospital employs over 700 people and offers and array of in-patient and out-patient services including a cancer treatment center, specialty clinics, and in-patient psychiatric services.

In Norfolk there a number of different houses of worship. There are number of nondenominational Christian Churches, as well as more traditional denominations such as Catholic, Lutheran, Methodist, Baptist, Jehovah’s witnesses, Episcopal, andSeventh Day Adventist.

Places to go/things to do include:

The Great American Comedy Festival - <http://www.greatamericancomedyfestival.com/> - Created in 2008 to pay tribute to the legacy of Norfolk’s favorite native son, Johnny Carson, in 2012, the festival was named Nebraska’s outstanding tourism event among the state’s larger cities. It begins with amateur competitions in the winter at various locations across the state and culminates with a week-long competition and exhibition in June at the Johnny Carson Auditorium in Norfolk, NE.

DeGroots Apple Orchard - <https://www.facebook.com/degrootorchards/>

Elkhorn Valley Museum and Research Center - <https://www.facebook.com/ElkhornValleyMuseum/> - home to the Johnny Carson exhibit, has a working one room school house, the restored first home of Norfolk, a children’s Discovery Zone, the Square Turn Tractor, research center and a birding library

Memorial AquaVenture Waterpark - <http://www.ci.norfolk.ne.us/parks/AquaVenture.htm> - wave pool, water slides

Norfolk Arts Center - <http://www.norfolkartscenter.org/> - art exhibits, classes for all ages, performing arts, and more

Poppy’s Pumpkin Patch - <http://www.poppyspumpkinpatch.com/> - Jared’s jungle, the observation tower, corn maze, petting zoo, craft activities, jail, dress up cabin and so much more.

Ashfall Fossil Beds - <http://ashfall.unl.edu/> - educational site offers a unique window to the past; barrel-bodied rhinos, three-toed horses, llama-like camels and saber tooth deer are just a few of the intact skeletal remains you may view; visit with the paleontologists and learn about the animals that lived millions of years ago in Nebraska

Cuthills Vineyards - <http://www.cuthills.com/> - Nebraska’s first winery offers a variety of wines to suite any palate; holds tastings and special events throughout the year

Maskenthine Lake Mountain Bike Trail - mountain bike trail for riders of all skills; the area features over five miles of single-track trails with a wide variety of terrain

Willow Creek Recreation Area - <http://nebraskastateparks.reserveamerica.com/camping/willow-creek-sra/r/campgroundDetails.do?contractCode=NE&parkId=230256> - 1,633 acres with a 700-acre lake; 100 camping pads (64 with 30 amp electrical hookups, 19 with 50 amp electrical hookups), picnic tables and shelters, fire grates, water, showers, modern restrooms, an accessible fishing pier, an archery field course, unsupervised swimming, two playgrounds and an eight-mile hiking/horseback trail around the lake

Cowboy Trail - <http://outdoornebraska.gov/cowboytrail/> - for biking or hiking - Once part of the Chicago & North Western Railroad’s Cowboy Line, this limestone trail covers 321 miles from Norfolk to Chadron. From east to west, the trail passes through the farmland of the Elkhorn River Valley, into Plains ranchland, across the scenic Niobrara River Valley, along the northern Sandhills and to the edge of the Pine Ridge. The Cowboy Trail is the longest rail-to-trail conversion in the United States, which includes a 148-foot high bridge over the Niobrara River at Valentine. A portion of the trail was damaged near Norfolk in the June 2010 flood, however 70+ miles recently re-opened and is ready to be traveled.

Road trip options: Omaha (2 hours) Lincoln (2.5 hours).

Grand Island (2 hours) Sioux City, IA (1.25 hours)

Des Moines (4 hours) Kansas City (5 hours)

Minneapolis (6 hours) Mount Rushmore (6 hours)

Norfolk websites:

[www.ci.norfolk.ne.us](http://www.ci.norfolk.ne.us)

[www.norfolkpublicshcools.org](http://www.norfolkpublicshcools.org)

[www.norfolkdailynews.com](http://www.norfolkdailynews.com)

[www.us92.com](http://www.us92.com)

[www.106kix.com](http://www.106kix.com)

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# Omaha - Local Information

Omaha is the largest city in Nebraska, with an estimated population of 446,599 as of 2014. It is currently the 42nd largest city in the United States. The metropolitan area is home to over 900,000 people.

In recent years, the Omaha riverfront and downtown area have experienced tremendous growth with over two billion dollars in new development. A one-of-a-kind pedestrian bridge S-curves its way across the Missouri River, the signature, cable-stayed Bob Kerrey Bridge is one of the longest pedestrian bridge projects ever constructed, giving Omaha visitors a breathtaking view of the ever changing skyline.

The city's convention center and arena, The CenturyLink Center, attracts big name talent. In front of the Center is the public art project, “Illumina,” which is a colorful displace of sculptures inspired by the 13th Century Carnival of Venice; they were created by artist Matthew Placzek. This is a small sample of the public art that may be found around the city. Nearby the CenturyLink Center is the Old Market neighborhood which has cobblestone streets, and a diverse mix of shopping, galleries, restaurants, taverns and people-watching. Also nearby is the Orpheum Theater, another venue where big name talent/shows perform.

With regard to sports, Omaha offers college sports through Creighton University and University of Nebraska, Omaha, and a minor league baseball team (Storm Chasers), as well as a minor league hockey team (Lancers).

More places to go/things to do:

Henry Doorly Zoo and Aquarium: <http://www.omahazoo.com/>

Joslyn Art Museum: <https://www.joslyn.org/>

Lauritzen Gardens: <https://www.lauritzengardens.org/>

Omaha’s Children Museum: <http://www.ocm.org/>

Durham Museum: <http://www.durhammuseum.org/>

NCAA Men’s College World Series: <http://www.cwsomaha.com/>

Summer Arts Festival: <http://www.summerarts.org/>

Intertribal Powwow: <https://www.everfest.com/e/fort-omaha-intertribal-powwow-omaha-ne>

Greek Festival: <http://www.greekfestomaha.com/>

Other Omaha Festivals: <https://www.everfest.com/nebraska/omaha-festivals>

Omaha websites:

[http://www.visitomaha.com](http://www.visitomaha.com/)

[http://www.cityofomaha.org](http://www.cityofomaha.org/)

[http://www.omahaperformingarts.org](http://www.omahaperformingarts.org/)

[http://www.omaha.com](http://www.omaha.com/)

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# Appendix A: Internship Admissions, Support, and Initial Placement Data

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: July 2018

Internship Program Admissions

***Brief Description:***

The overal aim of the NWI Doctoral Internship in Clinical Psychology Training Program is to develop competent, well-rounded psychologists prepared for independent practice as “excellent generalists” in rural America, preferably within the VA. This requires psychologists to be able to competently function within interprofessional collaborative teams, to utilize theoretically informed, evidence-supported (and preferably evidence-based) practices, while also having the ability to think critically when addressing areas of limited research.

There are three training tracks (with a potential fourth if funded):

**1) Track 221713 – “NWI – Rotation Based – Grand Island VA”**

**2) Track 221714 – “NWI – Rotation Based – Lincoln VA”**

**3) Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC”**

**4) Track 221711 – “NWI – Rotation Based – Rural Outpt Emphasis Omaha” (if funded)**

Applicants may choose to apply to any combination of the four (4) training tracks. Applications are reviewed by the entire NWI training committee. There is a single interview process with representatives from each of the three training sites, after which applicants who have interviewed rank (and are ranked by) each track separately.

Applications are due on or before 11:59 PM Eastern Standard Time (10:59 PM Central Standard Time) on **Monday, November 12th, 2018**. For the 2019-20 training year, on-site interviews will likely be held on January 3rd and 4th, 2020 (and depending on the number of applicants invited to interview possibly also on January 7th).

All training sites operate within a single unified Internship program, with many shared training experiences (e.g., weekly didactics and other trainings). The Grand Island and Lincoln training tracks provide roughly equivalent training experiences within three rotations - General Mental Health (GMH), Primary Care Mental Health Integration (PCMHI), and Posttraumatic Stress Disorder (PTSD). The Norfolk training track trains to the same profession-wide competencies, yet without rotations, seeing whomever comes in the door (including PTSD, other mental health conditions, and many of the issues that otherwise arise when integrated within a small rural primary care Community Based Outpatient Clinic). The Omaha training track (if funded for an additional year) is a hybrid of the Norfolk experience and that at the rotation-based training sites. The Omaha-based Intern has GMH experience across the training year, under a single supervisor, and two or more smaller rotations in PTSD, OCMHI and other areas determined by the Intern’s individualized training plan. All Interns participate in a year-long Assessment Clinic (eight hours per week).

Each Intern receives a minimum of four hours of scheduled supervision, two of which must be individual supervision. All Interns participate in group Assessment Clinic group supervision (one and one half hrs), a Monday morning group supervision (one hr), typically with a local supervisor in the room with the Interns at each site. The exception is that there is no local supervisor in the room with the Norfolk-based Intern during the Assessment Clinic group supervision. Therefore, the Norfolk-based Intern has one additional hour of individual scheduled supervision with the on-site supervisor. This

Interns in the four tracks are one single training class, with regular opportunities for interaction with each other across sites throughout the training year. During the initial two-week orientation period prior to the start of the first rotation, Interns from all four training sites spend a considerable amount of time training together either in person (traveling) or via V-tel. In addition, Interns from the various training sites typically meet in person for didactics or other training experiences once a month during the non-winter months. Interns meet via V-tel from each of the four training sites for three hours of didactics per week. Other interaction between Interns across training sites occurs within structured peer supervision times (three one-hour blocks each month) which typically happens over V-tel or the VA’s internal Skype (text or video). In addition to informal interaction that often happens throughout the day, there is a half hour each day (after lunch), which is set aside for Interns to have time during the day in which they know the majority of the other Interns are free to engage in informal contact, whether at their site or across training sites if they so choose.

**Outline of training tracks:**

1. **Track 221713 – “NWI – Rotation Based – Grand Island VA” Track – Grand Island, NE**

This training track has three Intern slots for the 2018-19 Internship year, based at the Grand Island VA. The Grand Island VA no longer has inpatient treatment settings but continues to have residential nursing home and residential substance abuse treatment settings, as well as being a very large outpatient facility (akin to a “Super-CBOC”).

The Grand Island VA training track has three primary clinical rotations: GMH, PCMHI, and PTSD, as well as a year-long Assessment Clinic. Grand Island-based supervisors include Drs. Duke, Krebs, and Todd, with a graduate psychologist (Dr. Meidlinger) eligible to become a supervisor after licensure.

1. **Track 221714 – “NWI – Rotation Based – Lincoln VA” Track – Lincoln, NE**

This training track has three Intern slots for the 2018-19 Internship year based at the Lincoln VA. The Lincoln VA also no longer has inpatient or residential care, and is now a very large community-based outpatient clinic (aka “Super-CBOC”).

The Lincoln VA training track has three primary clinical rotations: GMH, PCMHI, and PTSD, as well as a year-long Assessment Clinic. Lincoln-based supervisors include Drs. Esseks, Fleischer, Marius, Prendes-Lintel and Ritchie. Dr. Keller is also available for some supervision.

1. **Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC” Track:**

This training track has a single Intern slot for the 2018-19 Internship year and is based at a smaller, more typically sized, rural “Community Based Outpatient Clinic” (aka “CBOC”) in Norfolk, NE.

The “Rural Norfolk NE/No Rotations” training setting does **not** have separate rotations and trains to the same competencies as the Grand Island and Lincoln training sites. The Norfolk-based Intern does more travel to the other training sites than his/her peers, which is also typical of rural psychology practice.

(And a potential currently unfunded for the 2019-20 training year)

1. **Track 221711 – “NWI – Rotation Based – Rural Outpt Emphasis Omaha” (if funded)**

This training track began with temporary funding for a single Intern slot for the 2018-19 Internship year. It is unclear if this will be funded again. We will know more prior to the deadline for applications and will keep applicants apprised through “Match News.” Due to this situation, information about this training track is limited at this time.

The single Omaha-based Intern (if funded) would have one year-long Outpatient General Mental Health experience (16 hrs/wk) with Dr. Ronn Johnson PhD ABPP, one year-long Assessment Clinic experience (8 hrs/wk) with Dr. Myla Browne PhD, and at least two ‘elective’ mini-rotations of no more than 8 hrs/week in combination at any one time. Most of these ‘elective’ hours will likely be doing PTSD CPT cases and groups for 4-6 months and PCMHI for the second 6 months).

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**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

Amount: Total Direct Contact

Intervention Hours N Y 250 Hours

Total Direct Contact Assessment Hours N Y 25 Hours

**Describe any other required minimum criteria used to screen applicants:**

1. Doctoral student in good standing
2. Approved for Internship status by graduate program director of training.
3. All coursework required for the doctoral degree, including qualifying and comprehensive examinations, must be completed prior to the start of the Internship year.
4. Applicants must have successfully proposed their dissertation by the Internship application deadline.
5. U.S. citizenship.
6. Match results and selection decisions are contingent upon passing these screens:
   1. Male applicants born after 12/31/1959 must have registered for the draft by age 26; the Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed
   2. Matched Interns are subject to fingerprinting and background checks.
   3. Understanding that starting and continuation in position is subject to passing random drug screening

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

Annual Stipend/Salary for Full-time Interns: $26,166

Annual Stipend/Salary for Half-time Interns N/A

For additional details, see: <http://www.psychologytraining.va.gov/benefits.asp>

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Program provides access to medical insurance for intern? Yes No

If access to medical insurance is provided

Trainee contribution to cost required? Yes No

Coverage of family member(s) available? Yes No

Coverage of legally married partner available? Yes No

Coverage of domestic partner available? Yes No

For additional information see: <https://www.va.gov/oaa/AHE_Fed_Health_Life.asp>

**Hours of Annual Paid Personal Time Off (PTO and/or Vacation)**

4 hours Annual Leave per pay period = 104 hours

10 Federal Holidays = 80 hours

**Hours of Annual Paid Sick Leave**

4 hours per pay period = 104 hours

Note: Use of Sick Leave beyond two consecutive days requires

a “Doctor’s Note” (may be MD or mid-level primary care provider)

**In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?**

Yes No

Per the National VA Office of Academic Affiliations (OAA) intranet website (available to Interns once at the VA; <http://vaww.oaa.med.va.gov/FAQS/details.aspx?TID=26&Cat=3>), the Family Medical Leave Act (FMLA) applies to Interns as they have appointments of more than 90 days and are eligible to earn leave. Under these circumstances, trainees are eligible under FMLA and may be granted to 12 weeks (maybe more) of Leave without Pay (LWOP) under the program. It should be noted that in accredited programs, time lost must usually be made up in order to complete the requirements of the training programs.

Interns with documented medical conditions for themselves (or for family members for whom they must care) that require extended leave in excess of accrued personal time off and sick leave may negotiate for a reasonable period of unpaid leave. Unpaid leave in excess of personal time off (Annual Leave) and sick leave will require an equal amount of time added to the duration of the Internship in order to fulfill the Internship requirements. There is no guarantee of additional funding for this extension of time in the Internship (however see below). In some cases, a waiver from APPIC and/or APA may be required as part of the negotiation for extended absence from the Internship, even if deemed reasonable by the negotiation process between Intern and Internship or between the Intern and VA Human Resources.

The definition of “reasonable period of unpaid leave” is an individualized negotiation between the Intern and the Internship, and must be arranged in concert with the Training Director with input from the Chief of Psychology, local VA Human Resources personnel, and the national VA Office of Academic Affiliations (which funds the Internship). Interns are not employees being paid by the hour; rather they are trainees with an annual stipend which is typically divided into 26 equal parts (one for each pay period).

1. One consideration may be whether the stipend is suspended during the time of extended medical leave. This may depend on the time involved after use of all other available leave.
2. Another consideration may be for the Intern and local HR to discuss options regarding any impact the extended leave may have on other benefits that may or may not be suspended during the extended leave -- for example the VA’s contribution to the Intern’s medical insurance if the Intern had initially elected to participate in medical insurance.
3. Other considerations may arise due to the Intern’s individual circumstances as well as VA guidelines and fiscal realities/procedures.

For example, in response to a question regarding maternity leave during the course of Internship, the national VA Office of Academic Affiliations (OAA) responded as follows:

*Q: One of my interns let me know she would be having a baby about midway through internship (or has a major medical problem that will cause an extended absence). What do we do?*

*A: “The intern should use accrued annual and sick leave and then go on Leave Without Pay (LWOP) status until able to return to the training program.*

*“When the LWOP starts, the training director should contact the local fiscal office to discuss the LWOP and anticipated return to duty date so the fiscal office can determine if funds not being used should be returned to the Office of Academic Affiliations or kept at the facility to be used when the intern returns to duty. If the internship won't be finished by September 30, the end of the fiscal year, some of the fiscal year funds will be unused and should be returned to OAA. If the internship will continue into the next fiscal year, the internship director should ask the fiscal office if the facility can pay for the remaining time in the new fiscal year or if OAA needs to send additional funds to the facility. The fiscal office, in turn, should request any needed additional funds from OAA using the Quarterly Needs & Excess Report.”*

**Other Benefits:**

For more information, see the following internal VA OAA websites

(available to Interns once at the VA):

<http://vaww.oaa.med.va.gov/FAQS/details.aspx?TID=26&Cat=3>),

<https://vaww.portal2.va.gov/sites/oaa/public/SitePages/default.aspx>

<http://vaww.oaa.med.va.gov/FAQS/default.aspx>

Once on board, Interns may inquire with local NWI HR about various work-life benefits:

<https://www.va.gov/OHRM/WorkLifeBenefits.asp>

e.g., the “VA Child Care Subsidy Program” for which Interns can apply

after 90 days of employment:

<https://www.va.gov/ohrm/worklifebenefits/vachildcare.asp>

Liability Coverage:

When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform & Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Worker’s Compensation (or equivalent):

Direct paid trainees, such as Psychology Interns, who are injured while at VA or while fulfilling VA responsibilities are treated like any other VA employee, with all the rights and benefits that would be granted to any employee. The NWI Personnel Health Service should coordinate everything, following guidance from VA DIRECTIVE 5810, MANAGING WORKERS' COMPENSATION CASES AND COSTS.

Choice to participate in Life Insurance:

VA Trainees are eligible for life insurance benefits if their VA-sponsored training period is one year (2080 hours) or more.

Discretionary Internship defined (Non-VA-wide) benefits specific to the NWI Psychology Internship based on the discretion of the Internship itself, and not NWI as a VA:

There are three types of **discretionar*y*** leave that the NWI Internship has decided to offer to NWI Psychology Interns, provided the Intern is meeting all Internship expectations to date. These are described in further detail in the brochure.

**First**, the Internship may use discretion to grant up to five days of Authorized Absence (“five-days AA”) the use of which is restricted to the following purposes: post-doc interviews, job interviews, and dissertation defense, and may **not** be used for other purposes such as: dissertation data collection or writing, meetings with dissertation committee members.

**Second**, the Internship recognizes that travel is a fact of life for rural psychology practices. The Internship has decided to use its discretion to grant “travel-related equivalent time off” which is intended to offset at least some of the travel time outside the minimum required regularly scheduled tour of duty (M-F 08:00AM-04:30PM) related to travel between VA training sites. This includes time actually in transit during the first two weeks orientation period as well as travel during assessment clinic Fridays and for didactics-related travel across NWI training sites. Use of “travel-related equivalent time off AA” is restricted; use includes not only the same purposes as the “five-days AA” but may also be used for the following education-related purposes: dissertation data collection or writing, meetings with dissertation committee members, attending graduation, or similar situations as specifically requested and granted by the Training Director or designee. The only other use of “travel-related equivalent time off AA” that may be approved by the Internship would be related to an Intern negotiating an extended leave due to documented medical issues as described above.

We estimate over the course of the training year, up to 40 hours of “travel-related equivalent time off AA” may become available for Interns based in Grand Island, Lincoln and Omaha, and possibly somewhat more for the Norfolk-based Intern.

Travel by Interns based in Grand Island, Lincoln and Omaha typically involves use of a VA station car. Provided a VA station car is available for use, Interns do not receive reimbursement, even if they elect to use their own vehicle. There is no VA station car in Norfolk so the Norfolk-based Intern receives mileage reimbursement for use of his or her own vehicle; the Norfolk-based Intern makes an application for reimbursement which must be received in Omaha and granted prior to the travel date to be eligible for reimbursement.

There is also a **third** type of discretionary AA, in which the Internship requires or encourages the Intern to attend an off-site training or activity, such as certain designated conferences (e.g., the Nebraska Psychological Association Fall and/or Spring Conferences) or certain designated community-based diversity events.

Note: The three discretionary types of “AA” described above are solely within the purview of the NWI Doctoral Psychology Internship.

Pay out of unused leave when leaving the Internship:

Any unused Annual Leave and Sick Leave that is tracked through the formal VA time-keeping system (VATAS) may be transferred to another VA if going to a VA for a VA post-doc or for a VA job. This requires the receiving VA HR department (whether VA postdoc or job) to contact the NWI HR in order for this process to get started, so Interns are encouraged to make arrangements as soon as they can once Matched or hired.

For those not transitioning to a VA post-doc or VA job, unused Annual Leave (but not Sick Leave) may be paid out by HR on completion of the Internship. Sick leave may be reinstated if the individual returns to VA in the future, but must work with their receiving VA HR to make this happen.

Federal Service Credit for leave purposes for future federal employment (but not retirement benefits):

The Internship training year appointment in a paid status is counted toward the Service Computation Date (SCD) and is considered creditable service for leave purposes only. Time served under a “without compensation” (WOC) appointment is not counted toward the SCD and, therefore, is not creditable leave. Student trainee appointments are excluded by law from retirement coverage under the Civil Service Retirement System, (CSRS) and the Federal Employees Retirement System (FERS) (5. U.S.C. chapters 83 & 84; 5 U.S.C. 5351) VA handbook 5005/12, Part II, Appendix C, Section 10

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**Initial Post-Internship Positions**

**(Provide an Aggregated Tally for the Preceding 3 Cohorts)**

2015-16 through 2017-18

Total # of interns who were in the 3 cohorts 20

-----------------------------------------------------------------------------------------------------------------

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree 2

-----------------------------------------------------------------------------------------------------------------

PD EP

2015-18 Combined Cohorts

Community mental health center - -

Federally qualified health center - -

Independent primary care facility/clinic - -

University counseling center - 1

Veterans Affairs medical center 13 2

Military health center - 1

Academic health center - -

Other medical center or hospital - -

Psychiatric hospital - -

Academic university/department - -

Community college or other teaching setting - -

Independent research institution - -

Correctional facility - -

School district/system - -

Independent practice setting 1 -

Not currently employed - -

Changed to another field - -

Other - -

Unknown - -

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position.

Each individual represented in this table is counted only one time. For former trainees working in more than one setting, we have selected the setting that represents their primary position.

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