

VA Western Colorado Health Care System

**2022 – 2023
Psychology Internship Program**



**Application Due Date: November 21nd, 2021 (11:59PM, EST)
Start Date: July 5th, 2022**

Psychology Internship Program

**VA Western Colorado Health Care System
2121 North Avenue
Grand Junction, CO 81501
970-263-2824**



Training Director: Tabitha Emsley, Psy.D.
tabitha.emsley@va.gov

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Updated August 5th, 2021



LETTER FROM THE TRAINING DIRECTOR

Dear Internship Applicant:

Thank you for your interest in the Health Service Psychology Internship Program at the VA Western Colorado Health Care System (WCHCS). We are excited to be entering our 5th training year. We appreciate your interest in our site given the number of choices available to you.

We aim to grow and maintain an optimal learning environment with a balance of the support and feedback you need to enhance your competencies and the acceptance and nurturing you need to shape your unique professional identity. Internship may be one of your final opportunities for structured training. We are excited to create a space where you can jump in and learn. Your growth from student to professional psychologist is our priority. As such, we designed the internship to promote both your skill and confidence across the year. We take your learning seriously and at the same time, we want you to enjoy your experience and have fun! We believe the close-knit feel of the mental health department and sense of community at the VA and in the small town of Grand Junction make this possible.

Our training program is committed to providing high-quality *generalist* education in the context of a *rural* setting. We emphasize a scholar-practitioner model with a focus upon the clinical application of psychology that is informed by science and grounded in the needs of the local community. This approach is ideal for applicants with a strong clinical background, appreciation for the thoughtful application of research and interest in the influence of local, contextual factors. We have two internship positions that provide training in general outpatient mental health with trainee-selected specialty mental health rotation opportunities. The cultivation of expertise in *rural* mental health is emphasized across rotations.

Our internship training faculty consists of 13 psychologists who truly enjoy training and we have fun in the process. Several of us have extensive experience in supervising practicum students, interns and postdoctoral fellows and are thrilled to be teaching. Our staff is dedicated to creating an equal opportunity training program. We encourage all qualified candidates to apply regardless of age, gender, gender identity, language, national origin, culture, race, ethnicity, social economic status, religion, sexual orientation, disability or other minority status. We designed the internship program with a mission of creating a warm, welcoming training environment that values cultural and individual differences.

The Department of Veterans Affairs has a long history of excellence in training clinical/counseling psychologists. We are continuing this tradition in Grand Junction. We are supported by the Office of Academic Affiliations (OAA) and have mentors from the VA's Psychology Training Council (VAPTC). Their support and guidance is intended to ensure a positive experience for our trainees. We genuinely believe we are providing high quality training in the context of a rural VA setting. We also hope to model appreciation for a balanced, well-lived life and believe Grand Junction is the perfect place to do so. I hope this brochure demonstrates our sincere enthusiasm for training and piques your interest.

Please do not hesitate to contact me directly with any questions you have about our program.

Sincerely,

Tabitha G. Emsley Psy.D., Training Director

VA WESTERN COLORADO HEALTH CARE SYSTEM

The VA Western Colorado Health Care System (WCHCS) is comprised of a Department of Veterans Affairs Medical Center located on a campus in Grand Junction, CO, a Community-Based Outpatient Clinic (CBOC) in Montrose, CO and telehealth clinics in Glenwood Springs, CO, Craig, CO and Moab, UT. Interns work in the main medical center in Grand Junction where their supervisors are also located. The WCHCS has one of the largest geographic catchment areas in the United States (47,333 square miles), including 18 counties in 3 states. Grand Junction (Mesa County), with a population of 62,062, is the largest city in the catchment area. The majority of Veterans served by WCHCS are classified as living in a “rural” or “highly rural” area. The WCHCS is part of VA Network (VISN) 19.

The medical center in Grand Junction currently has 53 beds comprised on 23 acute care inpatient beds, including an 8-bed psychiatric inpatient unit. There is also a 30-bed Community Living Center providing geriatric and extended care. The facility is also in the process of opening a brand new Substance Abuse Rehabilitation Residential Treatment Program (SARRTP) which is projected to add another 18 beds to the facility total. This program is projected to open in September of 2021. The new SARRTP program will be the only substance abuse residential treatment program in VISN-19. At WCHCS, comprehensive health care is provided through primary care, medicine, surgery, outpatient and inpatient mental health, outpatient substance abuse, pain management, physical rehabilitation, neurology, dentistry, geriatrics, extended care and hospice. The system’s inpatient psychiatric unit is one of only two inpatient psychiatric facilities in western Colorado. WCHCS employs over 650 employees, 60 of whom work in mental health.

The WCHCS serves approximately 37,000 Veterans residing on the Western Slope of Colorado. A large portion of Veterans served by WCHCS live in remote locations and travel to the main VA medical center can be complicated by the difficult terrain and weather conditions of Colorado. To allow access to evidence-based health care, telehealth services are routinely utilized.

The WCHCS leadership and administration enthusiastically support the education mission of the VA and our local training programs. Our Psychology Training Program enjoys strong support from leadership and administration. In addition to the psychology internship, the training programs at the WCHCS are growing rapidly. Including the psychology internship program there are 12 existing training programs at this facility.



The WCHCS, in partnership with National Disabled Veterans, has been home to the Winter Sports Clinic since 1987. Each year, Veterans from around the country participate in skiing, rock climbing, dog sledding, kayaking and self-defense as part of the clinic. In addition to the Winter Sports Clinic, the WCHCS has a thriving Recreation Therapy program that is closely connected with several local nonprofit Veteran recreation organizations. The abundant outdoor recreation opportunities in Grand Junction are an important contributor to the well-being of many of our Veterans and staff.

ACCREDITATION STATUS

The doctoral internship at WCHCS was established in 2018 and is accepting its fifth class of interns in the academic year of 2022-2023. The program is currently accredited, by the Commission on Accreditation of the American Psychological Association. Questions related to the program's accreditation status should be addressed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 2002
Phone: (202) 336-5979 e-mail: apaaccred@apa.org
Internet: <http://www.apa.org/ed/accreditation>

APPLICANT QUALIFICATIONS

- **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.
- **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.
- **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. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program.
- **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>.

- **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. Please visit the following link for more specific information on drug testing policies for interns.
https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf
- **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.
- **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> This letter will be requested after the match.
 1. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as an annual influenza vaccine. Declinations are EXTREMELY rare. Please see the full requirements for vaccine requirements as outline in the TQCVL.
 2. **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.
- **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.

- **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
- Enrolled in an APA or CPA (Canadian Psychological Association) accredited Clinical or Counseling Psychology Doctoral Program and approved by the program's Director of Clinical Training as ready for internship. We accept both Clinical and Counseling psychology students pursuing either a Ph.D. or Psy.D.. No differentiation is made between degree types. Candidates' graduate programs must be accredited by APA or CPA to be considered eligible for WCHCS's internship in the upcoming Match.
- Minimum of direct, supervised hours: 250 Intervention and 50 Assessment. Preference will be given to candidates who have supervised assessment and therapy experience with a range of psychopathology across varied populations and settings, as well as supervised training in objective psychological and neuropsychological test interpretation.
- Completion of all required coursework and qualifying examinations by start of internship. Candidates preferably will have only minor dissertation requirements remaining.
- VA training occurs in a health care setting. Some of the clients served by VA are elderly or infirm, and could succumb to common illnesses like influenza. Maintaining a current flu vaccination during the training year will be required (there are very limited religious or medical exemptions as stated in VHA Directive 1192.01).

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.

APPLICATION PROCEDURES

This internship is currently a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). We were accepted as a member of APPIC on November 5, 2018. Please note that we participate in the match through National Matching Services and follow all APPIC policies for intern selection. This internship program 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 intern applicant. You are encouraged to read or download the complete text of the regulations governing the match process from APPIC's web site.

The internship application process is online. To submit an application, please go to the APPIC website (www.appic.org). There you will find complete instructions on how to complete the

online APPIC Application for Psychology Internships (AAPI). Interested individuals who meet eligibility criteria should submit the following application materials:

1. APPIC Application for Psychology Internship (AAPI)
2. A cover letter that describes your interests in our training program specifically (submitted as part of AAPI).
3. Curriculum vitae (submitted as part of AAPI).
4. Official graduate school transcripts (submitted as part of AAPI).
5. Three letters of recommendation (submitted as part of AAPI): We encourage recommendations from letter writers who are familiar with your clinical and academic experiences and the quality of your performance.
6. Academic Program Verification of Internship Eligibility and Readiness form – to be submitted by your Director of Clinical Training as part of AAPI

Instructions and forms for the Applicant Agreement form required for the match from National Matching Services may be downloaded from: www.natmatch.com/psychint. Applicants who cannot access the web site should contact National Matching Service (NMS) directly to request instructions and registration forms.

Important Dates
Application Deadline: November 21st, 2021
Interview Notification: December 15th, 2021
Video-Interviews: January 11th, 12th & 13th, 2022
Virtual Open Houses: January 18th and 19th, 2022

National Match PROGRAM CODE:
246711

Please read all instructions carefully to ensure transcripts, letters of recommendation and the Academic Program Verification of Internship Eligibility and Readiness forms are submitted in a timely manner.

INTERVIEWS AND OPEN HOUSE

Completed AAPI submissions received by **11:59PM (EST) November 21st, 2021** will be considered. Applications are reviewed by members of our training faculty. Application review is based upon educational experiences, training program quality, intervention/assessment experiences, essay responses and letters of recommendation. All applicants will be notified whether they remain under consideration by **December 15th, 2021**.

Qualified applicants are invited to interview virtually. There will be no in-person interviews. We conduct interviews virtually for three reasons: 1) we recognize the rural location of WCHCS can create a barrier to attendance for in-person interviews 2) we are committed to minimizing the expense of the application process, recognizing travel time and costs can represent a significant burden for applicants and 3) given the ongoing COVID-19 pandemic, we continue to commit to

virtual interviews for the upcoming training year as a means of keeping both applicants and our staff safe.

We also host an optional **Virtual Open House Day**. We will be offering 2 open house dates on **January 18th, and 19th 2022** that applicants may choose from. There will be no interviews during the Virtual Open House and attendance at the Virtual Open House will not be a factor in our review of your application. The Virtual Open House is intended to benefit you as the applicant. During the Virtual Open House, the Training Faculty will give presentations on various aspects of the internship program. Applicants will have the opportunity to ask questions of the Training Director and Training Faculty. Additionally, our current interns will be available to speak to applicants directly about their experiences at our site. We will give applicants a feel for our facility as well as the Grand Junction community through photos, access to websites that provide a significant amount of detail about the area, and through discussion with training faculty and current interns. We encourage you to attend the Virtual Open House so that you can get a better feel for the supervisors, the WCHCS setting and Grand Junction. We understand that participation in the Virtual Open House may not be feasible for everyone. If you are unable to attend one of the scheduled Virtual Open House dates but have specific questions about the training program, please contact the Training Director (Dr. Tabitha Emsley; tabitha.emsley@va.gov) directly.

COMMITMENT TO DIVERSITY

The WCHCS makes efforts to recruit and maintain a diverse psychology staff in a geographic region with limited ethnic and racial diversity. As such, the Internship Program places a high value on attracting a diverse group of interns and on maintaining an awareness of diversity issues during the internship year. The program appreciates the fact that attracting a diverse group of interns is important for the health of the program and the well-being of the interns and the staff.

We recognize that no single program can ever adequately provide comprehensive and exhaustive knowledge about every diversity factor and all possible origins of and influences on individual differences. As such, our program endeavors to foster a culture of: a) openness to, respect for and appreciation of diversity and individual differences, b) awareness of one's own knowledge and skill limitations regarding diversity and individual differences, c) awareness of our own context, (e.g., both knowing the limitations our system in a small western rural town faces in terms of certain aspects of diversity and the strengths of our program in appreciating and understanding the diversity factors unique to a rural environment) and d) enthusiasm for all opportunities to expand one's knowledge and skills about the multitude of biological, social and cultural factors that influence individual differences. We build such opportunities into our internship program in our formal didactic seminars, in our diversity project requirements and in our weekly individual and group supervision discussions. More broadly, our program philosophy emphasizes the importance of evidence-based practice, which highlights individual difference factors as one of three integral components that must be considered when conceptualizing cases and developing and implementing treatment plans.

The Department of Veterans Affairs is a cabinet level agency in the Executive Branch of the Federal Government. As such its facilities and operations are subject to explicit policies and procedures prohibiting discriminatory practices. The policies are strictly enforced. As a VA

Psychology Internship Program, we conform to the non-discriminatory policies and operating conditions of the Department of Veterans Affairs.

PSYCHOLOGY INTERNSHIP PROGRAM

The Psychology Internship program funds two internship positions. The program is a 12-month, full-time appointment. In general, interns work 40 hours per week. All interns complete at least a total of 2080 hours of training, which is a VA requirement. The usual tour of duty is 8:00AM – 4:30PM. Some training experiences may occasionally involve additional hours or a shift in tour (e.g., responding to psychiatric emergencies). On-call after hours training experiences are optional and there is no mandatory on-call expectation. Interns are provided the full parameters and requirements of each rotation during the first week of orientation. We support interns in learning to balance work and life and developing their unique career trajectory.

TRAINING PHILOSOPHY

We have adopted the APA's Standards of Accreditation (SoA) to inform both the philosophy and structure of our internship. Our philosophy holds that internship is a time for applied **clinical** and **generalist** training that is supported by current psychological science. We strongly align with the SoA guideline that "doctoral and internship education and training in preparation for entry-level practice in health service psychology should be broad and professional in its orientation rather than narrow and technical." This approach to training is critical to **rural** mental health, a context in which well-developed generalist skills, informed by the latest science, are paramount.

Another important principle of our program philosophy is the prioritization of training. Interns are here for learning and are treated as trainees, not employees. Their training and professional development takes precedence, and delivery of services is treated as a platform for learning, not a means to meet workload quotas. Educational activities take priority in an intern's schedule.

We also firmly believe in creating training experiences that include the elements necessary for development of expertise so that interns depart from our program ready for entry-level practice. These elements include lots of practice, specific and direct feedback and kindness. To achieve this, supervisors will model service delivery, supervisors will frequently and directly observe service delivery and didactics will include experiential components. Mistakes will be appreciated as learning opportunities, and trainee strengths will be cultivated and enthusiastically reinforced.

Our program philosophy also places an emphasis on internship as a time for professional development. The training experiences and supervision will encourage interns to consider historical and cultural influences on their professional identity, identify their professional values and take action toward individualized goals that will shape their unique career trajectory.

In sum, the goal of the internship program is to train skilled, knowledgeable and ethical psychologists with expertise in rural mental health. At completion, interns will demonstrate the competencies required for entry-level practice or specialized training in a postdoctoral fellowship and, we hope, feel an increased level of confidence in their own professional identity.

INTERNSHIP AIM

The Psychology Internship Program aims to train entry-level psychologists in 1) theoretically-grounded, evidence-based assessment, treatment and consultation skills for adults seeking mental health services, 2) with an appreciation for the application of psychological science to clinical practice, 3) in a manner that emphasizes the importance of a recovery-oriented approach and 4) strives to deeply understand contextual factors including individual and cultural differences and the local rural community.

COMPETENCIES

Upon internship completion, we aim for interns to function independently within their scope of competence and at the expected level of development for an entry-level psychologist in a healthcare setting. Of note, an “entry-level psychologist” may still receive supervision depending upon the licensure requirements of the state where s/he is practicing. Our training program is designed to enhance one’s competence to the level of development expected for a professional completing doctoral internship and consistent with the contexts of a rural setting, a medical center, a mental health outpatient clinic and a VA facility. The nine **profession-wide competencies** that are the focus of the internship training year include:

Intervention – Interns will be able to:

- Form effective therapeutic relationships and make use of interactional factors in the relationship to inform the conceptualization and treatment.
- Apply a case conceptualization approach, using theory and assessment data to understand the origins of presenting problems, identify mechanisms underlying presenting problems and develop a treatment plan to address the mechanisms.
- Establish treatment goals and develop and implement treatment plans informed by the elements of evidence based practice: Most up-to-date research evidence, clinical expertise and client values, preferences, needs and culture.
- Balance adherence to established evidence-based protocols with flexibly meeting the needs of the individual client.
- Demonstrate evidence-based intervention skills consistent with a generalist model (i.e., applicable to a wide range of presenting problems and treatment concerns) and grounded in the Recovery Model.
- Implement clinical interventions effectively with diverse populations in a culturally competent manner.
- Demonstrate effective interventions skills in the context of individual, group and/or family/couple therapy.
- Demonstrate ability to evaluate intervention effectiveness (measurement-based care, progress monitoring, elicitation of feedback from client) and adapts intervention methods consistent with ongoing evaluation and feedback from client.
- Show knowledge of empirical support for implemented interventions.
- Demonstrate responsivity to and effective management of crisis situations.

Assessment – Interns will learn to effectively:

- Conduct diagnostic interviews in a manner that focuses upon and elicits relevant information, incorporates observational data and historical information from the medical record, appreciates contextual/cultural factors and follows current diagnostic standards.
- Administer, score and interpret psychological tests per standardized protocols and in line with current ethical and professional standards.
- Select and use assessment tools and/or evaluation methods appropriate to the clinical needs of the client and clinical setting and responsive to the referring professional.
- Integrate interview, observational, historical and psychological test data to inform and support clinical findings.
- Write clear, concise assessment reports that outline useful recommendations and are in accordance with professional and organizational standards.
- Practice assessment in a culturally competent manner.

Individual and Cultural Diversity – Interns will learn to:

- Exhibit the ability to independently and effectively work with a broad range of diverse individuals and groups.
- Demonstrate appreciation for the influence of historical and current contextual factors and ability to effectively incorporate such factors into the conceptualization of client strengths and difficulties.
- Understand how one's own personal/cultural history, attitudes and biases may affect how one understands and interacts with people different from themselves.
- Interns will demonstrate the knowledge and ability to practice psychology effectively and ethically when working in a rural setting.
- Work effectively with and seeks supervision when individuals whose group membership, demographic characteristics or worldviews create conflict with their own.
- Apply current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.
- Integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles; applies a conceptualization to work effectively with areas of individual and cultural diversity not previously encountered.
- Appreciate the potential complexity of intersecting dimensions of diversity (e.g., age, gender, gender identity, language, national origin, culture, race, ethnicity, SES, religion, sexual orientation, disability) and context in their professional work.

Integration of Science and Practice – Interns will demonstrate the ability to:

- Integrate science into practice (e.g., basing clinical decisions on scientific literature, formulating and implementing testable hypotheses in clinical care).
- Critically review and discuss emerging literature, as well as relevant clinical guidelines for specific diagnoses (e.g., VA/DOD clinical guidelines for PTSD).
- Develop, plan and execute didactic presentations to a professional audience.
- Develop, plan and execute organized, coherent case presentations that include scholarly articles for a professional audience.
- Exhibits ability to critically think about and discuss research findings and their limitations as they apply to clinical practice and diversity.

Ethical and Legal Standards Behavior – Interns will be able to:

- Demonstrate knowledge of and act in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state & federal levels
- Become aware of limits of own competency and seek appropriate consultation and/or refer appropriately.
- Recognize ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.
- Maintain timely and appropriate records and documentation consistent with professional and organizational standards.

Supervision – Interns will be able to:

- Show knowledge of clinical supervision theory, skills and practices.
- Demonstrate an emerging awareness of the complexities of the supervision role.
- Provide effective peer feedback during group supervision and didactic seminars.

Consultation and Interprofessional Skills – Interns will be able to:

- Apply knowledge of consultation models and practices providing effective consultation in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Understand the role and unique contributions and areas of competence of interprofessional team members, including oneself.
- Effectively seek consultation from other members of interprofessional teams.
- Initiate collaboration with other professionals when needed.
- Educate interprofessional staff regarding psychological issues and interventions (e.g., diagnoses, developmental factors, diversity factors, evidence based practice, etc.).

Professional Values, Attitudes and Behavior – Interns will develop the ability to:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning.
- Engage in activities to maintain and improve performance, well-being and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback across settings.
- Respond professionally in increasingly complex situations as s/he progresses through the intern year.
- Use supervision effectively.
- Enhance organization, management and administration skills to increase effectiveness and efficiency in clinical settings.
- Improve the systems they inhabit (e.g., develop innovative programs or clinical services, evaluate programs and suggest enhancements, demonstrate leadership skills).

Communication and Interpersonal Skills – Interns will develop the ability to:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees and clients.
- Produce and comprehend oral, nonverbal and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate understanding of and appreciate individual and cultural differences in interpersonal contexts.
- Manage difficult communications with individuals and teams of other disciplines diplomatically and maintain healthy and productive working relationships across time.
- Exhibit appreciation for diverse viewpoints, even when those viewpoints differ from his/her viewpoint.
- Demonstrate respect for clients in oral, nonverbal and written communication/documentation.

TRAINING STRUCTURE

The internship rotations are structured to provide training in evidence-based assessment, treatment and consultation for Veterans as part of interprofessional teams in the context of a rural setting. There are two **major** 12-month rotations. Interns are required to complete the General Mental Health Major Rotation and will either complete the PTSD Major Rotation or the Substance Use Disorder Major Rotation. These rotations provide: a) the generalist training needed to implement care for a wide range of psychiatric disorders in a rural outpatient setting and b) the training required to deliver trauma-focused treatments to Veterans who have been exposed to traumatic events across their lifespan and c) training in how to appropriately deliver care to patients who have developed problematic behaviors related to substance use. Interns also select two minor six-month rotations to allow for specialized training in an area that builds on their interests. We believe this training structure emphasizes generalist training while allowing room for interns to enhance their knowledge and skills in a specialty area they view as important to their professional development.

Major Rotations

The required Major Rotations provide training in general outpatient mental health, trauma-related disorders and substance use disorders. We dedicate equal weight in terms of training experience to general mental health and a specialty rotation (either PTSD or Substance Use Disorder). We emphasize training in trauma-related disorders and substance use disorders given the high prevalence of both of these in the general population and relevance in a VA setting. In addition, we see generalist training and training in treating trauma-related disorders and substance use disorders as critical to functioning in all rural healthcare settings. It should be noted that you will receive training in both trauma related disorders and substance use disorders regardless of which specialty major rotation option is selected. Within these rotations, interns will gain experience in providing therapy in individual, couples and group modalities. Interns will spend 12 hours per week, concurrently, in each 12-month Major Rotation, including one hour of individual supervision per rotation. While we do work collaboratively with interns to select a specialty major rotation, the training program cannot guarantee that a preferred major specialty rotation will be granted given the limitations on the number of interns who are able to

participate in a rotation at any given time. We will however consider each intern's training needs individually when selecting rotations throughout the year to ensure that training opportunities are optimal for an intern's growth and desired career trajectory.

Minor Rotations

The Minor Rotation selection is where an intern can have more choice in their internship experience, selecting two rotations from a pool of available rotations. We encourage interns to consider their own values and interests in selecting the minor rotations. And, we will guide interns to consider other factors including, 1) addressing gaps in training, 2) encouraging specialization in an area of strong interest or intended career path, 3) balancing the overall internship year, and 4) taking risks to learn something new in possibly one's final supervised training experience. Interns will spend eight hours per week in the six-month Minor Rotation, including one hour of individual supervision. Consistent with our generalist model, interns will select two different minor rotations to maximize the diversity of their training experiences.

Schedule

The priority in an intern schedule is training with 20% of their time spent in seminars, didactics, meetings and other learning activities. Interns focus 60% of their time on mandatory Major Rotations and 20% of their time on elective Minor rotations. Our training program establishes a minimum of direct patient contact hours as a means of assisting interns in achieving the required competencies and acquiring the direct hours needed to be eligible for licensure. Our goal is to provide interns with the opportunity to obtain a minimum of 500 direct service hours per year. This means a minimum of 25% of their time, or 10 hours/week, will be dedicated to direct service delivery. This is an aspirational program goal (not a requirement), and at no time does quantity of direct service hours supersede quality of training opportunities.

Major Rotation 1: General Outpatient Mental Health (12 months; 12 hours/week)	
Major Rotation 2: Posttraumatic Stress Disorder OR Substance Use Disorder (12 months; 12 hours/week)	
Minor Rotation 1 (6 months; 8 hours/week) To be selected by the intern at the start of the training year	Minor Rotation 2 (6 months; 8 hours/week) To be selected by the intern just prior to the mid-point of the training year
Seminars, meetings and other training activities (12 months; 8 hours/week)	

MAJOR ROTATIONS

General Outpatient Mental Health Major Rotation:

Interns will receive training in providing evidence-based psychotherapy and operating as a member of an interprofessional team in a general mental health outpatient setting. Training on the process of developing and implementing a transdiagnostic case conceptualization will be incorporated to promote optimal skill in providing recovery-oriented, individualized, evidence-

based practice across a spectrum of mental health needs. Interns will learn evidence-based practice for a diversity of presenting problems with emphasis on the generalist approach needed to effectively function in a rural setting. Veterans treated in this clinic present with a diversity of treatment needs, spanning from Veterans with short-term adjustment difficulties related to an acute stressor to Veterans with multi-diagnostic, chronic disorders. In addition, the Veterans in this clinic vary greatly with regard to individual differences and historical and current contexts. For example, you may see a young female OEF/OIF veteran attending college at the local university and experiencing new onset panic disorder or an older male Vietnam era veteran operating a ranch 100 miles outside of Grand Junction and coping with multiple medical difficulties and recurrent major depressive episodes. Interns will have a caseload of approximately 6-8 Veterans at any one time during this rotation.

Interns will have the opportunity to receive training in the following EBTs: Cognitive Behavioral Therapy (CBT), Cognitive Behavioral Therapy for Insomnia (CBT-I), Acceptance and Commitment Therapy (ACT), Interpersonal Therapy (IPT), Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT) and Integrative Behavioral Couple Therapy (IBCT). Specific emphasis will be placed upon integrating evidence-based *protocols*, when clinically indicated, into the larger framework of evidence-based *practice*. Interns will also co-lead EBT groups with supervisors. In addition, specialized training on service delivery via telehealth will be provided in this rotation.

Interns will have a primary supervisor in this rotation and the match between intern and primary supervisor will be made upon the start of the training year. This match will be based upon intern interests and training needs. Interns may receive additional supervision from secondary supervisors if they elect to co-lead a group with a supervisor other than their primary supervisor.

All interns will learn the basics of suicide risk assessment and suicide prevention as part of their General Mental Health outpatient rotation. While not mandatory, as part of this rotation, interns can also opt to receive training in effectively responding to Veterans in crisis through the unique opportunity to shadow on-call psychologists if they desire. In our rural setting, psychologists serve as primary on-call clinicians responsible for after-hours assessment of Veterans presenting in mental health crisis to the Emergency Department (ED). Psychologists conduct assessment and determine need for involuntary and/or voluntary admission to the psychiatric inpatient unit. Psychologists also conduct weekend inpatient rounds. Interns can shadow the on-call psychologists if desired and receive training on the law, ethics and decision-making involved in responding to suicidal/homicidal behavior in context of a crisis situation, as well as responsibilities involved in hospitalization and stabilization of at-risk Veterans. This experience is not mandatory and interns are not required to work after hours or serve on-call shifts. Should an intern opt to participate in an on-call observation their schedule for the week would be adjusted.

Posttraumatic Stress Disorder Major Rotation (PTSD Clinical Team - PCT):

Interns will receive training in trauma-based diagnostic assessment and trauma-focused EBTs in an outpatient setting for Veterans exposed to traumatic events across the lifespan. Training will also be provided in the implementation of trauma-focused EBTs in the context of comorbidities including substance/alcohol use disorders, mood and anxiety disorders, insomnia, traumatic brain

injury (TBI) and personality disorders. Veterans presenting to the PCT are from a diversity of eras of service and have experienced a wide range of traumatic events (childhood abuse and neglect, military sexual trauma, non-military sexual trauma, combat trauma, exposure to atrocities, domestic violence, life-threatening accidents, victims of crime, etc). Interns will receive training in trauma-specific assessment (e.g., CAPS-5), measurement-based care (MBC), and learn about trauma-focused treatments including Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Specialized training in using telehealth technology to deliver trauma-focused treatments will also be provided.

Additionally, interns will have the opportunity to co-lead therapy groups with supervisors. Interns will be members of the interprofessional PCT and participate in weekly meetings. In addition, interns will attend a weekly 1-hour PTSD/SUD Group Supervision Hour. This group supervision will focus upon enhancing therapist expertise in implementing case conceptualization and evidence based practice in the context of trauma-related disorders and substance use disorders.

Substance Use Disorder (SUD) Major Rotation (VRC & SAR RTP)

This major rotation emphasizes the development of competencies in assessment, individual therapy, group therapy, and consultation in substance recovery programs. The highlight of this rotation is to learn how to apply clinical interventions to the substance use disorder population.

The Veteran's Recovery Center (VRC) is an outpatient treatment program for Veterans with substance use disorders and behavioral addictions. The Substance Abuse Residential Rehabilitation Treatment Program (SAR RTP) provides wholistic residential care to Veterans with substance use disorders who often times have co-occurring mental health disorders, physical health disorders, and psychosocial challenges. The major rotation takes place in both the VRC and SAR RTP.

The treatment program follows an individualized approach for the Veteran who is working towards her/his unique treatment goals. Interns serve as primary therapists, complete psychological assessments, provide individual psychotherapy, facilitate therapy groups, administer psychological tests, write integrative summaries, and provide consultation to the interprofessional addiction disorders treatment team. Most services will be based in harm reduction and the Recovery model with a strong emphasis on Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET). Training opportunities in Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Mindfulness, Dialectical Behavior Therapy (DBT) and other evidence based psychotherapies are available. The intern will contribute to individualized treatment planning and be vital members of the treatment team which may include psychiatrists, nurse practitioners, psychologists, addiction therapists, social workers, peer support specialists, nurses, and other professionals. There are additional opportunities, including creation of new group programming, exposure to program development and evaluation, facilitating team dynamics and working on team building, coordinating Veteran applications to residential treatment, and assisting with accreditation documentation.

MINOR ROTATIONS

Currently we offer elective rotations in: Primary Care Mental Health Integration (PCMHI), Assessment, Geropsychology, Home Based Primary Care (HBPC), and Veteran's Recovery Center (VRC).

Primary Care Mental Health Integration Minor Rotation (PCMHI)

The Primary Care Mental Health Integration (PCMHI) team provides brief and targeted mental health interventions/treatment to Veterans in primary care. During this rotation, the intern works collaboratively with the primary care team to enhance treatment of medical and psychological problems. The interprofessional nature of the rotation requires interns to offer recommendations, feedback, care coordination and support for Veterans' mental health needs to the team of clinicians and to the veteran themselves. Veterans often present with a range of complex psychological and physical health concerns. These health complaints often include: chronic pain syndromes, coping with chronic illness, PTSD, adjustment disorders, depression, anxiety disorders, grief/loss, concerns about adherence, insomnia and eating/weight disorders.

On this rotation, interns will:

- Learn to effectively assess for behavioral health conditions that are commonly detected in primary care.
- Obtain proficiency utilizing brief interviewing skills to conduct targeted assessments appropriate to the primary care setting.
- Hone brief outpatient interventions skills with mental health issues that are appropriate for treatment in the primary care setting (e.g., adjustment to chronic illness, current life stressors, sleep disturbance, grief, mild depression/anxiety, etc.).
- Co-lead behavioral medicine group interventions (e.g., CBT or ACT for Chronic Pain, CBT for Tinnitus, etc.).
- Research the evidence base (i.e., read recently published journal articles) on clinical topics that surface during the rotation or topics that are core to primary care psychology.
- Co-lead shared medical appointments with other medical professionals to promote effective management of various chronic diseases (e.g., diabetes).

Geropsychology Minor Rotation

The Geropsychology rotation is primarily located in the Community Living Center (CLC) and Inpatient Medicine at WCHCS. The CLC provides short- and long-term care, as well as hospice services to residents in a 30-bed facility located on the grounds of the main hospital. A team of clinical providers (physicians, nurses, pharmacists, occupational, physical and respiratory therapists, social workers and psychologists) deliver comprehensive rehabilitation services, skilled nursing, long-term care and psychogeriatric case management. Interns will acquire assessment and intervention skills specific to a geriatric population. Interns will also gain understanding of the influence of geriatric medical diagnoses on mental status, the purpose of interprofessional care for geriatric patients, the roles and areas of competence of each interprofessional team member and important psychosocial issues common to a geriatric population.

On this rotation, interns will have the opportunity to develop skills in geropsychology through the following:

- Diagnostic and cognitive assessment (e.g., dementia evaluations)
- Psychological interventions for common geriatric mental health diagnoses.
- Development of behavioral plans and contracts and consultation to CLC staff on their implementation.
- Participation in interprofessional team meetings.
- Palliative care and hospice intervention (e.g., Goals of Care discussions).

Home Based Primary Care Minor Rotation (HBPC)

Home Based Primary Care (HBPC) is an interdisciplinary health care service that provides individualized health care services to Veterans within the milieu of their home and family. The Home-Based Primary Care (HBPC) experience features assessment, consultation and treatment for veterans, predominately of a geriatric population, who have been diagnosed with multiple chronic diseases. The HBPC team consists of a physician, nurse practitioner, RNs, social worker, dietitian, pharmacist, occupational therapist and psychologist. The objectives of the HBPC for each veteran include: (1) reduction in hospital stays/readmissions; (2) improving quality of life; (3) minimizing the effects of illness and disability; (4) restoring health, attaining optimal functioning and/or independent living; (5) enabling terminally-ill patients to remain in their home; and, (6) to offer an alternative to nursing home placement. Thus, interns will be involved in facilitating these goals through assessment, consultation and treatment.

On this rotation, interns will:

- Provide behavioral health services to Veterans with a wide range of issues including bereavement, adjustment to medical conditions, medication/treatment adherences, end of life concerns, and general mental health issues (anxiety, depression, PTSD, etc.).
- Conduct screens and diagnostic evaluations for depression, PTSD, and neurocognitive disorders.
- Utilize psychological/neuropsychological measures for diagnostic clarification and learn to provide feedback/recommendations to aid in treatment planning.
- Provide psycho-education to patients, family, caregivers related to neurocognitive and behavioral concerns.
- Learn to participate and contribute psychological expertise to the HBPC team in weekly interdisciplinary team meetings.
- Provide consultation with staff regarding the management of problem behaviors.

Substance Use Disorder Minor Rotation (VRC)

The VA Western Colorado Health Care System's Veteran's Recovery Center (VRC) is an outpatient treatment program for Veterans with substance use disorders and behavioral addictions. Interns who opt for the minor SUD rotation will work in the outpatient setting predominately. Interns are offered several training opportunities in outpatient treatment, including: providing assessment and treatment planning, individual psychotherapy, group psychotherapy, and consultation with other departments. Group psychotherapy is often the highlight of this rotation.

On this rotation, interns will:

- Study and learn materials to help enhance therapist expertise in implementing case conceptualization and evidence based practice in the context of substance use disorders.
- Attend weekly team meeting in VRC
- Complete biopsychosocial intakes and treatment plans with patients
- Learn MI skills
- Provide both individual and group therapy
- Provide crisis management as needed

Psychological Assessment Minor Rotation

Psychological assessment is critical to preparation for entry-level practice as a psychologist. In line with this belief, we dedicate time in Major and Minor Rotations to assessment and allow for specialized supervision of assessment cases by supervisors with expertise in this area. In addition, interns can elect the Psychological Assessment minor rotation to enhance their competency in preparing for, conducting and writing comprehensive integrated assessments. In this minor rotation, interns will receive training on all aspects of assessment including test selection, thorough review of history, clinical interview, behavioral observations, test administration and scoring and report writing to include interpretation of results and crafting of useful recommendations. Interns will also develop skills in delivering results and recommendations to Veterans effectively and in using assessment findings to provide consultation to other members of interprofessional teams. Assessment referrals will be varied and experiences can be geared toward the intern's assessment training goals. There is usually an emphasis on learning basic neuropsychological assessment in this rotation although this is not a full neuropsychological rotation.

We accept a wide range of intern abilities and experience in regards to assessment. We are prepared to provide direct, experiential training in this important area of functional competency.

DIVERSITY AND INCLUSIVENESS EXPERIENCES

As part of enhancing competency in Individual and Cultural Differences, interns are required to complete the following two training experiences:

- 1) Diversity and Inclusiveness Experiential Events: The interns, Training Director and interested staff will dedicate one full day in the fall and on full day in the spring to participate in a local cultural field trip. Examples include visiting a local silver mine to learn about the culture in the mountain west, visiting the Grand Junction's Museum of the West and/or Montrose's Ute Indian Museum. The intention of this event is to promote learning about aspects of the local culture and deepen understanding of the contextual factors influencing the Veterans that present for treatment.
- 2) Diversity and Inclusiveness Project: In collaboration with the Training Director, interns will take the lead on completing a project intended to promote appreciation for multiculturalism and inclusiveness within the hospital system. The goals of the project are a) to increase the intern's own appreciation for and understanding of individual and cultural differences and b) to influence the larger medical center system in order to create an increasingly diverse and inclusive environment in the long-term.

SEMINARS

Interns are required to attend two weekly 1-hour seminars that constitute the core of their didactic training. These seminars will occur in addition to the group supervision and team meetings that take place in the context of the Major and Minor Rotations. The seminars will be given by doctoral level clinical psychologists and occasionally will feature presentations by members of other disciplines (e.g., social work, psychiatrists, etc.).

- *Professional Development Seminar.* Interns will attend a weekly year-long seminar that will include didactic series on: effective clinical documentation, military culture, law and ethics, suicide prevention and management, diversity and cultural competence, self-care and self-awareness, development of one's career trajectory, employment/postdoc application process, negotiation and interview skills, rural mental health and supervision training. A series on interprofessional collaboration is also included in this seminar. In the second half of the year, each intern will give one presentation on a topic of interest and/or professional development experience (e.g., presentation of one's own dissertation defense) in this seminar. Interns are required to ensure this presentation is informed by science.
- *Evidence-Based Practice Seminar.* Interns will attend a weekly year-long seminar on case conceptualization and evidence based practice. This will include instruction on the process of case conceptualization, as well as a series on theory (e.g., emotion, learning/behavioral, cognitive). Training on implementation of evidence based protocols in the context of evidence-based practice will be included. In the second half of the year, each intern will give one case presentation in this seminar. Interns are required to ensure this presentation is informed by science.

RESEARCH AND PROGRAM DEVELOPMENT & EVALUATION

The primary focus of the internship training program is the development of applied, clinical skills. Opportunities for research are limited in the context of this small, rural VA setting. However, interns may have the opportunity for participation in clinically-relevant program development and evaluation. For example, an intern may identify a clinical programmatic need and develop a program to meet this need (e.g., development and evaluation of a group intervention for families of Veterans with SMI). Interns will only be permitted to engage in program development and evaluation once they have completed their dissertation. Participation in program development and evaluation or a research project is not required for completion of the internship. Interns will, however, receive training in and be evaluated on the integration of science and practice as outlined in the Competencies section of the training manual. In order to demonstrate this competency, interns present on one research article of interest in a staff meeting and also present on a research project or interest area in the professional development seminar.

SUPERVISION

The WCHCS has 13 doctoral level psychologists that are available as supervisors for the internship program. This constitutes a faculty/intern ratio of 6.5:1. Supervisors have regular weekly times for individual supervision. All interns have at two primary supervisors at any given

time in their Major Rotations and an additional supervisor in their Minor Rotation. Thus a *minimum* of three hours of face-to-face individual supervision is provided each week. In addition, interns receive another hour of supervision in the PTSD/SUD Group Supervision hour. Additional supervision and training each week occurs through other activities including, direct observation and feedback, modeling, case review, co-treatment with a supervisor, team rounds, and “as needed” consultation (with supervisors, other psychology staff, and treatment team staff). In certain rotations (eg., PCMHI), there is often a high level of “on the fly” supervision (this is not in lieu of individual supervision, but in addition to). For more information on our psychology staff and potential supervisors, please see the Training Faculty section at the end of this document.

In addition to direct supervision, interns receive guidance and support in monthly Training Director meetings and quarterly (and as needed) meetings with the Intern Mentor. The intern mentor is a non-evaluative, consultative psychologist independent of the supervisor relationship.

STIPEND AND BENEFITS

Interns receive a yearly stipend, set by Veterans Affairs Office of Academic Affiliation, for WCHCS this is currently \$26,234, which is paid in equal installments over 26 bi-weekly pay periods. In addition, as a government employee, interns are provided with a variety of benefits, including 11 paid holidays, 13 vacation and 13 sick days, and eligibility for health care benefits. Interns will also receive Authorized Absence for dissertation defense, presentation at a professional conference and/or taking the psychology licensure exam (maximum of 5 days). We strongly encourage interns to use their leave. Internship is an opportunity to balance work and self-care to firmly establish habits that promote a sustainable approach to one’s career. Additional information about VA stipends and benefits is available on the VA Psychology Training website <http://www.psychologytraining.va.gov/benefits.asp>.

INTERN RESOURCES

Interns are afforded the same respect and access given to psychology staff. Leadership provides the psychology interns with offices with individual computers, email, internet access and office supplies. Interns are given laptops and iPads to assist with training needs. Interns also use the shared group therapy rooms and all staff common space. Interns have access to the Computerized Patient Record System (CPRS) and VA Medical Library. Interns will be supported by the mental health medical support assistance staff, including appointment scheduling and phone messaging. As part of the VA, interns will have access to several Sharepoint sites that offer materials, archived presentations, journal articles and resource links on specific evidence based practices (e.g., DBT, ACT, PE, etc). They will also have the opportunity to participate in VA EBP consultation calls and VA video presentations that occur monthly for the various EBPs. Interns also have access to standardized assessment batteries (WAIS, RBANS, CVLT, etc.), Mental Health Assistant (a library of assessments integrated into the electronic medical record system), and the “internship library,” a selection of treatment and assessment books.

INTERN EVALUATION

Interns are formally evaluated in writing at the mid-point and end of each rotation. Having a minimum of at least three different supervisors, each intern gets a range of supervision experiences. Supervisors vary based on their style, focus, methods, theoretical perspectives and expectations. Across supervisors, we are consistent in our expectations that there should *not* be an element of surprise on a formal evaluation. In other words, an intern will be made aware of how he or she is doing on that rotation prior to rotation's end. To facilitate ongoing evaluation and meet the training needs of the intern, the intern's performance is regularly discussed during weekly individual supervision and among the training supervisors at monthly training committee meetings.

Interns receive formal, written evaluations from their supervisors on the extent to which they are meeting internship requirements and performance expectations with regard to the profession wide competencies. The feedback addresses the intern's performance and progress in terms of professional conduct and psychological knowledge, skills and awareness in the profession-wide competencies for psychology as outlined in the Standards of Accreditation. Additionally, interns meet with the Training Director at least monthly to exchange feedback. Mid-year, interns also receive a copy of the evaluation letter sent to their training program. This letter includes a summation of their written evaluations, an indication if the intern is on track to complete internship and comments on whether any concerns or issues have been noted.

INTERNSHIP EXIT CRITERIA

An intern has completed the WCHCS internship upon demonstration of the ability to function independently within their scope of competence at the level of development for an entry-level psychologist in a healthcare setting. More specifically, in our program, an intern is required to do the following to successfully complete internship:

- 1) Complete the 2080 hour internship.
- 2) Successfully pass all Major Rotations and Minor Rotations, per the minimum level of achievement specified by the program.
- 3) Attend all training seminars, scheduled supervisions, Training Director meetings, team meetings and Mentor meetings, unless arrangements have been made in advance for not attending (e.g., due to vacation).
- 4) Complete the Diversity and Inclusiveness Project.
- 5) Complete 1 Case Presentation and 2 Research Presentations
- 6) Complete a minimum of 3 comprehensive psychological assessments with a written report. Each one of these comprehensive assessments should include a minimum of 3 testing measures.
- 7) Complete at least 1 telehealth experience throughout the year. This would ideally be a therapy case of some kind however any telehealth clinical observation would satisfy this requirement.

- 8) Complete all required evaluations, including the self-evaluation, Supervisor and Rotation Evaluations, Program Evaluation and Exit Interview.

FEEDBACK FROM INTERNS

At the end of the internship year, interns provide comprehensive verbal and written feedback to the program as to what is working well and what needs to change. All aspects of the rotation are under review: rotations, supervisors, structure, orientation, etc. Feedback is also obtained during the exit interview which is conducted by the peer mentor. Initially, results are presented to the Training Director and subsequently at the training retreat to the entire training faculty. Interns are supported during this process and reinforced for giving direct feedback to improve the program. Ultimately, we aim for interns to provide constructive feedback directly to supervisors. The intent of this process is two-fold: 1) provide information to supervisors to improve the rotation, supervisor competency and enhance the internship program; 2) provide an opportunity for intern professional development in giving feedback. In addition to these two formal feedback sessions, there is an emphasis throughout the year on elicitation of feedback from the interns (by the Training Director and individual supervisors) as a means of identifying and remedying concerns early in the training year.

ADMINISTRATIVE POLICIES AND PROCEDURES

Due Process: All Interns are afforded the right to due process in matters of problem behavior and grievances. Due process and grievance policies are distributed to and reviewed with all interns during their first week of orientation at WCHCS.

Privacy policy: Our program does not require self-disclosure as part of the training year or application process. We will collect no personal information about you when you visit our website.

Self-Disclosure: This program does not require interns to disclose personal information to their clinical supervisors, except in cases where personal issues may be adversely affecting the intern's performance and such information is necessary to address these difficulties.

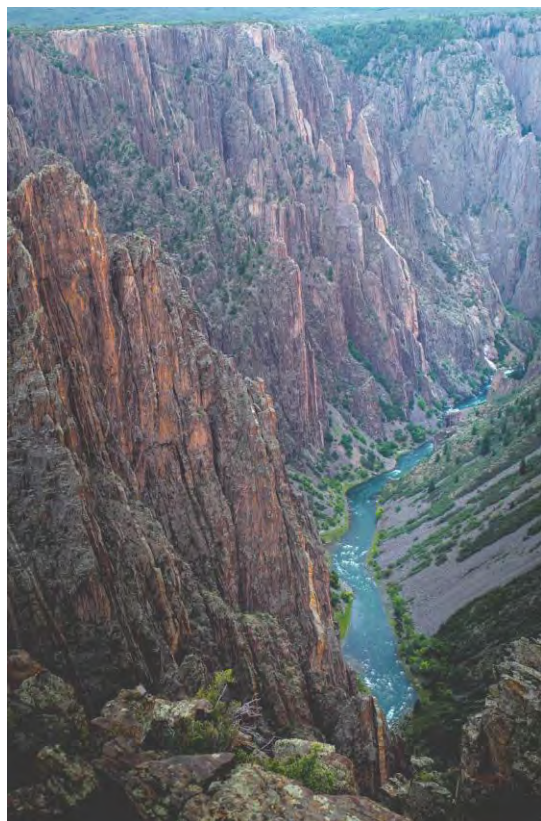


ABOUT GRAND JUNCTION AND THE WESTERN SLOPE OF COLORADO

Grand Junction is a moderately sized western town (population 63,000) located at the junction of the Colorado and Gunnison rivers in Mesa County (population 154,000). It is the largest city on the Western Slope of the Colorado Rocky Mountains and the unofficial capital of the “Grand

Valley.” Grand Junction has an historic downtown area with ample opportunities to enjoy entertainment, the arts and shopping. Las Colonias Park Amphitheater, a concert venue on the Colorado River, The Avalon Theater, a restored historic performing arts hall, The Western Colorado Center for the Arts and Colorado Mesa University are host to numerous music, theater, arts and cultural events.

Ten miles to the west of Grand Junction is Fruita, CO. Fruita is a premier mountain biking destination with a quaint downtown area, several family-friendly neighborhoods, a modern community center and easy access to hiking in the McInnis Canyons Natural Conservation Area. Ten miles to the east of Grand Junction, at the base of the Grand Mesa, is Palisade, CO. Palisade is considered the “wine country” of Colorado and is also famous for its peaches. Palisade is primarily an agricultural area; however, there is a small, hip downtown area. Between Grand Junction, Fruita and Palisade, there are several options for participation in community events (e.g., festivals, farmers’ markets, concerts, sporting events, etc).



For the outdoor enthusiast, the Grand Valley is a dream come true. Grand Junction sits on the north side of the spectacular Colorado National Monument and within close proximity to Dominguez-Escalante, Gunnison Gorge and McInnis Canyons National Conservation Lands where local hiking opportunities are abundant. Daytrips to Arches National Park (in Moab, Utah), Canyonlands National Park and Black Canyon of the Gunnison National Park are all possible. From downtown Grand Junction, you can easily drive to the Grand Mesa, the largest flat-topped mountain in the world rising to approximately 11,000 feet and spanning 40 miles. There are numerous outdoor recreation activities possible on the Grand Mesa, including hiking, fishing, mountain

and road biking, Nordic and downhill skiing (at Powderhorn Ski Resort), sledding, hunting and

camping. Additional outdoor activity opportunities abound in the canyons of Utah to the west, the Rocky Mountains to the east and the San Juan Mountains to the south. The premier ski towns of Crested Butte, Aspen and Telluride are all within a 2.5 hour drive (with no traffic!). Grand Junction is also famous for its local access to world class mountain biking, river rafting/kayaking and elk hunting. Furthermore, for those enthusiastic about geology, archeology, paleontology and American Indian culture, there are ample opportunities to learn and explore these areas of interest in the museums and on the public lands that surround Grand Junction.

More information on the Grand Valley and surrounding area:

<https://www.visitgrandjunction.com/>
<http://www.gofruitita.com/>
<http://visitpalisade.com/>
<http://www.gjihikes.com/p/colorado.html>
<http://www.coloradowestpride.org/>
<https://www.gjso.org/>
<https://www.nps.gov/colm/index.htm>
<https://www.nps.gov/arch/index.htm>
<https://www.nps.gov/cany/index.htm>
<https://www.nps.gov/blca/index.htm>
<http://hapgi.org/>
<http://gvpeacejustice.org/>
<http://coloradomesa.edu/>
<https://www.kafmradio.org/>
<https://mesacountylibraries.org/>
<https://mesacountylibraries.org/culturefest/>
<http://gjartcenter.org/wp/>
<https://museumofwesternco.com/>
<https://museumofwesternco.com/dinosaur-journey/>
<https://www.historycolorado.org/ute-indian-museum>
<http://gmnc.org/>
<http://www.powderhorn.com/>
<http://copmoba.org/colorado-plateau-mountain-bike-trail-association>
<http://www.avalontheatrefoundation.org/>
<http://granddayco.gjep.org/>

COVID-19 RESPONSE AND CONSIDERATIONS

At VA Western Colorado Health Care System, we take the health and safety of our interns and staff very seriously. We aim to be transparent with prospective interns about the response at our site and how this may impact the upcoming training year. The information presented here is the current status at our site, however this can change based on the evolving nature of the pandemic.

While many of our patients are seen remotely during the pandemic, we have transitioned back to seeing many of our patients face to face. The number of patients that are seen face to face in our clinic is monitored and adjusted based on rates of infection in our area. This is a community and hospital wide collaborative decision making process, a unique process in our rural community.

WCHCS has adopted very specific cleaning and safety procedures to minimize the risk of exposure to the COVID-19 virus. Interns should expect to wear a mask while at the hospital, engage in social distancing and to clean their offices following patient appointments that occur face to face. Cleaning supplies and necessary PPE are supplied by the hospital. Per OAA guidelines, supervisors are present on site while interns see patients face to face in the clinic.

Should infection rates climb, interns could be considered for telework (working from home and seeing patients remotely). We have had interns engage in telework at our site, however not during the entirety of the pandemic. Telework decisions are determined based on the current guidance from our hospital and individual intern needs. Interns at our site are given regular information about infection rates in our area and at our hospital to increase awareness of the situation and to inform decision making. Interns fill out telework agreements early in the training year so that should the need for telework arise, interns are prepared to make the transition as seamlessly as possible. Interns are provided with laptops and remote access to ensure the capability to telework. Extra supports are put into place for interns who telework to increase connectedness to supervisors and other trainees while not physically present in the clinic. Interns who engage in telework arrangements will likely participate in telesupervision. Telesupervision has been temporarily approved by OAA during the COVID-19 pandemic for telehealth visits. The trainees developmental level will be taken into account with regards to the level of independence in telehealth visits. For example, a supervisor may be virtually present during the trainee's telehealth appointments to support the trainee in building competence with a particular intervention and will gradually offer greater independence as the trainee builds the skills needed for independent practice. This is no difference in our current policy about appropriate graduated levels of responsibilities for interns who train at our site in accordance with VHA Handbook 1400.04. We want to assure interns, that appropriate amounts of supervision and guidance will continue to be provided even if a telework situation is implemented.

With regard to rotations offered at our site, we currently continue to offer all of our rotations during the pandemic. We will make every effort to continue to provide all rotations throughout the pandemic; however, should infections rates climb in our community, it is possible that some rotations or specific activities within rotations will temporarily be unavailable. As a training faculty, we are committed to ensuring that training needs are met even if this requires adjustment of training activities to virtual means or shifting to other available training opportunities.

All of our interviews are being offered through virtual means this year to ensure the safety of our staff and applicants. Please see the interviews and open house section of this brochure for specific information on how our interview procedures are being modified during the pandemic. We encourage interested applicants to direct any questions to the training director about the COVID-19 situation and response at our site: tabitha.emsley@va.gov.

TRAINING FACULTY

Below is a brief biography for each of our faculty. We hope these will give you a sense of the supervisors' clinical approach and interests and an idea of how they balance their professional and personal lives.

Spencer Baum, Psy.D.

Rotation Supervised: Assessment Rotation

Training Background:

- PsyD, Clinical Psychology, Indiana State University
- Internship, VA Black Hills Health Care System

Professional Areas of Interest/Expertise: Primary clinical experience in geropsychology and psychological/neuropsychological assessment in late adulthood. Professional interests in rural health, assessment, positive psychology, and psychology training/professional development.

Fun Facts: I lived in Guatemala as a young child and continue to enjoy traveling in and out of the US. I love spending time with my family and being in the outdoors. When I'm not at work or attending my kids' activities, I can be found on the water searching for my next big fish.

Email: Spencer.Baum@va.gov

Terrance Coombs, Ph.D.

Rotation Supervised: General Mental Health Major Rotation and Geropsychology Minor Rotation

Training Background:

- Ph.D., Clinical Psychology, The University of South Dakota
- Internship, Orlando VA Medical Center

Professional Areas of Interest/Expertise: Evidence-based PTSD treatments (PE and CPT), general mental health, marriage/couples therapy, geropsychology work in the CLC.

Fun Facts: For me, it is all about my family. I have 4 kids and love spending time outdoors with them and my wife. I enjoy running marathons and am starting to get into trail running. I am a huge sports fan so I love watching anything sports related on TV. I also like playing basketball, Frisbee and soccer.

Email: Terrance.Coombs@va.gov

Scott A. Emsley, Psy.D.

Internship Role: Veteran Recovery Center Staff

Training Background:

- Psy.D., Clinical Psychology, Spalding University
- Internship, VA Illiana Health Care System, Danville, IL

Professional Areas of Interest/Expertise: Relapse Prevention, Motivational Interviewing, Mindfulness, Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) and Psychologist Professional Development.

Fun Facts: A semi-professional area of interest for me is what I call the "Psychology of Money" (Debt, Savings and Retirement). One of the primary reasons I relocated to Grand Junction, CO was for snowboarding. Since arriving here, I have expanded that repertoire to include hiking, cycling and other outdoor adventures with my wife and son.

Email: Scott.Emsley@va.gov

Tabitha Emsley, Psy.D.

Internship Role and Rotation Supervised: Training Director and General Mental Health Major Rotation

Training Background:

- Psy.D., Clinical Psychology, Spalding University

- Internship: Illinois State University, Normal, IL

Professional Areas of Interest/Expertise: Mentorship and Training of Psychologists; Evidence-Based Practice, Dialectical Behavior Therapy, Mindfulness-Based Interventions, Prolonged Exposure, Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia

Fun Facts: I grew up in southwestern Kentucky and I am a University of Kentucky fan and alumni. I am a busy mom to two rambunctious little boys. Most of my free time is focused on family. I also enjoy staying active through hiking and very much enjoy the Colorado scenery.

Email: Tabitha.Emsley@va.gov

Kara Harmon, Ph.D.

Rotation Supervised: PCT (PTSD Clinical Team) Major Rotation

Training Background:

- Ph.D., Counseling Psychology, Brigham Young University
- Internship: University of Florida Counseling Center, Gainesville, FL

Professional Areas of Interest/Expertise: PTSD/Substance Use Disorder (PCT Program Manager), Prolonged Exposure and Acceptance and Commitment Therapy along with other EBTs (IPT, IBCT, CPT, CBT-I, MI/MET) and evidence based practice in general, Mindfulness Meditation, former National Consultant for the VA's PE Initiative.

Fun Facts: When not biking, hiking, snowshoeing, teaching yoga, or engaged in other activities my knees have not yet vetoed, you can find me reading (i.e., dozing) in my hammock or couch surfing while watching an episode of my favorite off-beat comedy; the ultimate indulgence, however, is savoring a delightful meal (which, preferably, I took no part in preparing).

Email: Kara.Harmon@va.gov

G. Channing Harris, Ph.D.

Internship Role: Internship Mentor

Training Background:

- Ph.D., Clinical Psychology with an emphasis in Health Psychology, Fielding Graduate University
- Internship, VA Central Western Massachusetts Healthcare System
- Postdoctoral Fellowship, Chronic Pain Wellness Center at Phoenix VA Healthcare System

Professional Areas of Interest/Expertise: Health psychology, biopsychosocial approaches to treating chronic medical conditions including chronic pain, psychopharmacology, attention to clinical process in implementing evidence-based psychotherapies, psychoanalytic psychotherapy, group process, self-management research, identity development and change, and personality and neurocognitive assessment.

Fun Facts: When not cooking or engaged in one of a variety of projects around the house, I enjoy exploring my new surroundings. I'm also an ardent consumer of science fiction literature.

Email: gary.harris5@va.gov

Joseph Horner, Ph.D.

Rotation Supervised: Primary Care Mental Health Integration Minor Rotation

Training Background:

- Ph.D., Clinical Psychology, Brigham Young University

- Internship, University of Oklahoma Health and Science Center with the Oklahoma Health Consortium
- Postdoctoral Fellowship, Center of Excellence in Primary Care Mental Health Integration at Louis B. Stokes VA Medical Center in Cleveland, Ohio

Professional Areas of Interest/Expertise: Medical Personnel Education, Warm Handoffs, Psychotherapy Outcome Research

Fun Facts: Grand Junction is somehow NOT the smallest town I've lived in! I enjoy videogames and spending time with my kids. And, I somehow accrued over 15k tweets about NBA basketball. I am pretty sure I am the only person in town that is not an avid hunter, hiker or mountain biker. I've never met a buffalo wing I didn't like.

Email: joseph.horner@va.gov

Megan McBratney, Psy.D.

Internship Role and Rotation Supervised: General Mental Health Major Rotation Supervisor
Training Background:

- Psy.D., Clinical Psychology, Azusa Pacific University
- Internship: VA Black Hills Health Care System, Sturgis, SD

Professional Areas of Interest/Expertise: General mental health with expertise in areas such as: Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, and Cognitive Processing Therapy.

Fun Facts: I'm originally from Southern California but I enjoy the smaller city lifestyle here in Colorado (no traffic!). I try spending most of my time outdoors either cycling (gravel, road, and mountain), running, or hiking. I also very much enjoy riding and training horses (Dressage, Show Jumping, and Western Trail) and the last horse I trained was a wild mustang.

Email: Megan.McBratney@va.gov

Merry Sylvester, Ph.D.

Rotation Supervised: HBPC Minor Rotation

Training Background:

- PhD, Clinical Psychology, University of Nevada, Reno
- Internship, University of Washington School of Medicine
- Postdoctoral Fellowship, University of Washington School of Medicine

Professional Areas of Interest/Expertise: Geropsychology, rehabilitation psychology, neuropsychology, civil capacity evaluation, modification of psychotherapy for individuals with cognitive impairment, Acceptance and Commitment Therapy, interdisciplinary team work, medical personnel education, and rural health.

Fun Facts: I love spending time outdoors with my kids, rock climbing, hiking and exploring the canyons, mountains, rivers and other magical places here on the Western Slope.

Email: Merry.Larson@va.gov

Carla M. Nappi, Ph.D.

Internship Role: Chief of Mental Health

Training Background:

- Ph.D., Clinical Psychology, Rosalind Franklin University of Medicine & Science
- Internship, University of California San Diego/VA San Diego Healthcare System

- Postdoctoral Fellowship, Evidence Based Psychotherapy for Mood Disorders and Suicidality at University of California, San Diego/VA San Diego Healthcare System

Areas of Interest/Expertise: Behaviorism; Third Wave CBT (especially Dialectical Behavior Therapy); Enhancing therapist expertise/therapist consultation

Fun Facts: I gave up the surf of San Diego for the mountains of Colorado and have not looked back! I love any activity that gets me outside. My latest obsessions are climbing the steep hills that surround Grand Junction on my bike and lugging my toddler around the cross-country ski trails on the Grand Mesa.

Email: Carla.Nappi@va.gov

Lindsey J. Nelson, Ph.D.

Internship Role: Training Committee Member—PCT/SUD (PTSD Clinical Team/Substance Use Disorders)

Training Background:

- Ph.D., Counseling Psychology, Texas Woman's University
- Internship: VA Western Colorado Health Care System, Grand Junction, CO

Professional Areas of Interest/Expertise: PTSD, ACT, Mindfulness, CPT, CBT-I, and COPE. I have enjoyed working with patients in many different settings including community mental health, a state hospital and among aviators at a military treatment facility. I find my work at the VA among the Veterans in Grand Junction to be highly rewarding.

Fun Facts: I enjoy camping with family just as long as I can extend the season in the warm, western Colorado climate. I enjoy mountain biking, hiking and fishing in the fall, and heading for the slopes in the winter. On nearly every weekend in between, I can be found working on some type of home improvement project around the house.

Email: lindsey.nelson@va.gov

Jordan Pekevski, Ph.D.

Rotation supervised: General Outpatient Mental Health Major Rotation

Training Background:

- Ph.D., Clinical Psychology, University of South Dakota
- Internship, Cincinnati VA Medical Center

Areas of Interest/Expertise: Serious mental illness, substance use disorders, residential and inpatient care, disaster mental health, Cognitive Behavior Therapy, and Dialectical Behavior Therapy

Fun Facts: I was born and (mostly) raised in Macedonia. I voluntarily moved from Chicago to a small town in South Dakota to go to grad school (they had training in disaster mental health, which I ended up specializing in). I worked with the UNHCR in Ethiopia for about 3 months, providing assessments and recommendations regarding psychosocial services provided in refugee camps. In the past decade, I have worked in inpatient/residential settings. I enjoy reading, especially sci-fi. I have a 4-year-old daughter who monopolizes my time and I try to keep her active by taking her to some of the easier hikes around the Grand Junction area.

Email: Jordan.Pekevski@va.gov

Cristal E. Weeks, Ph.D.

Rotation supervised: Veteran Recovery Center (outpatient substance use disorder treatment minor rotation)

Training Background:

- Ph.D., Clinical Psychology, University of Wisconsin-Milwaukee, Milwaukee, WI
- Internship, Southwest Consortium Predoctoral psychology Internship, Albuquerque, NM
- Postdoctoral Fellowship, Rural Mental Health Postdoctoral Fellowship, Gulf Coast Veterans Health Care System, Biloxi, MS

Areas of Interest/Expertise: Third Wave (e.g., ACT, FAP, DBT) and Evidence-Based Psychotherapies, Treatment of SUD in Veterans, interprofessional training and education, Program development, Use of telemental health to improve access to services for rural Veterans

Fun Facts: Reading comics (especially DC and Independent titles), playing video games, board games, and table-top RPGs are my jam, and my husband and I were very excited to move to Grand Junction where we get to balance our nerdiness with other outdoor activities (where there is no humidity!). So far we have fallen in love with hiking and gardening here in GJ, and look forward to getting into fishing and camping next.

INTERNSHIP ADMISSIONS, SUPPORT AND INITIAL PLACEMENT DATA

Internship Program Admissions

Date Program Tables are updated: 8/4/21

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:

Our training program is committed to providing high-quality *generalist* education in the context of a *rural* setting. We emphasize a scholar-practitioner model with a focus upon the clinical application of psychology that is informed by science and grounded in the needs of the local community. This approach is ideal for applicants with a strong clinical background, appreciation for the thoughtful application of research and interest in the influence of local, contextual factors. Applicants who are interested in a) pursuing a clinical career in the VA system and/or in a rural setting, b) learning evidence-based practice and c) looking for a small, friendly and close-knit training atmosphere will likely feel the WCHCS internship program is a good fit for them. We aim to maintain a welcoming training environment that values cultural and individual differences. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented / disadvantaged groups. We strongly encourage students from diverse backgrounds to apply.

Applicants must meet the following prerequisites to be considered for our program:

1. United States Citizen (per VA Policy)
2. Enrolled in an American Psychological Association or Canadian Psychological Association accredited Clinical or Counseling Psychology Doctoral Program and approved by the program's Director of Clinical Training as ready for internship.
3. Completion of all required coursework and qualifying examinations by start of internship. Candidates preferably will have only minor dissertation requirements remaining.
4. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be selected as a paid VA trainee.

5. Per VA policy, interns must pass fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
 6. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are subject to random selection for testing as are other VA employees.
 7. Documentation that vaccinations are up to date and maintenance of a current flu vaccination during the training year.
- Please see page 3 of this brochure for additional detail on eligibility.

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	<input checked="" type="checkbox"/> Yes	No	Amount: 250
Total Direct Contact Assessment Hours	<input checked="" type="checkbox"/> Yes	No	Amount: 50

Describe any other required minimum criteria used to screen applicants:

There are no additional required minimum criteria used to screen applicants.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$26,297	
Annual Stipend/Salary for Half-time Interns	Not applicable	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	No
Coverage of domestic partner available?	Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	No
Other Benefits (please describe): Federal Holidays (11 days). Authorized Absence (up to 40 hours for professional conferences, licensure exam and/or dissertation defense).		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2020	
Total # of interns who were in the 3 cohorts	7	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	2	2
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	3	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.