

Psychology Internship Program

Southern Oregon Rehabilitation Center and Clinics



Psychology Internship Program (116B)
Southern Oregon Rehabilitation Center and Clinics (SORCC)
8495 Crater Lake Hwy
White City, OR 97503
(541) 826-2111 ext. 3953
<http://www.psychologytraining.va.gov/whitecity>

MATCH Number Program Code: 175311
Applications Due: November 4, 2016

Accreditation Status

The Pre-Doctoral Internship at the Southern Oregon Rehabilitation Center and Clinics (SORCC) received Accreditation On Contingency status by the Commission on Accreditation (CoA) of the American Psychological Association (APA) on August 16, 2016. We are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Please feel free to contact the program for up-to-date information regarding APA accreditation or visit that APA CoA website at <http://www.apa.org/ed/accreditation/programs/index.aspx>.

Application & Selection Procedures

OUR APPIC INTERNSHIP MATCHING PROGRAM CODE IS 175311.

Our program is using the APPIC Application for Psychology Internship (AAPI) to enable you to complete one application for all sites that are participating in the APPIC uniform application process. The AAPI is available through the APPIC web site. Please go to the APPIC web site at www.appic.org for more information about accessing and completing the online application.

Please be aware that the "Academic Program's Verification of Internship Eligibility and Readiness" form must be submitted ELECTRONICALLY to the Internship site by your graduate Director of Clinical Training. Instructions regarding this part of the application process are contained in the online AAPI.

Completed applications are initially reviewed by the Training Director and Associate Training Director. Current enrollment in an APA-approved graduate program, completion of the dissertation or doctoral project proposal, and United States citizenship are all required for entry into our Internship program. After initial review, applications that are still under consideration are reviewed by additional Staff Psychologists and then ranked according to the applicants' number of practicum hours, assessment experience, variety of practicum placements, and letters of recommendation. Applicants' responses to essay questions on the AAPI are used to gauge the "goodness of fit" between the student and our training site. We seek applicants who have a strong academic foundation from their doctoral program, and who have mastered basic skills in standard assessment and intervention techniques from their practicum experiences. The majority of our patients are adults who present with combined medical and psychiatric symptoms, and we prefer applicants who demonstrate an interest in this population through their past exposure to similar training experiences and articulation of their future career goals.

As part of the application process, we hold interviews by invitation only. On-site interviews are not required but are highly recommended as an opportunity to interact with our faculty and campus. If you cannot arrange to come in person, we will attempt to schedule a telephone interview.

Applicants invited for an interview will be notified by December 9 via e-mail. We will also contact applicants via e-mail who are not being invited for interviews by December 12. If you do not have an e-

mail address, you will need to phone Dr. Jennifer Peterson (Internship Training Director) to inquire into your status. Dr. Peterson's phone is (541) 826-2111 ext. 3474.

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

INTERVIEW DATES FOR 2016-2017 TRAINING YEAR:

- Tuesday, January 03, 2017
- Tuesday, January 10, 2017

Our program is participating in the APPIC Computer Match Program so you will need to obtain an Applicant Agreement Package from National Matching Services, Inc to register for the Match. You can download the Applicant Agreement form at www.natmatch.com/psychint. If you do not register, you will not be eligible to match with any APPIC programs. We recommend that you carefully review the official APPIC Match Policies and the Internship Matching Program Schedule of Dates, which are also available at www.appic.org.

Finally, it is important to note that a CERTIFICATION OF REGISTRATION STATUS and CERTIFICATION OF U.S. CITIZENSHIP are required to become a VA Intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/1959 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you match with this Internship and fit the above criteria, it will be required. All Interns will have to complete a Certification of Citizenship in the United States prior to beginning the Internship. We will not consider applications from anyone who is not currently a U.S. citizen. The VA conducts random drug screening exams on randomly selected personnel, which can include new employees/Interns. Interns may be randomly selected for drug screening prior to beginning work, and anytime after hiring, as are all permanent VA employees.

If you have questions regarding APPIC procedures, their telephone number is (202) 347-0022. The telephone number for the American Psychological Association is (202) 336-5979. The number for National Matching Services is (416) 977-3431.

For your application to be complete we must receive the following materials through APPIC by 11/4/16:

- **Online APPIC Application for Psychology Internship (AAPI).**
- **Your Curriculum Vitae – to be submitted as part of AAPI**
- **Three letters of recommendation – to be submitted as part of AAPI (PLEASE NOTE: the AAPI now requires the use of a Standardized Reference Form)**
- **Graduate school transcripts – to be submitted as part of AAPI**
- **Your Academic Program Verification of Internship Eligibility and Readiness form – to be submitted by your Director of Clinical Training as part of AAPI**

- **Cover letter (no longer than 2 pages) addressing how your experiences to date and current career goals make you a good fit for the training offered at the SORCC.**

Any written inquiries can be submitted to:

Jennifer Peterson, PhD
Psychology Service (116B)
Southern Oregon Rehabilitation Center and Clinics (SORCC)
8495 Crater Lake Hwy
White City, OR 97503
(541) 826-2111 ext. 3474
Jennifer.Peterson2@va.gov

All materials must be submitted electronically as part of the online AAPI.

Please read all relevant instructions carefully to ensure that transcripts, letters of recommendation, and the Academic Program Verification of Internship Eligibility and Readiness forms are submitted in a timely manner. Applications that are not completed by 11:59 PM PST on 11/4/16 will not be considered, even if portions of the application have been submitted prior to that date and time.

Our program follows all APPIC policies for the Intern selection process. **This Internship site strictly abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.** You are encouraged to read or download the complete text of their regulations governing program membership and the match process from APPIC's Website. The Federal Government is an Equal Opportunity employer.

The SORCC encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the Internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. This agency provides reasonable accommodation to applicants with disabilities where appropriate. If you need reasonable accommodation for any part of the application and hiring process, please notify Dr. McMonagle by telephone or email. Determinations on requests for reasonable accommodation will be made on an individualized basis. We do not require self-disclosure of sensitive personal information during our interviews.

Psychology Setting

Psychologists are embedded within various clinics and settings within SORCC. All roles involve close interprofessional relationships with Psychiatrists, Psychiatric Nurses, Primary Care Physicians, Nurses, Social Workers, Licensed Professional Counselors, and Substance Abuse Specialists. The SORCC fosters a diverse workplace and encourages applications from individuals with a variety of backgrounds and experiences. We currently have 12 Psychologists involved in the Intern Training Program at SORCC (additional psychologist expected in September), representing a variety of cultural, academic, administrative, and clinical interests and areas of expertise.

Our Psychologists serve a wide variety of administrative and clinical roles within the facility. Psychologists provide services through the Mental Health Clinic (Behavioral Health Interdisciplinary Program-BHIP), Neuropsychology, the Psychosocial Rehabilitation and Recovery Program (PRRC), the Supported Transitional Program (STePs), the Residential Mental Health program (referred to as CORE), the Substance Abuse Treatment Program (SATP), the PTSD Specialty Team (PST), Primary Care Mental Health Integration (PCMHI) Clinic, and our Home Based Primary Care (HBPC) program. We also serve

important leadership roles in the facility, such as membership on committees and task forces, including the Residential Care Program Design Committee and the Chronic Pain Management Panel.

Depending on availability during the training year, Psychology Interns may provide consultation and treatment in several other services throughout the facility, including Residential Case Management and the Post-Deployment Health Care Team.

Training Model and Program Philosophy

The Psychology staff members at the VA SORCC are committed to the training of professional Psychologists consistent with a Scholar-Practitioner Training Model, which focuses on the psychologist as a clinician grounded in scientific knowledge with a lesser emphasis on generating novel scientific research. This model was first proposed in the Vail Conference of 1973 and has been discussed by many (e.g., see Peterson, D. R. (1976), *Need for the Doctor of Psychology degree in professional psychology*, *American Psychologist*, 31, 792-798). We strive to create a supportive and collegial atmosphere. We seek to develop a reflective approach to practice that integrates empirical knowledge with clinical service delivery, emphasizing Evidence-Based Psychotherapies. Interns are viewed as making the transition from the student role to the professional colleague role over the course of the training year, honing the clinical skills ultimately required for independent clinical practice. We also strongly emphasize developing a professional identity through professional and personal growth. Given that we use a generalist approach, we seek to produce well-rounded Interns by providing training in areas both familiar and unfamiliar to an Intern.

At the start of the training year, Interns undergo several days of orientation to our program, service, and facility. They visit potential rotation sites and potential Supervisors to compose a training experience that best fits their interests and needs. We take great care to create a training plan and rotation sequence that is fair and accounts for the Intern's clinical interests and goals. The Training Director serves as an advocate and mentor for Interns and meets regularly with Interns to respond to their concerns.

Interns receive informal feedback from Supervisors throughout the year in addition to formal evaluations at mid-rotation and at the end of each rotation. Evaluations emphasize the Intern's strengths and identify areas in need of improvement. In turn, Interns evaluate their Supervisors and the supervision experience. Evaluations are mutually shared and discussed between Intern and Supervisor in a collaborative atmosphere that fosters both personal and professional development. Copies of these evaluations are furnished to the Intern at mid-rotation and at the end of each rotation. It is expected that Interns will differ in the extent to which they require training in the expected competencies. It is further expected that there may be instances where an Intern's behaviors, attitudes, or other characteristics impact the learning process, relationships with others, or patient care. These issues are typically addressed in supervision, but if significant skill deficits are noted in any of these areas, a formal remediation plan may be established to address these deficits comprehensively. If skill deficits cannot be remediated, provisional completion of the Internship or termination from the Internship will be considered.

Program Goals & Objectives

Our program has articulated the following goals and related competencies:

Psychological Intervention

Interns will develop the ability to provide professional entry-level skills in psychotherapy and interventions for various mental health conditions, including individual and group psychotherapy. This will include the timely documentation of services provided, appropriate case conceptualization, identification of treatment goals, identification of crisis needs, and interprofessional collaboration.

Psychological Assessment

Interns will develop skills in conducting intake interviews (including a biopsychosocial history); administering, scoring, and interpreting psychological assessment instruments; integrating standardized assessment tools with interview information; writing comprehensive reports tailored to the unique needs of the setting; and providing appropriate feedback to Veterans and families.

Ethical Practice

Interns will increase awareness of ethical and legal standards related to the provision of clinical Psychology in general and within a VA setting. This will include an emphasis on providing ethical care with appropriate cultural and diversity competencies. Interns will demonstrate knowledge and implementation of ethical standards of the APA and relevant local and federal laws. This will be assessed both in clinical practice and during didactic training.

Evidence-Based Practice

Consistent with our Scholar-Practitioner Model, Interns will demonstrate the ability to integrate scientific literature findings into the clinical conceptualization process and apply empirically-based services in both therapy and assessment contexts.

Professional Identity

As professional identity is constantly evolving at the Internship level of practice, the SORCC Internship will foster the Intern's ability to operate within, and contribute to, an interprofessional team. This will be accomplished by emphasizing appropriate, professional behavior towards staff, Veterans, and other individuals in the treatment setting. The Internship develops skills in maintaining a sense of balance and self-care, a professional demeanor in times of stress, a willingness to seek assistance and supervision when needed, and effective time-management in both administrative and clinical duties.

Program Structure

Our Internship offers full-time, generalist training in the practice of professional Psychology within a multidisciplinary Veterans Affairs rehabilitation center with rural outpatient clinics. Psychology interns are required by VA Central Office to complete 2080 hours of internship training during the 12-month internship year (including all approved leave time). We will accept 3 Interns for the 2017/2018 training year. Our program is currently seeking accreditation by the American Psychological Association and complies with all standards and regulations of the Association of Psychology Postdoctoral and Internship Centers (APPIC), as well as APPIC Match Policies and Procedures. The 2017/2018 training year begins on 7/24/2017 and ends on 7/20/2018. The deadline for receipt of applications is 11/4/2016. The anticipated federal stipend for the Internship is \$24,014. **Applicants must be students in an APA-accredited or APA-provisionally-accredited program in clinical or counseling Psychology and must be United States citizens to be employed at a VA facility. We accept students from both PsyD and PhD programs. All new employees are subject to background checks.**

The information in this brochure provides a general description of our program and facility setting. We look forward to answering any specific questions you might have by e-mail or telephone. The program Training Director is Jennifer Peterson, PhD, and her contact information is: Jennifer.Peterson2@va.gov (541) 826-2111, ext 3474.

The address and telephone number of the APA Committee on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
202-336-5979

The Internship training year includes three 4-month long rotations, which are described below. Psychology Interns receive a minimum of four hours of supervision per week, including two hours of scheduled individual supervision, with the remaining hours being scheduled weekly group supervision (Supervisors each facilitate one approximately 4-week period during the year), interprofessional milieu supervision, or additional individual supervision. We use an apprenticeship model of training, in which the Intern begins each rotation by observing the Supervisor, then gradually transitions into more independent functioning. Some Supervisors may use audio recording to enhance the provision of individual supervision. There are opportunities to co-facilitate psychotherapy treatment groups with Supervisors and to observe the administration of psychological tests prior to transitioning into independent test administration.

We encourage Interns to adhere to a 40-hour work week, although fluctuations in workload may sometimes require more time to pursue training-related readings or other relevant activities. Approximately 32 hours of the 40 hour work week are devoted to patient contact and related administrative duties, with the remaining 8 hours reserved for seminars, supervision meetings, and other miscellaneous duties. Interns are expected to engage in a minimum of 10 hours direct, face-to-face patient contact hours per week (per APPLIC regulations), and in many cases hours will exceed this minimum.

Interns and Supervisors are encouraged to provide performance-related feedback to each other throughout their rotations. Written evaluations are completed by both Supervisors and Interns half way through each rotation, as well as at the end of each rotation, and are structured to reflect our training goals and objectives.

Training Experiences & Rotations

Interns complete three 4-month, full-time, clinical rotations. While not guaranteed, an intern may request to participate in a rotation twice (i.e. “double up” in a chosen emphasis area).

Primary Care Mental Health Integration & Health Psychology (PCMHI/HP)

PCMHI/HP is a strong interprofessional rotation focusing on the integration of behavioral health prevention and brief psychotherapeutic services within a primary care setting. Interns rotating through PCMHI/HP gain strong experience with both direct patient care and consultation/education of primary care providers within the facility. Direct patient care activities involve triage assessment, suicide risk assessment, and brief interventions that often rely on evidence-based psychotherapies and techniques including Cognitive Behavioral Therapy for depression, Motivational Interviewing for health-behavior change, and Cognitive Behavioral Therapy for insomnia. Health behavior coaching and interventions are a core component of the rotation and include smoking cessation (group, individual, and possibly telehealth), weight management, sleep hygiene, and chronic illness management. Interns may also gain experience with bariatric surgery evaluations, psychosocial assessments for pre-transplantation, and hepatitis C treatment evaluations (depending on availability and clinical demand). Finally, Interns gain extensive experience with interprofessional collaboration and consultation with disciplines such as Primary Care Providers, Nurse Practitioners, Nurses, Social Workers, Psychiatrists, and Pharmacists.

Supervisor: Jennifer Peterson, PhD

Home Based Primary Care

Home Based Primary Care (HBPC) provides health care services to the homes of Veterans who have complex health care needs and for whom routine clinic-based care is not effective. Within this context, the Psychologist and Intern operate to provide mental health services and serve as consultants and educators for other HBPC team members. The SORCC HBPC population is largely geriatric and significantly rural. Assessment options include intake assessments (focusing on a biopsychosocial history), mental status examinations, brief neuropsychological testing, comprehensive risk assessments, medication effectiveness evaluations, capacity assessments, and caregiver burden assessments. Treatment interventions often include individual supportive therapy (interpersonal, cognitive-behavioral,

and solution-focused models), couples therapy, psychoeducation, and end-of-life issues (including grief and loss). Interprofessional consultation and collaboration is a necessary and frequent component of the rotation and includes collaboration with HBPC team members such as Social Workers, Pharmacists, Nurse Practitioners, and Physicians.

The HBPC rotation is offered as a half-time rotation and is most frequently paired with PCMHI. However, it is also possible to integrate with other rotations, which will be determined at the discretion of the Training Committee. It is also preferred interns participate in PCMHI/HP prior to participation in HBPC.

Supervisor: Evan Alvord, PsyD

NeuroCognitive Services

At the SORCC, there is one Neuropsychologist providing consultative neuropsychological services for the facility and CBOCs. Services are rendered on an outpatient and a residential basis, and cover a wide variety of presenting issues, including traumatic brain injury, stroke, seizure disorders, various dementias, and other neurological or psychiatric conditions. Additionally, the neurocognitive sequelae of substance abuse are frequently evaluated. The Intern gains strong collaboration and consultative skills, receiving referrals from multiple disciplines including Primary Care, Psychiatry, Case Management, Social Work, Psychology, and Vocational Rehabilitation. Specialty didactic opportunities may be available, including a Neuropsychology journal club.

Supervisors: Ben Giesbrecht, PsyD, Sean Bannon, PhD

Post-Traumatic Stress Disorder (PTSD) Specialty Clinic Rotation

The PTSD Specialty Clinic Rotation will provide interns with an experience in providing care to outpatient veterans (male and female) with any history of trauma to include (childhood, military, MST, combat, other). Core experiences include intake assessments, treatment planning, differential diagnosis, individual psychotherapy, and group psychotherapy. A component of the rotation is co-occurring PTSD and substance use disorders (SUD). Interns may be trained in providing evidence-based psychotherapies (EBPs) dependent on skill level; the supervisor in this clinic is VA certified in Prolonged Exposure, Cognitive Processing Therapy, Interpersonal Therapy, and Integrative Behavioral Couples Therapy. Options to emphasize the EBP component or the SUD component within the PTSD clinic may be available, depending on intern interests.

Supervisor: Megan Mack, PsyD

Psychosocial Rehabilitation & Recovery Center (PRRC)

The PRRC is designed to partner therapeutically with Veterans who are living with Severe Mental Illness (SMI) and assist them with their recovery process. This includes tasks such as improving illness management skills, establishing independent living, and creating purposeful and productive lives in the community. A high proportion of Veterans in the PRRC also struggle with substance addiction and previous trauma; therefore, relapse prevention and processing complex trauma are often significant components of treatment. With strong roots in the Recovery Model, PRRC services include intake assessment, differential diagnosis, formal treatment planning, therapeutic groups, individual therapy, skills classes, and community-based activities. Provision of Evidence-Based Psychotherapy is also part of the rotation, and Dr. Brenner is certified in the provision of Multi-Family Group Therapy and also provides treatment in Seeking Safety and Cognitive Processing Therapy. The PRRC is an interprofessional team consisting of a Psychologist, a Licensed Clinical Social Worker, a Licensed Clinical Social Worker/RN, and a Peer Support Specialist. ***PLEASE NOTE, at the time of this brochure update, the PRRC rotation is currently unavailable. Interested applicants are encouraged to contact Dr. Peterson with inquiries about the status of this rotation.***

Supervisor: Terry Brenner, PsyD

Supportive Transitional Program (STePs)

The Supported Transitional Program (STePs) is a unique multidisciplinary residential 64-bed treatment program serving veterans with chronic health conditions (e.g., Diabetes, CHF, mobility impairment), mental illness (e.g., PTSD; Depression, Anxiety; SPMI) and co-occurring substance use disorders who require additional structure and support to address psychosocial rehabilitation. The program is truly a self-contained residential treatment program typically lasting 90-100 days, with milieu treatment, 24 hr. nursing oversight, and its own pill-line. STePs is designed for Veterans who require more oversight than

in the traditional SORCC Mental Health Residential Rehabilitation Program (MHR RTP) but who do not require a nursing-home level of care or acute psychiatric stabilization. The STePs' goal is to strengthen Veterans' self-management through time-limited, goal-directed rehabilitative and restorative interventions so that they can transition into community living in their homes, in a higher level of care such as assisted living or adult foster home, or in the standard VA SORCC MHR RTP. Interns participating in the STePs rotation will function as an integral member of our multidisciplinary team, which includes a nurse manager (RN), LPNs, CNAs, Social Workers, Occupational Therapist, Nutritionist, Recreation Therapist, Peer Support Specialist, and supervising Psychologists. Professional consultation is an essential part of this rotation.

Supervisors: Brynne Johannsen, PhD & Judit Bowling, PhD

Residential Mental Health (referred to as CORE)

CORE is an interdisciplinary residential treatment program for co-occurring substance use and mental health disorders. This team is comprised of Psychologists, Licensed Clinical Social Workers, and Psychiatric Prescribers, with integrative experiences with other disciplines, such as Vocational Rehabilitation Specialists and Addictions Therapists. This psychotherapy team offers a range of services, including individual psychotherapy, group therapy, and assessment for a wide-range of presenting conditions, often including treatment for co-occurring substance use/psychiatric diagnoses. Interns in this rotation gain frequent experience with trauma, including developmental, Military Sexual Trauma, and Combat Trauma. There are several opportunities to focus this rotation to attain more specialized experiences, including a trauma focus, general mental health focus, or a focus on women's psychotherapy. This rotation has opportunities to serve Transgendered Veterans as well. Evidence-Based Psychotherapies are a core component of this rotation: Dr. Miller is certified in Cognitive Processing Therapy and Cognitive Behavioral Therapy for insomnia, and also provides both Eye Movement Desensitization and Reprocessing (EMDR) and Problem Solving Therapy. Dr. McMonagle is certified in Acceptance and Commitment Therapy and Prolonged Exposure.

Supervisors: Nicole Miller, PsyD & Joseph McMonagle, PhD

Behavioral Health Interdisciplinary Program (BHIP)

BHIP is an outpatient general mental health clinic that is comprised of Psychologists, Licensed Clinical Social Workers, and Psychiatric prescribers. Opportunities available in BHIP include conducting comprehensive biopsychosocial intake assessments, individual evidence-based psychotherapy, and group interventions for a variety of presentations. Other training opportunities include participation in interdisciplinary team meetings and program development. ***PLEASE NOTE, This rotation is currently not available as a full-time rotation for the current training year. However, it is likely it will be offered during 2017-2018 training year. It is possible to integrate experiences from this clinic within the context of another rotation.*** For example, an individual who is participating in the residential treatment program may design a more general "therapy" rotation, which could integrate both residential and outpatient experiences.

Supervisor: Cara Mulcahy, PsyD

Administrative Minor

The Administrative Minor allows Interns to work directly with SORCC leadership on projects of mutual interest, either new or ongoing. These might be Performance- or Quality-Improvement projects linked to their Investigative Requirement (see Investigative Requirement section below), an ongoing program-design project, or other systems-level work such as assisting with The Joint Commission or CARF accreditation processes. Regardless of the focus, Interns are expected to apply doctoral-level analysis and presentation skills to larger problems concerning administrative processes or clinical care. ***An Intern must have completed his/her dissertation successfully to participate in the Administrative Minor.*** Participation in the Administrative Minor is at the discretion of the Training Director and will be considered on an individual basis.

Supervisor: Varies based on specific project

Other Training Requirements

Psychological Assessment

Formal psychological assessment is a crucial part of any Psychology training and is a core competency of the Internship. This includes developing skills in formal assessments, intake interviewing, chart review, obtaining collateral information, and interprofessional collaboration and consultation. Psychology Assessment is not a specific rotation; rather, all Interns are required to complete a minimum of four comprehensive psychological assessments throughout the year: as defined by APPIC, a comprehensive assessment requires a personality measure (objective or projective) combined with an objective cognitive measure (e.g., a full WAIS-IV). Supervision for assessment activities is provided by a licensed Psychologist.

Investigative Requirement

The Investigative Requirement focuses on Program-Evaluation, Quality-Improvement projects, or literature review relevant to the mission of the VA. This also assists in developing professional presentation skills, as Interns are required to disseminate findings/results to Psychology staff and other trainees at Psychology Grand Rounds or other appropriate venue (e.g., the monthly Psychology Service Meeting). Some previous examples of this include evaluating the efficacy of current psychotherapy groups using pre-post measures, developing group programming, conducting an in-depth literature review relevant to a case presentation in Grand Rounds, and evaluating the efficacy of an educational didactic to primary care providers.

Intern Didactic Series

Psychology staff and other professionals offer weekly, 90-minute Didactics to the Intern class. These small-group seminars are interactive and collegial, with a didactic presentation and ample discussion time. Core topics include Ethics, Diversity, Assessment Skills, Psychotherapy Skills, Evidence-Based Psychotherapies, and Professional Development.

Psychology Grand Rounds

Psychology Grand Rounds include presentations by various mental health professionals (e.g., Psychologists, Counselors, Social Workers, Psychiatrists, etc.). Interns are required to present at least three Grand Rounds during the training year, with one presentation being the Investigative Requirement, and the other two focusing on case presentation. Case presentations should emphasize the development of clinical best practice skills and evidence-based approaches to psychotherapy and assessment.

Journal Club

The monthly 60-minute Journal Club focuses on specific research from peer-reviewed literature and provides a forum to discuss its relevance to VA practice. Each Intern presents data from and facilitates discussion of at least two Journal Club meetings per training year.

Evaluation

Each rotation Supervisor provides two evaluations of the Intern's performance: mid-rotation and at rotation's end. The evaluations assess specific competencies required of all Interns as well as achievement of the agreed-upon goals and professional performance expectations specific to that rotation. Both evaluations are discussed by the Supervisor and Intern and can be modified by consensus. Copies of the end-of-rotation evaluations become part of the information sent to the Intern's graduate Director of Clinical Training, providing feedback about the Internship year. Both evaluations are retained after the Internship is completed and provide a basis for future letters of recommendation. Successful completion of the Internship rests on successful completion of each rotation and all other required training activities.

The Intern provides an evaluation of the training experience at the mid-way point and at the end of each rotation. Further, at the end of the training year, the Intern provides an overall evaluation of his/her

Internship experience. Both interim and final evaluations provided by the Interns assist the program in its self-assessment/improvement processes.

Supervisory staff meets twice-monthly to review Intern progress as well as to discuss general issues related to the training program.

Facility and Training Resources

Each Intern is provided with his/her own desk equipped with a personal computer in a designated office space. All personal computers are connected to the VA Computerized Patient Recording System (CPRS), the VistA system, e-mail, Internet, and VA intranet. Telephones with voicemail are also provided. If a rotation Supervisor uses recorded psychotherapy sessions, the Intern is issued audio-recording equipment at the beginning of the rotation. Personal computers include programs such as Outlook, Word, Excel, Access, and Power Point. The Mental Health Service maintains a "shared drive" where important forms and other information are archived and updated as needed. Medical Support Assistants are available for assistance with scheduling.

Administrative Policies and Procedures

In addition to earned Annual Leave and Sick Leave, each Intern may be granted up to 5 days of Authorized Absence for educational leave. Authorized Absence is granted at the discretion of the Psychology Training Director, the Chief of Psychology, and the Education Committee.

Training Staff

Evan Alvord, PsyD (Home Based Primary Care; licensed in 2008).

Dr. Alvord attended internship and Post-Doctoral Fellowship at the VAMC Hampton Virginia. Clinical interests include geriatrics, combat PTSD, and Compensation/Pension evaluations.

Sean Bannon, PhD (NeuroCognitive Services Team Lead, Acting PCMHI Team Lead; licensed in 2016).

Dr. Bannon attended internship at the Denver VAMC and completed a Post-Doctoral Fellowship at the Johns Hopkins School of Medicine in Rehabilitation Neuropsychology. Clinical interests include Neuropsychology and Neurological Rehabilitation.

Matthew Blakeley, PsyD (Chief of SATP; licensed in 2009).

Dr. Blakeley has special interest in the treatment of PTSD, Sport and Exercise Psychology, and various models of psychodynamic therapies. He is certified in Cognitive Processing Therapy and Interpersonal Psychotherapy.

Thuy Boardman, PhD, MPH (Acting Associate Chief of Staff; Chief of Psychology; licensed in 2006).

Dr. Boardman is trained as a cognitive therapist. She specializes in PTSD and addictive disorders, and has special interests in motivational interviewing, harm reduction, and public health models of behavior change. She is certified in Prolonged Exposure Therapy and Cognitive Processing Therapy.

Judit Bowling, PhD (Supported Transitional Program; licensed in 1998).

Dr. Bowling attended internship at Northwestern Memorial Hospital in Chicago, Illinois. Clinical interests include Rehabilitation Psychology, mindfulness, and stress management.

Terry Brenner, PsyD (Team Lead for the PRRC; licensed in 2010).

Dr. Brenner serves as primary Supervisor for the PRRC and has special interest in the recovery model, treating complex trauma, and risk assessments.

Ben Giesbrecht, PsyD (Neuropsychologist; licensed in 2009).

Dr. Giesbrecht attended internship at the Sierra Nevada Health Care System (Reno VAMC) and completed a Post-Doctoral Fellowship at the St. Louis VA Medical Center in Clinical Neuropsychology. Clinical interests include Neuropsychology and Neurological Rehabilitation.

Brynne Johannsen, PhD (Supported Transitional Program (STePs); licensed in 2009). Dr. Johannsen is the primary clinical supervisor for the assessment requirement and has special interest in Rehabilitation and Geriatric Psychology and treatment of Serious and Persistent Mental Illness. She also specializes in the forensic evaluation of adults and holds a doctoral-level certificate in forensic evaluation from Palo Alto University.

Megan Mack, PsyD (PTSD Clinic; licensed in 2010).

Dr. Mack attended internship at Community Reach Center. Clinical interests include: PTSD with specific emphasis on issues related to combat, moral injury, and comorbid PTSD, Depression, and Substance Use issues; Alternative treatments for PTSD; and Narrative theory and therapy. She is VA certified in Prolonged Exposure Therapy, Cognitive Processing Therapy, Interpersonal Psychotherapy, and Integrative Behavioral Couples Therapy.

Cara Mulcahy, PsyD (Behavioral Health Interdisciplinary Program-BHIP)

Dr. Mulcahy attended internship at the Alaska VA Healthcare System and completed a Clinical Psychology Fellowship at VA Maine Healthcare System in Clinical Psychology, with emphasis on Rural Mental Health/Telehealth. Clinical interests include: interdisciplinary treatment teams, treatment of anxiety and trauma-related disorders, integration of psychology and spirituality, diversity, and multicultural issues. She is currently seeking clinical licensure.

Joseph McMonagle, PhD (Residential Mental Health/EBP Coordinator; licensed in 2006).

Dr. McMonagle completed his internship at the University of Washington Medical Center: Public Behavioral Health and Justice Policy Division. Clinical interests include Substance Use Co-occurring Disorders treatment, Acceptance and Commitment Therapy, and treatment of PTSD.

Nicole Miller, PsyD (Mental Health Clinic; licensed in 2010).

Dr. Miller is certified in Cognitive Processing Therapy and Cognitive Behavioral Therapy for insomnia, and also provides Eye Movement Desensitization and Reprocessing (EMDR) and Problem Solving Therapy.

Jennifer Peterson, PhD (Health Behavior Coordinator/Training Director; licensed in 2015)

Dr. Peterson attended internship at the Missouri Health Sciences Psychology Consortium (Truman VA) and completed a Clinical Psychology Fellowship at Salt Lake City VA Medical Center in Integrated Primary Care/Health Psychology. Clinical interests include solid organ and bone marrow transplants, inpatient consultation/liaison, and chronic pain. She is VA certified in CBT for Chronic Pain.

Facility Information

Over the years, the SORCC resident milieu has evolved from a domiciliary to a more program-specific, Veteran-centric organization, emphasizing rehabilitation and community reintegration. Comprising 265 operating residential rehabilitation beds, our efforts focus on returning the Veteran to a healthy, productive lifestyle. Integrated rehabilitation and therapeutic services include Case Management, Substance Abuse Treatment Program (SATP), Evidence-Based Psychotherapies (EBPs), Neuropsychological Assessment, a Psychosocial Rehabilitation and Recovery Center (PRRC), a Mindful Action Group program (which includes a Ropes Course), Recreation Therapy, Vocational Rehabilitation/Employment Services, OIF/OEF/OND post-deployment Case Management, Native American Veterans Program, and Psychiatry Service. These programs are augmented and supported by additional programs including telehealth, care for homeless Veterans, community residential homeless Veteran Grant Per Diem Program, physical rehabilitation, prosthetics, ambulatory care clinic, group visits and disease management, community reentry, blind Veteran computer training (VIST), dental services, chaplain services, and a range of patient wellness clinics focusing on preventive health such as smoking cessation, relapse prevention, tuberculosis, diabetes, hypertension, and nutrition. Coordinated Clinical Home Telehealth (CCHT), Home Based Primary Care (HBPC), Women Veterans Healthcare (including Women's Mental Healthcare), and minority Veterans programs are also offered.

This treatment focus is expanding into outpatient programs, offering access to primary and mental health services at the main SORCC campus in White City and at two Community Based Outpatient Clinics (CBOCs) in Grants Pass and Klamath Falls. As the VA's only freestanding rehabilitation center, the SORCC is a significant resource, drawing Veterans from across the nation (approximately 84% from VISN 20 and VISN 21; 16% from the rest of the nation). We proudly provide specialized programs for underserved Veteran populations affected by homelessness, chronic mental illness, and substance abuse. We offer quality residential treatment in Psychiatry; substance use; co-occurring disorders; medicine; and bio-psychosocial, physical, and vocational rehabilitation.

We offer exemplary outpatient medical and mental health care to Veterans living in the southern Oregon and northern California region, comprising nearly 200,000 Veteran visits annually. Veteran outpatients in southern Oregon (Jackson, Josephine, Klamath, and Lake Counties) and northern California (Siskiyou, Del Norte, and other counties) visit SORCC's outpatient clinics. The outpatient service area includes well over 40,000 Veterans. To further compliment our rural healthcare focus, the Klamath Falls and Grants Pass CBOCs provide primary and mental health care, including telehealth services. An outreach clinic in Lakeview, Oregon, provides an additional rural healthcare access point.

Living in the Rogue Valley

Medford is the largest city near the SORCC (20-minute drive), with the smaller nearby communities of Grants Pass (40 minutes) and Ashland (35 minutes) comprising the other major population densities of the Rogue Valley. The area is known for its scenic beauty, surrounded by such landmarks as [Upper and Lower Table Rock](#) buttes, with Mount McLoughlin of the [Sky Lakes Wilderness](#) in the distance. [Crater Lake National Park](#) and the [Oregon Caves National Monument](#) are both less than a 2-hour drive from Medford, and both have multiple campsites along the way. A little farther from the city, one can take a day trip to the ocean (2.5-hour drive) through the famous [Redwood National and State Parks](#) of northern California.

The climate is generally mild and sunny, with average high temperatures around 45 in the winter and 90 in the summer. Rainfall averages around 20 inches per year. The climate and geography of southern Oregon support year-round outdoor activity, including hiking, white-water rafting/kayaking, cycling, camping, and fishing. Given the proximity to Mount Ashland (15-minute drive from Ashland), snow sports are readily available, including skiing, snowboarding, snowshoeing, winter camping, sledding, etc. Mount Ashland (and the surrounding area) also supports the growth of popular enduro-style mountain biking.

The area is also known for its dense cultural recreational opportunities including theatre and music, especially in Ashland and Jacksonville. The Rogue Valley has some of the best soil in the country, with a long-standing agricultural tradition, and is now famous for its prolific vineyards. Larger metropolitan areas are also accessible, with flight time to San Francisco less than 2 hours, driving time to Eugene 2.5 hours, and driving time to Portland 4.5 hours (1-hour flight).

Informative Websites

<http://www.southernoregon.va.gov/>

<http://southernoregon.org/>

<http://www.ci.medford.or.us/>

<http://www.ashland.or.us/>