

The Sacramento VA Medical Center



2021-
2022

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM



<https://www.psychologytraining.va.gov/programs.asp>



Letter from the SVAMC Training Director:

In 2015, we began the process of developing a new psychology internship program at the Sacramento VA Medical Center. I spoke individually with each member of our psychology faculty before embarking on that journey, and the interest and commitment to training from our Sacramento psychologists was clear and overwhelming. I would not have become as deeply involved in the development of this program if I didn't have a strong belief in the desire and clinical acumen of the Sacramento faculty. Three years later, not only did we fill all four of our intern positions in phase I of the Match, we were able to achieve accreditation status so that our first cohort of interns could say they graduated from an accredited program. These hard-fought achievements reflect the commitment of myself, our faculty, and our facility in providing a quality training experience and enhanced care for the Veterans we serve.

Sacramento's psychology faculty consist of many early-career clinicians with the energy, vision, and desire to create a vibrant interprofessional training program. We are diverse professionals who are committed to excellence in training. We have several faculty actively involved in training VA staff regionally and nationally in Evidence-Based Practices including Motivational Interviewing, Cognitive Processing Therapy, and Acceptance Commitment Therapy.

In addition to the doctoral internship program, SVAMC hosts neuropsychology postdoctoral residents, psychology practicum students, pharmacy residents, nurse practitioner residents, and offers psychotherapy training for psychiatry residents through our long-standing affiliation agreement with the UC Davis School of Medicine. Our doctoral internship program is at the center of this training environment, merging with our existing training programs to provide a rich, interprofessional training environment consistent with our clinical values of respect, professionalism, inclusion, and service.

The city of Sacramento and the SVAMC also continue on a path of expansion. The VA recently purchased land tripling our existing square footage, and our outpatient General Mental Health team moved into a newly constructed two-story building June of 2019. We have added new mental health positions in Behavioral Medicine, outpatient ACCESS, PRRC (SMI), PTSD Clinical Team, and General Mental Health. Given the environment of change in our facility, we are a particularly good fit for applicants who are flexible, independent, excited about being part of program growth, and who don't mind a little dust. We are only scratching the surface on what is possible here from the perspective of training.

COVID updates: During the pandemic, we want to acknowledge the additional risk and anxiety applicants might be experiencing when applying to a large-scale medical facility. I am proud to say that among VA facilities nationally, we were quick to approve telework for our trainees (March 2020), and did so with relatively minimal disruption to the training year. Didactics, seminars, meetings are all now conducted remotely. The 2020-21 cohort have all been issued VA provided laptops, which work much more smoothly than VA's remote access system that staff/interns have traditionally used. The bulk of our orientation this year was done remotely, and we are prepared to do so again should we need to for 2021-22. While we can not predict what our situation will be next July, currently the vast majority of our clinical work is being conducted virtually.

We also understand that COVID might have impacted your ability to accrue contact hours/assessment experiences, and we will absolutely take that into consideration when reviewing your application. Interviewing will be done virtually this year, and we are hoping to put together a welcome video so that applicants can get a sense of what being onsite might feel like. We will continue to value transparency, openness, flexibility, diversity, and independence in our faculty, interns, and applicants.

Diversity: We are excited about the continued expansion of our facilities commitment to diversity. We have a long-standing Diversity Committee that is now our Diversity, Equity, and Inclusion committee, which is coordinated broadly across VANCHCS, and has specific satellite meetings at target sites held monthly. Part of the expansion of DEI activities includes increased coordination between DEI and VANCHCS administrative leaders in determining how best to actualize the elements of justice and inclusion across VA Northern California.

I have great confidence that we have developed an amazing internship program here in Sacramento, and we look forward to having you be a part of it. Do not hesitate to contact me with any questions.

Don Koelpin, Ph.D.
Sacramento VA Psychology Training Director
Assistant Clinical Professor, UC Davis School of Medicine
Donald.Koelpin@va.gov
(916) 366-5427

ACCREDITATION STATUS

The Sacramento VA Medical Center's internship program is currently Accredited by the Commission on Accreditation of the American Psychological Association under the Accreditation on Contingency provision. Graduates of programs Accredited under APA's Accreditation on Contingency provision are considered as having graduated from an Accredited program. For additional details on the Accreditation on Contingency process, please consult the APA website:

<http://www.apa.org/ed/accreditation/about/coa/decoding.aspx> or here <http://www.apa.org/ed/accreditation/about/about-accreditation.aspx>, click 'What are the different statuses of accreditation and what do they mean?'



What is Accredited, on contingency?

Per APA: "Accredited, on contingency" is granted only if the program meets all standards except for the inclusion of the required outcome data on interns/residents in the program and after program completion. To become fully accredited, the program must provide the required data by the time two cohorts have completed the program."

Our 2nd cohort graduated in July of 2020, and our required deadline to submit our outcome data is May 2021.

The [APA Office of Program Consultation and Accreditation](#) can be reached at:

American Psychological Association
750 First St. NE,
Washington DC 20002-4242
Phone number (202) 336-5979.

APPLICATION AND SELECTION PROCESS

APPLICATION DEADLINE:	November 1st, 2020 11:59 PM PST
INTERVIEW NOTIFICATION DATE:	December 15th, 2020
MATCH NUMBERS:	246511
INTERVIEW DATES:	Tentative 2021 dates are 1/7, 1/11, 1/15, and 1/20
INTERNSHIP START DATE:	July 19th, 2021
HOURS:	2080
NUMBER OF POSITIONS:	4
SALARY:	\$31,589

APPIC and Match info:

Our internship program is registered for the match (**246511**). We are members of APPIC, and applications can be submitted via the AAPI portal.

AAPI Application:

All applications must be submitted through the online AAPI portal (which can be found at the APPIC website: www.appic.org). **To find our program**, go to the bottom of your APPI application and find the drop-down menu 'Internship Program Designation', select 'California', and you should find a listing for the Sacramento VA Medical Center.

No mail or email application materials will be accepted. Please include:

- **Cover Letter**
 - Please tell us about your specific interest in the SVAMC program, including at least two rotations that align with your training goals. See below for additional information.
- **Curriculum Vitae**
- **Three Letters of Recommendation**
- **AAPI Online Application**
- **Graduate Transcripts**
- **One de-identified multi-battery assessment report**
- ***For applicants interested in our neuropsych assessment rotation only:***
Please submit one integrated assessment report. This should be a report for which the applicant has conducted the clinical interview (under supervision is acceptable), administered and scored all tests, and participated in the conceptualization and write up of the summary and impressions. Ideally, more comprehensive testing will have been done (e.g., WMS, CVLT, Rey-O, WAIS, Trail Making Tests, etc.); however, this is not required. Reports involving assessments via telehealth due to COVID-19 guidelines are also acceptable. Please review the neuro rotation description for additional details.

Selection Procedure

We have a two-part selection procedure. First, application materials are reviewed for basic eligibility, strength of training, clinical experiences, and goodness of fit with our program. The selection committee develops a pool of applicants to invite for a formal interview based on these criteria. Upon the completion of our interviews, we rank order applicants in terms of their suitability for our program in accordance with APPIC guidelines. We value diversity during the selection process, and strive to maintain an open, welcoming stance to a wide range of individual differences when making our selections.

Cover Letters: The SVAMC internship faculty place an emphasis on the cover letter, and view it as your opportunity to give us an overview of your training experiences and to express your particular fit or interest in the SVAMC. Our program values professional communication, transparency, diversity of experiences, diversity of perspectives, openness, and a willingness to give and receive direct feedback. Many applicants are personable, highly skilled individuals who we are confident can handle the clinical learning that we offer, so we highly weigh factors such as fit with our professional values alignment with your career goals, and personality fit with our faculty. Please do not exceed two pages.

Interviews

We schedule interviews on five days spread throughout January. The interview provides the opportunity to learn more about our program and meet with the training director and several of the training faculty. The interview day will be from 8-3:00 and include 3 one-hour interviews with faculty, a clinical vignette, and a 30 minute meeting with the Training Director. Applicant attributes such as professionalism, communication skills, self-awareness, flexibility, and compatibility with the program's training goals will be used in making selection decisions.

Included on each day is lunch provided by our faculty and the opportunity to meet the current interns.

We understand the challenges of travel and the distance applicants may be transversing in their investigation of programs. If you are unable to attend one of our interview days, but will be in Northern California on a different date, we may be able to accommodate an in-person interview. If there are other barriers to travel, please request a Skype or phone interview.

COVID UPDATE: All interviews will be conducted virtually this year. Interviews will include separate interviews with 2-3 faculty, the training director, and in some cases a current intern. All applicants will be given the opportunity to meet with the members of the current intern class individually or in a group. We plan to post a virtual tour of the facility to our webpage.

Statement of Nondiscrimination

The Psychology Internship program strongly seeks and values 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) race, 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 process outlined later in this brochure. In addition, the intern may elect to utilize the VA NCHCS EEO process (see VANCHCS policy). The intern can request confidential assistance in accessing the EEO program from the Training Director, Assistant Training Director, any member of the training committee, or the program support assistant. The program seeks to obtain a diverse intern class while selecting the most qualified candidates. 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.

Other Psychology Training in VANCHCS:

Clinical Neuropsychology Postdoctoral Residency

The VANCHCS Clinical Neuropsychology Postdoctoral Residency Program has been in existence for over 20 years and received APA accreditation in 2009. There are four postdoctoral residents split between the Sacramento VAMC and the Martinez CBOC. The program has a unique strength in neurocognitive rehabilitation training. Brigid Rose, Ph.D., is the Director of the Clinical Neuropsychology Postdoctoral Residency Program. Cleo Arnold, Psy.D., is the Associate Training Director of the Clinical Neuropsychology Postdoctoral Residency Program. Please note, that while the Neuropsychology Postdoctoral Residency has accepted applicants from non-neuropsych internships, the vast majority of applicants who match have attended neuro-specific programs.

Clinical Psychology Postdoctoral Residency

VANCHCS has two postdoctoral residents in Clinical Psychology with an Integrated Care/Behavioral Medicine focus and one with our Post Traumatic Stress Disorder Clinical Team (PCT). This program is APA-accredited and has been in existence since 2011. These residents work in both the Oakland and Martinez facilities.

Student Practicum Programs

There are graduate student practicum programs at the Oakland, Martinez, Fairfield and Sacramento facilities and the Oakland Vet Center. These programs are based on formal training agreements with local Psychology graduate programs. The students work in several

different settings, including general Mental Health, Cognitive Rehabilitation, inpatient psychiatry, and Neuropsychology. These practicum programs provide students for supervisory experiences for interns and postdoctoral fellows.

UC Davis School of Medicine

The Sacramento VA Medical Center has had an Affiliation Agreement in place with the UC Davis School of Medicine for over 20 years. UC Davis does not host any internship rotation experiences; however, the School of Medicine sends many residents to the SVAMC for training experiences, and offers access to their Grand Rounds presentations to VA staff and trainees. The UC Davis School of Medicine was founded in 1966 and is one of five University of California medical schools. Faculty in the School of Medicine specialize in a wide range of basic and applied research, neuroscience, cancer biology, vascular biology, genetic diseases and functional genomics, health services, infectious diseases, nutrition, telemedicine and vision science. The UC Davis School of Medicine has been ranked among the top 50 hospitals in America according to an annual survey published by U.S. News & World Report. We are excited about the ongoing integration between our training programs, with several VA staff holding faculty positions with UC Davis. We anticipate a steady increase in the training, teaching, and clinical supervision VA staff provide in support of the residency program.

SACRAMENTO VA FACILITIES OVERVIEW

VA Northern California Health Care System provides care to over 377,000 Veterans in 17 counties, spread across an area of nearly 40,000 square miles. The Sacramento VA Medical Center is the flagship facility for our system, which includes 10 clinical sites extending from the Eastern San Francisco Bay area up to the California-Oregon border. In addition to the large metropolitan areas in the east bay and Sacramento, VANCHCS serves a large rural Veteran population reaching into the sparsely populated regions North of Sacramento and the rural, isolated towns in the foothills of the Northern Sierra Nevada mountain range. The medical center in Sacramento closely coordinates care with VANCHCS clinics located in Chico, Yuba City, Auburn, and Redding to ensure these Veterans are able to receive the medical care not available to them in these rural settings.

The Clinical Psychology Internship Program sponsored by VA Northern California Health Care System is a full-time clinical internship providing 2080 hours of clinical experience. The program is designed to train psychologists to effectively respond to the challenges and changes in the modern health care environment. The primary training sites for the internship program is the Sacramento VA Medical Center, and interns have the option to complete rotations at the McClellan CBOC. Our training site also collaborates with the UC Medical Center, and we are working toward bridging our training with their psychiatry training program to create an interprofessional training setting for our interns.

Sacramento VA Medical Center



The [Sacramento VA Medical Center](#) offers comprehensive medical, surgical, and outpatient mental health treatment; serving nearly 21,000 Veterans annually in primary care and hosting over 60-beds to provide intensive inpatient medical and/or psychiatric services. Mental health services include inpatient stabilization and outpatient treatment from specialty teams in the areas of Addictions, PTSD, and traumatic brain injury (TBI). The Mather campus hosts Primary Mental Health Integration (PCMHI), a Homeless Veterans Program, Peer Support integration within behavioral health, tele-health, CVT (video) to the home, and Home-Based Primary Care (HBPC).

The Sacramento VAMC is located on what used to be Mather Air Force Base, from which it derives its nickname, “Mather”. It is located about 10 miles from downtown Sacramento. It is the largest facility in the Northern California Health Care system and is characterized by constant growth in both the services offered and demand for services. Each fall nearby Mather Airport hosts The California Capital air show, which draws crowds in the thousands.

McCLELLAN COMMUNITY BASED OUTPATIENT CLINIC (CBOC)

Interns in the psychology training program may choose an elective rotation at the nearby [McClellan Community Based Outpatient Clinic](#). McClellan hosts a large CBOC providing annual treatment for 9,000 Veterans in primary care and 4,000 Veterans in the specialty mental health clinic. McClellan has its own pharmacy and lab, offers physical therapy, radiology, podiatry, a women’s clinic and other specialty services. McClellan hosts a Primary Care Mental Health Integration program (PCMHI), comprehensive addictions recovery, and PTSD treatment.

SACRAMENTO AND CALIFORNIA'S CENTRAL VALLEY



Situated in the Sacramento Valley, our trainees are offered the world class cultural and recreational opportunities of a big city, with the vibrant sense of community of a small town. [Sacramento](#) is the capital city of California and is a wonderful destination for anyone who loves the outdoors, as well as foodies and cultural connoisseurs alike. It is known both as the “city of trees” due to its lush urban landscaping and “America’s Farm to Fork Capital” due the abundance of fresh produce available from California’s Central Valley. It boasts miles of recreational trails, including the 32-

mile American River Bike Trail. Sacramento hosts stages 1 & 3 of the AMGEN tour of California, as well as the California International Marathon. The NBA’s Kings, minor league baseball’s Rivercats, and the USL’s Republic (soccer) make their homes in Sacramento.

Sacramento is ideally situated for easy exploration of all Northern California has to offer, including Lake Tahoe and its popular ski-resorts (90-minute drive), San Francisco (90-minute drive), the wine country of Sonoma and Napa Counties (60-minute drive), and Yosemite National Park (2.5-hour drive). Psychology training in our region is enhanced by the close proximity to a major research university (UC Davis), the VA facilities in San Francisco and Palo Alto, as well as the other NCHCS sites. Trainees typically have the opportunity to attend training workshops at neighboring VA facilities.

The cost of living in the Sacramento Valley is affordable relative to other areas of California. The Sacramento campus is within easy commuting distance of the Midtown and East Sacramento areas for those interns interested in a more urban living experience, one that allows them to leave their car at home and walk or bike to restaurants,



shops, and local farmer’s markets. There are several beautiful suburban areas including Carmichael, Fair Oaks, and Folsom. Public Transportation from various areas of Sacramento is available via light rail and VA shuttles. Sacramento’s designation America’s “Farm to Fork Capital” is well deserved.



“Our region has been an agricultural powerhouse for centuries, boasting a year-round growing season, ideal climate and a mouth-watering bounty of crops. Chances are, if you’re enjoying a meal in the Sacramento region, it came from a local farm.

Today, Sacramento sits among 1.5 million acres of farms and ranches that grow more than 120 crops for markets here and abroad. The region is also home to more than 40 regional farmers markets—including the largest California Certified Farmers’ Market in the state. Local restaurants utilize the abundance of regionally grown products to create a Farm-to-

Fork freshness that's unparalleled. Whether you're enjoying a burger or an elegant dinner, local ingredients are on the table. And as the seasons change, so do the Sacramento region's restaurant menus, ensuring a true taste of local flavor." (From <http://www.farmtofork.com/what-we-do/why-sacramento/>)

LOCATIONS WITHIN A FEW HOURS DRIVE OF SACRAMENTO

YOSEMITE NATIONAL PARK (2.5 HOURS)



NAPA VALLEY WINERIES (1.5 HOURS)



LASSEN VOLCANIC NATIONAL PARK (2.5-3 HOURS)



LAKE TAHOE HIKING/SKIING (1.5-2 HOURS)



SACRAMENTO VA MEDICAL CENTER INTERNSHIP

The VA is the largest health care system in the nation and is the largest training site for physicians, psychologists, and many other health care professions. Mental Health services are currently a primary focus of attention in the VA, in large part due to concern about Post Traumatic Stress Disorder, Traumatic Brain Injury, and other issues among service members returning from Iraq and Afghanistan. In addition, the VA is in the middle of an ambitious agenda to define and implement state-of-the-art Mental Health care for all enrolled Veterans across all diagnoses and issues and across the life-span. This has led to a rapid expansion of employees and many new training initiatives.

For the past several years, the VA has put significant resources into training its Mental Health clinicians in specific evidence-based psychotherapies (EBP), including Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Cognitive Processing Therapy, Prolonged Exposure, Motivational Interviewing, Interpersonal Therapy, and others. Several members of our internship training faculty have completed these intensive trainings (which include supervision and review of session recordings) and these particular EBPs are emphasized during internship training. Drs. Neavins and Yiaslas are MI training consultants and members of the Motivational Interviewing Network of Trainers (MINT). PTSD Clinical Team (PCT) team lead, Jeannette Giorgio, Ph.D., is our CPT regional trainer for the VA CPT Implementation Program. Dr. Koelpin is a training consultant for the VA Acceptance Commitment Therapy (ACT) initiative.

The internship typically starts about the 3rd week of July and lasts for a full calendar year. Interns work from 8:00 am - 4:30 pm Monday through Friday. The internship is designed to involve 40 hours per week though occasionally additional time might be necessary to complete clinical tasks, such as assessment reports.

Prior to the start of the internship year, interns are sent a preliminary non-binding questionnaire to identify initial training interests, helping the Training Committee prepare for the training year. At the beginning of internship, interns go through two weeks of orientation activities, which provide the opportunity to visit the clinical sites and meet all the prospective supervisors. During orientation, interns also complete a self-assessment to help identify strengths and training targets.

A training plan is developed individually for each intern in conjunction with the Training Director or mentor based on individual interests and training needs. The goal is to develop a broad-based training experience that includes exposure to multiple clinical settings and patient populations. Faculty members in addition to the Training Director are available for consultation to help navigate the various training options. Rotations are selected from the options below based on individual training needs and the program requirements for competency acquisition and broad clinical exposure. We strive to connect interns to their preferred rotations and interest areas; however the exact structure and timing of various activities must fit with the overall organizational needs of the program. Unanticipated changes in program faculty or program structures may make aspects of our current training structure unavailable.

The program is organized into two six-month segments. Rotations are scheduled for two days per week, so an intern will be working on two different rotations at a time. Interns' interests and priorities often change over the course of the training year and changes in the training plan are permissible provided that they continue to allow for the intern to complete their required training experiences and the program has the capacity to handle the switch.

Core Training Elements

Rotations (12-16 hours/wk. per rotation): Interns will complete four 6-month rotations chosen between **General Mental Health, PTSD Clinical Team, Addiction Recovery Treatment Service, Primary Care-Mental Health Integration, McClellan CBOC, Behavioral Medicine, and Neuropsychological Assessment.** There will also be training opportunities with our Transgender Specialty Service.

Diversity Training: Our diversity training elements were created in consultation with the Sacramento VAMC Behavioral Health **Diversity, Equity, and Inclusion Committee (DEI)** and the larger VA Northern California DEI committee. Our diversity training program is designed to promote the development and maintenance of a culturally-aware and informed clinical practice. The SVA diversity training program consists of mental health faculty from across our treatment programs, including a large number of DEI members. The DEI plays a large role in our diversity training program, as it determines the direction, vision, and implementation of the diversity trainings we provide, promotes ongoing cultural awareness, understanding, and exploration amongst all faculty and trainees within Behavioral Health, and encourages social justice stewardship to help serve underserved and underrepresented populations.

Psychology interns will be required to attend monthly **Diversity Round Table** meetings hosted by the DEI. Content of the Round Table (RT) meetings will include review of articles and clinical cases, experiential exercises designed for self-exploration, and examination of systemic and structural inequalities that impact the provision of clinical services to diverse populations. Four of these RT meetings will be reserved for case presentations where each intern will pair with one or two staff to present on diversity areas such as Self-Awareness and Intersectionality, Power and Privilege, Celebrating Diversity and Empowerment, and Responding to Bigotry. These case presentations are designed to encourage open-ended, fluid discussion amongst the interns and staff. Interns are required to facilitate one case presentation and attend all four. Staff are warmly encouraged to attend. Pairing interns with faculty allows for an additional opportunity for modeling professional presentation skills and professional collaboration. Our diversity training program also includes several presentations on diversity during our **Didactic Seminar**, addressing topics such as LGBTQ+ communities, microaggressions, military culture, becoming a culturally-responsive therapist, structural competence, and other topics of interest as identified by the internship class.

Developing a culturally informed practice is a never-ending process. To that end, the SVAMC DEI training program continually strive to embrace cultural humility in their efforts to create an atmosphere where both our considerably diverse patient and staff population feel welcome and understood.

In-Depth Evidence-Based Practice Experience (4-8hrs/wk): We consider the EBP trainings to be a core component of our interprofessional training program, with trainees attending EBP training workshops and having the opportunity to seek VA provider equivalency status. We are aware of the collaboration efforts between the VA Evidence-Based Psychotherapy initiative and the VA Psychology Training Council, and we plan to develop our internship in a way that allows our interns to be eligible to apply for EBP provider status should they continue their careers within the VA. The large number of EBP providers and training consultants among our faculty creates a unique opportunity to emphasize the VA EBP trainings. Drs. Neavins and Yiaslas are MI training consultants and members of the Motivational Interviewing Network of Trainers (MINT). PTSD Clinical Team (PCT) team lead, Jeannette Giorgio, Ph.D., is our CPT regional trainer for the VA CPT Implementation Program. Dr. Koelpin is a training consultant for the VA Acceptance Commitment Therapy (ACT) initiative.

Specialized, in-depth training will be offered in the following:

ACT Training and Group Supervision Seminar: (please see COVID UPDATE below) All interns will attend a weekly 2-hr group supervision seminar on the provision of Acceptance Commitment Therapy led by Dr. Koelpin and Dr. Neavins. The seminar is also attended by 2-3 UC Davis Psychiatry residents who will be co-facilitating groups with interns when scheduling permits. Pairings will be made to maximize interprofessional opportunities whenever possible and based on scheduling or training priorities otherwise. Trainees will attend groups with assigned supervisors to start, with the plan to work towards independent co-facilitation based on trainee's ability levels and supervisor's assessment of trainee readiness. Trainees are provided with video capable recording devices in order for video reviews to be conducted during the group seminar. Interns might be assigned to ACT therapy groups or conduct ACT individual psychotherapy sessions. Opportunities to attend DBT group will be available for those interns who select the ARTS rotation. We will host a two-day ACT training at the end of July to create a solid base of experience in ACT and mindfulness moving into the training year.

COVID UPDATE: For the 2020-21 internship year, the group psychotherapy seminar has shifted from groups to individual ACT for Depression. Attendance is 2hrs weekly for the full year by the interns, UC Davis residents are not attending this year. While it is possible ACT Groups will re-launch for 2021-22, please presume this will be group supervision for individual cases. Interns who have a special interest in running an ACT telehealth group will be given consideration for the second half of the year.

Cognitive Processing Therapy: Any intern selecting the PCT rotation will be eligible to attend the VA CPT 3-day provider training followed by 1-hour group consultation meeting held weekly for 6 months. Post-licensure, interns completing the CPT provider training can be listed as a 'CPT Provider' in the VA or civilian CPT provider list if later employed outside of VA.

Motivational Interviewing: All interns will have the opportunity to attend a 2-3 day VA MI training, and may elect to receive intensive follow-up supervision/consultation to pursue provider equivalency.

Additional Evidence-Based Practice Training Opportunities: Supervision and training will also be available in CBT, DBT, CBT for Insomnia, Prolonged Exposure, Interpersonal Psychotherapy (IPT), Problem Solving Therapy, Behavioral Family Therapy (BFT), Behavioral Couples Therapy for Substance Use Disorders (BCT-SUD), Stress-Inoculation Training (SIT) and Integrative Behavioral Couple Therapy (IBCT) based on interest and supervisor availability.

Psychological Assessment: Interns will gain experience in the assessment and evaluation of patients using interviewing techniques as well as formal psychological tests. Tests that are emphasized include the Integrated Visual & Auditory 2 Continuous Performance Test (IVA-2 CPT), Minnesota Multiphasic Personality Inventory – 2nd Edition (MMPI-2), Personality Assessment Inventory (PAI), and the Millon Clinical Multiaxial Inventory – 3rd Edition (MCMI-III). Projective tests may also be included but are available only on a limited basis to interns who have intermediate to advanced skill in the use of such tests prior to the start of training. Referrals for assessment and evaluation will be accepted by providers in the General Mental Health Clinic, PTSD Clinical Team, Behavioral Medicine, Addictions Recovery and Treatment Services, Neuropsychology Clinic, and the Primary Care/Mental Health Integration Teams. **COVID UPDATE:** During periods of social distancing, fewer assessment opportunities will be available.

Training in Supervision: Learning the skills of being an effective supervisor is critical in moving forward with a career in psychology. Interns will receive didactic trainings and participate in role-plays and peer consultation to develop effectiveness in this area. There may be opportunities for interns to supervise psychology practicum students in case management, psychotherapy, or group facilitation. Supervision opportunities will vary depending on the relative skill levels of interns and practicum students, and assigned with approval of the training committee and individual supervisors.

Transgender Specialty Service: VA has fostered the delivery of specialized services for Veterans who require support around gender identity. The Sacramento VA Medical Center has developed an innovative Transgender Specialty Service that builds on the Henry Benjamin Standards of Care (2001) and the World Professional Association for Transgender Health (WPATH) guidelines. Transgender Veterans presenting at the Sacramento VA receive an evaluation and individualized recovery-oriented treatment planning with mental health providers who regularly consult with Primary Care and Endocrinology. The outpatient treatment options provided by mental health staff include individual psychotherapy for behavioral health issues as well as issues related to being transgender. Psychology interns will receive clinical supervision and be afforded the opportunity to join a 6-month consultation group to further develop their clinical skills in working with transgender Veterans. Specialty focus in this area is mainly provided for those completing the ARTS rotation, however might also be added as a focus area on the GMH rotation.

Rotation Selection Process:

Interns are required to attend identified Diversity Training activities.

Interns are required to complete 3 multi-battery psych assessments.

Interns may request rotation substitutions for some parts of training with approval of the Training Director and the training faculty.

Core Rotations

Required:

General Mental Health (GMH) Rotation

ACT Group Supervision Seminar (ACT Group or Individual cases)

Professional Development Seminar (Supervision training, post-doc prep, etc.)

Select One Rotation From:

McClellan CBOC

PTSD Clinical Team (PCT)

Addiction Recovery Services (ARTS)

Select One Rotation From:

Primary Care- Mental Health Integration (PC-MHI)

Behavioral Medicine

Behavioral Health Inpatient Care Unit (BHICU)

Select One Additional Rotation:

Any of the above rotations

Neuropsychology Assessment*

An intern may request to stay on certain rotations for 12 months pending interest level of other interns and approval of Training Director.

**Any applicants interested in our neuropsychology assessment rotation must have prior neuropsychology practicum experience or the equivalent.*

Additional available experiences:

Transgender Specialty Service (via ARTS or GMH)

Supervision (min. 4 hrs/wk): Interns will receive a minimum of 4 hours of supervision per week. At least two of those will be hour-long meetings with their rotation supervisors (licensed psychologists), scheduled weekly. Another two hours of group supervision will be provided as part of the ACT/DBT Group Supervision on Tuesday afternoons. Additional supervisory opportunities will occur during ad-hoc meetings with supervisors, and for those interns electing CPT or MI provider trainings.

WEEKLY SCHEDULE

Interns should expect to spend 16-20 hours per week in direct clinical service, with at least 8-10 of that in individual psychotherapy.

	Monday	Tuesday	Wednesday	Thursday	Friday	
<u>8:00</u>	Rotation 1/3	General Mental Health Team meeting)	All-Staff/EBP/Intern Elective/ Peer Consultation	Rotation 2/4		Rotation 2/4
<u>8:30</u>		Rotation 1/3	Didactic Seminar	Rotation 2/4	ACT Group (Intern C/D)	
<u>9:00</u>						
<u>9:30</u>						
<u>10:00</u>						
<u>10:30</u>						
<u>11:00</u>			Professional Development Seminar	Rotation 2/4		UC Davis Grand Rounds
<u>11:30</u>						
<u>12:00</u>	Lunch	Lunch	Lunch	Diversity Round Table (monthly)		Lunch
<u>12:30</u>	Rotation 1/3	Rotation 1/3	Admin			
<u>1:00</u>		Rotation 1/3	ACT Group (Intern A/B)	CPT/ MI Consult (or elective)	Rotation 2/4	Rotation 2/4
<u>1:30</u>						
<u>2:00</u>		ACT/DBT Supervision Seminar – All interns full year	EBP/Intern Choice			
<u>2:30</u>			EBP/Intern Choice			
<u>3:00</u>			EBP/Intern Choice			
<u>3:30</u>			Admin			
<u>4:00</u>						

Additional Training Activities

To assure a broad and general training experience, several activities are required independent of specific rotation assignments. These include intakes, comprehensive psychological assessments, triage work, group therapy, participation in evidence-based psychotherapy, treatment with veterans from different demographic backgrounds, and a project or activity to demonstrate ability to evaluate and disseminate research or other scholarly activities. The program has a process for periodic review of activity completion. There are additional experiences that may be available based on intern interest and fit with the overall training plan.

Such activities are typically decided upon during orientation and incorporated into the training plan.

Facility and Training Resources

Interns have access to networked PC workstations for clinical and educational activities. All clinical documentation in the VA is completed on the Computerized Patient Record System (CPRS). All computers have internet access and any use in support of clinical or academic activities is acceptable. All computers have the Microsoft Office programs. Access to statistical software (including SPSS and SAS) is available through the VA Informatics & Computing Infrastructure (VINCI). VA Northern California has an extensive virtual library and interns have access to a broad range of academic resources. In addition to the training faculty, there are several administrative and support staff members available to help with orientation and to provide logistical support when needed. Clerical staff members are available to help with patient scheduling, computer access, scheduling leave time, and other tasks.

Clinical Rotations and Faculty

PTSD Clinical Team (PCT)

The PCT is responsible for providing empirically based treatment for individuals with PTSD related to traumatic experiences during their military service. The multidisciplinary team includes psychiatry, psychology, social work, peer specialists, social work intern, psychiatry resident, and psychology practicum students. Interns will participate in interdisciplinary team meetings, including v-tel meetings with PTSD specialists at other sites within the system. On this rotation, interns will gain experience in specialized assessment of PTSD, including the Clinician-Administered PTSD Scale (CAPS). Opportunities for additional psychological testing may also be available. Therapy training focuses primarily on evidence-based treatments for PTSD, including Prolonged Exposure, Cognitive Processing Therapy (CPT), Seeking Safety and Stress Inoculation Training, in group and/or individual formats. Psychoeducational services for Veterans' family members, are also available. Interns completing the PCT rotation will have the opportunity to achieve provider status for CPT, which includes participation in a 2-3 day training for CPT, followed by 6 months of weekly consultation and completion of at least 2 CPT cases. If these elements are successfully completed, provider status can be granted following professional licensure. Interns will also have opportunities to deliver interventions via telehealth with Veterans direct to their homes. Telehealth is utilized for Veterans who are unable to attend weekly sessions in the clinic due to scheduling conflicts, distance, transportation, or other barriers to care, such as Veterans in rural areas where weather and cost of travel may otherwise impede access to EBPs for PTSD.

Jeannette Giorgio, Ph.D.

Individual and group psychotherapy; PTSD; combat trauma, MST/sexual assault, and childhood abuse; moral injury; grief; PTSD and comorbid conditions; program development and evaluation; supervision.

PTSD Clinical Team Lead

CPT Regional Trainer

Clinical Psychologist, Ph.D., Temple University, 2008

Internship: Pittsburgh VA Healthcare System, Pittsburgh, PA

Post-doc: Salem VA Medical Center, Emphasis Area: Post-Traumatic Stress Disorder

James Soeffing, Ph.D.

Cognitive Processing Therapy, Seeking Safety, Prolonged Exposure.

PTSD/SUD specialist

Clinical Psychologist, Ph.D., The University of Alabama, 2010

Internship: Syracuse VA Medical Center

General Mental Health (GMH)

The GMH team is responsible for treating the largest population of Veterans, who are suffering from a varied array of mental health issues. GMH offers a range of services to improve the mental health of veterans. We provide evidenced-based interventions shown to be effective for a wide range of problems, including psychotherapy and medication management. Our team includes psychologists, social workers, psychiatrists, pharmacists, nurses, and a peer support specialist. Focus areas include, but are not limited to, the treatment of depression, anxiety, severe mental illness, and support for those who are not ready to engage in trauma-focused work. Interns

This document may contain links to sites external to Department of Veterans Affairs.

VA does not endorse and is not responsible for the content of the external linked websites. Last updated: 5.7.2020

will have opportunities to learn both traditional evidence-based psychotherapies like Cognitive Behavioral Therapy (CBT) and Acceptance Commitment Therapy (ACT), and an expanding program of newer mind-body medicine treatments including basic mindfulness meditation. Other treatment modalities include Motivational Interviewing and Anger Management. Interns will have opportunities to provide short-term (12-15) sessions of individual psychotherapy, with the possibility of carrying one or two cases for longer-term psychotherapy (24 sessions), if warranted. Interns will administer comprehensive assessments and will also learn to provide brief screening or triage of Veterans to determine urgency of mental health care needs, address urgent or emergent issues, and identify a follow up care plan.

Velma Barrios, Ph.D.

Assessment and treatment of anxiety disorders; cognitive-behavioral therapy and other evidence-based practices for depression, anxiety and related disorders; cognitive behavioral therapies.

*General Mental Health Team Lead, SVAMC
Clinical Psychologist, Ph.D., State University of New York, Albany, 2011
Internship: West Los Angeles VA Medical Center
Post-doc: VA Long Beach Healthcare System*

Russell Jenkins, Ph.D.

Individual and group psychotherapy; anger management; post-deployment health; trauma-focused therapies including Prolonged Exposure and Cognitive Processing Therapy; cognitive testing and assessment.

*Clinical Psychologist, Ph.D., University of Houston, 2009
Internship: James A. Haley (Tampa) Veterans' Hospital
Post-doc: VA Puget Sound Healthcare System (Emphasis area: Post-Deployment Health)*

Andrew Shelley, Psy.D.

Individual and group psychotherapy, resiliency, motivational interviewing/enhancement, military and deployment psychology, substance use disorders, health psychology, testing and assessment, Nexus-10 Biofeedback.

*Clinical Psychologist, Psy.D., Wright State University, 2009
Internship: Malcolm Grow Medical Center, United States Air Force
Post-doc: Davis-Monthan AFB, Tucson, AZ (Emphasis area: Deployment Related Psychology)*

Addiction Recovery Treatment Services

Along with the Behavioral Health Clinic (BHC) Team and the PTSD Clinical Team (PCT), our Addiction Recovery Treatment Services (ARTS) Team serves as the third main branch of services within our treatment clinic. The purpose of ARTS is to provide psychoeducation, group psychotherapy, individual psychotherapy, and psychiatric medication management (including Buprenorphine for opioid dependence) to Veterans who are faced with addiction challenges related to alcohol, drugs, gambling, eating, and sexual addictions. We are an abstinence-informed program which includes harm reduction components. On the ARTS rotation, interns will be involved in addictions assessment (including referrals for detoxification, transitional living, and residential treatment), group psychotherapy, individual psychotherapy, and three empirically-validated forms of couples psychotherapy. Interns will work on our multidisciplinary team consisting of psychologists, social workers, addiction therapists, nurses, psychiatrists, and various health trainees. Our addictions program draws from three models: 12-Step, Cognitive-

Behavioral, and Motivational Interviewing & Motivational Enhancement. Group psychotherapy opportunities include Dialectical Behavioral Therapy & Addictions CBT for Substance Use Disorders, Seeking Safety, and an intimate partner violence group (for Veterans who have used violence in their relationships). Clinical training in our **Transgender Specialty Service** is available as part of our ARTS rotation for trainees due to the advocacy interest of Dr. Neavins (not because it is viewed as an addiction).

Tara M. Neavins, Ph.D.

Individual, couples, and group psychotherapy; addictions; motivational interviewing and motivational enhancement; PTSD; diversity issues; transgender issues; comorbid conditions; MST/sexual assault; intimate partner violence; sexual offenses; program development and evaluation; supervision.

*Addiction Recovery Treatment Services Team Lead
VA National Consultant for the MI/MET Initiative
Assistant Clinical Professor, UC Davis School of Medicine
Clinical Psychologist, Ph.D., Human Services Psychology, University of Maryland, 2003
Internship: VA Palo Alto Health Care System, Palo Alto, CA.
Postdoctoral: Yale University School of Medicine, New Haven, CT.
Minnesota Sex Offender Program, Moose Lake, MN.*

Primary Care Mental Health Integration

Primary Care-Mental Health Integration (PC-MHI) is an integrated care clinic with the goals of: 1) providing open access to mental health care, 2) providing Veterans with the right intensity of treatment, including preventive care 3) reducing stigma by co-locating in Primary Care, and 4) making MH care a routine part of primary care. Interns will have the opportunity to work closely with Primary Care Providers, Nursing, Pharmacy, SW, and Psychology within an interdisciplinary model. They will also be introduced to working within a co-located collaborative care model to address common mental health conditions such as depression, anxiety, PTSD, grief and loss, and adjustment disorders, as well as behavioral health concerns such as diabetes, weight management, and substance use disorders. Clinical training opportunities include providing functional assessment, brief individual therapy, and co-leading groups using evidence-based therapies including ACT, MI/MET, CBT, PST, and mindfulness-based approaches. Interns may also serve as consultants to staff in providing patient communication within the primary care clinic.

Joseph Giorgio, Psy.D.

CBT, MI, Problem Solving Therapy. Brief assessment and intervention approaches. Individual and group psychotherapy; behavioral weight management; behavioral management of chronic health issues such as diabetes. Dementia screening, interventions and support. Grief/Loss.

*Integrated Care Program Manager, VANCHCS
Assistant Clinical Professor, UC Davis School of Medicine
Clinical Psychologist, Psy.D., Health Psychology, La Salle University 2010
Internship: Bureau of Prisons, Butner Federal Correctional Complex, Behavior Medicine Track,
Butner NC.
Post-doc: Kaiser Permanente Adult Outpatient Psychiatry Clinic, Roseville CA.*

Behavioral Medicine

The Behavioral Medicine (BMED) rotation will provide an opportunity for interns to gain experience in a model of integrated care within a specialty medical clinic, Hematology/Oncology. Interns will work with patients with cancer across the disease trajectory. Will assist with the distress screening program and providing psychosocial assessment/intervention in the Hematology/Oncology Clinic, in close collaboration with oncologists, oncology fellows, nurses, and social worker. Interns will learn BMED interventions for the following: adjustment to chronic and life-threatening illness, depression and anxiety related to medical problems/treatments, coping with treatment side effects, promoting health behavior change (physical activity, tobacco cessation), enhancing medical treatment adherence, and dealing with existential issues. Interns receive experience in individual and group therapy, evidence-based psychotherapies (e.g., CBT-Insomnia, CBT-Chronic Pain), lifestyle interventions, and relaxation training. Interns will learn to consult-liaison with other MH/SUD treatment services in order to address concurrent mental health conditions. They also conduct pre-surgical psychological evaluations for patients being considered for stem-cell or solid organ transplants and bariatric surgery. Multidisciplinary training experiences include the following: Interdisciplinary clinical experiences include co-facilitating the Integrated CBT and Physical Therapy Group for Chronic Pain (with physical therapy) in the Pain Clinic/PM&R.

Themis Yiaslas, Psy.D.

Behavioral Medicine; behavioral management of pain, sleep, and weight; dissemination and implementation of evidence-based psychotherapies and lifestyle interventions; cognitive and behavioral therapies; motivational interviewing.

*Trainer and Consultant, National VA Motivational Interviewing Training Program
Assistant Clinical Professor, UC Davis School of Medicine
Clinical Psychologist, Psy.D., PGSP-Stanford Psy.D. Consortium, at Palo Alto University, 2011
Internship: Phoenix VA Health Care System, Phoenix, AZ. (Medical Psychology)
Postdoc: VA Northern California Health Care System, Martinez, CA.
(Integrated Care and Behavioral Medicine)*

Tara Summers, Psy.D.

Behavioral Medicine; cognitive and behavioral therapies; geropsychology; diversity issues.

*Clinical Psychologist, Psy.D., Roosevelt University, 2018
Internship: Captain James A. Lovell Federal Health Care Center, North Chicago, IL
Postdoc: Captain James A. Lovell Federal Health Care Center, North Chicago, IL (Emphasis area: Geropsychology)*

Behavioral Health Inpatient Care Unit (BHICU)

The Sacramento campus operates a 16-bed, short-term, inpatient unit for veterans with acute psychiatric symptoms. The interdisciplinary team includes psychiatrists, psychologists, nurse practitioners, nursing staff, social workers, addiction specialists, occupational therapists, clinical pharmacists, psychiatry residents, etc. Interns will gain experience with providing care to people with chronic or severe psychiatric disorders. Interns will have the opportunity to conduct clinical interviews, brief cognitive screening, and comprehensive psychodiagnostic assessment to help with diagnosis and treatment planning. There will also be opportunities for group treatment and to observe risk evaluations in the emergency department. Additionally, interns will attend interdisciplinary diagnostic consensus conference, during which the team develops

treatment and discharge plans for the inpatients. They will also gain familiarity with the system of care available to people in acute crisis and learn more about the associated legal issues (e.g., involuntary hold, psychiatric conservatorship, etc.).

Christie Mead, Psy.D.

Psychodiagnostic and neuropsychological assessment; severe mental illness; individual and group psychotherapy; neurocognitive rehabilitation

Clinical Psychologist, Psy.D., PGSP-Stanford Psy.D. Consortium, 2018

Internship: Missouri Health Sciences Psychology Consortium, Columbia, MO

Postdoctoral Residency/Fellowship: VA Northern California Health Care System, Sacramento, CA

PRRC/Severe Mental Illness

This rotation offers interns the opportunity to work with patients who have severe mental illness. Interns will have the opportunity to practice CBT for SMI, as well as brief therapies (e.g. dynamic brief therapy, emotion focused therapy) or therapies to target a specific problem (e.g. grief therapy, adapting to illness). As this complex population often requires broad support, interns will work in collaboration with other VA services and departments such as the Behavioral Health Intensive Care Unit, and Mental Health Intensive Case Management. Interns will also partner in facilitating weekly group psychotherapy for veterans with SMI

Anna Laurie, Ph.D. Geropsychology; cognitive and behavioral therapies; grief therapy; dementia interventions and support; caregiver and family support.

Clinical Psychologist, Ph.D., University of Memphis, 2009

Internship: Buffalo VA Health Care System, Buffalo, NY.

McClellan Community Based Outpatient Clinic

This optional rotation offers the opportunity to gain broad experience with a Veteran population that is clinically and medically diverse. Such opportunities may involve: neurocognitive screening, psychodiagnostic and personality assessment; evaluation of risk to self and others; development of comprehensive recovery plans; and provision of individual and group therapy grounded in evidence based principles. Group offerings include (but are not limited to) alcohol and substance abuse (ARTS) programming, drop-in groups for Stress Management and Mindfulness, peer-led support groups, and manualized interventions including DBT, ACT, Pain Management and CBT for Depression. While this is a generalist clinic, if a trainee has an interest in a subspecialty we can offer further supervision and support. This may include PTSD, TBI, ARTS, Geriatric and SMI populations. Interns may also have the opportunity to learn and integrate program development skills through creation and delivery of a treatment group.

Kim Gilroy, Ph.D.

Individual and group psychotherapy, risk and cognitive assessment, telehealth, TBI/Trauma, VA CPT Provider, CBT for Depression and clinical supervision.

General Mental Health Team Lead, McClellan CBOC

Clinical Psychologist, Ph.D., American University, 2013

Internship: Washington D.C. VA Medical Center

Post-doc: Washington DC VA Medical Center (Emphasis Area: SMI and geropsychology)

Lacey Sommers-Tarca, Ph.D.

Individual and group psychotherapy (DBT, IPT, CBT), VA certified CPT provider; psychological assessment (personality, feigning/effort, and cognitive testing); specialized in the provision of clinical services across a continuum of care (inpatient psychiatric, residential treatment, and outpatient).

General Mental Health, McClellan CBOC

Clinical Psychologist, Ph.D. Pacific Graduate School of Psychology, 2015

Internship: Colorado Mental Health Institute, Pueblo, CO

*Postdoctoral Residency/Fellowship: New Mexico VA Health Care System, Albuquerque, NM
(Emphasis area: Psychosocial Rehabilitation and Systems Redesign)*

Neuropsychological Assessment

Training and experience on the neuropsychology rotation serves to enhance interns' working knowledge of brain-behavior relationships. Interns will have the opportunity to conduct outpatient neuropsychological assessments, integrating findings and impressions into a comprehensive neuropsychological report, as well as gain exposure to neurocognitive rehabilitation groups. Primary populations served include: 1) older Veterans with memory complaints (often due to dementia, stroke, or Mild Cognitive Impairment) 2) younger OIF/OEF/OND Veterans with history of mild traumatic brain injury and co-occurring behavioral health issues. Interns will also have the opportunity to attend neuropsychology-specific didactics held at UC Davis and Martinez VA, which include various topics such as neuroanatomy, neuropathology, and relevant neurological disorders. Please keep in mind that while we offer a neuro-assessment rotation, most competitive neuropsychology postdocs match with applicants who have completed neuro-specific internships.

Dawn La, Ph.D.

Clinical Neuropsychologist

Neuropsychology, Sacramento VA Medical Center

Clinical Psychologist, Ph.D. Palo Alto University (formerly PGSP), 2016

Internship: VA Maryland Health Care System/University of Maryland Baltimore Consortium, Baltimore, MD

Postdoctoral Residency/Fellowship: VA Northern California Health Care System, Sacramento, CA

**It is recommended that any applicants interested in our neuropsychology assessment rotation have prior neuropsychology assessment experience. Please submit an example assessment report with the application.*

Training Director

Don Koelpin, Ph.D.

Sacramento VA Psychology Training Director

Assistant Clinical Professor, UC Davis School of Medicine

General Mental Health Team

Clinical Psychologist, Ph.D., Northern Illinois University, 2007

*Internship: Martinez VA Northern California Healthcare System,
Martinez, CA*



Acceptance and Commitment Therapy (individual and group), Group Psychotherapy, Cognitive Behavioral Therapy for Insomnia, Introduction to Mindfulness Meditation, experience in personality and cognitive assessment, CBT, exposure based therapies, and family systems interventions. Background includes work in forensic populations, family systems, and severe mental illness.

Training Model and Program Philosophy

The program is designed to facilitate the transition from advanced graduate student to entry-level psychologist. While internship is primarily an intensive clinical training experience, the program exposes interns to the wide range of activities typical of psychologists in complex health care settings. The training model reflects our adherence to the philosophy that psychological practice is based on the science of psychology which, in turn, is influenced by the professional practice of psychology. We expect that our graduates will have a broad range of clinical and consultation skills that are informed by the scientific literature and will have the ability to apply scientific principles and techniques in addressing clinical and administrative responsibilities. The uniquely broad range of clinical and demographic diversity across our training settings provides an exceptional environment for developing these competencies.

Program Aims and Competencies

The aim of the Psychology Internship program at the Sacramento VA Medical Center is to provide training that will allow for successful entry into postdoctoral fellowships or entry level positions in health service psychology, with a particular emphasis on VA or other complex health care systems. Internship training competencies are designed to be consistent with the APA Standards of Accreditation Profession-wide competencies and build upon the basic clinical competencies acquired in graduate training. We have identified training objectives in nine broad areas:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

Interns will be evaluated using the specific competency items identified below.

Objective One: Research

Demonstrates knowledge, understanding, and application of evidence-based practice.

Demonstrates the ability to apply the relevant research literature to clinical decision making.

Demonstrates 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.

Objective Two: Ethical and legal standards

Is knowledgeable of and acts in accordance with each of the following:

APA Standards

*This document may contain links to sites external to Department of Veterans Affairs.
VA does not endorse and is not responsible for the content of the external linked websites. Last updated: 5.7.2020*

The current version of the APA Ethical Principles of Psychologists and Code of Conduct.

State, local, institutional standards

Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.

Prof standards, mandated reporting and informed consent

Relevant professional standards and guidelines. (e.g. patients' rights, release of information, informed consent, limits to confidentiality, management of suicidal behavior, and child/elder abuse reporting policies.)

Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.

Conducts self in an ethical manner in all professional activities.

Objective Three: Individual and cultural diversity

Understands how one's own personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself.

Demonstrates current theoretical and empirical knowledge base as it relates to diversity in all professional activities (including research, training, supervision/ consultation, and service).

Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).

Independently applies their knowledge in working effectively with the range of diverse individuals and groups encountered during internship.

Objective Four: Professional values, attitudes, and behaviors

Behaves professionally in ways that reflect the values and attitudes of psychology; acts with integrity in their professional roles.

Demonstrates accountability for own actions and adjusts behavior as needed.

Engages in self-reflection regarding one's personal and professional functioning. Displays broadened self-awareness; utilizes self-monitoring; engages in reflection during and after professional activities.

Demonstrates broad, accurate self-assessment of clinical skills; understands that self-assessment is an ongoing process throughout the training year.

Monitors issues related to self-care; understands the central role of self-care to effective practice.

Responds professionally in complex situations, with higher degrees of independence expected through the course of the training year.

Demonstrates openness and responsiveness to feedback and supervision. Actively seeks professional feedback from supervisors.

Objective Five: Communication and interpersonal skills

Forms/maintains productive and respectful relationships with a wide range of individuals. (e.g., colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services).

Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language.

Effectively manages conflict and/or challenging communications and interactions.

Objective Six: Assessment

Demonstrates current knowledge of diagnostic classification system, consideration of client strengths, and an understanding of situational and/or cultural factors when formulating case conceptualizations or rendering diagnoses.

Utilizes appropriate assessment measures with sound scientific psychometric properties.

Interprets assessment results following current research and professional standards while guarding against decision-making biases (i.e., demonstrates understanding of subjective vs objective aspects of the assessment).

Data collected is congruent to the purpose of the assessment, accounts for relevant diversity characteristics, and is derived from multiple sources.

Communicates oral and written findings of the assessment in an accurate and effective manner, sensitive to a range of audiences.

Understands the strengths and limitations of diagnostic approaches and interpretation of results.

Objective Seven: Intervention

Establishes and maintains effective relationships with the recipients of psychological services.

Conceptualizes cases and plans interventions consistent with rotation's clinical goals and/or evidence-based interventions.

Monitors intervention effectiveness and adapts intervention goals/methods consistent with ongoing evaluation.

Appreciates his/her stimulus value to patient and effectively addresses this in clinical interactions (e.g., therapy sessions, testing, etc).

Effectively manages termination of therapy.

Integrates clinical knowledge, client preferences, and clinical judgement into cohesive treatment plans.

Objective Eight: Supervision (mentoring/peer consultation)

Applies the knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.

Provides effective constructive feedback and guidance (e.g. direct, behaviorally specific, corrective guidance).

Understands the ethical, legal, and contextual issues of the supervisor role.

Objective Nine: Consultation and interprofessional/interdisciplinary skills

Demonstrates knowledge and respect for the roles and perspectives of other professions.

Demonstrates knowledge of consultation practices in direct or simulated consultation with individuals, families, other health care professionals and/or interprofessional groups.

Identifies appropriate patient care issues that would benefit from interdisciplinary consultation (e.g., with psychiatry, social work, MOVE! Program).

Communicates information and recommendations to the referral source verbally and in writing that are timely, clear, and useful.

Demonstrates knowledge and ability to appropriately answer consultation referral questions.

ADMINISTRATIVE POLICIES AND PROCEDURES

Leave

Interns receive 13 paid vacation days and up to 13 paid sick days per year. It should be noted that this leave accumulates over time (4 hours per 2 week pay period for both vacation and sick leave), so interns should not plan on taking an extended leave early in the training year. In addition, up to 10 days per year can be used as "professional leave." This time can be used for dissertation work/research meetings, conference attendance, and post-doc or job interviews but must be approved in advance by the training director.

Policy on Psychology Trainee Self Disclosure

Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the VA Northern California Health Care System are generally not required to self-disclose sensitive topics (e.g. sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The only exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience.

Privacy Policy: We will not collect any personal information about you when you visit our website.

Intern Evaluation & Minimal Requirements

Interns are evaluated at the beginning of the training year for areas of training need and interest. Throughout the year, evaluation and feedback occurs through the supervisory process to aid the intern in developing the program's competencies. The Psychology Training Committee meets once a month and discusses each intern's progress. A midpoint evaluation is completed halfway through each training experience and is discussed with the intern in order to make any training adjustments needed for successful completion. Formal written evaluations are completed at the end of each training experience. At the internship midpoint (January) and again at the end of the internship, a summative review of all training activities for each intern is conducted by the Psychology Training Committee. This process allows for analysis of performance across all supervisors and training experiences. The intern provides input regarding her/his assessment of performance during this process and receives formal written feedback.

During the summative evaluations, each of the program's nine training objectives are linked to specific behavioral competencies on the intern rating form. Expectations for acceptable progress at mid-year and or graduation are discussed and reviewed during the first week of orientation.

Intern Grievance Policy

Purpose:

To provide an effective and consistently-applied method for an intern to present their grievances and have those grievances internally resolved at the lowest possible level. At the same time, the process allows for the opportunity to appeal up the chain of command (e.g., supervisor, Training Director, Assistant Training Director, VANCHCS Training Program Manager) if needed to ensure due process and help interns feel comfortable that concerns can be addressed without fear of reprisal. It is the training program's policy to be responsive to the interns and their concerns. Therefore, interns may use the process described below for the resolution or clarification of his/her grievances. The Director of Training is responsible to the VANCHCS Training Program Manager for carrying out the provisions of this policy.

Process:

- A. All training staff and interns are responsible for attempting to resolve grievances at the lowest possible level to the satisfaction of all parties involved.
- B. Interns should attempt to resolve minor grievances directly with the individual involved utilizing existing program structure (e.g., the supervision process).
- C. In the event that interns do not feel comfortable addressing issues within the supervisory process, they may appeal directly to the Training Director for assistance in resolution. Minor grievances processed in this manner are considered informal.
- D. An intern may choose to file a formal grievance at any point. The grievance must be presented in writing to the Training Director. The submission of the formal grievance should include (if applicable):
 1. The grievance and the date when the incident occurred.
 2. Suggestions on ways to resolve the problem.
 3. Information regarding any previous attempts to resolve the grievance.
- E. If the grievance is against the Training Director, the intern can file the grievance with the Associate Training Director or the MH Training Program Manager. The program support assistant or any of the training faculty members can assist the intern in filing this grievance with the MH Training Program Manager.
- F. Formal grievances will be presented to the Psychology Training Committee (PTC) for resolution. Interns may present their grievance directly to the PTC and invite a staff member of their choice to provide advocacy and/or emotional support. The PTC will hear the formal grievance as soon as possible and in all cases within three weeks from the presentation of the formal grievance. If the grievance is against the Training Director or another individual normally assigned to the PTC, that individual is not involved in the body's deliberation and may only attend to provide testimony, as indicated.
- G. Any formal grievance and its resolution will be documented and copies forwarded to the Director of Training from the intern's graduate program.
- H. If adequate resolution cannot be achieved through this process, or interns wish to take the grievance outside of the local training program structure, they may appeal directly to the MH Training Program Manager for resolution. The MH Training Program Manager will review the grievance as soon as possible and in all cases within three weeks from the presentation of the formal grievance. The program support assistant or any of the training faculty members can assist the intern in communicating with the MH Training Program Manager.
- I. Specific questions regarding this policy should be directed to the Training Director.
- J. **Appeals:** Please see the below section **Appeals Process for Grievance, Remediation, Due Process, Termination, and Formal Actions** for the specific steps to appeal a decision.

Remediation, Due Process, and Intern Termination

Purpose:

The aim of the program is to successfully graduate interns into a career in professional psychology, and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If remediation is required, a formal remediation plan is developed with clear and specific expectations and is agreed upon by the intern, supervisor(s), Training Director, and training faculty. The Director of Training from the intern's graduate program is notified when any remediation plans are formally activated (and typically only after remediation has been discussed with the intern) and provides assistance in designing remedial efforts. The Training Director is responsible to the VANCHCS Training Program Manager for carrying out the provisions of this policy as described below:

Process

- A. Supervisors are responsible for monitoring trainee's progress in achieving the specific training objectives, providing timely feedback to interns, and developing and implementing specific training activities for ensuring intern professional growth and development. Supervisors are responsible for communicating about intern's performance to the Training Director.
- B. Interns are responsible for adhering to training plans.
- C. Progress and performance within the internship program is monitored continuously using both informal and formal evaluation processes. Supervisors provide the first line of feedback to interns about performance and identify areas requiring additional growth. Supervisors and interns agree on training opportunities and experiences to meet the program's and intern's objectives.
- D. **Notice:** Supervisors will first provide direct verbal feedback to interns about areas of concern informally during supervision. Supervisors will also give continuous updates on intern's performance at the Psychology Training Committee (PTC) meetings, specifically reporting on any performance areas they have discussed with the intern.
- E. The intern's progress is tracked monthly by the Training Director during the Psychology Training Committee meeting.
- F. If an intern continues to display performance issues in the same competency area, or an intern receives a competency score below what is expected for that evaluation period (e.g., 3 at mid-year), the supervisor will consult with the Training Director and other training staff to determine the need for a formal remediation plan.
- G. **Notice:** Interns will be notified by their supervisor that a remediation plan has been recommended, along with the specific competency area that is of concern.
- H. Formal remediation plans are developed by supervisors with input from the Training Director and Psychology Training Committee, and should include specific learning tasks and clear timeline for both reviews and expected completion. Remediation plans will be developed as soon as possible, but no longer than three weeks from the date at which an intern is notified.
- I. **Hearing:**
 - a. Under most circumstances, interns will be informed of performance concerns by supervisors or the Training Director, and given an opportunity to address issues informally. This may not always be possible if the concern is egregious, for example one that involves clear breaches of ethical duties.
 - b. If remediation plan is required, interns will be presented the specific behaviors targeted for remediation by their supervisor, and given an opportunity to respond to those

- concerns. Interns will also be given the opportunity to give feedback directly to the Training Director or in writing to the PTC.
- c. Interns will be given an opportunity to review and provide input into any proposed remediation plans. Input can be given to the supervisor, Training Director, or in writing to the PTC.
 - d. Opportunities should be made for interns to respond to feedback and/or remediation plans as soon as possible, but no longer than three weeks from the date they were given feedback, or copy of the remediation plan.
 - J. Final remediation plans will be given to the intern and PTC in writing, and kept on file by the Training Director.
 - K. Performance on the remediation plan items is assessed at minimum weekly by the supervisor, and at any regularly scheduled PTC meetings. If performance is not adequately improving after one month, the intern may be placed on probation for a period of one to three months. During this time, heightened oversight and assessment of the intern's performance occurs and significant effort is made to help the intern remediate. The intern is provided with written feedback regarding whether the remediation plan items have been adequately resolved. The Director of Training from the intern's graduate program will be included in all subsequent decisions regarding the intern.
 - L. If the intern has progressed satisfactorily after the probationary period, the intern will be formally re-instated. If performance has not sufficiently improved, but the intern is making progress, the probationary period may be extended. If the intern fails to progress, termination from the program may be considered. The intern is provided with written feedback regarding their performance as it relates to probationary decisions.
 - M. Formal actions (probation or program dismissal) must receive a majority vote by the Psychology Training Committee. Prior to any vote on formal actions, the intern is afforded the opportunity to present their case before the training body that will be deciding the intern's status (see also [Grievance Policy](#), section G above). The intern may invite a staff member of their choice to provide advocacy and emotional support.
 - N. Concerns of sufficient magnitude to warrant formal action include but are not limited to: incompetence to perform typical psychological services in a clinical setting; violations of the ethical standards for psychologists; illegal acts; or behavior that hampers the intern's professional performance.
 - O. Specific questions regarding this policy should be directed to the Training Director.
 - P. **Appeals:** Please see the below section **Appeals Process for Grievance, Remediation, Due Process, Termination, and Formal Actions** for the specific steps to appeal a decision.

Appeals Process for Grievance, Remediation, Due Process, Termination, and Formal Actions:

Purpose:

An intern may **appeal any formal action taken by the Psychology Training Committee** (PTC) regarding their program status. This includes, but is not limited to, the committee's findings regarding formal intern grievances, remediation plans, due process procedures, and intern termination.

Process:

- A. Intern appeals are made directly by the intern (in association with any counsel he or she may choose). The Psychology Training Committee will be assembled as soon as possible and in all cases within three weeks from the written notification to hear the appeal.

- B. If the intern is not satisfied with the result of their appeal, the intern may appeal directly to the VANCHCS Training Program Manager. After consideration, the Training Program Manager has the discretion to uphold, or overrule formal action taken by the PTC. Should the Training Program Manager overrule the decision of the PTC, the decision is binding, and the Training Director, the intern, and supervisors shall negotiate an acceptable training plan (in consultation with the Director of Training from the intern's graduate program).
- C. The MH Training Program Manager will review the appeal as soon as possible and in all cases within three weeks from the presentation of the appeal. Any training plans developed as a result of this process will be done so within three weeks of the VANCHCS Training Program Manager's decision.
- D. Should the Training Program Manager uphold the decision of the committee, the intern may appeal this decision to the ACOS/MH, VA Northern California Health Care System who will appoint a board of three psychologists in the system not involved in the training program. The decision of this panel is binding. The board to hear the appeal will be assembled as soon as possible and in all cases within three weeks from the written notification of appeal.

Maintenance of training files

A record is kept for each intern admitted to the program. This includes formal evaluations (mid - year and end-of-year summative evaluations), mid rotation evaluations, any additional documentation related to performance during the training year, and a record of successful completion of the program. These records are kept permanently so that the program may verify program completion throughout the trainee's professional career. Graduates are encouraged to contact the Training Director, or the Program Support Assistant as needed to request this verification.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: August 23, 2019

Internship program admissions:

Basic Eligibility

Applicants must meet all requirements for VA internship eligibility, which includes enrollment in an American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) Clinical or Counseling Psychology doctoral program, approval for internship status by the graduate program training director, and U.S. Citizenship.

Applicants must complete at least 3 years of graduate training prior to internship and have at least 500 combined intervention and assessment hours documented on the AAPI. It is expected that applicants have successfully proposed their dissertation or final project prior to the application deadline. While exceptions to this may be considered on a case-by-case basis, it is incumbent on the applicant to articulate a realistic plan for project completion before or during the internship year. The Director of Clinical Training from the applicant's program must verify readiness for internship on the AAPI.

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/>. 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>.
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> (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>

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>. 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

Additional information regarding eligibility requirements

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTYPE=2
- 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>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005):

(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.

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

Total Direct Contact Intervention Hours:	N	<input checked="" type="radio"/> Y	Amount: 500 combined intervention and assessment hours
Total Direct Contact Assessment Hours:	N	<input checked="" type="radio"/> Y	Amount: 500 combined intervention and assessment hours

Describe any other required minimum criteria used to screen applicants: See first three paragraphs in the table above. Please also see section below table for more details regarding the selection process.

Financial and other Benefit Support for upcoming training year

We anticipate 4 internship positions for the 2019-2020 training year.

Stipends for Full-time interns: \$31,589.

Stipends for Half-time interns: None

Program provides access to medical insurance: Yes

Trainee contribution to cost required: Yes

Coverage of family member(s) available: Yes

Coverage of domestic partner available: No

Hours of Annual (Vacation) Leave 104 (accrued 4 hours per 2-week pay period)

Hours of Sick Leave 104 (accrued 4 hours per 2-week pay period)

In event of medical conditions and/or

Family needs that require extended leave

Does the program allow reasonable unpaid

Leave in excess of personal time off and

Sick leave? Yes

Other benefits: Our interns are provided the option to elect health insurance coverage through the VA's benefit program. Health insurance coverage is available for married spouses and dependents. The VA adheres to the Supreme Court decision which allows for health benefits for same-sex spouses of interns regardless of state of residency though unmarried partners of either sex are not eligible. Detailed information about the benefits offered for VA's Psychology Training program is found at www.psychologytraining.va.gov/benefits.asp.

Initial Post-Internship Positions
***First cohort graduated in 2018**

Number of interns in the three cohorts*: 8

Total number who did not seek employment because they returned to complete their doctoral degree: 0

	Post-Doctoral Fellowship	Employed Position
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	1
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	5	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	1	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	1	0
Not currently employed	0	0
Changed to another field	0	0

SVAMC interns have been accepted from the following programs:

Alliant International University
Chicago School of Professional Psychology
Palo Alto University
University of Southern California
University of Wyoming

Graduates of the program have gone on to the following placements in the year following internship:

Kaiser Permanente Post-Doctoral Resident (various locations)
Neurobehavioral Healthcare Center
Reno VA PTSD Clinical Team, faculty position
RAND Corporation

TRAINING PROGRAM CONTACT INFORMATION

Thank you for your interest in our program! Please feel free to send any questions to the Training Director at the contact information below:

Don Koelpin, Ph.D.
Sacramento VA Psychology Training Director
Assistant Clinical Professor, UC Davis School of Medicine
(916) 366-5427
Donald.Koelpin@va.gov

