

# The Sacramento VA Medical Center



2023-  
2024

## CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM



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



U.S. Department  
of Veterans Affairs



## Psychology Internship Program Sacramento VA Medical Center

10535 Hospital Way  
Mather, CA 95655  
(916) 843-2808

[VA Northern California Health Care | Veterans Affairs](#)

### Program Overview

Thank you for your interest in our APA-accredited psychology pre-doctoral internship program. Sacramento's psychology faculty consists of both seasoned and early-career clinicians with the energy, vision, and desire to create a vibrant interprofessional training program. We are diverse professionals who are committed to excellence in training. We have several faculty actively involved in training VA staff regionally and nationally in Evidence-Based Practices including Motivational Interviewing and Cognitive Processing Therapy. Our focus is on training psychologists who will be prepared to work in the VA and other health care systems. We also aim to train psychologists equipped to handle the challenges of the psychology practice, which is why we prioritize the development of professional resiliency as an integrated part of our training program.

We have four intern positions, and rotations are located at the Sacramento VA Medical Center and the McClellan VA Community-Based Outpatient Clinic. Virtual mini-rotations are available at the Fairfield and Mare Island Clinics. Core rotations include PTSD Clinical Team, Primary Care Mental Health Integration, Addiction Recovery Treatment Services, Behavioral Medicine, General Mental Health, Behavioral Health Inpatient Care Unit, Neuropsychology, and Psychosocial Rehabilitation and Recovery Center (PRRC).

In addition to the doctoral internship program, SVAMC hosts neuropsychology postdoctoral residents, psychology practicum students, social work interns, pharmacy residents, nurse practitioner residents, and psychiatry residents from the UC Davis School of Medicine. We have a new Psychiatric Resident Training Director who is leading the expansion of integration of psychiatry residents in VA Northern California Health Care System, starting at the Sacramento VA Medical Center. Our doctoral internship program is at the center of this training environment, merging with our existing training programs to provide a rich, interprofessional training environment consistent with our clinical values of respect, professionalism, inclusion, and service.

The city of Sacramento and the Sacramento VA also continue on a path of expansion. The VA recently purchased land tripling our existing square footage, and our outpatient General Mental Health team moved into a newly constructed two-story building June of 2019. We have one of the most successful construction programs in the nation, totaling \$400 million. There are plans to expand services for our Veterans at sites across VANCHCS over next several years. Given the environment of change in our facility, we are a particularly good fit for applicants who are flexible, independent, excited about being part of program growth, and who don't mind a little dust. We are only scratching the surface on what is possible here from the perspective of training.

**COVID updates:** During the pandemic, we want to acknowledge the additional risk and anxiety applicants might be experiencing when applying to a large-scale medical facility. I am

proud to say that among VA facilities nationally, we were quick to approve telework for our trainees (March 2020), and did so with relatively minimal disruption to the training year. Many didactics, seminars, meetings continue to be conducted remotely. All trainees are issued VA provided laptops, which work much more smoothly than VA's remote access system that staff/interns have traditionally used. Orientation this year was done mostly in-person this year, and our trainees currently average 2-3 days per week on campus. Telework availability is impacted largely by the needs of specific rotations, and all interns are expected to be on campus on short notice if circumstances require it. All incoming interns will be required to provide proof of vaccination (please see page 30-31 for exceptions).

We also understand that COVID might have impacted your ability to accrue contact hours/assessment experiences, and we will absolutely take that into consideration when reviewing your application. Interviewing will be done virtually again this year. We will continue to value transparency, openness, flexibility, diversity, and independence in our faculty, interns, and applicants.

**Diversity:** We are excited about the continued expansion of our facility's commitment to diversity. We have a long-standing Diversity Committee that is now our Diversity, Equity, and Inclusion committee, which is coordinated broadly across VANCHCS, and has specific satellite meetings at target sites held monthly. Part of the expansion of DEI activities includes increased coordination between DEI and VANCHCS administrative leaders in determining how best to actualize the elements of justice and inclusion across VA Northern California. Please see page 11 for an overview of our DEI activities and how they intersect with internship training.

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

Themis A. Yiaslas, Psy.D.  
Sacramento VA Internship Training Director  
[Themis.Yiaslas@va.gov](mailto:Themis.Yiaslas@va.gov)  
(916) 843-2808

## ACCREDITATION STATUS

The Sacramento VA Medical Center's internship program has been awarded **Full Accreditation** status by the Commission on Accreditation of the American Psychological Association. We received our initial accreditation status of Accredited on Contingency in May of 2018, and we were granted full accreditation status on Nov. 18<sup>th</sup>, 2020. We are proud to say we were granted the maximum number of years that a program can receive when moving from Accreditation on Contingency to Full Accreditation status, which is three years. For additional details on the Accreditation statuses and what they mean, please consult the APA website:

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



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

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

## APPLICATION AND SELECTION PROCESS

APPLICATION DEADLINE:	November 3 <sup>rd</sup> , 2022
INTERVIEW NOTIFICATION DATE:	December 15 <sup>th</sup> , 2022
MATCH NUMBERS:	246511
INTERVIEW DATES:	Tentative 2023 dates are 1/5, 1/9, 1/13, 1/17
INTERNSHIP START DATE:	July 17 <sup>th</sup> , 2023
HOURS:	2080
NUMBER OF POSITIONS:	4
SALARY:	\$31,589

### APPIC and Match info:

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

### AAPI Application:

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

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

- **Cover Letter**
  - Please tell us about your specific interest in the SVAMC program, including at least two rotations that align with your training goals. See below for additional information.
- **Curriculum Vitae**
- **Three Letters of Recommendation**
- **AAPI Online Application**
- **Graduate Transcripts**
- **One de-identified multi-battery assessment report**

### **Selection Procedure**

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

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

### **Interviews**

We schedule interviews on four days spread throughout January. The interview provides the opportunity to learn more about our program and meet with the training director and several of the training faculty. The interview day will be from 8-3:00 and include 2-3 one-hour interviews with faculty, a clinical vignette, and a 30 minute meeting with the Training Director. Applicant attributes such as professionalism, communication skills, self-awareness, flexibility, and compatibility with the program's training goals will be used in making selection decisions. If you need disability accommodations during interviews, please inform the Training Director.

*All interviews will be conducted virtually.* Applicants will be given the opportunity to meet with the members of the current intern class individually or in a group. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

### **Statement of Nondiscrimination**

The Psychology Internship program strongly seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If an intern feels that any form of discrimination is occurring, they are encouraged to discuss this with the Training Director and/or

follow the grievance process outlined later in this brochure. In addition, the intern may elect to utilize the VA NCHCS EEO process (see VANCHCS policy). The intern can request confidential assistance in accessing the EEO program from the Training Director, Assistant Training Director, any member of the training committee, or the program support assistant. The program seeks to obtain a diverse intern class while selecting the most qualified candidates. Individuals from diverse backgrounds are particularly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

Interns can request reasonable accommodations for their disabilities. A "reasonable accommodation" is a change in the work environment or in work processes that enables an individual with a disability to enjoy equal employment opportunities.

## **Other Psychology Training in VANCHCS:**

### ***Clinical Neuropsychology Postdoctoral Residency***

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

### ***Clinical Psychology Postdoctoral Residency***

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

### ***Student Practicum Programs***

There are graduate student practicum programs at the Martinez, Fairfield and Sacramento facilities and the Oakland Vet Center. These programs are based on formal training agreements with local Psychology graduate programs. Practicum placements in Sacramento vary each year, with GMH-Mather, Addictions (ARTS), and McClellan being common options.

### ***UC Davis School of Medicine***

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



# SACRAMENTO VA FACILITIES OVERVIEW

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

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

## Sacramento VA Medical Center



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

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

## McCLELLAN COMMUNITY BASED OUTPATIENT CLINIC (CBOC)

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

## SACRAMENTO AND CALIFORNIA'S CENTRAL VALLEY



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

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

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

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



shops, and local farmer’s markets. There are several beautiful suburban areas including Carmichael, Fair Oaks, and Folsom. Public Transportation from various areas of Sacramento is available via light rail and VA shuttles. Sacramento’s designation America’s “Farm to Fork Capital” is well deserved. <https://www.visitcalifornia.com/experience/farm-fork-capital/>



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

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



*abundance of regionally grown products to create a Farm-to-Fork freshness that's unparalleled. Whether you're enjoying a burger or an elegant dinner, local ingredients are on the table. And as the seasons change, so do the Sacramento region's restaurant menus, ensuring a true taste of local flavor."*

#### **LOCATIONS WITHIN A FEW HOURS DRIVE OF SACRAMENTO**

##### **YOSEMITE NATIONAL PARK (2.5 HOURS)**



##### **NAPA VALLEY WINERIES (1.5 HOURS)**



##### **LASSEN VOLCANIC NATIONAL PARK (2.5-3 HOURS)**



##### **LAKE TAHOE HIKING/SKIING (1.5-2 HOURS)**



Of special note, Sacramento is one of the three most diverse cities in the US (measured as: "probability that two people chosen at random will be from different race and ethnic groups." (<https://sacramento.newsreview.com/2021/11/19/new-figures-show-sacramento-maintains-its-coveted-most-diverse-city-title/>). Per [2020 census data](#), 21% of persons residing in Sacramento are foreign born (the national average is 13.5%) and 32% of individuals identify as white alone (vs. 60% nationally). Further, Sacramento is one of the most racially integrated cities in the US, meaning that diversity is reflected at the neighborhood level as well as the city wide level. Sacramento also boasts the Lavender Heights neighborhood, an area known for its large number of LGBTQ+ residents and LGBTQ+ owned businesses.



Opportunities to celebrate the region's diversity and/or connect with diverse communities in Sacramento are plentiful, including, but not limited to:

Eid-UI-Fitr Prayer and Celebration  
 Latin Food and Music Festival  
 Pacific Rim Festival  
 Sacramento Aloha Festival  
 Sacramento Asian Pacific Islander Film Festival  
 Sacramento Banana Festival (celebrates diverse cultures that utilize banana in their diet)  
 Sacramento Jewish Film Festival  
 Sacramento's Juneteenth Festival  
 Sacramento Music Festival (previously the Sacramento Jazz Jubilee)  
 Sacramento Pride Festival and Parade  
 Sacramento Rainbow Festival

**Celebration Arts**—Six plays each season drawing from an array of comedies and dramas with a focus on productions written by and about Africans and African Americans.

**Chautauqua Playhouse**—A season of six plays (running from September through May) featuring a variety of new and traditional comedies, dramas, original plays, and musical reviews with a wide range of ethnic and cultural appeal.

**Crocker Art Museum**—Offering a diverse spectrum of special exhibitions, events and programs to augment its collections of California, European and Asian artworks, and International Ceramics.

**Latino Center of Art and Culture**—A multidisciplinary cultural center and public space featuring Latino/Chicano and Native art.

**Sacramento LGBT community center** – A gathering place and cultural hub for folks from the LGBTQ+ community.

**Salam Center** – An organization dedicated to promoting Islamic teachings, understanding, and unity among Muslims in the Greater Sacramento Community.

The Mather campus sits on the traditional territory of the Nisenan and Miwok tribes. McClellan sits on the traditional territory of the Nisenan tribe. Below are websites if folks wish to learn more about the tribes whose land we inhabit. If folks wish to learn more about the purpose of land acknowledgements, and other tribal history in Sacramento, here is a resource:

<https://www.snahc.org/wp-content/uploads/2021/10/Sacramento-Land-Acknowledgment.pdf?x98396> and <https://native-land.ca/resources/territory-acknowledgment/>.

<https://www.nisenan.org/>

<http://californiavalleymiwok.us/>

## SACRAMENTO VA MEDICAL CENTER INTERNSHIP

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

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

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

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

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

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

## Core Training Elements

**Rotations (12-16 hours/wk. per rotation):** Interns will complete four 6-month rotations chosen between **General Mental Health-Mather, General Mental Health-McClellan, PTSD Clinical Team (PCT), Addiction Recovery Treatment Service (ARTS), Primary Care-Mental Health Integration, Behavioral Medicine, Behavioral Health Inpatient Unit (BHICU), Neuropsychology, and Psychosocial Rehabilitation and Recovery (PRRC)**. There will also be training opportunities with our Transgender Specialty Service (embedded within ARTS or GMH). Interns may request rotation substitutions for some parts of training with approval of the Training Director and the training faculty.

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

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

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

**In-Depth Evidence-Based Practice Experience (4-8hrs/wk):** We consider the EBP trainings to be a core component of our interprofessional training program, with trainees attending EBP training workshops and having the opportunity to seek VA provider equivalency status. We are aware of the collaboration efforts between the VA Evidence-Based Psychotherapy initiative and the VA Psychology Training Council, and we plan to develop our internship in a way that allows our interns to be eligible to apply for EBP provider status should they continue their careers within the VA. The large number of EBP providers and training consultants among our faculty creates a unique opportunity to emphasize the VA EBP trainings. Drs. Neavins and Yiaslas are

MI training consultants and members of the Motivational Interviewing Network of Trainers (MINT).

## **CPT or CBT-I/MI/ACT full year EBP Training**

Each intern will select one year-long training experience in **either** CPT or CBT-I/MI/ACT. Interns will attend 1 - 1.5 hours of group supervision with either Dr. Jeannette Giorgio (**CPT**), Dr. Paul Hutman (**ACT**), Dr. Tara Neavins (**MI**), or Dr. Themis Yiaslas (**MI and CBT-Insomnia**) and carry 1-2 individual cases per week. Supervision and cases will be conducted on Wednesdays.

**Cognitive Processing Therapy:** PTSD Clinical Team (PCT) team lead, Jeannette Giorgio, Ph.D., is our CPT regional trainer for the VA CPT Implementation Program. Any intern selecting the PCT rotation will be eligible to select the PTSD full year training experience. Interns will have the opportunity to learn Written Exposure Therapy (WET) and participate in the VA rollout training for Cognitive Processing Therapy (CPT) with the potential to become certified providers of CPT. The early part of this experience will consist of local training in WET, followed by a 1-hour, weekly group consultation meeting. In September, interns will attend the (**CPT**) 2-day intensive provider training with students and staff from across VISN 21. After the CPT training, consultation will shift to formal CPT consultation. The focus of consultation will be to support interns in practicing CPT to fidelity, understanding CPT based case conceptualization, providing culturally informed CPT, addressing complicated case presentations, and learning how to be themselves within the framework of CPT. Post-licensure, interns completing the CPT provider training can be listed as a 'CPT Provider' in the VA or civilian CPT provider list. This experience is reserved for interns who envision themselves treating PTSD beyond their internship year.

**Cognitive Behavioral Therapy for Insomnia:** Interns complete a brief virtual workshop along with online training in CBT-I, followed by weekly group supervision, for the first 3 months of internship (August-October). Interns will transition to the Motivational Interviewing training upon completing the CBT-I training experience. There is **not** a process to apply for VA equivalency upon successful completion of the CBT-I training.

**Motivational Interviewing:** Interns may have the opportunity to attend a national VA 5-day virtual workshop on MI, and receive intensive follow-up supervision/consultation for 4 months (mid-October – February). Interns attending the CPT training are not at this time eligible to attend both the CPT and MI intensive trainings. There **is** a process to apply for VA equivalency upon successful completion of the MI training.

**Acceptance and Commitment Therapy:** Interns training will be held during the second half of the internship program, lasting 6 months (January-July). Dr. Hutman is located at the Redding VA Clinic, and so this will be a telesupervision experience. There is **not** a process to apply for VA equivalency upon successful completion of the ACT training.

**Additional Evidence-Based Practice Training Opportunities:** Supervision and training will also be available in CBT, DBT, CBT for Insomnia, CBT for Chronic Pain, Prolonged Exposure, Cognitive Behavior Conjoint Therapy (CBCT) for PTSD, Written Exposure Therapy (WET), Interpersonal Psychotherapy (IPT), Problem Solving Therapy, Behavioral Family Therapy (BFT), Behavioral Couples Therapy for Substance Use Disorders (BCT-SUD), and Integrative Behavioral Couple Therapy (IBCT) based on interest and supervisor availability.

**Psychological Assessment:** Interns will gain experience in the assessment and evaluation of patients using interviewing techniques as well as formal psychological tests. Tests that are



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

**Training in Supervision:** Learning the skills of being an effective supervisor is critical in moving forward with a career in psychology. Interns will receive didactic trainings and participate in role-plays and peer consultation to develop effectiveness in this area. There may be opportunities for interns to supervise psychiatric nurse practitioner residents and psychology practicum students in case management, psychotherapy, or group facilitation. There may be opportunities to supervise UC Davis psychiatry residents as well. Supervision opportunities will vary depending on the relative skill levels of interns and their supervisees, and assigned with approval of the training committee and individual supervisors. We anticipate having practicum students in GMH-McClellan and ARTS, however practicum placements vary each year and we will not know our current practicum placements until after the Match in Feb.

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

**Rotation Selection Process:**

Interns are required to:

- Attend identified DEI activities.
- Complete 3 multi-battery psych assessments.
- Attend either year-long CBT-I/MI/ACT or CPT training.
- Complete a clinical case presentation.
- Give a talk involving synthesis of research from multiple sources.
- Attend weekly supervision training group with the Training Director.

Interns complete 4 6-month rotations selected from the following:

- 1) **General Mental Health requirement**
  - General Mental Health-Mather
  - General Mental Health-McClellan

All interns must complete one GMH rotation. Mandatory General Mental Health (GMH) rotations include time conducting intakes and shadowing ACCESS or triage services. GMH rotations can also be selected as electives without the intake and ACCESS requirements.

**2) Select one clinical focus rotation:**

PTSD Clinical Team (PCT)  
Addiction Recovery Treatment Service (ARTS)  
Neuropsychology (Assessment and Cog Rehab)\*  
Psychosocial Rehabilitation and Recovery Center (PRRC)

**3) Select one medical consultation rotations:**

Behavioral Medicine  
Primary Care Mental Health Integration – Mather  
Primary Care Mental Health Integration – McClellan  
Behavioral Health Inpatient Unit (BHICU)\*

**4) Elective:** Elective can be any of the above, and will be the rotation selection prioritized last.

\*Max 2 interns per year based on current staffing levels

**Mini Rotations:** Not required, but may be included to enrich one's internship experience (see page 21 for list of currently available options). Decisions on approving mini rotations will consider dissertation completion status and overall training plan.

**Supervision (min. 4 hrs/wk):** Interns will receive a minimum of 4 hours of supervision per week. At least two of those will be hour-long meetings with their rotation supervisors (licensed psychologists), scheduled weekly. One hour of supervision will be part of your year-long EBP (ACT, MI, or CPT) Wednesday experience, and the fourth hour of supervision will be a weekly Supervision Training Group with the Training Director. Additional supervisory opportunities will occur during ad-hoc meetings with supervisors, and for those interns selecting the MI provider trainings.

**Resiliency Training:** The Sacramento VAMC internship program is proud to prioritize the development of professional resiliency as an integrated part of our training program. We know that providers who are early in their careers, that have less control over their work, who work with military populations, and/or have exposure to trauma stories are more at risk for burnout and secondary traumatic stress (STS). Given that these factors likely apply to psychology interns in VA, and knowing that “self-care” alone is insufficient to prevent burnout and STS (Bober & Regehr 2006; Killian 2008; Kraus 2005), we have built evidence based strategies to promote resiliency into our internship program.

It is our belief that this focus on resiliency (vs. just “self-care” outside of work) will help our trainees be more successful in their internship year, and build skills that will sustain them well into their professional careers.

## **WEEKLY SCHEDULE**

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

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	
8:00	Rotation 1/3	Rotation 1/3	DEI Meeting / Didactics for NP Residents	Rotation 2/4	Rotation 2/4	
8:30						
9:00						
9:30						
10:00						
10:30						
11:00						
11:30			EBP/Clinical Slot, or ACT Supervision		UC Davis Grand Rounds	
12:00	Lunch	Lunch		Lunch	Lunch	
12:30	Rotation 1/3	Rotation 1/3	Lunch	Rotation 2/4	Rotation 2/4	
1:00						
1:30						
2:00						
2:30		Supervision Training Group	Admin			
3:00			EBP/Clinical Slot			1:1 Supervision of NP Resident
3:30		Peer Support Alliance Group	Admin			
4:00						

## **Additional Training Activities**

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

## **Facility and Training Resources**

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

# Clinical Rotations and Faculty

## Addiction Recovery Treatment Services

Along with the Behavioral Health Clinic (BHC) Team and the PTSD Clinical Team (PCT), our Addiction Recovery Treatment Services (ARTS) Team serves as the third main branch of services within our treatment clinic. The purpose of ARTS is to provide psychoeducation, group psychotherapy, individual psychotherapy, and psychiatric medication management (including Buprenorphine for opioid dependence) to Veterans who are faced with addiction challenges related to alcohol, drugs, gambling, eating, and sexual addictions. We are an abstinence-informed program which includes harm reduction components. On the ARTS rotation, interns will be involved in addictions assessment (including referrals for detoxification, transitional living, and residential treatment), group psychotherapy, individual psychotherapy, and three empirically-validated forms of couples psychotherapy. Interns will work on our multidisciplinary team consisting of psychologists, social workers, addiction therapists, nurses, psychiatrists, and various health trainees. Our addictions program draws from three models: 12-Step, Cognitive-Behavioral, and Motivational Interviewing & Motivational Enhancement. Group psychotherapy opportunities include Dialectical Behavioral Therapy & Addictions CBT for Substance Use Disorders, Seeking Safety, and an intimate partner violence group (for Veterans who have used violence in their relationships). Clinical training in our **Transgender Specialty Service** is available as part of our ARTS rotation for trainees due to the advocacy interest of Dr. Neavins (not because it is viewed as an addiction).

### Tara M. Neavins, Ph.D. (*she/her/hers*)

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

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

## Behavioral Health Inpatient Care Unit (BHICU)

The Sacramento campus operates a 16-bed, short-term, inpatient unit for veterans with acute psychiatric symptoms. The interdisciplinary team includes psychiatrists, psychologists, nurse practitioners, nursing staff, social workers, addiction specialists, occupational therapists, clinical pharmacists, psychiatry residents, etc. Interns will gain experience with providing care to people with chronic or severe psychiatric disorders. Interns will have the opportunity to conduct clinical interviews, brief cognitive screening, and comprehensive psychodiagnostic assessment to help with diagnosis and treatment planning. There will also be opportunities for group treatment and to observe risk evaluations in the emergency department. Additionally, interns will attend interdisciplinary diagnostic consensus conference, during which the team develops treatment and discharge plans for the inpatients. They will also gain familiarity with the system of care available to people in acute crisis and learn more about the associated legal issues (e.g., involuntary hold, psychiatric conservatorship, etc.). The intern will also serve as a Psychological consultant to Psychiatry and Nurse Practitioner Residents and give at least 2 presentations to staff and residents during their rotation.

**Rachel Gita Foster, Psy.D. (she/her/hers)**

Individual and group psychotherapy, risk, personality, projective and cognitive assessment, telehealth, TBI/Trauma, DBT, MI, Brief Solution-Focused Therapy, CBT, ACT and clinical supervision.

*BHICU Psychologist, Mather/Sacramento VAMC*

*Clinical Psychologist, Psy.D., American School of Professional Psychology at Argosy University Southern CA, 2015*

*Internship: Tarzana Treatment Centers, CA*

*Post-doc: Harbor UCLA Medical Center (Emphasis: Corrections, Personality Disorders, EBPs)*

**Behavioral Medicine**

The Behavioral Medicine (BMED) rotation will provide a variety of experiences in clinical health psychology. Interns may be able to gain experience in a model of integrated care within a specialty medical clinic, in Hematology/Oncology. Interns will work with patients with cancer across the disease trajectory and provide psychosocial assessment/intervention in the Hematology/Oncology Clinic, in close collaboration with oncologists, oncology fellows, nurses, and social worker. Interns will also provide behavioral medicine services to referrals from other specialty medical clinics (e.g. cardiology, endocrinology, neurology, gastroenterology) as well as from PCMH, the general mental health clinic, and other MH teams. Interns will learn BMED interventions for the following: adjustment to chronic and life-threatening illness, depression and anxiety related to medical problems/treatments, coping with treatment side effects, promoting lifestyle/health behavior change (physical activity, tobacco cessation, healthy diet), enhancing medical treatment adherence, and end-of-life issues. Interns receive experience in individual and group therapy, evidence-based psychotherapies (e.g., CBT-Insomnia, CBT-Chronic Pain, Motivational Interviewing, CBT for Coping with Chronic Illness), and relaxation training. They also conduct pre-surgical psychological evaluations for patients being considered for stem-cell or solid organ transplants and bariatric surgery. As well as deliver pre-surgical interventions that strengthen patient surgical candidacy. Interdisciplinary clinical experiences include co-facilitating the Integrated CBT and Physical Therapy Group for Chronic Pain (with physical therapy) in the Pain Clinic/PM&R, and co-facilitating the Progressive Tinnitus Management Group with Audiology. Interns can also receive training in the Cardio-Metabolic Disease Reversal Program (CDRP), an interdisciplinary lifestyle modification program for patients with atherosclerotic cardiovascular disease, type 2 diabetes, and/or history of ischemic stroke or transient ischemic attack.

**Angela Araneta, Psy.D. (she/her/hers)**

Integrated Care, brief therapy/CBT; behavioral management of health issues, chronic pain and sleep; grief/loss; caregiver support; geropsychology; and motivational interviewing.

*Clinical Psychologist, Psy.D., PGSP-Stanford Psy.D. Consortium, at Palo Alto University, 2010*

*Internship: Medical College of Georgia/Charlie Norwood VAMC, Health Behavior Track, Augusta, GA*

*Post-doc: Malcom Randall VAMC, Geropsychology, Gainesville, FL*

**Themis A. Yiaslas, Psy.D. (he/him/his)**

Primary and secondary prevention of cardiovascular disease; behavioral/lifestyle interventions for reversal of atherosclerosis and insulin resistance; “pre-habilitation” prior to cardiac surgery/transplant; behavioral management of pain, sleep, and weight; dissemination and implementation of evidence-based psychotherapies; cognitive, behavioral, and acceptance-based therapies; motivational interviewing.

*Associate Clinical Professor of Cardiovascular Medicine, UC Davis School of Medicine*

*This document may contain links to sites external to Department of Veterans Affairs.  
VA does not endorse and is not responsible for the content of the external linked websites. Last updated: 9.1.2022*



*Associate Clinical Professor of Psychiatry & Behavioral Sciences, UC Davis School of Medicine  
Clinical Psychologist, Psy.D., PGSP-Stanford Psy.D. Consortium, at Palo Alto University, 2011  
Internship: Phoenix VA Health Care System, Phoenix, AZ (Medical Psychology)  
Postdoc: VA Northern California Health Care System, Martinez, CA (Integrated Care and  
Behavioral Medicine)  
Resident Award for Outstanding Volunteer Clinical Faculty, Department of Psychiatry and  
Behavioral Sciences, UC Davis School of Medicine (2014 and 2021)*

## **General Mental Health - Mather**

The GMH team is responsible for treating the largest population of Veterans, who are suffering from a varied array of mental health issues. GMH offers a range of services to improve the mental health of veterans. We provide evidenced-based interventions shown to be effective for a wide range of problems, including psychotherapy and medication management. Our team includes psychologists, social workers, psychiatrists, pharmacists, nurses, and a peer support specialist. Focus areas include, but are not limited to, the treatment of depression, anxiety, severe mental illness, and support for those who are not ready to engage in trauma-focused work. Interns will have opportunities to learn both traditional evidence-based psychotherapies like Cognitive Behavioral Therapy (CBT) and Acceptance Commitment Therapy (ACT), and an expanding program of newer mind-body medicine treatments including basic mindfulness meditation. Other treatment modalities include Motivational Interviewing and Anger Management. Interns will have opportunities to provide short-term (12-15) sessions of individual psychotherapy, with the possibility of carrying one or two cases for longer-term psychotherapy (24 sessions), if warranted. Interns will administer comprehensive assessments and will also learn to provide brief screening or triage of Veterans to determine urgency of mental health care needs, address urgent or emergent issues, and identify a follow up care plan.

### **Andrew Shelley, Psy.D.**

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

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

## **General Mental Health - McClellan**

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

### **Kim Gilroy, Ph.D. (*she/her/hers*)**

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

*General Mental Health Team Lead, McClellan CBOC  
Clinical Psychologist, Ph.D., American University, 2013  
Internship: Washington D.C. VA Medical Center  
Post-doc: Washington DC VA Medical Center (Emphasis Area: SMI and geropsychology)*

**Lacey Sommers-Tarca, Ph.D. (she/her/hers)**

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

*General Mental Health, McClellan CBOC  
Clinical Psychologist, Ph.D. Pacific Graduate School of Psychology, 2015  
Internship: Colorado Mental Health Institute, Pueblo, CO  
Postdoctoral Residency/Fellowship: New Mexico VA Health Care System, Albuquerque, NM  
(Emphasis area: Psychosocial Rehabilitation and Systems Redesign)*

**Neuropsychology (Assessment and Cog-Rehab)**

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

**Dawn La, Ph.D. (she/her/hers)**

Clinical Neuropsychologist

*Neuropsychology, Sacramento VA Medical Center  
Clinical Psychologist, Ph.D. Palo Alto University (formally PGSP), 2016  
Internship: VA Maryland Health Care System/University of Maryland Baltimore Consortium, Baltimore, MD  
Postdoctoral Residency/Fellowship: VA Northern California Health Care System, Sacramento, CA*

**Julia Hammond, Ph.D. (she/her/hers)**

Clinical Neuropsychologist

*Neuropsychology, Sacramento VA Medical Center  
Clinical Psychologist, Ph.D. University of Montana, 2017  
Internship: Boise VA Medical Center; Boise, ID  
Postdoctoral Residency/Fellowship: VA Northern California Health Care System, Sacramento, CA*

**PTSD Clinical Team (PCT)**

The PCT is responsible for providing empirically based treatment for individuals with PTSD related to traumatic experiences during their military service. The multidisciplinary team includes psychiatry, psychology, social work, peer specialists, social work intern, psychiatry or

NP residents. Interns will participate in interdisciplinary team meetings. On this rotation, interns will gain experience in specialized assessment of PTSD, including complex and diversity based trauma, with specific training in the Clinician-Administered PTSD Scale (CAPS). Opportunities for additional psychological testing may also be available. Therapy training focuses on evidence-based treatments for PTSD, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), COPE, Cognitive Behavioral Conjoint Therapy for PTSD (CBCT), and Written Exposure Therapy (WET) in individual or couples (CBCT) formats. Opportunities to learn non-trauma focused skills based interventions such as Stress Inoculation Training and Seeking Safety may also be available. Psychoeducational services for Veterans' family members may also be available. Practicing EBPs to fidelity and providing culturally informed EBPs are core emphases on the rotation. Interns completing the PCT rotation will have the opportunity to achieve provider status for CPT, which includes participation in a 2 day training for CPT, followed by 6 months of weekly consultation and completion of at least 2 CPT cases. If these elements are successfully completed, provider status can be granted following professional licensure. The efficacy of many of these EBPs through the telehealth modality is well established; thus, much of the PCT rotation can be completed through remote work. The proportion of in person vs. remote work activities on the rotation will be negotiated with the PCT supervisor to best meet interns' training needs and goals for the rotation.

**Jeannette Giorgio, Ph.D. (she/her/hers)**

PTSD; combat trauma, MST/sexual assault, childhood trauma, race based trauma, complex trauma; moral injury; traumatic grief; PTSD and comorbid conditions; DEI; program development and evaluation; supervision. Certified in CPT, PE, WET, and an EMDR therapist.

*PTSD Clinical Team Lead*

*CPT Regional Trainer*

*Assistant Chair, Diversity, Equity and Inclusion (DEI) Committee*

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

*Internship: Pittsburgh VA Healthcare System, Pittsburgh, PA*

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

**Erica Johnson, Ph.D. (she/her/hers)**

PTSD; military/combat trauma, MST and sexual assault, childhood trauma, trauma related guilt and shame/moral injury, comorbidities; diversity issues; couples psychotherapy; assessment; supervision

*PTSD Clinical Team Staff Psychologist*

*Clinical Psychologist, Ph.D., Western Michigan University, 2020*

*Internship: James A. Haley Veterans' Hospital, Tampa, FL*

*Post-doc: James A. Haley Veterans' Hospital, Tampa, FL, Emphasis in PTSD*

**James Soeffing, Ph.D. (he/him/his)**

PTSD; military/combat trauma, MST/sexual assault, race based trauma, complex trauma; moral injury; traumatic grief; PTSD and comorbid conditions; assessment; supervision. Certified in CPT, PE, and MI.

*PTSD Clinical Team Staff Psychologist*

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

*Internship: Syracuse VA Medical Center, Syracuse, NY*

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

Primary Care-Mental Health Integration (PCMHI) is an integrated care clinic with the goals of: 1) providing open access to mental health care, 2) providing Veterans with the right intensity of treatment, including preventive care 3) reducing stigma by co-locating in Primary

Care, and 4) making MH care a routine part of primary care. Interns will have the opportunity to work closely with Primary Care Providers, Nursing, Pharmacy, SW, and Psychology within an interdisciplinary model. They will also be introduced to working within a co-located collaborative care model to address common mental health conditions such as depression, anxiety, PTSD, grief and loss, and adjustment disorders, as well as behavioral health concerns such as diabetes, weight management, and substance use disorders. Clinical training opportunities include providing functional assessment, brief individual therapy, and co-leading groups using evidence-based therapies including ACT, MI/MET, CBT, PST, and mindfulness-based approaches. Interns may also serve as consultants to staff in providing patient communication within the primary care clinic. The Primary Care-Mental Health Integration (PCMHI) rotation at the Mather facility serves over 30 primary care providers. The large size of the Mather primary care clinic provides interns with the unique experience of working in an exciting and fast paced clinic, where interns learn to juggle multiple demands while providing excellent patient care. Interns will have the opportunity to work closely with an RN Care Manager, two other psychologists, a psychiatric nurse practitioner, and a certified peer support specialist in PCMHI. Interns may also co facilitate an 8 week long CBT based group focused on coping with chronic medical illness and/or a monthly sleep education class called Pillow Talk.

**Kellie M. Hall, Ph.D. (*she/her/hers*)**

Integrated care; health psychology; Health at Every Size; motivational interviewing; brief evidence based psychotherapies (CBT, ACT, Behavioral Activation); sleep disorders; chronic pain; behavioral management of chronic illnesses; tobacco cessation; harm reduction

*Clinical Psychologist, PhD, California School of Professional Psychology- San Francisco CA, 2019*

*Internship: Southwest Consortium/New Mexico VA Health Care System, Albuquerque, NM*

*Post Doc: New Mexico VA Health Care System, Health Psychology, Albuquerque, NM*

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

The PRRC is an outpatient transitional learning center designed to support recovery and integration into meaningful self-determined community roles for Veterans challenged with serious mental illness and severe functional impairment. PRRC uses a community college model and is therefore curriculum-based, with Veterans taking at least one course per trimester. Interns will learn/reinforce their knowledge of the mental health recovery model and group facilitation skills. They will also have opportunities to conduct comprehensive assessments, work with Veterans on their recovery plans, and engage in individual recovery coaching and/or individual therapy.

**Laurie Sheerer, PhD (*she/her/hers*)**

Individual and group psychotherapy, psychoeducation, serious mental illness, telehealth, administrative/supervisory psychology, program accreditation

*Psychosocial Rehabilitation and Recovery Center Program Manager*

*Clinical Psychologist, Ph.D., Nova Southeastern University, 1997*

*Internship: Lexington, KY VA Medical Center*

## **Additional Faculty**

### **Paul Hutman, MA, PhD (*he/him/his*)**

Supervisor, Acceptance and Commitment Therapy (ACT) EBP Training Program  
General Mental Health and Addiction Recovery Treatment Services Clinics; Redding, CA  
CBOC.

EBPs: Acceptance & Commitment Therapy (ACT), Mindfulness-Based Stress Reduction (MBSR), Motivational Interviewing (MI), and Social Skills Training (SST).

Interests: Meditation, third-wave behavioral therapies, process psychotherapy groups, program development, & provider burnout/self-care.

*Behavioral Health Interdisciplinary Program (BHIP) Team Lead  
Clinical Psychologist, PhD – Illinois Institute of Technology; Chicago, IL (2016)  
Experimental Psychology, MA – Wake Forest University; Winston-Salem, NC (2010)  
Internship – Generalist Track – South Texas VA Healthcare System, San Antonio, TX  
Post-doc – Psychosocial Rehabilitation – Palo Alto VA Healthcare System, Palo Alto & San Jose, CA*

## **Mini Rotations**

### **Geriatrics Clinic (Caregiver Intervention)**

Training and experience on the Geriatrics Clinic mini-rotation will provide interns with the opportunity to deliver a manualized intervention to caregivers of older adults with dementia, which utilizes components of CBT and CBT-related therapies. Specifically, this rotation will offer “the REACH Program to Caregivers of Veterans who are facing challenges in providing care to their loved ones and adjusting to the changes this brings to their lives. Each session will identify certain areas of caregiving that Caregivers may have concerns about and provide knowledge, skills, and strategies to cope with these concerns. You will be working with the Caregiver on practical skills of problem solving, managing feelings and emotions, and stress management.” Interns will have the opportunity to maintain a caseload of 1-2 caregivers who will be seen on a weekly to monthly basis via telephone or VVC.

### **Travis Shivley-Scott, PhD (*he/him/his*)**

Clinical Neuropsychologist

*Geriatrics Clinic, Sacramento VA Medical Center  
Clinical Psychology (neuropsychology specialization), PhD Fordham University, 2019  
Internship: San Francisco VA Medical Center, San Francisco, CA  
Postdoctoral Residency/Fellowship: VA Palo Alto Health Care System/Stanford University School of Medicine, Palo Alto, CA*

### **Mental Health Leadership**

The McClellan rotation in General Mental Health offers a mini-rotation experience (2-3 hours a week) for leadership development. The rotation allows for didactic and experiential opportunities that may include shadowing experiences, program development or operations management projects embedded in General Mental Health with Dr. Kimberly Gilroy.



## **Virtual Mini-Rotations at the Fairfield and Mare Island Clinics**

The clinics at Fairfield and Mare Island offer a number of virtual training opportunities that can be completed as mini-rotations (~3-5 hours/week) in combination with another rotation (e.g., BHIP) at the Martinez site. These include process/didactic groups for PTSD (Vietnam era, younger Vets, First Responders; supervised by Dr. Boriskin), Mindfulness-Based Stress Management Skills and CBT for Depression groups and individual assessments and therapy in Primary Care-Mental Health Integration (supervised by Dr. Dahmen), Race-Based Stress/Trauma and Empowerment Group and culturally responsive psycho-diagnostic assessment and individual therapy (supervised by Dr. Hall), and Dialectical Behavior Therapy Skills Group (supervised by Dr. Jorgenson).

### **Ivy Hall, Ph.D. (*she/her/hers*)**

*Staff Psychologist, Mare Island Outpatient Clinic*

*Ph.D., Clinical Psychology, Palo Alto University, 2013.*

*Internship: Southern Arizona Psychology Internship Program*

*Postdoctoral Fellowship: CA Dept of State Hospitals, Vacaville Psychiatric Program*

### **Jerry A. Boriskin, Ph.D.**

*Senior Staff Psychologist, Fairfield Outpatient Clinic*

*Clinical Psychology, University of North Dakota: 1980*

### **Brian Dahmen, Ph.D.**

*Staff Psychologist, Primary Care-Mental Health Integration, Fairfield & Mare Island Clinics*

*Clinical Psychology, New York University, 2005*

*Internship: VA San Francisco, CA*

*Postdoctoral Fellowship: VA San Francisco, PTSD Clinical Team*

## **Training Model and Program Philosophy**

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

### **Program Aims and Competencies**

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

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

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

#### **Objective One: Research**

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

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

Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

#### **Objective Two: Ethical and legal standards**

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

*APA Standards*

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

*State, local, institutional standards*

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

*Prof standards, mandated reporting and informed consent*

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

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

Conducts self in an ethical manner in all professional activities.

**Objective Three: Individual and cultural diversity**

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

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

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

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

**Objective Four: Professional values, attitudes, and behaviors**

*This document may contain links to sites external to Department of Veterans Affairs.  
VA does not endorse and is not responsible for the content of the external linked websites. Last updated: 9.1.2022*

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

Demonstrates accountability for own actions and adjusts behavior as needed.

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

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

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

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

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

### **Objective Five: Communication and interpersonal skills**

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

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

Effectively manages conflict and/or challenging communications and interactions.

### **Objective Six: Assessment**

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

Utilizes appropriate assessment measures with sound scientific psychometric properties.

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

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

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

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

### **Objective Seven: Intervention**

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

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

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

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

Effectively manages termination of therapy.

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

### **Objective Eight: Supervision (mentoring/peer consultation)**

*This document may contain links to sites external to Department of Veterans Affairs.  
VA does not endorse and is not responsible for the content of the external linked websites. Last updated: 9.1.2022*

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

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

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

### **Objective Nine: Consultation and interprofessional/interdisciplinary skills**

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

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

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

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

Demonstrates knowledge and ability to appropriately answer consultation referral questions.



## **ADMINISTRATIVE POLICIES AND PROCEDURES**

### **Leave**

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

### **Policy on Psychology Trainee Self Disclosure**

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

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

### **Intern Evaluation & Minimal Requirements**

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

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

### **COVID Vaccine**

VA healthcare providers, including all health professions trainees, are required to be immunized per CDC recommendations. This includes annual influenza vaccine as well as full COVID-19

vaccination. Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner. Much like the Influenza vaccine, all HPTs training in a VA facility must be fully vaccinated or have an exemption filed (medical or religious) with the DEO. <https://vaww.va.gov/vaforms/medical/pdf/VA%20Form%2010-263%20COVID-19%20Vaccination.pdf>

### ***Background Check/Drug Testing Policy***

Trainees are also subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. As VA Health Professional Trainees (HPTs), you are exempt from pre-employment drug screening, however HPTs are eligible for selection for random drug testing during the training year. Please see the memo [VA Drug-Free Workplace Program](#) for additional information.

***Selective Service Requirement:*** A certification of U.S. citizenship and, if applicable, a certification of selective service registration are required to become a VA intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a *Pre-appointment Certification Statement for Selective Service Registration* before they are employed. All interns will have to complete a certification of citizenship in the United States prior to beginning the fellowship. The form will be sent to you for completion. VA will not consider applications from anyone who is not currently a U.S. citizen.

### ***Maintenance of Files***

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

## Remediation, Grievance, and Due Process Procedures

### **Intern Grievance Policy**

#### Purpose:

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

#### Process:

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

## Remediation, Due Process, and Intern Termination

### Purpose:

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

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

### Process

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

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

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

#### Purpose:

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

#### Process:

- A. Intern appeals are made directly by the intern (in association with any counsel he or she may choose). The Psychology Training Committee will be assembled as soon as possible and in all cases within three weeks from the written notification to hear the appeal.
- B. If the intern is not satisfied with the result of their appeal, the intern may appeal directly to the VANCHCS Training Program Manager. After consideration, the Training Program

Manager has the discretion to uphold, or overrule formal action taken by the PTC. Should the Training Program Manager overrule the decision of the PTC, the decision is binding, and the Training Director, the intern, and supervisors shall negotiate an acceptable training plan (in consultation with the Director of Training from the intern's graduate program).

- C. The MH Training Program Manager will review the appeal as soon as possible and in all cases within three weeks from the presentation of the appeal. Any training plans developed as a result of this process will be done so within three weeks of the VANCHCS Training Program Manager's decision.
- D. Should the Training Program Manager uphold the decision of the committee, the intern may appeal this decision to the ACOS/MH, VA Northern California Health Care System who will appoint a board of three psychologists in the system not involved in the training program. The decision of this panel is binding. The board to hear the appeal will be assembled as soon as possible and in all cases within three weeks from the written notification of appeal.

## INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: August 31, 2022

### 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:**

*Please also refer to p.4-5 on Application and Selection Process.*

#### **Basic Eligibility**

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

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

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required



background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.

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

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

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine, annual influenza vaccine, and full COVID-19 vaccination. Declinations are EXTREMELY rare. If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA. Medical and religious exemptions are available through VA processes.

b. **Primary source verification** of all prior education and training is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

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

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

#### **Additional information regarding eligibility requirements**

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.  
[https://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=646&FType=2](https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2)
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

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

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

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

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

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

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

Total Direct Contact Intervention Hours:	N	<input checked="" type="radio"/> Y	Amount: 250 hours
Total Direct Contact Assessment Hours:	N	<input checked="" type="radio"/> Y	Amount: 50 hours

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

*Please also refer to p.4-5 on Application and Selection Process.*

**Financial and other Benefit Support for upcoming training year**

We anticipate 4 internship positions for the 2023-2024 training year.

Stipends for Full-time interns:	\$31,589.
Stipends for Half-time interns:	Not Applicable
Program provides access to medical insurance:	Yes
Trainee contribution to cost required:	Yes
Coverage of family member(s) available	Yes
Coverage of domestic partner available:	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 (accrued 4 hours per 2-week pay period)
Hours of Annual Paid Sick Leave	104 (accrued 4 hours per 2-week pay period)
In event of medical conditions and/or Family needs that require extended leave	
Does the program allow reasonable unpaid Leave in excess of personal time off and Sick leave?	Yes

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

[www.psychologytraining.va.gov/benefits.asp](http://www.psychologytraining.va.gov/benefits.asp).

**Initial Post-Internship Positions  
Includes graduates from 2018-2021 classes**

Total # of interns who were in the 3 cohorts: 12

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree: 0

	Post-Doctoral Fellowship	Employed Position
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	0	2
Psychiatric hospital	0	0

Correctional facility	0	0
Health Maintenance Organization	6	0
School district/system	0	0
Independent practice setting	2	0
Other	1	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.

**SVAMC interns have been accepted from the following programs:**

Alliant International University  
California Lutheran University  
Chicago School of Professional Psychology  
Mercer University  
Palo Alto University  
Pepperdine University  
PGSP-Stanford Psy.D. Consortium  
University of Southern California  
University of Miami  
University of Wyoming

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

Kaiser Permanente Post-Doctoral Resident (various locations)  
Neurobehavioral Healthcare Center  
Pacific Anxiety Group  
Palo Alto VA Health Care System, War-Related Illness and Injury Study Center (WRIISC)/Stanford University School of Medicine, Dept. of Psychiatry & Behavioral Sciences  
Palo Alto VA Health Care System, Postdoc Fellowship (PTSD focus area)  
Portland VA Health Care System, Postdoc Fellowship (Health Psychology emphasis)  
Reno VA PTSD Clinical Team, faculty position  
Sacramento VA Medical Center, General Mental Health, faculty position  
Stanford University School of Medicine, Dept. of Psychiatry & Behavioral Sciences (General Adult Track)  
RAND Corporation  
UCLA Postdoctoral Fellowship in Neuropsychology/ Clinical Neuropsychology (Trauma and Resilience Track)

## TRAINING PROGRAM CONTACT INFORMATION

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

Themis A. Yiaslas, Psy.D.  
Sacramento VA Internship Training Director  
(916) 843-2808  
[Themis.Yiaslas@va.gov](mailto:Themis.Yiaslas@va.gov)

Annaliza Batt  
Program Support Assistant  
Psychology Training Program  
(925) 372-2138  
[Annaliza.Batt@va.gov](mailto:Annaliza.Batt@va.gov)

