**Kansas City VA Medical Center**



Psychology

Internship

Program



*MATCH Number: 234011*

*Application Due Date: November 15, 2021*

*Internship Start Date: July 18, 2022*

**Kansas City VA Medical Center**  
Director, Psychology Training Program (MH-116A3)

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## Accreditation Status

The Psychology Internship Program at the **Kansas City VA Medical Center is accredited** by the Commission on Accreditation of the American Psychological Association (APA).

Commission on Accreditation (CoA)

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

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## Application & Selection Procedures

**Eligibility Requirements**

To be considered for the internship program at KCVA, the applicant must be a full time student actively involved in pursuing the Ph.D. or Psy.D. degree in Clinical or Counseling Psychology from an APA or CPA ACCREDITED PROGRAM. The student must be within one year or less of completing all requirements for the Ph.D. or Psy.D. In addition to the above requirements, applicants are required to have a strong interest in utilization of evidenced-based treatments for mental health issues and to hold long-term goals of contributing to this area in psychology through practice and organizational involvment. They must have completed all graduate prerequisites for internship candidacy including completion of comprehensive exams by **November 15, 2021**. All applicants must have U.S. citizenship to be considered for an internship with the VA. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program.

**Stipend, Benefits, and Application Information**

## The stipend for VA internships is set by the Office of Academic Affiliations. The Kansas City VA Medical Center internship stipend is currently set at $26, 331 for the full-time, one year training program. The training year starts on or about July 18, 2022 and ends July 14, 2023. VA training programs offer health and life insurance benefits.

The Kansas City VA Medical Center maintains a policy of equal employment opportunity in training recruitment and retention. All recruitment processes are consistent with existing federal laws, guidelines, and policies. As a federal employee, drug screens and background checks are routine. The Department of Veterans Affairs, and consequently this medical center, adheres to the Americans With Disabilities Act and will provide reasonable accommodations for an individual who informs us that s/he has a disability. If you are a retired federal employee, before you apply to this predoctoral internship program, you should contact the Human Resources department to determine whether or not you may accept a funded position as an intern with the VA Medical Center.

**ONLINE APPLICATION PROCEDURE:**

The launch of the AAPI Online is the culmination of a multi-year effort by APPIC to make the internship application process more cost-effective and efficient for applicants, doctoral programs, and internship sites. Students may now access the AAPI Online ([www.appic.org](http://www.appic.org), click on “AAPI Online”) to create and develop their application for the selection process. In order to apply to KCVA, please complete the APPIC online registration**.** Additionally, please provide us with three letters of recommendations and your graduate school transcripts. We do not require any supplemental information to the online application. The AAPI Online should be used by students to apply to all APPIC-member internship programs as well as those non-member programs that register to participate in the APPIC Match.

**THE DEADLINE FOR RECEIPT OF ALL MATERIALS IS NOVEMBER 15, 2021.**

If there are questions about the internship program or if you need to check the status of your application, please contact Dr. Amber Hinton-Dampf, Internship Training Director at Amber.Hinton-Dampf@va.gov.

**Our APPIC match number is: 234011.**

**POST APPLICATION PROCESS:**

The Department of Veterans Affairs and the Kansas City VA Medical Center is an equal opportunity employer. All applicants receive consideration without regard to race, religion, color, sexual or gender orientation, national origin, non-disqualifying mental or physical disability, age, sex, political affiliation, or any other non-merit factor.

Training staff recognize the impact of race, ethnicity, sexual orientation, age, disability, culture, and gender across all levels of psychological theory, research, practice, and education. We seek both staff and interns who are strongly committed to diversity and who are supportive of providing a welcoming work and training environment. We welcome members of underrepresented groups including women and minorities and encourage them to apply for positions. The training staff at KCVA believes that we provide a safe and encouraging environment for the exploration of multicultural and diversity issues.

All members of the psychology staff at KCVA are invited to participate in the intern selection process. Each application is read, reviewed, and scored by multiple staff members. The Training Director will participate in this process and also will compile and rank order the staff application ratings. After all applicants have been reviewed and rank ordered, the top applicants will be offered interviews. Applicants not selected for interviews will be notified (by e-mail) by December 15, 2020 that they are no longer candidates for KCVA internship.

Tentatively, virtual interviews (i.e., Teams) will be scheduled for the week of **January 10-14th, 2022**.

Following the last scheduled applicant interview, the psychology staff will meet again with additional information gathered during the interviewing process and will rank order their respective candidates. There will be no notification for candidates who are no longer under consideration.

KCVA will submit the rankings list to the National Matching Service by February 4, 2022. Lists must be submitted in accordance with yearly dates established by APPIC.

APPIC Match Day, Phase I is February 18, 2022, set yearly by APPIC. Following confirmation of match results, the Training Director will confirm the selection of interns by phone and letter to the applicant and the applicant’s university training director. Selected interns will be asked to provide a written statement officially accepting and committing to the internship training program. At that time, interns and University Training Directors will be expected to assist in formalizing an affiliation with KCVA. That paperwork needs to be completed no later than April 15th.

Commitment to Diversity

**Diversity within the Kansas City VA Medical Center Psychology Training Program**

The KCVA psychology training program is extremely commited to ongoing evaluation, development, and implementation of multicultural competencies for both trainees and training staff. We seek both staff and trainees who are strongly committed to and appreciative of all aspects of diversity and inclusion. Our aim is to create and foster a supportive and welcoming work and training environment for all. The training staff at KCVA believes that in order to do so, regular discussions and trainings focused on cultural awareness, cultural sensitivity, culrural knowledge, and cultural humility are paramount. The training program has also conducted a staff diversity survey as a method of continual self-study for psychologists and the psychology training program.

To help celebrate and further educate on important diversity issues, psychology interns will have the following opportunities:

* Multicultural outings/events are provided for psychology interns, fellows, and staff 2-3x/year. These are half-day events where we visit a local site that is related to multicultural issues (during non-pandemic times) and/or focus more in-depth on a chosen multicultural topic virtually. All multicultural events will involve an open and candid discussion around cultural knowledge, cultural sensitivity, personal reactions, and/or how the information can be used to improve patient care.
* Monthly mutlicultural journal club discussions are held for psychology trainees and staff. One to two articles related to a multicultural topic are dispersed and discussed together. While several topics will change annually, the list of multicultural journal clubs from 2021-2022 are provided below for reference examples.
  + Gender Differences in SUD
  + The Role of Language in Therapy
  + Working with Clients in Rural Areas
  + Psychotherapy and Supervision as Cultural Encounters: The MECA Model
  + Cultural Variations in Loss and Sorrow
  + Addressing Client’s Cultural Biases and Prejudices
  + Latino, Latina, Latinx, or Hispanic?
  + Cultural Autobiography
  + Sexual Minority Identities
  + Race-based Stress and Trauma
  + Transgender Veterans
* Psychology interns have the opportunity to join and participate in our IDEA workgroup (Inclusion, Diversity, Equity, Awareness). The workgroup meets monthly for 30 minutes and is instrumental in planning our multicultural outings and addressing any other diversity-focused areas relevant to psychology training.
* Interns will attend monthly psychology staff meetings, which asks for and presents a wide variety of cultural anniversaries, holidays, and celebrations occuring within each month.
* Interns will have the opporunity to lead a diversity-related presentation to other trainees and/or staff.
* Mentorship is integrated in the KCVA training program, and interns have the opportunity to choose a mentor who expresses competence and willingness to mentor in specific diversity-related professional development concerns.
* Group supervision with interns and postdoctoral fellows will involve discussions around a wide variety of topics, including diversity-focused issues such as handling micro-aggressions from patients and/or staff, handling racist comments in therapy, using creative methods to bridge language barriers, and assessing for cultural needs with patients.

In addition to the extreme importance of learning and teaching about diversity issues, we also believe that learning how to implement that knowledge directly into clinical care is essential for developing into culturally competent and sensitive psychologists. Clinical opportunities for diversity-specific treatment through the KCVA psychology internship program are abundant throughout clinical rotations. Several specific examples include the following:

* Aging Populations/Generational Differences

Veterans of all adult ages are seen throughout all training rotations. Home-Based Primary Care and Primary Care – Mental Health Integration (PC-MHI) typically serve our aging and older Veterans most consistently. Veterans served represent a wide variety of military eras. The SARRTP residential SUD treatment program offers a specific treatment group designed for Veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). PC-MHI also serves the Post-deployment clinic.

* Housing Insecure Veterans

The KCVA provides services to numerous Veterans struggling with low socioeconomic status, housing insecurity, and/or homelessness. The SARRTP residential SUD treatment program, the Psychosocial Rehabilitation and Recovery Center (PRRC), and the Mental Health Intensive Case Management (MHICM) programs particularly provide clinical training experiences with these diverse populations. The KCVA mental health department also includes the HUD program (United States Department of Housing and Urban Development). While the HUD program is not currently offered as a training rotation, there have been previous trainees who sought this training opportunity and was assisted in creating a minor rotation that was highly rewarding providing mental health support for Veteran’s seeking stable housing. Additionally, the KCVA participates in “Stand Down” events 1-2x/year, where VA staff and volunteers provide food, clothing, health screenings, and mental health education and resources to homeless and at-risk Veterans. Previous trainees have highly enjoyed participating in the optional Stand Downs with their supervisors.

* Persons with Disabilities

There are numerous opportunities to work with Veterans with various physical disabilities, especially through the Integrated Pain Clinic, Home-Based Primary Care, and Primary Care – Mental Health Integration rotations. The Health Psychology Clinic within the Mental Health Clinic (MHC) provides groups for a number of medical conditions such as ALS, Parkinson’s, or diabetes. Presurgical and transplant evaluations are also conducted through the MHC.

* Racial and Ethnic Diversity

There are multiple opportunities to work with people of color or people who represent ethnic minorities across all major rotations. Most experiences will come from specific rotation-focused care, case conceptualizations, and discussions with staff. For example, in the PTSD clinic (PCT), trainees focus on the impact of racial discrimination on the trauma experience, particularly for Black Veterans.

* Religious and Spirtual Considerations

All Veterans are asked about religious or spiritual orientation, beliefs, and/or preferences during biopsychosocial assessments, and trainees are highly encouraged to consider such beliefs when providing care across all rotations. The Integrated Pain Clinic (IPC) actively assesses for religious/spiritual functioning and spirtual distress as a standard part of their clinicial interview. Religion and spirtuality is also a major focus on the Inpatient Psychiatric rotation.

* Rural Veterans

In addition to the main hospital, the Kansas City VA serves several rural communities through Community Based Outpatient Clinics (CBOCs). With the expansion of telehealth services to psychology trainees, there are now numerous opportunities to provide treatment to folks in rural and underserved areas. Several training staff are embedded in the rural CBOCs to consult with and help explore available resources in their area. Veterans living in rural areas are frequently treated in both the outpatient SUD (STOP) and residential SUD (SARRTP) programs, as well as within the Inpatient Psychiatry unit.

* Sexual Orientation and Gender Identity

The KCVA is committed to providing affirming services to Veterans with sexual and/or gender minority identities. Individuals with sexual and gender minority identities are seen in all clinics. The Mental Health Clinic offers a Transgender Support and Education group, conducts mental health evaluations for gender dysphoria for the purposes of hormone therapy and/or gender affirming surgery, and has several providers specifically trained in providing LBGTQ+ Affirming care. The PTSD clinic (PCT) provides experiences and case conceptualizations focused around the impact of sexual trauma on sexual identity (sexual orientation and avoidance or/experience of sexual intimacy).

* Women Veterans

Women Veterans is an ever increasing area of focus in the VA, and will be seen throughout all clinical rotations. The PC-MHI rotation rotation works closely with and receives regulary referrals from the Women’s Health Clinic in the Honor Annex. At times of high census, the outpatient SUD clinic (STOP) provides group therapy specific for women Veterans in recovery.

**Diversity within the Veterans Affairs**

The Department of Veterans Affairs is an equal opportunity employer and follows all EEOC policies on fair recruitment and other personnel practices. The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, transgender status, and sexual orientation), national origin, age (40 or older), disability or genetic information. The EEOC provides leadership and guidance to federal agencies on all aspects of the federal government's equal employment opportunity program.

The VA’s Office of Resolution Management, Diversity and Inclusion (ORMDI) publishes a monthly Diversity and Inclusion newsletter. Diversity@Work is part of VA's ongoing effort to increase awareness of diversity and to promote a flexible and inclusive work environment.

**Diversity within the Kansas City VA Medical Center**

The Kansas City VA Medical Center highly supports and makes efforts to recruit and retain trainees and employees of minority backgrounds. In the past year, the hospital has engaged in the following actions to demonstrate our commitment to diversity:

* Courageous Conversations (optional monthly discussions as a tool to build cultural competency, have safe conversations about race, and promote empathy and humility)
* Monthly emails from the KCVA hospital director and leadership on Diversity and Inclusion, such as sharing information about important cultural anniversaries of significant events
* Cultural Topics included in Kansas City VAMC Daily Message email
* Special Emphasis Program Managers (SEPM) have been appointed, serve on the facility Diversity and Inclusion Committee, hold quarterly diversity forums, and have been provided additional resources. Currently, the hospital has the following SEPMs:
  + African American Employment Program Manager
  + Federal Women’s Program Manager
  + Asian American and Pacific Islander Employment Program Manager
  + LGBT Employment Program Manager
  + Hispanic Employment Program Manager
  + Individual with Disabilities Program Manager
  + American Indian and Alaska Native Employment Program Manager
  + South Asian American Program Manager
  + Middle Eastern and North African Descent American Program Manager
* Candid discussions from hosptial leadership about their personal experiences being a person of color and/or minority
* Encourages staff at both the hospital and clinic level to discuss diversity issues, such as the murder of George Floyd and the impact on both staff and patient care
* Leadership supports time off for multicultural trainings
* Monthly special emphasis observances to educate, remind, and breakdown stereotypes:
  + January – Dr. King’s Birthday
  + February – Black History Month
  + March – Women’s History Month
  + April – National Take Our Daughters and Sons to Work Day
  + May – Asian and Pacific American Heritage Month
  + June – LGBT Month
  + June - Juneteenth
  + August 26th – Women’s Equality Day
  + September 15th – October 15th – Hispanic Heritage Month
  + October – Disability Awareness Month
  + November – Native American Heritage Month

Kansas City VA 2021 Statistics



KCVAMC Psychology Setting

The Kansas City VA Medical Center (KCVAMC) is a general medical, surgical, psychiatric, and ambulatory care facility located on a 37-acre site just six miles from downtown Kansas City, Missouri. The Medical Center places special emphasis on maintaining its role as a major teaching hospital. Training programs in virtually all medical and associated health specialties are offered through affiliation with many universities throughout the country. The primary medical school affiliation is with the University of Kansas Medical Center. Numerous other university affiliations provide for the training of social workers, audiologists, dentists, occupational and physical therapists, chaplains, recreational therapists, pharmacists, etc.

**Mental Health Service**

Mental Health is composed of psychologists, psychiatrists, social workers, nurses, pharmacists, addiction therapists, and medical administration staff. Mental Health serves a culturally diverse group of young, middle-aged, and older adults who have a broad range of mental health diagnoses. In the Mental Health Clinic, the outpatient program, Veterans can be assigned a treatment team, comprised of a full array of mental health professionals, that is responsible for coordinating all aspects of mental health care required to meet patients' needs. Many other mental health treatment components are available to fully assist the patient in his/her recovery. The other Mental Health Programs that are available include: 1) Acute Inpatient Psychiatry, 2) Post Traumatic Stress Disorder Clinical Team (PCT), 3) Psychosocial Rehabilitation and Recovery Center, 4) Substance Use Disorder Treatment (includes the SUD Domiciliary and SUD Outpatient Treatment Program), 5) Compensated Work Therapy, 6) Mental Health Intensive Case Management (MHICM), 7) Primary Care/Mental Health Integration (PC/MHI), and 8) Healthcare for Homeless Veterans Program (HCHV). Numerous services are performed by psychologists in various roles and programs, and most are available as primary or secondary rotations for post-doctoral interns.

Psychologists are also working in other service lines in the medical center, including **Geriatrics and Extended Care (GEC)** and **Primary Care**.

## Training Model and Program Philosophy

**Program Mission and Model**

Psychologists at the Kansas City VA Medical Center thank you for your inquiry and welcome your interest in our Psychology Internship Program. The primary goal of the program is to provide an emphasis on both breadth and intensity of training that allows interns to have a solid, well-rounded training experience. Our focus is on helping interns better learn to understand and assist individuals who are experiencing significant psychological problems. Additionally, the experiences provided in our program require a broad array of clinical skills that are important in helping individuals in many different settings outside of a VA Medical Center.

The philosophy of training at KCVA is best described as a "scholar-practitioner" model. The training experiences have a strong clinical focus. Knowledge and use of empirically supported processes and interventions and models of evidence-based practice are expected and encouraged in all aspects of the program. The training program at the Kansas City VA Medical Center is a generalist program that provides all trainees the opportunity to work closely with a diverse patient population under supervision of a psychology staff with a broad range of interest and expertise. One of the goals of this internship is to provide the necessary skill set that will enable the intern to function effectively in a professional role in a variety of employment settings.

We also value a developmental approach to training in which tasks of increasing difficulty and complexity are given to interns throughout the course of their internship as they demonstrate their ability and readiness to take on new responsibilities. Supervision is expected to match the needs of the intern in a way that facilitates professional development and progression. Thus, the intensity of supervision diminishes over the course of the rotation and internship as the intern matures into a role approaching colleague rather than student. By the internship’s end, we expect to play more of a consultant role for the interns, rather than that of a supervisor monitoring every decision and move. Continued professional growth is fostered through ongoing examination of current research to inform clinical practice and through encouraging interns to learn and utilize treatments that he or she may not have been exposed to in the past. Supervision will also generally be matched to the needs of the intern and the intensity of this supervision is expected to diminish as the intern transitions into the role of a psychologist.

A special focus of our internship is fostering the growth and integration of interns' personal and professional identities. We emphasize the need for balance in our lives. This results in our insistence on a 40-hour work week and encouraging our interns to pursue interests outside of psychology, such as recreation, exercise, family, and friendships. Professional identity development, especially in the areas of employment location and selection, is assisted by seminars about job searches, licensure, program development, mental health administration, and supervision. Additionally, the Director of Training spends significant time with the interns, both individually and as a group, encouraging and facilitating completion of the dissertation, exploring possible career paths, and assisting in conducting appropriate, timely and successful job searches. In addition, psychology staff are very open to providing informal assistance in these areas. Finally, the atmosphere in Mental Health at KCVA is quite collegial. We value our interns highly, appreciating them both as professional colleagues and as fellow human beings.

KCVA provides services to diverse populations and strives to create a therapeutic environment for, and ensure ethical treatment of, patients with diverse backgrounds and characteristics. Thus, an important goal of the psychology training program is to increase trainees’ knowledge and skills in working with a wide range of clients from different cultural backgrounds.

**Training COMPETENCIES and OBJECTIVES**

The internship training program at KCVA aims to provide a generalist training experience that prepares interns for practice at the entry level. Interns must demonstrate competence in nine profession-wide competencies: A. Research, B. Ethical and Legal Standards, C. Individual and Cultural Diversity, D. Professional Values, Attitudes, and Behaviors, E. Communication and Interpersonal Skills, F. Assessment, G. Intervention, H. Supervision, and I. Consultation and Interprofessional/Interdisciplinary Skills. These competencies, as well as how each is measured, is described in detail below.

1. Research
2. Intern will integrate current research and literature into clinical practice
3. Intern will demonstrate critical thinking skills when presenting/discussing research relevant to clinical practice
4. Ethical and Legal Standards
5. Intern will demonstrate knowledge of the current version of the APA Ethical Principles of Psychologists and Code of Conduct and will consistently apply them appropriately, seeking consultation as needed.
6. Intern will demonstrate an awareness of all regulations, relevant laws, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
7. Intern will demonstrate awareness of how the above impact his/her professional work, including patients’ rights, release of information procedures, informed consent to treatment, limits to confidentiality in VA, management of suicidal/homicidal behavior, and child/elder abuse reporting policies.
8. Intern will be able to recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
9. Intern will conduct him-/herself in an ethical manner in all professional activities.
10. Individual and Cultural Diversity
11. Intern will be able to recognize and therapeutically address cultural and/or individual differences particular to him-/herself that might impact how he/she understand and interact with patients and staff different from him-/herself.
12. Intern will be able to recognize and therapeutically address pertinent cultural, and/or individual differences specific to the patient’s background that might impact the presenting problem, diagnosis, or patient’s ability to effectively engage in the therapeutic relationship or process.
13. Intern will be able to recognize potential cultural themes and sensitivities pertinent to the particular populations of focus (i.e., Veterans, older adults, rural, LGBTQ, etc.).
14. Intern will demonstrate ability to apply knowledge and approach to working effectively with a range of diverse individuals in clinical practice (i.e., assessment, case conceptualization, treatment plan, & intervention).
15. Professional Values, Attitudes, and Behaviors
16. Intern demonstrates a receptivity to supervision and life-long learning.
17. Intern is well prepared for supervisory meetings and will use supervision effectively.
18. Intern maintains professional boundaries.
19. Intern demonstrates awareness of own competence and limitations
20. Intern recognizes how personal characteristics impact clinical work.
21. Intern demonstrates concern for the welfare and general well-being of others.
22. Intern possesses an appropriate level of confidence.
23. Intern manages all assigned workload within the given timeframes without sacrificing quality of work.
24. Intern demonstrates accountability, dependability, and responsibility.
25. Intern takes initiative.
26. Communication and Interpersonal Skills
27. Intern communicates with patients and families in a manner that is clear and understandable by them.
28. Intern communicates psychological information to other professionals in a manner that is organized and understandable to them.
29. Interns written documentation demonstrates a thorough grasp of professional language and concepts.
30. Intern demonstrates effective interpersonal skills and the ability to manage difficult communications well.
31. Assessment
32. Diagnostic interviewing skills
33. Differential diagnostic skills and knowledge of DSM-5
34. Clarification of referral question and appropriate selection of assessment approaches
35. Administration and scoring of psychological tests
36. Intern demonstrates accurate interpretation and conceptualization of assessment results based on integration of clinical interview, chart review, and testing data.
37. Intern’s organization, integration, and conciseness of reports
38. Intern formulates well conceptualized recommendations.
39. Intern demonstrates awareness of and adherence to APA ethical guidelines and ethics in assessment.
40. Intern demonstrates sensitivity to issues of diversity and individual differences in assessments.
41. Intervention
42. Intern establishes and documents therapy goals and development of a treatment plan, patient progress, outcomes, and termination.
43. Intern formulates a useful case conceptualization from a theoretical perspective.
44. Intern establishes and maintains an effective therapeutic alliance.
45. Intern demonstrates effective and flexible application of therapeutic strategies. Intern also responds appropriately to patient crisis when it is appropriate.
46. Intern maintains personal boundaries with awareness of personal issues.
47. Intern is sensitive to issues of diversity and individual differences in treatment.
48. Intern uses clinical communication skills and effective structure to improve group functioning.
49. Intern creates a safe environment to promote group cohesion and manages group process/conflict effectively.
50. Supervision
51. Intern demonstrates knowledge of theory and scientific literature in supervision.
52. Intern works well with resistance, boundary issues, and cultural awareness while providing supervision as observed in role-playing exercises.
53. Intern provides constructive feedback.
54. Consultation and Interprofessional/Interdisciplinary Skills
55. Intern effectively and independently consults with psychologists and professional from other disciplines in the care of their patients.
56. Intern demonstrates knowledge of and respect for the unique roles of other professionals in a collaborative treatment approach.
57. Intern demonstrates timely communication of assessment and intervention results to team, referral source, patient and/or family in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of mental health condition.
58. Intern effectively understand principles of team dynamics, and apply interdisciplinary facilitation skills, in various team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective and equitable.

**Trainee Evaluations**

Evaluations will be completed by supervisors in the competency areas that are relevant to their specific rotation at 3, 6, 9, and 12 months. The competency ratings are based upon how much supervision is required by the intern to perform the task competently, as well as intern performance.  Our evaluation procedure involves mid-rotation and mid-year assessments where feedback about progress is shared verbally with the intern, as well as relevant rotation supervisors.

*At the beginning of each rotation,* the supervisor is to review the evaluation form with the intern, clarifying expectations for workload and planned rotation activities.  *At mid-rotation,* the supervisor is to use the evaluation form as a guide to feedback regarding performance towards attainment of competency goals and areas for development.  *At the conclusion of the rotation*, the supervisor is to review this evaluation with the intern.

**Rating Scale**

1          Intern is unable to perform this skill even with close supervision.  Competency for this skill is at beginning practicum level and a Performance Improvement Plan is necessary.

2          Intern is able to perform this skill only with moderate supervision. Competency for this skill is at the level expected at the entry of a rotation for an Intern.  A Performance Improvement Plan may be necessary.

3          Intern independently performs this skill in typical cases with occasional consultation. Intern requires closer supervision in more complex or unusual cases. Competency for this skill is at the level beyond the start of the internship training year but below that expected at the conclusion of the internship year. This is the level expected on all skills by conclusion of the first rotation.

4          Intern independently performs this skill in both typical and more complex situations with occasional consultation. Competency for this skill is at the level expected at the conclusion of the training year or end of rotation (expected intern exit level).

N/O      No opportunity to observe this skill.

**Evidence (used to determine rating on each competency)**

* Direct Observation (including co-facilitation of clinical intervention)
* Review of Audio Recordings
* Discussion in Individual Supervision

**Minimum Levels of Achievement**

*First 6-months:* At conclusion of first rotation, an intern must achieve ratings of “3” or higher on all competency items in all competency domains.  Any ratings of “2” or lower will result in development of a Performance Improvement Plan.

*Second 6-months (Internship Completion):* By the conclusion of the training year, an intern must achieve a rating of “4” for every competency skill in each competency domain, indicating that the intern has demonstrated competency for this skill at the level expected at the conclusion of the internship training year.

#### Structure of Internship Program

The emphasis of the psychology internship training program is general mental health, with major rotation options covering areas related to the treatment of PTSD, substance use disorders, health psychology, neuropsychology, and general outpatient mental health treatment. Minor rotations are available in various areas, including assessment, psychosocial rehabilitation and recovery (PRRC), mental health intensive case management (MHICM), and outpatient substance use disorder treatment. In addition, many of the major rotation options, if not chosen as a major, can also be included as a minor option choice.

Over the course of the year, interns will participate in 4 major rotations and 2 minor rotations.

First 6 months – choice of one 12-hour major and choice of one 16-hour major from table below, plus one 4-hour minor rotation

Second 6 months – choice of one different 12-hour major and choice of one different 16-hour major from table below, plus one 4-hour minor rotation (may be different or same as the first half, depending on rotation).

|  |  |  |
| --- | --- | --- |
| Column A – Required | Column B – Choose 2 (only 1 can be from health psych) | Column C – Choose 1 (but cannot repeat choice from B) |
| MHC | Health Psych  - HBPC  *-* PCMHI  - HBPC + PCMHI  - Whole Health | Health Psych (cannot repeat if a health psych rotation was selected in B)  - HBPC  *-* PCMHI  - HBPC + PCMHI |
|  | PCT | PCT |
|  | SARRTP | SARRTP |
|  |  |  |

Interns will choose 2 of the following minor rotation options for the training year, focusing on one minor rotation per 6-month training period:

* **Assessment**
* **Acute Inpatient Psychiatry**
* **PRRC**
* **MHICM**
* **Integrated Pain Clinic (IPT)**
* **Substance use disorder Treatment Outpatient Program (STOP)**
* **Specialty Focus**

**\*most of the major rotations, if not chosen as a major, could also be a minor option if resources are available to accommodate**

**MAJOR ROTATIONS**

**Mental Health Clinic**

The rotation in the Mental Health Clinic provides the opportunity to function as part of a multidisciplinary team including, psychologists, psychiatrists, social workers, marriage and family therapists, and nurses. The focus of the rotation is individual and group psychotherapy, with potential opportunities for couples psychotherapy. There is also a focus on psychodiagnostic assessment. There are a wide range of patient needs, including but not limited to substance use disorders, PTSD, depression, anxiety, grief, anger, sexual abuse history, personality disorders, and adjustment to illness, divorce, or other stressors. Evidence-based practice is emphasized in training and delivery of group and individual interventions, with specific training opportunities in evidence-based psychotherapy modalities. Interns co-facilitate evidence-based psychotherapy groups with licensed psychologists. Consultation may be provided to other clinic providers regarding the appropriateness of individual therapy, as interns participate in interdisciplinary team meetings.

There are up to 6 supervising psychologists in the Mental Health Clinic (MHC). Interns benefit from the expertise of staff in differing theoretical orientations and clinical approaches. The intern will have a primary MHC supervisor who provides a minimum of one hour of face-to-face supervision weekly. Supervisors may request audiotapes of therapy sessions in order to provide specific feedback on therapy skills and contribute to case conceptualization.

**Substance Use Disorders**

Given substance use disorders treatment is a focused area of practice, interns will have differing levels of competencies when they begin this rotation. Therefore, utilizing a developmental training and supervision model, the training goals for each intern will be individualized rather than having a common end point for all.  All interns will be expected to achieve a minimal level of competency in substance use disorders to include basic knowledge about SUD, SUD diagnosis, recovery planning, and individual and group psychotherapy specific to substance use disorders. Competency in the SUD evidence based treatments of cognitive behavioral approaches to recovery such as relapse prevention and mindfulness based sobriety are expected for all interns. Also expected for all interns is basic competency in provision of Motivational Interviewing.

Depending upon entry level competencies and the time it takes the intern to acquire the specific SUD knowledge and skills, the intern could develop more advanced training goals in the SUD rotation. These more advanced skills would include the possibilities of providing group therapy either by him/herself and/or providing training and guidance to co-therapists in the groups (such as with psychology practicum students, social workers, addiction therapists, nurses), providing in-services for the rest of the SUD team, and working with more complex co-occurring treatment needs of Veterans. In particular, the intern could acquire competencies in screening and diagnosis of co-occurring mental health disorders, integrated recovery planning, and coordination of care. Competencies in additional evidence based treatments, such as motivational enhancement therapy, are available to the interns who are at a more advanced level.

The psychology internship substance use disorders training rotation is in the Substance use disorders Treatment And Recovery Training (START) program.  START has two components; the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) and the Substance use disorder Treatment Outpatient Program (STOP).  Interns work with a multidisciplinary treatment team to serve a diverse population to include Veterans with co-occurring disorders.  Each intern will spend 1.5 days per week over a 6-month semester on the SARRTP major rotation and interns have the option of spending 4 hours per week on the STOP minor rotation.  While on the major rotation, the intern will have a primary supervisor that provides a minimum of one hour of face-to-face supervision weekly. The minor rotation will involve a minimum of ½ hour of face-to-face supervision weekly. Interns may also engage in hierarchical supervision of practicum students, when available.

Supervision is provided by Dr. Casaundra Harbaugh. Interns obtain advanced knowledge and skills based on clinical, theoretical, and empirical substance use disorder practices provided through experiences in SARRTP and STOP.

**Posttraumatic Stress Disorder**

Interns will have the opportunity to provide psychotherapy with patients who have Post Traumatic Stress Disorder (PTSD). Evidence based practices for PTSD will be implemented to include PE and CPT.  The PTSD rotation will focus on PE and/or CPT individual treatment, with the possible option of participating in the STAIR group in the MHC. Interns will also have the opportunity to facilitate treatments related to the sequelae of PTSD, including CBT-I and/or nightmare therapists (IRT/EERT). Interns will complete diagnostic evaluations for PTSD as needed and become familiarized with common PTSD assessments.

Supervision of the PTSD rotation is provided by a psychologist in the MHC.  Interns will spend 1.5-2 days over one 6-month semester on the PTSD rotation.

**Health Psychology**

The intern may choose a variety of options for completing the Health Psychology rotation. An intern may choose to spend time in HBPC, PCMHI, or a combination of the two. The supervisors in the HBPC and PCMHI clinics will offer training and experiences that highlight the role of mental health on interdisciplinary teams. The intern will gain a wide range of experience including working with a broad range of problems from a diverse range of Veteran population. The experiences will include intervention, assessment, and consultation.

The intern will spend at minimum 1.5 days throughout the 6-month rotation in one of these Health Psych settings. More specific information about the activities the intern will perform are outlined below.

**Home-Based Primary Care Program (HBPC)**

VA Home-Based Primary Care (HBPC) is a program that provides comprehensive longitudinal primary care in the homes of Veterans with complex chronic disabling disease. The care is delivered by an interdisciplinary team comprised of medicine, nursing, social work, occupational therapy, dietetics, pharmacy, and psychology. HBPC manages (1) patients with multiple interacting chronic medical problems requiring longitudinal intervention to maintain health status, retard functional decline, and reduce or delay institutionalization; (2) certain patients with relatively short term problems, who need health services, home training, and home adaptation until they can be managed in an outpatient clinic, and (3) patients with advanced terminal illness who want palliative care.

The psychologist provides assessment and intervention to individuals and families to address psychological issues that are interfering with their medical care, compromising their health status and functional capacity, and/or reducing their quality of life. Cases include helping patients cope with grief, depression, anxiety, and other psychological issues related to the aging process, having chronic medical illnesses, and/or other life stressors; interventions to increase compliance with and adjustment to treatment regimens; and working with caregivers to improve patient well-being and treatment compliance.

\*Note interns do not drive to Veteran homes alone and will always be accompanied by a supervisor or other HBPC team member.

In the HBPC program, interns conduct psychological/cognitive assessment, brief psychotherapy, family interventions, and become active membes of an interdisciplinary treatment team.

***Roles and responsibilities of interns during this rotation include the following:***

* Attending HBPC team meetings as available.
* Providing psychological assessment and/or intervention with referred HBPC patients (typically conducted in patients' homes, assisted living facilities, extended care facilities).
* Providing consultation to staff regarding mental health issues and treatment.
* Providing staff in-service and education.

Skills emphasized on this rotation are: a) development of an understanding of normal functioning in aging, such as age-related changes in cognitive and physical functioning, and common developmental issues/tasks associated with aging; b) assessment of older adults through use of clinical interviewing, psychodiagnostic evaluation, neuropsychological screening, and evaluations of daily living skills; c) individual psychotherapy with older adults with chronic medical illnesses; d) provision of services to the family in coping with caregiving and addressing problems that arise during the course of a medical or mental illness, including dementia; and e) active participation in a treatment team through consultation, staff education, and and facilitating team functioning. The primary theoretical orientation of the rotation is cognitive-behavioral, although other approaches can be integrated when appropriate.

**Primary Care Mental Health Integration (PCMHI)**

PCMHI is embedded with-in the primary care clinic in order to provided interdisciplinary and comprehensive treatment to Veterans in primary care. The intern will work alongside the PC/MHI psychologist in an apprenticeship model: 1) focus on triaging mental health, 2) delivering brief and targeted interventions, and 3) behavioral interventions for healthier lifestyles (e.g., smoking cessation, weight loss, etc.). Interns will use assessments to facilitate measurement-based care.

In the PCMHI program, interns will gain experience using functional assessments within a 30-minute session and providing brief intervention within that 30-minute framework. Interns will learn to receive warm-handoffs and to provide timely, accurate feedback to primary care teams, collaborating with an integrated team and providing consultation.

**Whole Health/Health Promotion-Disease Prevention**

This rotation offers clinical experiences focusing on the facilitation of health behavior change, coping with medical conditions, and improving overall well-being. Interns will gain experience using Motivational Interviewing, CBT, and ACT principals, as well as teaching stress management skills. Interns will have the opportunity to lead groups focused on weight management and tobacco cessation as well as work individually with Veterans to improve health behaviors and coping skills.

**MINOR ROTATIONS**

**Mental Health Intensive Case Management (MHICM)**

In this program, a multidisciplinary team provides comprehensive, community-based psychiatric treatment, rehabilitation, and support to Veterans with severe and persistent mental illness. MHICM program goals include increasing Veterans’ quality of life and decreasing need for inpatient psychiatric treatment. MHICM follows the VA’s modified version of Assertive Community Treatment, an evidence based practice. The MHICM team is comprised of a psychologist, social workers, nurses, and psychiatrist, most of whom serve as case managers. MHICM interventions are varied, tailored to each Veteran’s needs, and include activities such medication management, encouraging compliance with treatment, assistance in learning daily living skills, assistance with housing and benefits issues, transportation, coordination with Veterans’ families and other supportive resources, and coordination of care.

**Psychosocial Rehabilitation and Recovery Center (PRRC)**

In this program, the intern will gain experience working with severe and persistent mental illness on an outpatient basis through group and individual interventions. Structured therapeutic and psychoeducational activites involving multiple disciplines are also available. Assessment and consultation activities are integrated into this opportunity.

**Assessment**

This rotation will emphasize personality and intellectual assessment, with focus on comprehensive testing batteries that include clinical interview, intellectual and cognitive screening, various personality measures, and other screening measures as needed. The intern will receive practical and didactic training on specific instruments, including the WAIS-IV, MMPI-2, SCID I/II, etc.. This rotation will require an additional 4 assessments over the course of 6 months and will be focused in the Mental Health Clinic.

**Integrated Pain Clinic**

In this rotation, interns work with the Integrated Pain Clinic team, including opportunities for individual evidence based treatment including Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Cognitive Behavioral Therapy for Insomnia (CBT-I), and Acceptance and Commitment Therapy as applied to veterans with chronic pain. There is the possibility for additional assessment experience and training in autonomic nervous system regulation skills (relaxation techniques, mindfulness meditation, and/or biofeedback).

**Substance use disorders Treatment Outpatient Program (STOP)**

Substance use disorders Treatment Outpatient Program (STOP) The SUD minor rotation is designed to extend an intern’s training experience from the SARRTP major rotation across the continuum of care for substance use disorders. Training experiences will emphasize the treatment of substance use disorders in a group psychoeducation format. Interns will also provide a presentation of results of a brief literature review in a specific SUD interest area during multidisciplinary team meeting. Supervision will be provided by Dr. Casaundra Harbaugh and/or Dr. Kristen Davis.

**Acute Inpatient Psychiatry**

In this rotation, interns will gain experience working on an acute inpatient psychiatry unit. Interns will learn how the recovery model guides the interventions and overall milieu of the inpatient unit. Interns will learn how to function as a member of a multidisciplinary treatment team. Interns will have the opportunity to facilitate group therapy and may provide brief individual therapy and/or conduct psychological evaluations.

**Bariatric Focus**

This rotation will focus on gaining an understanding of bariatric science as a whole, and the role of psychology in addressing various bariatric-related concerns. Interns will create and implement treatment plans for veterans addressing issues such as: Binge Eating Disorder, Night Eating Syndrome, difficulty adhering to nutrition plans, and pre/post bariatric surgery-related distress. Interns will work with Veterans individually using a variety of cognitive, behavioral, and mindfulness-based interventions.

**Administrative Minor**

The KCVA Administrative and Leadership Minor rotation is designed to provide psychology trainees with greater exposure to the operations of Mental Health services at the local level with enhanced exposure to national initiatives and staff when available. This rotation provides interested psychology trainees with the opportunity to learn about and actively engage in program development, oversight and evaluation. Moreover, psychology trainees will have the opportunity to observe and participate in the activities of leadership staff to better understand health care at the macro level. Finally, this rotation is designed to provide potential methods of preparing for leadership opportunities in areas of clinical health care administration.

*\*available the second 6-month rotation only*

**Specialty Focus**

This rotation would entail the Intern selecting an area of particular interest in which he or she would like to gain additional experience, and the specialty focus is only an option for the second 6-months of the training year. At the start of the rotation, the Intern and supervisor would select together where they would like to focus. Specialty areas might include focusing on learning a particular type of therapy (e.g., CPT, PE, CBT-I, IPT-D, ACT), focusing on a particular population (e.g., geriatrics, chronic pain, sleep difficulties), or focusing on a particular treatment modality (e.g., tele-health, groups). Any psychology staff member may serve as the supervisor for this rotation, and this person would be selected collaboratively with the Intern at the beginning of the rotation based on training needs/goals.

**\*most of the major rotations, if not chosen as a major, could instead be a minor option if resources available**

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| **Sample Internship Schedule (1)**  **Internship First Six Months** | | | | | |
|  |  |  |  |  |  |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 800 | PCT (Major) | PC-MHI | PCMHI | PCT (Major) | PCT (Major) |
| 900 |
| 1000 |
| 1100 |
| 1200 | Lunch | Lunch | Lunch | Lunch | Lunch |
| 1300 | PCT (Major) | Minor Rotation of Choice | PCMHI | Administrative Time | Peer Supervision |
| 1400 | Group Supervision |
| 1500 | Psych Meetings | Didactics |
| 1600 | Administrative Time | Administrative Time |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Internship Second Six Months** | | | | | |
|  |  |  |  |  |  |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 800 | SARRTP (Major) | MHC (Major) | MHC (Major) | SARRTP (Major) | 2nd Minor Rotation of Choice |
| 900 |
| 1000 |
| 1100 |
| 1200 | Lunch | Lunch | Lunch | Lunch | Lunch |
| 1300 | SARRTP (Major) | MHC (Major) | MHC (Major) | Administrative Time | Peer Supervision |
| 1400 | Group Supervision |
| 1500 | Psych Meetings | Didactics |
| 1600 | Administrative Time | Administrative Time |
|  |  |  |  |  |  |

\*Please note this is a sample and all schedules subject to change

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| --- | --- | --- | --- | --- | --- |
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| **Sample Internship Schedule (2)**  **Internship First Six Months** | | | | | |
|  |  |  |  |  |  |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 800 | PCT (Major) | PC-MHI (Health psych Major PCMHI+HBPC) | HBPC (Health psych major PCMHI+HBPC) | PCT (Major) | PCT (Major) |
| 900 |
| 1000 |
| 1100 |
| 1200 | Lunch | Lunch | Lunch | Lunch | Lunch |
| 1300 | PCT (Major) | 1st Minor Rotation of Choice | HBPC | Administrative Time | Peer Supervision |
| 1400 | Group Supervision |
| 1500 | Psych Meetings | Didactics |
| 1600 | Administrative Time | Administrative Time |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Internship Second Six Months** | | | | | |
|  |  |  |  |  |  |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 800 | MHC (Major) | Neuropsychology (Major) | MHC (Major) | 2nd Minor Rotation of Choice | Neuropsychology (Major) |
| 900 |
| 1000 |
| 1100 |
| 1200 | Lunch | Lunch | Lunch | Lunch | Lunch |
| 1300 | MHC (Major) | Neuropsychology (Major) | MHC (Major) | Administrative Time | Peer Supervision |
| 1400 | Group Supervision |
| 1500 | Psych Meetings | Didactics |
| 1600 | Administrative Time | Administrative Time |
|  |  |  |  |  |  |

\*Please note this is a sample and all schedules subject to change

Evidence-Based Trainings

Throughout the training year, interns will be offered expanded multi-day (1-3 days) trainings to gain and/or strengthen competence in the following evidence-based treatments:

1. Cognitive Processing Therapy (CPT)
2. Cognitive Behavioral Therapy for Insomnia (CBT-I)
3. Prolonged Exposure Therapy (PE)
4. Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
5. Acceptance and Commitment Therapy for Depression (ACT-D)
6. Interpersonal Psychotherapy for Depression (IPT-D)

Additional individual training in specific evidence-based treatments may be available upon request based on supervisor experience and approval.

Mentorship Program

The Mentorship Program at the Kansas City VA Medical Center is designed to augment a trainee’s experience by providing an additional opportunity for support and professional development. Mentorship differs from supervision in several important ways. First, mentorship is intended to be non-evaluative. This has the benefits of ensuring a safe environment in which to explore personal concerns and allowing trainees to learn from staff members with whom they would not otherwise interact. Second, mentorship provides the opportunity to explore areas of professional development that are not directly related to a specific practice area. These may include culture, gender, parenthood, religion and spirituality, and self-care, among others.

Mentoring takes place less frequently than supervision. The frequency with which you meet will be agreed upon by you and your mentor, but is generally 3 to 12 times throughout the training year.

Mentors are mutually chosen rather than assigned. In order to assist with choosing a mentor, biographies of staff members offering to serve as mentors will be provided to interns during orientation.

**Other Training Requirements and Information**

**Psychological Evaluation Component**

Psychologists provide consultation services in the form of assessment to health care providers throughout the Medical Center. These include diagnostic evaluations, Compensation and Pension examinations, neuropsychological assessments, and medical evaluations (e.g., transplant evaluations, bariatric surgery evaluations). Mental health assessments consist of clinical interviews, intelligence and cognitive screening, and evaluation with the use of a variety of measures. The experience includes the entire evaluation process: test selection, test administration and scoring, clinical interviewing, test interpretation, diagnostic formulation, treatment recommendations, report writing, and providing direct feedback to the referral source, as well as to patients and family members.

Interns will be expected to complete a minimum of 6 general psychological evaluations over the course of the training year. These evaluations will likely come from the Mental Health Clinic, however may be conducted over the course of the training year.

**Program Evaluation and Administration**

Interns are asked to engage in some program evaluation over the course of the training year. This may include, but is not limited to, providing outcome evaluation of an individual or group psychotherapy process, evaluating the effectiveness of a current patient intervention, or evaluating programming in an area of the medical center. The specific evaluation is determined by interns’ interest, area of expertise, the supervisor of the project, and, as needed, approval of the Training Committee.

Interns will be assigned to one staff member who will be responsible for overseeing the evaluation component. Other staff or programs may be involved in the project as well and may contribute input toward evaluation.

**Psychology Staff Meeting**

This is a monthly meeting that takes place the first Thursday of each month. This meeting is facilitated by the Psychology Executive and involves presentation and discussion of information of general interest to the psychology staff. All trainees are expected to attend this meeting.

**Monthly Training Meeting**

This is a monthly meeting where the Director of Psychology Training, as well as all training staff, discuss issues directly related to training for all trainees. All trainees are expected to attend the majority of this meeting, however the last portion of the meeting is saved for discussion of trainee progress; trainees are excused at that time.

**Group Supervision with the Training Director**

The Training Director meets with all trainees (interns and postdoctoral residents) weekly, or more often if needed, in order to assure the smooth operation of the training program, to assist the trainees with any programmatic difficulties or questions, and to provide guidance towards professional development. We will focus on supervision theory as well in these meetings; this will include role-playing supervision exercises, didactics, and processing of supervision.

**Co-Therapy with Staff Psychologists**

Trainees have opportunities to co-facilitate group psychotherapy with staff psychologists.

**Didactic Training Seminars**

Psychology trainees are required to participate in weekly didactics that are presented by KCVA staff, both psychologists and non-psychologists. A schedule for these presentations is included in this handbook and may be adjusted as the training year progresses if needed. Seminars are provided on a variety of topics that span both professional development and clinical practice issues. This includes didactics that are designed to address specific multicultural issues.

**Multicultural Journal Club**

Psychology trainees are required to participate in a monthly multicultural journal discussion facilitated by a staff member. As much as possible, trainees will receive the materials to be used in discussion prior to the meeting. This is help facilitate discussion about multicultural issues in clinical practice.

**Psychology Consultation Meeting**

This is a monthly meeting for psychology staff and trainees to discuss specific cases, both psychotherapy and assessment. This includes formal case presentations for interns (2 per intern for the year), as well as case consultation requirements for the postdoctoral residents (2 per postdoc for the year). Trainees have the opportunity to participate in these discussions, as well as listen to how staff discuss difficult cases and model consultation. Specifics about the VA EBP Program are also discussed here as appropriate.

\*\*Other structured learning activities may be built into the training program over the course of the training year.

## Requirements for Completion

In order to successfully complete the program, interns must participate for the full designated year. In addition, completion of specific program elements will be required for successful completion. These include, but are not limited to, required number of assessments, assigned readings, case presentations, and documented hours log.

The program expects all applicants to adhere to the highest professional standards and the current Ethical Standards published by the American Psychological Association.

**Kansas City VA Medical Center Benefits**

## Facility and Training Resources

The Kansas City VA Medical Center has ample resources to support the Psychology Internship Program. Interns have private office space to use for clinical and administrative duties. These offices provide them with personal computers that are fully integrated with the internet, the VA Central Office intranet, and the Medical Center's electronic patient record system. Psychology has current software for psychological assessment instruments that are frequently used and also has a Psychology Library which contains frequently used literature including empirically supported treatment manuals.

The KCVA has many other services that provide support to the Medical Center, to which trainees have access. There is an eight-story Research and Education Wing that houses an active research program. The Medical Library subscribes to approximately 300 professional journals and has over 5,000 books and 500 audiovisual software items in its collection. Books and periodicals not in our collection can be borrowed from the library through an extensive inter-library loan network. Medical Media Service, utilizing television, photography, and illustration, produces presentations in all types of modalities for patient and staff education. This service also documents and produces audiovisual materials dealing with patient care, research efforts, public relations, and any other communicative efforts deemed important by the Medical Center.

The KCVA is highly committed to staff wellness.  A gymnasium exercise room is available to staff and trainees, and they frequently provide free personal training sessions.  The off-site Honor Annex also offers free yoga sessions to staff on a regular basis.  Educational and motivational classes related to nutrition and exercise are often provided.

Other special events on campus include a farmer’s market for veterans and local vendors, food truck Fridays during the summers, and employee appreciation lunches/events.

**Administrative Policies and Procedures**

Psychology interns at Kansas City VAMC fall under the national leave policy found on the OAA web page (13 vacation days, 13 sick days, 10 federal holidays). Interns also have 40 hours of Authorized Absence that can be applied to VA postdoctoral residency interviews and completion of dissertation. Interns are encouraged to discuss issues, concerns, and suggestions for improvement throughout the year with their supervisors and the Training Director. Evaluation and grievance procedures are outlined in the Psychology Internship Handbook and are discussed in full with interns during the first week of the program.

**The COVID-19 Impact on Training**

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of the challenges is uncertainty about what will happen next week, next month, and especially one year from now.

The Kansas City VA Medical center (KCVA) psychology training program has prided itself on its transparency, providing detailed and accurate information about our program and training opportunities. With COVID, transparency means we cannot definitively predict how specific rotations or adjunctive training opportunities may evolve. With confidence, we can say that there will likely be more utilization of telehealth and technology-based delivery platforms. We do not expect there to be any significant changes to the base clinical services or populations served.

The KCVA Medical Center has been making significant efforts to ensure the safety of staff and Veterans. Orientation of interns, fellows, and externs will include a discussion of COVID-19 including information about how health and safety are maintained at the KCVA. Please note the following:

* The VA campuses have strict restrictions on who is allowed to enter the hospital premises. Visitors are highly discouraged and in several cases, are not allowed unless there for essential reasons. All staff and visitors must be screened for COVID-19 symptoms upon entry, and staff are required to show their PIV card upon entry. Visitors and staff are asked to use provided hand sanitizer upon entry to the building.
* Staff exhibiting symptoms are asked to not come into work and are expected to communicate immediately with their supervisor about how to proceed. If experiencing potential COVID symptoms, staff and trainees should not report to work. If possible, we ask that the trainee promptly get tested and does not return to work until a confirmed negative test. All employees should inform Occupational Health if they are diagnosed or tested positive for COIVD-19 to allow for contact tracing of all potentially exposed staff and patients.
* As of April 7, 2020, the KCVA implemented a universal masking policy. All employees and visitors must wear a barrier mask covering their mouth and nose in all public areas on campus. Employees are allowed to wear cloth masks in non-patient areas. Two cloth masks have been provided to each employee, upon request. Universal barrier masking does NOT replace wearing of appropriate new Personal Protective Equipment (PPE) when caring for patients with COVID-19 or other infections requiring PPE. Cloth masks are not allowed in direct patient care settings since their capability to protect the wearer is unknown.
* Social distancing has been required in all possible situations. Any in person groups must be limited in numbers in order to maintain 6 feet between all participants.
* The KCVA leadership have implemented frequent meetings to create a Recovery Plan Phase regarding patient care. Daily e-mails and scheduled video conferences are provided to help communicate changes with staff.
* Outpatient mental health clinics have only remained open for walk-in crises patients. Any regularly scheduled appointments have been conducted via telehealth (video or telephone). Outpatient clinics have begun to allow limited in person sessions for patients who are unable or unwilling to engage via telehealth. Most outpatient clinics have been operating with staff on a rotation schedule for in person coverage, with the rest of their time conducting treatment via telework.
* In residential or inpatient settings, nearly all patient contacts are done through video visits. All patients must be tested for COVID-19 prior to admission of inpatient and residential programs. Residential programs such as SARRTP have reduced the number of patients to ensure single occupancy rooms. Sessions are generally conducted via video and patients have access to a VA i-Pad to conduct individual sessions with greater protection. No visitors have been allowed for residential programs since COVID-19 and passes are greatly limited and typically only provided with therapeutic/medically necessary.
* All didactics and seminars are currently held remotely. Any future in-person seminars will be planned with appropriate social distancing.

In addition to daily hospital updates, the psychology training program commits to do the best we can to keep trainees apprised of changing situations and to minimize disruptions to training in the face of those changes. Training Directors will be available to help answer questions about safe and appropriate ways for trainees to provide patient services and engage in tele-supervision.

**Telework Options During COVID-19**

Due to the COVID-19 pandemic, the training program, with the unwavering support of medical center leadership, was successful in transitioning psychology trainees to telework while maintaining almost all training activities without significant disruption. New trainees will also be considered for telework options, which is highly encouraged and supported to maintain safety of the trainee. The following procedures are in place for telework consideration:

* 1. At the start of the training year, trainees will be required to be on-site.
  2. During this time, the trainees will be required to undergo orientation in order to complete necessary Human Resources paperwork and review local, VA, and training department policies and directives. During orientation, they will complete a series of trainings and didactics on telehealth, teleworking, and others, including crisis interventions and treatment implementation through VVC and telephone mediums.
  3. Trainees will be expected to complete competency checks in order to demonstrate their ability to perform their duties at home. These competency checks involve assessing knowledge of procedures and protocols in the event of emergencies while teleworking and may include role plays/practice sessions to show ability to apply protocols.
  4. Trainees will be required to complete the TMS training(s) on telework and complete necessary Telework Agreements.
  5. Upon completion of competency checks, TMS training(s) and approved telework agreements, the supervisor will allow the trainees to telework.
     1. Also, it is important to note that trainees in specific rotations or residential programs may not have the ability to telework and must perform the duties expected for that program. They will be notified of this during the beginning of the year, so they can factor this into their training plan decisions.
  6. Trainees who are granted the ability to telework must demonstrate maintenance of competencies. Competency maintenance checks will be administered informally during supervision. Competency maintenance checks are designed to ensure that the necessary information and protocols introduced during orientation are maintained while working from home.
     1. If telework competency is failed, supervisor and Training Director will discuss if further training is needed and/or if trainee is not appropriate for telework. Trainee may then be expected to see patients via VVC or telephone while physically on-site. During the remediation phase, the trainee will have access to a personal office to complete patient encounters in order to maintain social distancing and to ensure the safety of the trainee.
  7. Supervisors may require checklists of training and/or administrative duties that the trainee engages in while working from home, particularly during times of limited patient care. If trainee fails to comply with supervisor requirements, remediation steps may be required in order to continue utilizing telework accommodations.
  8. If a trainee should require a reasonable accommodation, the trainee must work with the Human Resources department, the Training Director(s), and the Designated Education Officer to acquire said accommodation. Please note, even if a reasonable accommodation is granted, we may still not allow direct contact to occur without a supervisor present in the session.
  9. Trainees are expected to connect to all video sessions (patient services, supervision, meetings, trainings) in a timely manner. If technical issues occur, trainees are to maintain communication with rotation supervisor and/or Training Director about how to proceed, especially if patient care may be disrupted.
  10. As of July 2020, psychology externs, interns, and fellows are NOT approved to conduct video or telephone sessions across state lines, per national orders. Particular attention should be paid to the patient’s location prior to offering services. Trainees are allowed to be present with patients located in another state if the supervisor is the main provider of the patient service.
  11. Pandemic status remains out of the control of the KCVA training program. Telework agreements may be terminated if/when pandemic status ends. In this case, the Training Director will work with trainees on a transition plan to return to full-time in person care.

The health and safety of our psychology trainees, along with the competent care of our nation’s Veterans, is of utmost importance to us. We will continue to provide high quality training in professional psychology while simultaneously keeping our trainees’ health and wellness at the forefront.

## Training Staff

***Stephen Baich, Psy.D.***

Position: Acting Program Manager, Mental Health Intensive Case Management (MHICM)/Psychosocial Rehabilitation and Recovery Center (PRRC)

Degree: Clinical Psychology, University of Hartford, 1999

License: Missouri, Kansas

Dr. Baich’s clinical interests include serious mental illness, recovery model, and program development. His primary orientation is Cognitive Behavioral Therapy.

***Thao Bui, Ph.D.***

Position: Staff Psychologist (Primary Care-Mental Health Integration)

Degree: University of Kansas, Clinical Psychology, 2012

License: Washington

Dr. Bui is a VA national consultant for Problem Solving Training in Primary Care (PST). She completed her internship at the Minneapolis VA Medical Center and the Telemental Health and Rural Outreach postdoctoral fellowship at the VA Puget Sound Health Care System, Seattle. Dr. Bui is passionate about increasing access to care through PC-MHI, technology, and education. She has strong interests in treating anxiety disorders and PTSD. She serves on the KCVA Telemedicine Committee. She has published on the topics of telemental health and Veterans in Military Medicine, Training and Education in Professional Psychology, Psychological Services, Child and Adolescent Psychiatric Clinics of North America, Journal of Clinical Psychology and Telemedicine and e-Health, as well as several chapters in books. Her interests include food, socializing, trying new experiences, reading, hiking, and traveling. She has traveled to Iceland, France, Monaco, Germany, Kauai, Greece, Spain, and Switzerland.

***Brooke Carson, Psy.D.***

Position: Staff Psychologist, PTSD/SUD Specialist, Posttraumatic Stress Disorder Clinical Team

Degree:  University of Indianapolis, Clinical Psychology, 2010

Licenses:  Kansas

Dr. Carson is a psychologist on the Posttraumatic Stress Disorder Clinical Team.  Dr. Carson is interested in the study, prevention, and understanding of violence and trauma, as well as the healing from it.  She specializes in the treatment of trauma and PTSD, using evidenced-based psychotherapies, including Prolonged Exposure, Cognitive Processing Therapy, and Eye Movement Desensitization and Reprocessing Therapy.  Her theoretical orientation has roots in psychodynamic and attachment theory, integrated with behaviorism.  Additional experiences and interests include psychological assessment, multiculturalism, the intersection of racial identity and feminism, forensic psychology, and inpatient work.  She is an avid fan of peace, inclusivity, and NFL football, loves playing and listening to all kinds of music, and enjoys having dinner/dance parties and celebrations with friends and family.

***Janet Constance, Ph.D.***

Position: Staff Psychologist, Posttraumatic Stress Disorder Clinical Team

Degree:  Saint Louis University, Clinical Psychology, 2008

Licenses: Missouri and New York (inactive)

Dr. Constance serves as a psychologist in the outpatient Posttraumatic Stress Disorder Clinical Team (PCT).  Dr. Constance specializes in evidence-based treatment of PTSD, insomnia, and mild traumatic brain injury (mTBI)/concussion.  She enjoys providing supervision in the evidence-based protocols of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Cognitive Behavioral Therapy for Insomnia (CBT-I). Dr. Constance is a national CBT-I training consultant and regional trainer.  Dr. Constance’s research interests include psychotherapy duration, therapist self-disclosure, and mTBI in the veteran population.  She has published in *The Clinical Neuropsychologist*, *Journal of Head Trauma Rehabilitation*, and *Journal of* *Contemporary Psychotherapy.* Personally, she enjoys practicing yoga, reading psychological suspense novels, and spending time with her family.

***Kristen Davis-Durairaj, Psy.D.***

Position: Postdoctoral Training Director, Outpatient SUD Psychologist

Degree: Adler University, Clinical Psychology, 2010

License: Missouri

Dr. Davis has completed VA training in Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Cognitive Processing Therapy (CPT), Prolonged Exposure therapy (PE), Cognitive Behavioral Therapy for Insomnia (CBT-I), Motivational Interviewing (MI), and Primary Care-Mental Health Integration (PC-MHI).  She also completed the VA geriatrics scholar program in 2018.  Dr. Davis worked in the KCVA rural CBOCs for over 5 year and helped pilot various tele-health mental health treatments before moving to her current position.  Dr. Davis has previously worked as a Clinical Director of a rural community mental health clinic and intensive outpatient substance abuse CSTAR program. She has strong interests in treating addiction, PTSD, and sleep disorders.  In her spare time, she enjoys photography, teaching, playing trivia, and traveling the world.

***Lauren Davis, Ph.D.***

Position: Staff Psychologist, Whole Health

Degree: University of Iowa, Clinical Psychology, 2017

License: Michigan

Dr. Davis serves as a staff psychologist in the newly developed Whole Health program at the KCVA, which includes functioning as the facility’s Health Behavior Coordinator. In addition to expertise in general mental health, she has specialized experience in health psychology and integrated care, focusing on health behavior change and coping with chronic illness. She has training and expertise in Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT). Outside of work, Dr. Davis enjoys spending time with friends and family and watching Bravo.

***George Dent, Ph.D.***

Position: Staff Psychologist, Post-Traumatic Stress Disorder Clinical Team

Degree: University of Missouri-Kansas City, Counseling Psychology, 2005.

License: Missouri

Dr. Dent serves as a psychologist in the outpatient Post-Traumatic Stress Disorder treatment program (PCT).  His interests include psychological assessment and cognitive therapy for post-traumatic stress, affective, and anxiety disorders.   In addition, Dr. Dent has an interest in psychotherapy and assessment with veterans that have experienced traumatic brain injury.  Dr. Dent has completed VA trainings in Cognitive Processing Therapy (CPT), Prolonged Exposure therapy (PE), Cognitive Behavioral Therapy for Insomnia (CBT-I), and regularly trains VA staff in Cognitive Processing Therapy.  Dr. Dent has had experience in working with individuals with substance use issues, aggression, and intimate partner violence.  Dr. Dent has obtained training and experience in substance abuse treatment centers, outpatient and inpatient mental health, and college counseling centers. Outside of work, Dr. Dent enjoys spending time with family, watching and coaching baseball, hiking and trivia.

***Drew Fowler, Ph.D.***

Position: Staff Psychologist, Mental Health Clinic

Degree: Rosalind Franklin University, Clinical Psychology, 2017

License: Kansas

Dr. Fowler serves as a staff psychologist in the Mental Health Clinic. Dr. Fowler joined the KCVA after completing his internship and fellowship at the Portland Oregon VA Health Care System. Although considered a generalist, he is specialized in working with trauma (complex, child trauma, combat, military sexual trauma), health psychology, and LGBTQ populations. He is certified in providing Cognitive Processing Therapy (CPT) and Interpersonal Therapy for Depression (IPT-D). Additionally, he has advanced training in Prolonged Exposure (PE), Motivational Interviewing (MI), CBT for Insomnia, and CBT for Chronic Pain. In addition to providing evidence-based treatments, Dr. Fowler also has a passion for using Schema Therapy and Cognitive Therapy techniques, and integrating components from ACT and Compassion-Focused Therapy to help individuals identify their own resilience characteristics. His personal interests include exploring Kansas City, art events, his 2 black labs, drag queens, fan-snapping, and throwing shade.

***Casaundra Harbaugh, Ph.D.***

Position: SARRTP Psychologist

Degree: Ohio State University, Clinical Psychology, 2014

License: Missouri

Dr. Harbaugh serves as a staff psychologist on the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) team, where she works with individuals working towards recovery from substance use and co-occurring mental health disorders. She completed her postdoctoral residency at KCVA in 2015.  Dr. Harbaugh has training in Prolonged Exposure (PE) therapy and Cognitive Processing Therapy for PTSD, as well as Cognitive Behavioral Therapy for Insomnia (CBT-I), Motivational Enhancement Therapy (MET), and Motivational Interviewing (MI).  Additionally, she has received training in Acceptance and Commitment Therapy (ACT) and Marlatt’s Relapse Prevention (RP).  Dr. Harbaugh also has interests in the area of program development.  Outside of work, Dr. Harbaugh enjoys spending time with her husband, young son, and 2 giant dogs (a Great Dane and an Irish Wolfhound).

***Suzanne Hilleary, Ph.D.***

Position: Staff Psychologist, Mental Health Clinic

Degree: Fuller Graduate School of Psychology at Fuller Seminary, 2010

License: California

Dr. Hilleary serves as a staff psychologist in the Mental Health Clinic. In addition to expertise in general mental health, she has specialized experience in working with women Veterans, military sexual trauma, and LGBTQ populations. Dr. Hilleary previously worked as the director of Women’s Mental Health at the Long Beach VA in Long Beach, California. She is a certified VA Cognitive Processing Therapy (CPT) provider and a certified Dialectical Behavioral Therapy (DBT) provider. She also has training and expertise in the provision of Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), and Imagery Rehearsal Therapy (IRT). She completed her internship at the Long Beach VA and is formally trained as a neuropsychologist, having completed a two-year neuropsychology fellowship at the Loma Linda VA. Although love of therapy ultimately won out over neuropsychology in her career choices, Dr. Hilleary maintains substantial involvement in assessment within the MHC. Dr. Hilleary recently relocated to the Kansas City area from the west coast. She misses the ocean and mountains, but is happy to be back in her hometown and closer to extended family. She enjoys spending time with her spouse, daughter, and pup.

***Amber Hinton-Dampf, Ph.D.***

Position: Psychology Internship Training Director, Home-Based Primary Care (HBPC) Psychologist,

Degree: University of Missouri-Kansas City, Clinical Psychology, 2013

License: Missouri

Dr. Hinton-Dampf serves as a psychologist in the Home Based Primary Care Program and the Internship Training Director. Dr. Hinton-Dampf specializes in evidence-based treatment, including exposure based therapies and brief interventions such as Motivational Interviewing (MI), Cognitive Behavioral Therapy for Insomnia and Chronic Pain (CBT-I; CBT-CP), etc. Dr. Hinton-Dampf has completed VA training in Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Cognitive Behavioral Therapy for Insomnia (CBT-I), and is a national consultant and trainer for CBT-CP. Dr. Hinton-Dampf completed a VA internship and residency. She values education and enjoys teaching as an adjunct instructor outside of her VA tour. She has published in the *American Journal of Pharmaceutical Education* and the *European Journal of Educational Psychology*. Dr. HD values spending time with her family (husband and two kiddos). She loves sports, especially baseball/softball (watching, coaching, playing), karaoke, and purchasing large amounts of things in the color teal-*ish* (AKA HD blue).

***Shannon M Huebert, Ph.D.***

Position: Home Based Primary Care – Program Director

Degree: University of Denver, Counseling Psychology, 2004.

License: Kansas

Dr. Huebert is the Home Based Primary Care – Program Director.  She joined VHA in 2009 as a staff psychologist in the Psychosocial Rehabilitation and Recovery Center.  In 2012, she was hired as the VA’s Health Behavior Coordinator.  In this role, Dr. Huebert served as the lead clinical consultant to the medical center on patient-centered communication skills.  She was instrumental in the implementation of the Opioid Safety Initiative and provided coaching to Patient Aligned Care Teams (PACT) on a variety of access related initiatives and process improvement projects.  In 2017 she was selected as the facility’s High Reliability Organization (HRO) Specialist. In this position, Dr. Huebert facilitated the integration of systems redesign, patient safety and quality improvement to move the medical center towards a Just Culture with zero patient harm. She completed the VISN 15 Leadership, Effectiveness, Accountability and Development (LEAD) program in 2014 and the VA Leadership (LVA) Program in 2016.  Dr. Huebert was appointed the Project Manager and led the team to complete a project on same-day access to cardiology. She has received advanced training in Motivational Interviewing and recently completed a certificate in Healthcare Information Systems. She is certified VA Lean Green Belt.  Outside of work, Shannon enjoys yoga, traveling and is an avid connoisseur of live music.

***Brent Kenney, Ph.D.***

Position: Psychology Executive

Degree: Clinical Psychology, The University of Texas at Austin, 2010

License: Kansas

Dr. Kenney provides clinical care in the MHC and specializes in evidence-based treatment including Cognitive Behavioral Therapy (CBT), exposure and response prevention, Problem-Solving Therapy (PST), Motivational Interviewing (MI), and brief solution focused services offered in interdisciplinary medical settings. He is a National Register Health Service Psychologist. He is passionate about exploring mental health professionals’ roles as leaders in system-change and ensuring therapies offered are Veteran-centered and collaboratively developed with a focus on recovery, health, and wellness. He has been involved in supervision in the VA since 2013 and enjoys providing mentorship on professional identify development and career planning. His interests include travel, live music, and mindfulness walks with his wife, son, Goldendoodle, and Dachshund.

***An Le, Psy.D.***

Position: Home Based Primary Care (HBPC) Psychologist

Degree: Clinical Psychology, California School of Professional Psychology, 2002

License: Missouri, Kansas

Dr. Le serves as a psychologist in the Home Based Primary Care Clinic, serving Veterans in the northland, along the I-70 corridor, and surrounding rural areas. She completed her postdoctoral training at the Kansas City VA Medical Center. She has experience in conducting research with veterans diagnosed with psychotic disorders, PTSD, and mood disorders.  She has completed VA training and is a certified VA provider in Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), Strengths At Home (SAH), Skills Training in Affective and Interpersonal Relationships (STAIR), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), and Problem Solving Training (PST). She has been involved in grant writing for HIV POC testing and Stand Down. She also served as the Military Sexual Trauma (MST) Coordinator in the past and has worked in Compensation & Pension (C&P), Psychosocial Rehabilitation and Recovery Center (PRRC), Mental Health Intensive Case Management (MHICM) and Mental Health Outpatient Clinic (MHC). In her free time, she enjoys spending time with her family, attending her children’s activities and sports, volunteering, and being VP on the Board of Trustees for a local independent school.

***Ian Lynam, Ph.D.***

Position: Staff Psychologist (Excelsior Springs Outpatient Clinic)

Degree: University of Missouri-Kansas City, 2010

License: Missouri

Dr. Lynam serves as a Primary Care and General Mental Health Clinician at the Excelsior Springs Outpatient Clinic and provides services to the Cameron Outpatient Clinic via telemedicine. His primary orientation is Cognitive Behavioral Therapy with training and interests in Cognitive Processing Therapy and Prolonged Exposure for PTSD and Cognitive Behavioral Therapy for Insomnia. He enjoys reading sci-fi books, playing board games, and spends time coaching his kids rec sports teams.

***Brad Mazer, Psy.D.***

Position: PCT Psychologist

Degree: University of St. Thomas, Counseling Psychology, 2017

License: Minnesota

Dr. Mazer serves as a staff psychologist in the Post-Traumatic Stress Disorder Clinic (PCT) where he provides services remotely through telehealth.  He completed both his internship (2017) and postdoctoral residency (2018) at KCVA .  He has received training in Prolonged Exposure (PE), Cognitive Behavioral Therapy for Insomnia (CBT-I), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) and has VA provider status in Cognitive Processing Therapy (CPT).  Dr. Mazer also has interests in health psychology and sports psychology.  Outside of work, he enjoys spending time following his favorite sports teams and spending time outdoors (especially fishing).

***Charlotte McCloskey, Ph.D.***

Position: Local Recovery Coordinator, Staff Psychologist, Mental Health Clinic

Degree: University of Missouri- Columbia, 2008

License: Kansas

Dr. McCloskey is the KCVAMC Local Recovery Coordinator, which is an administrative position that provides support to all of Mental Health Services including working closely with Veteran Peer Support Specialists and Veteran consumers. Her role also focuses on helping reduce stigma surrounding mental illness and reducing barriers to effective treatments for Mental Health. She has clinical duties in multiple departments including PRRC and the Mental Health Clinic. Dr. McCloskey has interests in research and consultation, as well as special interests in issues related to diversity. Dr. McCloskey’s theoretical orientation is integrative and reflects multicultural awareness, psychodynamic and Cognitive Behavioral Theory. Dr. McCloskey received her postdoctoral training at the Kansas City VA Medical Center, has had staff positions in PCT and MHC, and formerly served in leadership roles in training. She is an active member of the American Psychological Association, Division 18, Psychologist in Public Service – VA Section and Psychologists in Indian Country Section and the APA Committee for Women in Psychology. She is also one of the call co-coordinators for the Psychologists of Color Special Interest Group as well as the Mid-Career Special Interest Group of the Association of VA Psychology Leaders, and active in the Society of Indian Psychologists.

***Thomas V. Palma, Ph.D.***

Position: Home-Based Primary Care (HBPC) Psychologist

Degree: University of Missouri-Kansas City

License: Missouri

Dr. Palma serves as a psychologist in the Home Based Primary Care Program, and on the Palliative Care Team at the KCVA.  His work includes brief individual intervention, team consultation, and outpatient treatment planning.  He has VA provider status in Cognitive Processing Therapy, and employs Interpersonal and Cognitive Behavioral methods in his work with Veterans.

***Sarah Shouse, Ph.D.***

Position: Staff Psychologist (Primary Care-Mental Health Integration)

Degree: University of Missouri-Kansas City, Counseling Psychology, 2009

License: Missouri

Dr. Shouse completed her internship with the Topeka VA and her postdoctoral residency at the KCVA. She worked in an endocrinology practice before returning to the VA as a staff psychologist. She enjoys working as part of an interdisciplinary team, delivering brief interventions,  assisting patient with health and behavioral change, and providing supervision.  She serves as the Facility Lead Trainer for PCMHI. Dr. Shouse has completed VA training in Motivational Interviewing, Problem-Solving Training in Primary Care, and Prolonged Exposure-Primary Care.  When not at work, she enjoys taking photos of nature or her 2 adorable children. Other interests include reading, attending concerts, traveling, and baking.

***Timothy Streitwieser, Psy.D.***

Position: Pain Clinic Program Manager

Degree: Clinical Psychology, Spalding University

License: Arkansas

Dr. Streitwieser is the Director of the Integrated Pain Clinic. He received his doctorate from Spalding University with an emphasis on behavioral health intervention, chronic disease management, and primary care psychology. Beyond health psychology, Dr. Streitwieser enjoys program development, Acceptance and Commitment Therapy (ACT), outcome based research, and is active with several hospital-wide committees. His personal interests include church-related activities, accordion-based music, and cooking on the Big Green Egg.

***Jennifer Swaim, Ph.D., BCB.***

Position: Pain Psychologist in Integrated Pain Clinic (IPC)

Degree: Counseling Psychology, Iowa State University

License(s): Iowa, Tennessee, Missouri

Dr. Swaim is a medical psychologist with primary clinical interests in pain management and biomedical ethics, and all strategies that support positive health behavior change. She completed her internship in health psychology at the Cleveland VA. She is board certified in general biofeedback, and an Approved Consultant with American Society for Clinical Hypnosis as well as a VA clinical hypnosis trainer. She recently completed an MBA in health care, and joined the KCVA after working abroad in the Caribbean. Her outside interests include volunteering with her therapy-assist canine Luna, playing the harp and/or viola in local community venues, any form of travel, and creative writing.

***Douglas B. Vaughan, Ph.D.***

Position: Staff Psychologist, Mental Health Clinic

Degree: Rosemead School of Psychology, Clinical Psychology, 1986.

License: Missouri.

Dr. Vaughan has years of experience as a psychologist across a variety of outpatient, inpatient, and private practice settings, and as a consultant for SSDI Disability Determination. He served as the Evidence-Based Psychotherapy Coordinator and C&P provider for the West Texas VAMC Mental Health Service for 4 years before coming to the KCVA in 2013. He has been trained as a VA provider in Motivational Interviewing, CPT, CBT-D, and CBT-D group. Besides the CBT-D group, he also conducts STAIR for PTSD and CBT for Anger Management groups. He has also been trained in CBT-I. His interests include the integration of psychology and theology, travel with his wife, beach vacations, military history, an occasional triathlon, and traditional archery.

## Previous Trainees

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| --- | --- | --- |
| **Date** | **Program** | **Position after Completion** |
| **2020-2021** | **Hofstra University** | **Postdoctoral Fellowship, VA Medical Center** |
| 2019-2020 | Nova Southeastern University  William James College | Postdoctoral Fellowship, VA Medical Center  Postdoctoral Fellowship, VA Medical Center |
| 2018-2019 | Palo Alto University | Postdoctoral Fellowship, Private General Hospital |
| 2017-2018 | Illinois School Professional Psychology, Argosy Chicago  University of North Dakota | Postdoctoral Fellowship, medical center/hospital  Employed, Private/Group Practice |
| 2016-2017 | University of Kansas  University of Saint Thomas | Postdoctoral Fellowship, VA Medical Center  Postdoctoral Fellowship, VA Medical Center |
| 2015-2016 | Wright State University  Pacific Graduate School of Psychology | Postdoctoral Fellowship, VA Medical Center  Postdoctoral Fellowship, VA Medical Center |

**Internship Admissions, Support, and Initial Placement Data**

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| --- | --- | --- |
| **Internship Admissions, Support, and Initial Placement Data** | | |
| **Date Program Tables are updated: 09/01/2021** | | |
| **Program Disclosures** | |
| **Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?** | \_\_\_\_\_ **Yes**  \_\_x\_\_\_ **No** |
| **If yes, provide website link (or content from brochure) where this specific information is presented:** | |
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| **Internship Program Admissions** | | | | | | | | | | | | |
| **Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:** | | | |  | |  |  |  |  |  |  |  |
| **The philosophy of training at KCVA is best described as a "scholar-practitioner" model. The training experiences have a strong clinical focus. Knowledge and use of empirically supported processes and interventions and models of evidence-based practice are expected and encouraged in all aspects of the program. The training program at the Kansas City VA Medical Center is a generalist program that provides all trainees the opportunity to work closely with a diverse patient population under supervision of a psychology staff with a broad range of interest and expertise. One of the goals of this internship is to provide the necessary skill set that will enable the intern to function effectively in a professional role in a variety of employment settings. The primary goal of the program is to provide an emphasis on both breadth and intensity of training that allows interns to have a solid, well-rounded training experience. Our focus is on helping interns better learn to understand and assist individuals who are experiencing significant psychological problems. Additionally, the experiences provided in our program require a broad array of clinical skills that are important in helping individuals in many different settings outside of a VA Medical Center.  We also value a developmental approach to training in which tasks of increasing difficulty and complexity are given to interns throughout the course of their internship as they demonstrate their ability and readiness to take on new responsibilities. Supervision is expected to match the needs of the intern in a way that facilitates professional development and progression. Thus, the intensity of supervision diminishes over the course of the rotation and internship as the intern matures into a role approaching colleague rather than student. By the internship’s end, we expect to play more of a consultant role for the interns, rather than that of a supervisor monitoring every decision and move. Continued professional growth is fostered through ongoing examination of current research to inform clinical practice and through encouraging interns to learn and utilize treatments that he or she may not have been exposed to in the past. Supervision will also generally be matched to the needs of the intern and the intensity of this supervision is expected to diminish as the intern transitions into the role of a psychologist.   A special focus of our internship is fostering the growth and integration of interns' personal and professional identities. We emphasize the need for balance in our lives. This results in our insistence on a 40-hour work week and encouraging our interns to pursue interests outside of psychology, such as recreation, exercise, family, and friendships. Professional identity development, especially in the areas of employment location and selection, is assisted by seminars about job searches, licensure, program development, mental health administration, and supervision. Additionally, the Director of Training spends significant time with the interns, both individually and as a group, encouraging and facilitating completion of the dissertation, exploring possible career paths, and assisting in conducting appropriate, timely and successful job searches. In addition, psychology staff are very open to providing informal assistance in these areas. Finally, the atmosphere in Mental Health at KCVA is quite collegial. We value our interns highly, appreciating them both as professional colleagues and as fellow human beings.  KCVA provides services to diverse populations and strives to create a therapeutic environment for, and ensure ethical treatment of, patients with diverse backgrounds and characteristics. Thus, an important goal of the psychology training program is to increase trainees’ knowledge and skills in working with a wide range of clients from different cultural backgrounds.** | | | |  | |  |  |  |  |  |  |  |
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| **Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:** | | | |
| Total Direct Contact Intervention Hours | Yes |  | Amount: 500 |
| Total Direct Contact Assessment Hours | Yes |  | Amount: 50 |

|  |
| --- |
| **Describe any other required minimum criteria used to screen applicants:** |
| **To be considered for the internship program at KCVA, the applicant must be a full time student actively involved in pursuing the Ph.D. or Psy.D. degree in Clinical or Counseling Psychology from an APA or CPA ACCREDITED PROGRAM. The student must be within one year or less of completing all requirements for the Ph.D. or Psy.D. In addition to the above requirements, applicants are required to have a strong interest in utilization of evidenced-based treatments for mental health issues and to hold long-term goals of contributing to this area in psychology through practice and organizational involvement. They must have completed all graduate prerequisites for internship candidacy including completion of comprehensive exams by November 15, 2020. All applicants must have U.S. citizenship to be considered for an internship with the VA. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. VA conducts drug screening exams on randomly selected personnel as well as new employees. All applicants must also be able to pass a background check for federal employment.** |
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| **Financial and Other Benefit Support for Upcoming Training Year\*** | | | | |
| Annual Stipend/Salary for Full-time Interns | | $26,331 per year | | |
| Annual Stipend/Salary for Half-time Interns | | n/a | | |
| Program provides access to medical insurance for intern? | | **Yes** | | No |
| **If access to medical insurance is provided:** | |  | | |
| Trainee contribution to cost required? | | **Yes** | | No |
| Coverage of family member(s) available? | | **Yes** | | No |
| Coverage of legally married partner available? | | **Yes** | | No |
| Coverage of domestic partner available? | | Yes | | **No** |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | | 104 | | |
| Hours of Annual Paid Sick Leave | | 104 | | |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | | **Yes** | | No |
| Other Benefits (please describe):  Interns also have 40 hours of Authorized Absence that can be applied to VA postdoctoral residency interviews and completion of dissertation, as well as approved education activities (i.e., presentation at conferences). Interns are encouraged to discuss issues, concerns, and suggestions for improvement throughout the year with their supervisors and the Training Director. Evaluation and grievance procedures are outlined in the Psychology Internship Handbook and are discussed in full with interns during the first week of the program.  Interns are provided with office space throughout the year. Additionally, interns are provided, as needed: clerical and technical support, office supplies, calendars, access to duplication services, computers (including software Microsoft Office, Outlook, e-mail accounts), internet access, Psychology and Behavioral Sciences collection from EBSCO, access to audio/video-recording equipment, library services including relevant computer searches, psychological tests and manuals, parking stickers, and on-station employee gyms. | | | | |
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| \*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table | | | | |
| **Initial Post-Internship Positions** |  | |  | |
| (Provide an Aggregated Tally for the Preceding 3 Cohorts) |  | |  | |
|  | **2017-2020** | | | |
| Total # of interns who were in the 3 cohorts | 5 | | | |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0 | | | |
|  | **PD** | | **EP** | |
| Academic teaching | 0 | | 0 | |
| Community mental health center | 0 | | 0 | |
| Consortium | 0 | | 0 | |
| University Counseling Center | 0 | | 0 | |
| Hospital/Medical Center | 1 | | 0 | |
| Veterans Affairs Health Care System | 3 | | 0 | |
| Psychiatric facility | 0 | | 0 | |
| Correctional facility | 0 | | 0 | |
| Health maintenance organization | 0 | | 0 | |
| School district/system | 0 | | 0 | |
| Independent practice setting | 0 | | 1 | |
| Other | 0 | | 0 | |
| Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position. | | | | |

## Kansas City Area Information



***\*photo credit Dr. Kristen Davis***

**General Information**

Kansas City is located on the western boundary of Missouri. The present population of the metropolitan area (which includes Kansas City, KS, Kansas City, MO, Kansas City North, Independence, and suburban areas) is over 1.7 million. Kansas City is a city of culture, with its international airport, modern hotels, auditoriums, sophisticated retail stores and shops, and varied nightlife. Kansas City has a world-renowned country club residential district considered to be a model of city planning.

<https://www.visitkc.com/visitors/things-do>

**Educational Facilities**

Educational institutions of greater Kansas City include the University of Missouri at Kansas City, the University of Kansas Medical Center, the Kansas City Art Institute and School of Design, three graduate religious seminaries, excellent junior colleges, numerous public schools and parochial schools, academies and institutions. Several mental health organizations in the community provide opportunities for quality continuing education programs.

**Recreational Facilities**

The recreational needs of the area are met by ample facilities and activities. Kansas City maintains a system of 108 parks, covering 7,030 acres. Swope Park, the largest of many renowned parks, consists of picturesque picnic grounds, a zoo, colorful gardens, tennis courts, golf course, and the famed Starlight Theater. The newly renovated Union Station offers Science City (an interactive science exhibit), movies, shopping, and restaurants. Two large amusement parks, Worlds of Fun and Oceans of Fun, provide amusement rides and water attractions. These entertainment parks along with the Ozarks a couple of hours to the south draw many tourists to the area each year.

The Kansas City Chiefs of the NFL, the Kansas City Royals baseball club of the American League, the Attack (indoor) and the Sporting (outdoor) soccer clubs, and the Kansas Speedway NASCAR race track combine with several top flight collegiate competitive events such as basketball, tennis, and track to offer the sports fan a varied and entertaining assortment of diversions. The full spectrum of participating sports is also available to interns. Kansas City is proud of its top quality rodeo and the annual American Royal Livestock and Horse Show, as well as the annual BBQ Cook offs.

Cultural attractions include the Kauffman Performing Arts Center, Missouri Repertory Theater, the Sprint Center, the Power and Light District (a new concept entertainment center), the Lyric Opera, Kansas City Symphony, Kansas City Ballet, and several dinner theaters. The Nelson Gallery of Art and the Mary Atkins Museum of Fine Arts rank with the country's best.



World War I Museum, Kansas City, MO

***\*photo credit Dr. Kristen Davis***