Psychology Internship Program

VA Sierra Nevada Health Care System
Mental Health Service (116)
975 Kirman Avenue
Reno, NV 89502
(775) 786-7200
http://www.reno.va.gov/

MATCH Number Program Code: 143911
Applications Due: November 5, 2018, 11:59 p.m.

Accreditation Status
The pre-doctoral internship at the VA Sierra Nevada Health Care System is fully accredited by the Commission on Accreditation of the American Psychological Association. Our most recent APA accreditation site visit was in December of 2016 and the program was fully re-accredited for 3 years. Our next site visit will be in 2019.

Application & Selection Procedures
OUR APPIC INTERNSHIP MATCHING PROGRAM CODE# IS 143911.

Our program is utilizing the APPIC Application for Psychology Internship (AAPI) process. This means students only need to complete one application for all APPIC registered sites. The AAPI is available through the APPIC web site, www.appic.org. Please go to the APPIC web site for more information on accessing and completing the online application.

Please be aware that the “Academic Program’s Verification of Internship Eligibility and Readiness” form is to be submitted ELECTRONICALLY to the internship site by your graduate training director. Instructions regarding this part of the application process are contained in the online AAPI.

Completed applications are initially reviewed by the Training Director to screen for basic eligibility. Enrollment in an APA-approved doctoral program in clinical or counseling psychology and completion of the dissertation or doctoral project proposal are required. Applicants must be students in an APA-accredited or provisionally-accredited graduate program in clinical or counseling psychology. We accept students from both PsyD and PhD programs in Clinical and Counseling Psychology. Other eligibility requirements are listed below.

After initial review by the Training Director, applications that are still under consideration are reviewed by two staff psychologists and then ranked according to a number of criteria, including the applicants’ number of practicum hours, assessment and intervention experience, variety and quality of practicum placements, and letters of recommendation. Applicants’ responses to essay questions on the AAPI are used to gauge the “goodness of fit” between the student and our training site. We seek applicants who have a strong academic foundation from their university program and who have mastered basic skills in standard assessment and intervention techniques from their practicum experiences. The majority of our patients are adults who present with combined medical and psychiatric symptoms and we prefer applicants who demonstrate an interest in this population through their past exposure to similar training experiences and articulation of such interest in terms of future career goals. See the section below, Internship Program Tables, for more information.

As part of the application process, we hold interviews by invitation only. While in-person interviews are not required, we recommend that you come for an interview if you are invited. If you cannot arrange to come in person, we will attempt to schedule a telephone interview.

Updated August 30, 2018
We greatly value diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If an intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance processes which are outlined in our program handbook and/or VA Equal Employment Opportunity policies. The program seeks to obtain a diverse intern class while selecting the most qualified candidates, and individuals from diverse backgrounds are particularly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard. Information regarding VA’s commitment to diversity awareness and education can be found at the website for the Office of Diversity and Inclusion (https://www.diversity.va.gov/).

Our agency provides reasonable accommodation to applicants with disabilities where appropriate. If you need reasonable accommodation for any part of the application and hiring process, please notify Dr. Wyma, the internship Training Director, by telephone or email. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

NOTIFICATION AND INTERVIEWS

Applicants being invited to interview will be notified by Friday, November 30, 2018 via e-mail. We will also contact applicants who are not being invited via e-mail by November 30. If you do not have an e-mail address, you will need to phone Dr. Wyma to inquire as to your status. Dr. Wyma’s phone is 775-786-7200, x6581.

If you are invited for an interview, we will ask that you make a firm commitment to one of the dates listed below or make arrangements for a pre-scheduled telephone interview. Failure to either attend a scheduled interview date or take part in a scheduled telephone interview will result in your application being withdrawn from further consideration. If you are invited for an interview, plan on being at the medical center from 8:00 AM until approximately 4:00 PM on the day of your visit. You will be joining other applicants in a group format during the morning hours in meetings with the Training Director and current Psychology Interns and taking a tour of the medical center. During the afternoon, invitees will meet with staff psychologists for individual interviews. Responses to interview questions are evaluated according to several factors, including your responses to questions about difficult situations you’ve handled in the past, questions about difficult diagnostic dilemmas and treatment challenges you’ve faced, and how well our site aligns with your training needs and interests. We will also ask you to read a case description so that you can respond to structured questions about differential diagnosis, tests you might consider using to assist with diagnosis, and possible treatment strategies.

INTERVIEW DATES FOR 2019-2020 TRAINING YEAR:

- Wednesday, January 9, 2019
- Wednesday, January 16, 2019

Our program is participating in the APPIC Match Program, so you will need to obtain an Applicant Agreement Package from National Matching Services, Inc in order to register for the Match. You can download the Applicant Agreement form at https://natmatch.com/psychint/. If you do not register, you will not be eligible to match with any APPIC programs. We recommend that you carefully review the official APPIC Match Policies and the Internship Matching Program Schedule of Dates, which are also available at https://www.appic.org/.
If you have questions regarding APPIC procedures, their telephone number is (202) 347-0022. The number for National Matching Services is (416) 977-3431.

For your application to be complete we must receive the following materials by November 5, 2018:

- Online APPIC Application for Psychology Internship (AAPI).
- Your Curriculum Vitae – to be submitted as part of online AAPI.
- Three letters of recommendation – to be submitted as part of online AAPI.
- Graduate school transcripts – to be submitted as part of online AAPI.
- Your Academic Program Verification of Internship Eligibility and Readiness form – to be submitted by your academic program’s Director of Training as part of the online AAPI.

Any inquiries about our application process can be submitted to:

John G. Wyma, PhD, ABPP  
Mental Health Service (116)  
VA Sierra Nevada Health Care System  
975 Kirman Avenue  
Reno, NV 89502  
(775) 786-7200, x6581

Otherwise, all materials will be submitted electronically, as part of the online AAPI. **Please read all relevant instructions carefully to assure that transcripts, letters of recommendation, and the Academic Program Verification of Internship Eligibility and Readiness forms are submitted in a timely manner.** Applications that are not completed by 11:59 pm PST on November 5, 2018 will not be considered, even if portions of the application have been submitted prior to that date and time.

As a member of the Association of Psychology Postdoctoral and Predoctoral Internship Centers (APPIC), our program follows all APPIC policies regarding the intern selection process. This internship site strictly abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking related information from any applicant. You are encouraged to read or download the complete text of their regulations governing program membership and the match process from APPIC’s Website.

**ELIGIBILITY REQUIREMENTS FOR ALL VA PSYCHOLOGY INTERNSHIP PROGRAMS**

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [https://www.sss.gov/](https://www.sss.gov/). Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis.
by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: [http://www.archives.gov/federal-register/codification/executive-order/10450.html](http://www.archives.gov/federal-register/codification/executive-order/10450.html).

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [https://www.va.gov/oaa/agreements.asp](https://www.va.gov/oaa/agreements.asp) (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit [https://www.va.gov/OAA/TQCVL.asp](https://www.va.gov/OAA/TQCVL.asp)
   a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
   b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [https://www.va.gov/oaa/app-forms.asp](https://www.va.gov/oaa/app-forms.asp). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf)

Information on eligibility is also available at: [https://www.psychologytraining.va.gov/eligibility.asp](https://www.psychologytraining.va.gov/eligibility.asp)
Additional information regarding eligibility requirements:

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: [https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties](https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties)

Specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

1. Misconduct or negligence in employment;
2. Criminal or dishonest conduct;
3. Material, intentional false statement, or deception or fraud in examination or appointment;
4. Refusal to furnish testimony as required by § 5.4 of this chapter;
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
6. Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
7. Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
8. Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

1. The nature of the position for which the person is applying or in which the person is employed;
2. The nature and seriousness of the conduct;
3. The circumstances surrounding the conduct;
4. The recency of the conduct;
5. The age of the person involved at the time of the conduct;
6. Contributing societal conditions; and
7. The absence or presence of rehabilitation or efforts toward rehabilitation.

**Psychology Setting**

Psychologists are an integral part of the Mental Health Service at our medical center. We maintain close interdisciplinary relationships with psychiatrists, psychiatric nursing, social work, and substance abuse specialists in our department. We currently have 23 psychologists on site in Reno, as well as one psychologist located offsite at our community based outpatient clinic (CBOC) in Auburn, CA. These psychologists represent a variety of academic backgrounds, clinical interests, and areas of expertise. Several of our psychologists are former interns.

Our psychologists serve a wide variety of administrative and clinical roles within our department, and throughout the medical center. Psychologists provide services through the Mental Health Clinic, Behavioral Medicine and Neuropsychology programs, the Addictive Disorders Treatment Program (ADTP), the PTSD Clinical Team (PCT), Integrated Behavioral Health Care (IBHC), Compensation and

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Pension, and our Home Based Primary Care (HBPC) program. We also serve important leadership roles in the medical center, such as membership on committees and task forces outside of Mental Health including the Palliative Care Team, Pain Management Panel, the facility Ethics Committee, and Wellness programs. Psychologists are also employed at the regional level (Veterans Service Network 21) in program development and evaluation positions. Several psychologists hold academic appointments at the University of Nevada School of Medicine and/or the Psychology Department at University of NV.

Our facility also serves as a training site for Residents in Psychiatry, Pharmacy, Dentistry, Optometry, Internal Medicine, and Surgery, as well as Nursing students and Social Work Interns. We offer practicum opportunities students from APA-accredited PhD and PsyD programs.

During the training year, Psychology Interns provide consultation and treatment to several other health care service departments throughout the medical center, including the inpatient Medical, Surgical, ICU, Psychiatry, and Community Living Center Units, the Primary Care clinics, and the Emergency Department.

**Training Model and Program Philosophy**

The mental health staff members at the VA Sierra Nevada Health Care System are committed to the training of professional psychologists consistent with a practitioner-scholar training model. Within a supportive and collegial atmosphere, we seek to facilitate development of a reflective approach to practice that integrates empirical knowledge and delivery of clinical services. Interns are viewed as making the transition from the student role to the professional colleague role over the course of the training year, honing the clinical skills ultimately required for independent practice. Opportunities are offered for continued training in areas of practice with which interns may already be familiar, as well as introduction to unfamiliar treatment orientations and clinical challenges.

At the start of the training year, interns undergo two weeks of orientation to the Mental Health Service and to the medical center. They visit rotation sites and meet with potential supervisors to compose a training experience that best fits their interests and needs. The Training Director acts as an advocate for interns and other psychology trainees at the facility. The Director meets regularly with interns to hear and respond to their concerns.

Interns receive informal feedback from supervisors throughout the year in addition to formal mid-rotation and end-of-rotation evaluations and mid-year and end-of-year comprehensive competency evaluations by supervisors, the Training Director, and the Training Committee. Evaluations emphasize the intern’s strengths and identify areas in need of improvement. In turn, interns evaluate their supervisors and the supervision experience. Evaluations are mutually shared and discussed between intern and supervisor in an atmosphere that fosters personal and professional development. Written summaries of these evaluations are furnished to the intern. The mid- and end-of-year comprehensive competency evaluations are sent to the interns’ graduate institution upon completion. It is expected that interns will differ in the extent to which they require training in the expected competencies. It is further expected that there may be instances where an intern’s behaviors, attitudes, or other characteristics impact the learning process, relationships with others, and/or patient care. These issues are typically addressed in supervision, but if skill deficits are noted in any of these areas, a formal remediation plan may be established to address the deficits. If skill deficits cannot be remediated, provisional completion of the internship and/or termination from the internship will be considered.
**Program Aims & Required Competencies**

In alignment with the APA Council on Accreditation’s Standards of Accreditation (http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf), our program has articulated the following Vision Statement, Aims, and required Competencies:

**Vision Statement:** “To prepare our psychology interns for long-term success in health service psychology.”

**Aims:**

1. To develop in our interns strong core generalist skills in health service psychology through competency-based supervised training.

2. To prepare interns to function competently within an integrated health care system, particularly the Veterans Health Administration.

3. To support our interns in preparing for the next step in their professional careers.

**Profession-Wide Competencies:**

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

**Program-Specific Competency:**

- Working With Military Veterans.

**Program Structure**

Our internship offers full-time, generalist training in the practice of professional psychology within a multidisciplinary Veterans Affairs medical center. We accept 4 interns per year. Our program is fully accredited by the American Psychological Association and complies with all standards and regulations of the Association of Psychology Postdoctoral and Internship Centers (APPIC), as well as APPIC Match.
Policies and Procedures. **The 2019-20 training year begins on August 5, 2019 and ends on July 31, 2020.** The anticipated federal stipend is $26,166.

The internship training year includes **four, 3-month long rotations** in the practice of clinical psychology. Required and optional rotations are described below. We utilize an apprenticeship model of training, where the intern begins each rotation by observing their supervisor and then gradually transitions into more independent functioning. Our program emphasizes training in the practice of clinical psychology, so research activities will generally be limited to those that directly support or are adjunctive to clinical work. Administrative and program evaluation experiences may be possible in various rotations or as a long-term experience, which is described in the following section. Since our program is small, all interns have the opportunity to take part in optional rotations of their choosing.

The program also includes **weekly didactic seminars**, covering topics such as psychological assessment, individual and cultural diversity, law and ethics, and empirically supported treatments, as well as a noontime **“Brown Bag” training opportunity** every four weeks on theory and practice of clinical supervision. A monthly **Journal Club** provides interns with an opportunity to present and interact with each other on current research relevant to the work of a psychologist and to consider how the research might be applied to practice, individually and systemically. **Group Supervision**, usually provided by the Training Director, is offered to enhance both personal and professional growth as the year progresses. Cases are discussed, as well as issues related to professional development, and in the second half of the year, interns are given the opportunity to engage in peer supervision. We also provide **training in formal case presentations**, which includes a final presentation by each intern at the end of the year before our clinical staff. In addition, we offer a **Mentor Program**, in which interns can select a psychologist with whom they can meet individually throughout the year for ongoing support and encouragement and to discuss concerns and professional development issues in a safe, confidential atmosphere.

We encourage interns to adhere to a 40 hour work week, although fluctuations in workload may sometimes require limited overtime work or use of free time to pursue training related readings. Approximately 32 hours of the 40 hour work week are devoted to patient contact and related administrative duties, with the remaining 8 hours reserved for seminars, supervision meetings, and other miscellaneous duties. Interns receive at least 4 hours of supervision per week, including 1 hour of weekly group supervision. Direct in-room supervision of clinical work is provided, and some supervisors utilize audiotaping of client sessions to enhance the provision of individual supervision. Consistent with our commitment to graduated levels of responsibility, there are opportunities to co-lead psychoeducational and psychotherapy treatment groups with supervisors and to observe the administration of psychological tests prior to transitioning into independent test administration. Interns may have the opportunity to provide mentoring and supervision to psychology and/or social work trainees, though availability of this experience cannot be guaranteed at this time.

### Training Experiences & Rotations

We anticipate 2 required rotations:

- **MENTAL HEALTH CLINIC (Full-time):** During this rotation, interns conduct intakes, assessments, and psychotherapy with patients who are referred to the Mental Health Clinic with a variety of presenting complaints. The intern is responsible for conducting both outpatient individual and group psychotherapy, as well as completing psychological assessments such as personality, ADHD, or Learning Disorder testing. The MHC rotation provides the opportunity to learn evidence-based treatments through individual and/or group modalities. Examples of current groups include Cognitive Behavioral Therapy for Depression, Anxiety, or Insomnia, Acceptance and Commitment Therapy for Mood Concerns,
Anger Management, Mindfulness, and much more. The MHC is comprised of a multidisciplinary team including psychologists, social workers, and psychiatrists, and interns are provided opportunities to interact and consult with other disciplines. Interns are also required to attend interdisciplinary program team meetings and other team meetings that are relevant to patient care activities.

- **BEHAVIORAL MEDICINE CONSULTATION & LIAISON (Half-time):** During this rotation, the intern will have the opportunity to work with the Behavioral Medicine/Consultation & Liaison Service. The psychologists on this team respond to consultation requests from the inpatient Medicine, Surgery, ICU, and Community Living Center units. The intern will conduct brief neuropsychological screening evaluations, utilize interview and questionnaire data to evaluate psychiatric symptoms, and generate reports describing their findings to assist physicians, nurses, and other treatment team members in planning for patient discharge and ongoing outpatient care. Interns will also participate in daily rounds where team members discuss current patient status and there will be ample opportunity to interface with attending physicians and resident physicians, as well as other team members, from the medicine, surgery, geriatrics, and palliative/hospice teams. The intern will also spend one day each week working with a social worker in the ER, evaluating Veterans who present with a variety of psychiatric concerns, including those with suicidal/homicidal ideation and other psychiatric crises. Interns are encouraged to take part in outpatient treatment modalities that relate to the practice of Behavioral Medicine, e.g., pain management group, cancer support group, CBT for insomnia, smoking cessation classes, etc. While a half-time rotation in B-Med is required, interns may elect to extend this to a single full-time rotation or two half-time rotations if desired.

Optional rotations: Interns have the opportunity to complete up to five half-time optional rotations or to combine these into full-time and half-time optional rotations, depending on availability of supervisory coverage.

- **PTSD Clinical Team (PCT) (Full-time):** During this rotation, the intern will be trained in and conduct intake evaluations and psychotherapy with patients who are referred to the PTSD Clinical Team (PCT) for evaluation of PTSD and trauma/stressor-related disorders. Psychotherapy groups which may be open to intern participation and co-facilitation include Seeking Safety, Cognitive Processing Therapy (both co-ed and women’s groups), Skills Training in Affective and Interpersonal Regulation (STAIR), CBT-Insomnia, and Imagery Rehearsal Therapy (IRT). Interns also conduct individual psychotherapy, which often focuses on teaching coping skills for PTSD. Interns who demonstrate strong foundational psychotherapy skills may be approved to provide individual trauma focused psychotherapy (Cognitive Processing Therapy or Prolonged Exposure). The intern will attend our weekly interdisciplinary team meetings. Training focuses on developing strong differential diagnostic and treatment planning skills.

- **Addictive Disorders Treatment Program (ADTP) (Full-time):** The ADTP rotation consists of evaluations and interventions for veterans referred for substance use disorders and/or gambling disorder in an outpatient setting. Evaluation experiences will include screening appointments, intakes, and psychological assessment batteries, with particular emphasis on differential diagnostic skills and formulating appropriate treatment recommendations. Intervention experiences will primarily be in the group format, with treatment modalities ranging from CBT, Mindfulness-based, and 12-Step approaches. Individual intervention opportunities may also be available, with particular emphasis on developing Motivational Interviewing skills. Other opportunities may include inpatient consults, inpatient groups, individual and/or group interventions for gambling disorder, and exposure to Suboxone (buprenorphine) treatment for opioid use disorder with medical staff. Interns will attend weekly case conference and staff meetings with the multidisciplinary ADTP team.

- **Geropsychology and Home Based Primary Care (Full-time or Half-time):** Geropsychology offers the opportunity to deliver geriatric services in the Community Living Center, and through Home Based Primary Care (HPBC). The CLC is a skilled nursing facility where interns work with veterans,
many of whom are older adults undergoing short-stay or long-stay rehabilitation. The CLC also has dedicated beds for veterans admitted for palliative care for chronic illnesses, and hospice care at the end of life. In contrast, HBPC gives interns exposure to home bound older adults living in the community who are adapting to the challenges of disability and aging in place. In these settings, the intern typically works on interprofessional teams and provides conceptualizations from a biopsychosocial perspective while collaborating with providers from a number of disciplines. In addition, the intern may educate other providers on these teams about psychological and/or aging issues through consultation. The intern performs assessment (e.g., psychological, cognitive, neuropsychological, decision-making and capacity, risk, etc.) and intervention skills commonly used for older adult issues (e.g., grief, end-of-life, caregiving, chronic health problems, role/life transitions, etc.).

- **Neuropsychology (Full-time or Half-time):** During this rotation, the intern will conduct neuropsychological evaluations on veterans referred for testing for a variety of concerns including effects of traumatic brain injury and possible dementia. The intern will gain exposure to a variety of test batteries depending on the referral question and will also be responsible for writing a comprehensive neuropsychological report for each veteran they evaluate.

- **Psychosocial Rehabilitation and Recovery Program (PRRC) (Half-time):** During this rotation, the intern will work with veterans in the PRRC, an intensive outpatient program for veterans diagnosed with serious mental illness (SMI) such as schizophrenia and bipolar disorder. There will be an opportunity to identify, explore/research, and create a directory of community resources that would benefit veterans diagnosed with serious mental illness. The intern will also conduct intakes, treatment plans, individual and group therapy, cognitive and personality screenings, and community case management. Interns will work on a multidisciplinary team including psychologists, social workers, psychiatrists, peer supports, and nurse practitioners. Interns will gain exposure to evidence based treatments for SMI and will be given the opportunity to create groups of interest for this population.

**LONG-TERM EXPERIENCE:** Psychology interns are encouraged to participate in one year-long, or one or two six-month long, supervised experiences to explore specific areas of clinical interest and in which to receive more in-depth training. Interns will be provided with a list of available supervisors and their specialty areas (e.g., PTSD, addictions, DBT, neuropsychology, geropsychology, ACT, eating disorders, Motivational Interviewing, pain management, smoking cessation, MOVE, SMI, personality assessment, etc.). Interns will be allowed to choose a supervisor based on availability, interest, gaps in training, or enhancement of current skills.

**Requirements for Completion**

Our required competencies were listed in an earlier section of this document. Specific skills for each competency area are rated across 6 levels:

1 = Does not demonstrate basic skill on this element  
2 = Demonstrates minimal skill on this element  
3 = Demonstrates basic skill but requires further supervisory instruction  
4 = Demonstrates intermediate skill  
5 = Demonstrates an intermediate-to-advanced level of skill on this element  
6 = Demonstrates an advanced level of skill on this element

**Minimum Levels of Achievement (MLAs):** For Rotation Evaluations, it is expected that most interns will progress from 3 to 5 on each required element over the course of the training year. At conclusion of the first rotation, an intern is expected to achieve ratings of “3” or higher on at least 75% of the elements in each competency area, with no ratings below “2”. At conclusion of the second rotation, ratings of “4” or higher on at least 75% of elements are expected, with no ratings below “3”. By the conclusion of the third rotation, an intern is expected to achieve a rating of “4” or higher on 100% of the elements in each competency area.
competency area. By the end of the fourth rotation, an intern is expected to achieve a rating of “5” on 75% of all elements in each competency area, with no ratings below “4”.

Mid- and End-Of-Year Comprehensive Competency Evaluations: In the mid-year Comprehensive Evaluation, which occurs after completion of the 2nd rotation period, an intern is expected to achieve ratings of “3” or above on all competency elements. Ratings of “4” and above are expected at the final, end-of-year comprehensive evaluation. Performance below the expected levels will trigger a review of the intern’s progress by the rotation supervisor(s) and the Training Committee to determine if remediation or other actions, including dismissal from the program, are necessary.

Should a trainee not achieve competency goals as described above, a collaborative written remediation plan may be established by rotation supervisor(s), the Training Committee, and the Training Director. Any rating of “1” will require development of a remediation plan, while ratings of “2” will result in discussions between rotation supervisors, the Training Committee, and the Training Director to determine whether a remediation plan is necessary to help the intern progress in the program. Ratings less than “4” at the end of the training year in any competency area may result in requirements for continued internship training and/or documentation of a “provisional” recommendation by the Training Director when the intern later seeks licensure and/or employment. Interns who receive ratings of less than “4” on the final Comprehensive Competency Evaluation may also be designated as having failed the program, depending on the nature and seriousness of the competency deficit(s). An intern who is unable to meet the program MLAs by the end of the training year will receive limited recommendations from the Training Director that outline those settings in which the former intern can and cannot function adequately.

Our Internship Handbook includes guidelines for Interns to seek redress when they believe they are not being evaluated fairly or if they believe they have been the target of discrimination or other unfair treatment by supervisors or other staff.

**Facility and Training Resources**

Each intern is provided with office space in the medical center equipped with a personal computer. All personal computers are connected to the VA Computerized Patient Records System (CPRS), the VA VistA system, e-mail, internet, and VA intranet. Telephones with private voicemail are also provided. Interns will be issued voice recording equipment, as needed, for the purpose of recording psychotherapy sessions. Textbooks on topics such as cultural and individual diversity, law and ethics, and psychopharmacology are also available to interns. The Mental Health Service employs several full-time Medical Service Assistants (MSAs) who provide clerical and administrative support, but professional staff (including interns) are expected to enter their own written notes into CPRS (e.g., typing services are not provided by our clerical staff). Personal computers include programs such as Word, Excel, Access, and Power Point, as well as VA proprietary software programs. The Mental Health Service maintains a “shared drive” where important forms and other information are archived and updated as needed.

**Administrative Policies and Procedures**

In addition to earned Annual Leave and Sick Leave, each Intern may be granted up to 5 days of Authorized Absence to attend professional conferences, and/or attend VA post-doctoral or VA employment interviews. Authorized Absence is granted at the discretion of the Psychology Training Director. One day of Authorized Absence may be granted for dissertation defense activities.

Our privacy policy is clear: We will not collect personal information about you when you visit our website. We do not require self-disclosure of sensitive personal information during our interviews.

**Training Staff**

Updated August 30, 2018
Our Psychology Staff members include:

**Jordan Bonow, Ph.D.**, University of Nevada, Reno, 2013. Facility Health Behavior Coordinator. Member, Psychology Training Committee. Professional interests include staff training, primary care mental health integration, health psychology, behavior therapies including third wave therapies, and suicide risk assessment and prevention. Personal interests include hiking, fitness, and family time.

**Adam Bradford, Psy.D.**, Midwestern University, Glendale, AZ, 2013. Program Manager of the PTSD Clinical Team and Lead Psychologist. Member, Psychology Training Committee. Professional interests include PTSD coordination of care, Grief and Loss, TBI/PTSD assessment/diagnostic clarification, fitness/alternative therapies for PTSD symptom reduction, Virtual Reality Exposure therapy. Personal interests include skiing, boating, kayaking, hiking, camping, weight lifting, gigging (piano/vocal performance/jazz), DJ-ing, writing, travel.

**Kelly Cramond, Ph.D.**, Brigham Young University, 2010. Staff Psychologist in the Behavioral Medicine Program, Certified Brain Injury Specialist (CBIS). Responsibilities include outpatient neuropsychological evaluations and weekly Brain Boosters groups. Professional interests include neuropsychology, brain injury assessment and management, cognitive rehabilitation, and assessment and management of dementia. Personal interests include snowboarding and backpacking.

**James A. D’Andrea, Ph.D., ABPP**, Saint Louis University, 1994. Staff Psychologist in the Community Living Center. Professional interests include CBT for dementia caregivers, managing challenging behaviors in long-term care settings, ethnogeriatrics, capacity evaluations in cognitively impaired older adults, surrogate decision making under conditions of uncertainty, and aging with a disability. Personal interests include cross country glider flying in the Sierras, skiing, and I’m a Francophile.

**Eric Diddy, Ph.D.**, Alliant International University-CSPP, Fresno, 2013. Staff Psychologist in the Addictive Disorders Treatment Program. Professional interests include substance use disorders, PTSD, behavioral health, and the integration of spirituality into the therapeutic process. Personal interests include skiing, mountain biking, kayaking, traveling, scuba-diving, and fitness, and I’m a certified foody.

**Marie R. Ehrler, Ph.D.**, Palo Alto University, 2012. Member, Psychology Training Committee. Staff Psychologist in the Mental Health Clinic since 2016; prior VA experience in PCT. EBP certifications include Cognitive Processing Therapy and Interpersonal Psychotherapy for Depression. Professional interests include personality assessment, neuropsychological assessment, drug abuse research, and psychosis. Personal interests include travel, sailing, reading, cooking, skiing and Nintendo.


**Deborah Henderson, Ph.D.**, University of Nevada at Reno, 2006. Staff Psychologist in the Integrated Behavioral Health Care program, co-located within Primary Care. Professional interests include behavioral health/primary care integration, behavior therapies, ACT, anxiety disorders, weight management, managing chronic illness. Personal interests include spending time with my dogs, my friends, my family, my garden, my books, my countless DIY home improvement projects, and a nice glass of wine.

**John H. Krogh, Ph.D.**, Idaho State University, 2007. Staff Psychologist on the PTSD Clinical Team. Trained and certified in Prolonged Exposure Therapy, Cognitive Processing Therapy, and Cognitive-Behavior Therapy for Insomnia. Professional interests include cognitive-behavioral treatments, PTSD,
anxiety disorders, motivational interviewing, stress management, and crisis intervention. Involved in local, state, and federal law enforcement training. Personal interests include family time, the mountains, snowboarding, biking, hiking, abseiling, Burmese Pythons, and garden/yard care.

Katherine McKenzie, Psy.D., PGSP-Stanford PsyD Consortium, 2013. Staff Psychologist on the PTSD Clinical Team. Member, Psychology Training Committee. Trained in Prolonged Exposure Therapy, biofeedback, and certified in Cognitive Processing Therapy. Professional interests include cognitive-behavioral therapies with special training emphasis in David Burns-style TEAM-CBT therapy, mindfulness, and chronic pain management. Personal interests include photography, gardening, and wrangling small children.

Michael Moradshahi, Ph.D., Rosemead School of Psychology, La Mirada, CA, 2015. Staff Psychologist in the Mental Health Clinic. Member, Psychology Training Committee. Professional interests include psychodynamic psychotherapy, projective assessment, couples therapy, moral injury, and religion/spirituality. Personal interests include coffee, travel, outdoorsy stuff, and finding awesome things to watch on YouTube.

Yelena Oren, Ph.D., University of Nevada, Reno, 2015. Staff Psychologist in the Mental Health Clinic. Member, Psychology Training Committee. Professional interests include behavior therapies including third wave therapies, anxiety disorders, chronic illness, chronic pain, stress management, sleep, trauma, integrated behavioral health, cultural influences on treatment, and psychotherapy process. Personal interests include spending time with my family, traveling, reading, hiking, and cooking.

Michele Steever, Ph.D., University of Nevada, Reno, 2009. Staff Psychologist in the Psychosocial Rehabilitation and Recovery Program (PRRC). Professional interests include serious mental illness, addictions, DBT, FAP, and psychotherapy process. Personal interests include knitting, traveling, being a fun mom, and incorporating movie quotes into everyday conversation.

Valerie L. Williams, Ph.D., University of Alabama at Birmingham, 1992. Staff Psychologist in the Behavioral Medicine Program. Professional interests include chronic illness, neuropsychology, medical and health psychology, assessment and management of dementia. Personal interests include horseback riding and protecting open lands from development.

Cynthia J. Willmon, Ph.D., Texas Tech University, 2011. Staff Psychologist in the Addiction Disorders Treatment Program (ADTP). Member, Psychology Training Committee. Professional interests include: Acceptance & Commitment Therapy (ACT), depression, diagnostic assessment, motivational interviewing, addictive behaviors, harm reduction, and anger management. Personal interests include spending time with family and friends, spending time with my dogs, being oblivious to most things involving social media, watching home improvement shows, reading, hiking, snowboarding, and music.

Christine Winter, Ph.D., University of Oregon, 1990. Staff Psychologist in the Mental Health Clinic since 2015; prior to that worked at a rural community mental health center for 24 years. Member, Psychology Training Committee. Professional interests include autism spectrum disorder, prescriptive authority for psychologists, and advocacy for clients and our profession AKA politics (am a former school board member and past president of Wyoming Psychological Association). Personal interests include gourmet cooking, snowboarding, soccer refereeing and visiting wine country.

John G. Wyma, Ph.D., ABPP, California School of Professional Psychology, San Diego, 1987. Director of Psychology Training, Staff Psychologist in Telemental Health. Professional interests include: psychology training; treatment of depression, anxiety, chronic pain, and PTSD; program development; and integration of psychology and spirituality. Personal interests include visits with adult children and grandchildren; pretty much anything outdoors; music of all kinds; gardening; and discovering excellent Mexican food restaurants.

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Don Yorgason, Ph.D., University of Memphis, 2011. Substance Use Disorder Specialist on the PTSD Clinical Team. Member, Psychology Training Committee. Professional interests include addictive behaviors, cultural influences on treatment, PTSD, motivational interviewing and psychotherapy process. Personal interests include reading, playing music, home improvement projects, long-distance running, and family time.

Sheila Young, Ph.D., Utah State University, 1990. Psychology Program Manager, Behavioral Medicine Programs and Chair of the Healthcare Ethics and Research and Development Committees. Professional interests include consultation and liaison with medicine, surgery, and geriatrics, health psychology, neuropsychology, end of life care; professional ethics for psychologists, professional licensure and practice issues.

Current and Past Trainees

Our intern cohort for 2018-19 consists of trainees from The Wright Institute, PGSP-Stanford Psy.D. Consortium, La Salle University, and the University of Nevada, Reno. The 2017-18 group hailed from Pacific Graduate School of Psychology – Palo Alto University, PGSP-Stanford PsyD Consortium, Rosemead School of Psychology, and Alliant International University – CSPP San Francisco. Other programs from which we have received interns have, in recent years, included Alliant University/CSPP (San Diego, Los Angeles and San Francisco campuses), Northern Illinois University, Fielding University, Jackson (Mississippi) State University, University of Denver, University of Nevada at Las Vegas, and Brigham Young University. Since our program was first accredited by APA (in 1983), we have matched with several students from University of Nevada, Reno.

After graduation, our interns have moved on to a variety of professional positions. We are proud that 6 of our current staff psychologists are former interns. The majority of our interns secure either post-doctoral training positions or employment in professional psychology upon completion of our program. For both the 2016-2017 and 2017-18 cohorts, all eight interns secured post-doctoral training positions in both VA medical centers and other prestigious private medical centers. The types of positions that interns have entered since 2000 have included VA medical centers, medical school faculty, university counseling centers, various post-doctoral training programs, and private practice. Typically, our former interns have become licensed psychologists within a few years of graduation, many in the states of Nevada and California. A 2016 survey of our graduates indicated that, among respondents who had completed our program between 2009 and 2014, 87.5% (21 of 24 respondents) had achieved licensure.
Internship Program Tables

Internship Program Admissions

Date Program Tables are updated: 8/1/2018

<table>
<thead>
<tr>
<th>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</th>
</tr>
</thead>
</table>

Applicants to our program must meet the following prerequisites to be considered:
1. Enrolled in a doctoral program in Clinical or Counseling Psychology at an APA-accredited institution;
2. Approved for internship status by their graduate program Director of Clinical Training;
3. A minimum of 400 direct contact intervention hours and 200 direct contact assessment hours of supervised graduate level pre-internship practicum experience;
3. U.S. Citizenship;
4. Per VHA policy, matched interns are subject to a criminal background check, which includes fingerprinting, and passing a physical examination and urine drug screen. Approval to begin internship is contingent upon passing these screens; and
5. Male applicants born after 12/31/1959 must have registered for the draft by age 26.

APPI applications are reviewed initially by a panel of our psychologists and scored on a number of factors, including: 1) the breadth and quality of clinical experiences obtained through practicum training; 2) scholarly preparation evidenced by academic transcripts, research experience, publications, and presentations; 3) letters of recommendation; 4) evidence of personal maturity and readiness for internship training; 5) the degree to which the applicant’s stated training objectives match the training opportunities available in our setting; and 6) written communication skills. Due to the rigors of internship training, preference is given to applicants who have completed or are well advanced toward the completion of their doctoral dissertation. VA Sierra Nevada Health Care System is an Equal Opportunity Employer. We are also committed to a range of diversity within our intern cohorts and staff, and we desire to select applicants representing a range of academic programs and theoretical orientations, geographical areas, races and ethnicities, ages, sexual orientations, disabilities, and life experiences. These factors may be gleaned from the APPI application. Also, we consider information obtained from internet and social media searches of applicant’s names.

Does the program require that applicants have received a minimum number of hours of the following:

| Does the program require that applicants have received a minimum number of hours of the following |
|---|---|---|
| Total Direct Contact Intervention Hours | □ N | ☑ Y |
| Amount: 400 |
| Total Direct Contact Assessment Hours | □ N | ☑ Y |
| Amount: 200 |

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Describe any other required minimum criteria used to screen applicants:
Prior to the start of internship, applicants are expected to have completed at least 1200 total practicum hours (assessment + intervention + supervision). Hours completed should be listed along with anticipated hours, verified by the graduate program’s Director of Clinical Training on the AAPI. Any anticipated hours at the time of the AAPI submission should be explained fully in the applicant’s cover letter.

<table>
<thead>
<tr>
<th>Financial and Other Benefit Support for Upcoming Training Year*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>Other Benefits (please describe): Dental insurance, life insurance, professional development time (e.g., dissertation defense, VA interviews, conference attendance)</td>
</tr>
</tbody>
</table>

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

Updated August 30, 2018
## Initial Post-Internship Positions

**Aggregated Tally for the Preceding 3 Cohorts**

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

<table>
<thead>
<tr>
<th></th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table is counted only one time. No former trainees worked in more than one setting.

## Local Information

The VA Sierra Nevada Health Care System serves one of the largest geographical areas in the VA system. This area includes much of northern Nevada and northeastern California (some 380,000 square miles) with an estimated veteran population of close to 53,000. Our system also includes outpatient VA clinics located in Auburn, CA, Minden, NV, Fallon, NV, and Susanville, CA. The Reno-Sparks area and surrounding Truckee Meadows, located at the base of the eastern slope of the Sierra Nevada, has a population of about 456,000. At an elevation of 4,400 feet, Reno's climate is generally sunny and dry, with wide variations in temperature during a 24-hour period. While Reno is growing rapidly, commute times to the medical center from most residential areas of the greater Reno area are typically less than 30 minutes.

Reno is just minutes away from the majestic Sierra-Nevada range, with its pine forests and crystal-clear lakes as well as high desert areas complete with ghost towns and historical communities, such as Virginia City, the location of the Comstock gold strike of the 1850s. It offers many exciting opportunities for

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outdoor recreation, including backpacking, biking, kayaking, boating, fishing, hunting, camping, and skiing (both downhill and cross-country). Beautiful Lake Tahoe, about an hour’s drive from Reno, is known around the world for its year-round recreational opportunities. The Reno/Tahoe area contains the world's largest concentration of ski resorts - 19 in all - and has an unusually long ski season.

A wide variety of social and cultural activities are offered throughout the year in Reno. These range from big-name entertainment to community theatre, opera, ballet, community concerts, exhibits at Reno's excellent art museum, and activities held on the University of Nevada-Reno campus. Popular annual events include the month-long ArTown festival, the Hot Air Balloon Festival, Hot August Nights, Burning Man, the Italian Festival, September’s National Championship Air Races, Best of the West Rib Cookoff, Street Vibrations, and much more.

Both Carson City, one of the nation's smallest state capitals, and Virginia City, a mining town founded in 1859 and preserved much the way it was during the great Comstock Lode silver strike days, are just a short drive away. Northern California is also easily accessible, with flight time to San Francisco less than an hour, and driving time to Sacramento only two hours.

The information provided in this brochure is designed to provide a general description of our program and medical center setting. We look forward to answering any specific questions you might have by e-mail or telephone. The program Training Director is John Wyma, Ph.D., and his contact information is as follows: email john.wyma@va.gov, phone (775) 786-7200, ext 6581.

The contact information for the APA Commission on Accreditation is:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC  20002-4242
202-336-5979
TDD/TTY: (202) 336-6123
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apaaccred@apa.org

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