

## Psychology Internship Program



VA Central Iowa Health Care System  
3600 30th Street  
Des Moines IA 50310  
(515) 699-5999  
<http://www.centraliowa.va.gov/>

**APPIC Match Number: 124812**  
**Applications due: November 15**

Dear Prospective Interns,

Thank you for taking time to review our brochure and consider our program here at the VA Central Iowa Health Care System. We understand the process of applying for internship is quite a challenge and a huge time commitment! We hope the information contained within this brochure will assist you in the application process.

We believe the greatest strength of our program is the flexibility we offer to help each intern meet their own individual training goals. We do not require interns to complete specific rotations, but instead offer a variety of experiences that interns can participate in throughout the year. Interns may decide to set up their training plans with more traditional major and minor rotations, or they may decide to combine multiple experiences in a given trimester (not officially selecting a “major” rotation, but combining multiple “minor” rotations). Being creative with the training plan in order to meet one’s goals is encouraged, as long as the intern dedicates 25% of their time to direct contact hours (10 hours per week), 10% of their time to supervision (averaging 4 hours per week), and 5% of their time to didactic training (averaging 2 hours per week).

VA Central Iowa, as well as the VA in general, is dedicated to training clinicians in evidence-based practices and ensuring they are offered to our Veterans. Each rotation should allow you the opportunity to learn and improve your skills with evidence-based practices geared toward the population you are treating. You will notice the references to evidence-based practices throughout the rotation descriptions. In addition, you will also notice there are opportunities to participate in program evaluation and revision. As part of our focus on providing the most effective treatment to our Veterans, many of our programs actively involve the intern in evaluating the program and discussing interventions for further improvement. Quality improvement is also one of the main areas of focus when interns choose their intern project for the year.

Interns find they have very full schedules throughout the day; however, we also believe very strongly in a balance between work and personal life. Each week the interns work 40 hours per week, with no expectation that they work additional hours. The Des Moines area offers many opportunities for entertainment and a high quality of living. The cost of living in Des Moines is very reasonable when compared with larger cities in the Midwest. Furthermore, the downtown area was recently identified (July 2014) as the #1 “up-and-coming downtowns” by Fortune for its growing music and food scene. Additional accolades for the Des Moines metro area can be found below.

We thank you for taking time to review and familiarize yourself with the internship program. This is a capstone experience in your professional development, and we appreciate your consideration of our site!

Best of luck in your internship journey!

**For more detailed information about the VA Central Iowa Health Care System Psychology Internship Program (e.g., administrative policies and procedures), please request an electronic copy of the Internship Program Manual from:**

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Director of Psychology Training  
VA Central Iowa Health Care System (116B)  
3600 30th Street  
Des Moines IA 50310  
(515) 699-5999, extension 7841 or 2018  
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## **Accreditation Status**

The Predoctoral Internship in Professional Psychology at the VA Central Iowa Health Care System is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and is fully accredited by the Commission on Accreditation of the American Psychological Association. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org) / Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## **Application and Selection Procedures**

All APPIC member internship programs are required to use the APPIC Application for Psychology Internship (AAPI) Online. Go to [www.appic.org](http://www.appic.org) to complete the online AAPI. To register for the APPIC Match, go to <http://www.natmatch.com/psychint>.

For a complete list of mandatory federal eligibility requirements that apply to all VA internships, please visit <http://www.psychologytraining.va.gov/eligibility.asp>.

Applications for our internship positions are due by November 15. Applicants must be U.S. citizens who are doctoral students in APA-approved clinical or counseling psychology programs. They must have completed their comprehensive exams and have approval for internship status from the Training Directors of their respective graduate programs. Areas that we consider when selecting interns, but for which we do not have specific standards, include experience with standard personality and intelligence tests. We prefer applicants who have a scientist-practitioner background, and who possess a solid grounding in empirical psychology as demonstrated by the applicant's research experience and publication record.

The VA Central Iowa adheres to all Federal and VA policies and procedures pertaining to Equal Opportunity Employment (e.g., as articulated in the VA Office of Diversity and Inclusion document *Recruitment and Selection Best Practices Guide: Avoiding Equal Employment Opportunity (EEO) Pitfalls to Create a Diverse Workforce* [April 2010]) and diversity enhancement (e.g., as articulated in the VA Office of Diversity and Inclusion document *Diversity and Inclusion Strategic Plan for FY 2012-2016* [March 2012]). These and other VA policies pertaining to EEO and diversity may be found at: <http://www.diversity.va.gov/>.

Furthermore, the VA Central Iowa has an active facility-level Equal Opportunity Employment and diversity enhancement program. This program is administered by our Equal Employment Opportunity Manager, with the assistance of the facility's People with Disabilities Program Manager, the Hispanic Employment Program Manager, and the Federal Women's Program Manager. Additional information regarding this

facility's diversity enhancement initiatives is provided in the annual MD-715 EEO Program Status Report, which is available upon request from this facility's EEO Manager.

Finally, the internship program itself actively promotes diversity and inclusion within both our intern classes and the psychology faculty. Consequently, students from diverse backgrounds are strongly encouraged to apply. Aspects of diversity include, but are not limited to: age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

## ***Training Model and Program Goals***

The primary purpose of the internship program is to assist predoctoral graduate students in clinical or counseling psychology in evolving into competent professional psychologists who are ready to assume the responsibilities of entry-level doctoral psychologist positions. The program operates under a scientist-practitioner model, with psychological science explicitly informing clinical practice, and it provides a healthy interaction between 1) enhancing the quality of patient care and 2) providing professional growth opportunities for psychology interns. We encourage interns – in collaboration with their graduate school faculties and the VA Central Iowa psychology staff – to tailor the course of the internship so that the training experiences reflect their goals and anticipated professional roles. A range of rotation options are offered (see below), and we frequently arrange for interns to participate in other clinical and administrative activities that are not included in this “menu.”

Within this flexible framework, we expect that, by the end of the internship year, interns will have attained levels of competency in the areas of assessment/diagnosis/case conceptualization, intervention, consultation, research/evaluation, supervision/teaching, and management/administration that would be expected of early-career psychologists who are ready for supervised post-doctoral practice. In addition, we expect that interns will continue to develop their competence in working with patients from diverse backgrounds. As noted above, aspects of diversity include, but are not limited to: age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

## ***Program Structure***

The VA Central Iowa psychology staff—including psychology interns—provide a comprehensive range of services to Veterans, including psychotherapy, assessment, rehabilitation, and psycho-education, and they enhance patient care through close collaboration with other service providers. The internship program is viewed as an integral part of the mission of the VA Central Iowa Health Care System, which is to provide the highest quality patient care to the nation's Veterans.

The program is a fully APA-accredited, full-time, one-year program that begins in early July. The intern is required to gain 2080 hours during the internship year. A 40-hour week provides adequate time in which to meet expectations for patient contact hours, supervision, report writing, and other training activities. In addition, opportunities exist for interns, based on their particular needs and interests, to become involved in projects or clinical activities that take them beyond the minimum program expectations.

**Course of the Internship:** During the first two weeks of the internship year, interns participate in orientation to the VA Central Iowa Health Care System, familiarize themselves with relevant VA, facility, and internship program policies and procedures, and meet individual staff members. At the end of the orientation, interns draft a statement of training goals, and identify rotations and other training activities for the twelve-month period. This plan may be revised to accommodate changes in training goals that occur during the internship year. Although the percentage of time spent participating in the various activities that constitute the internship (e.g., assessment, individual and group psychotherapy, consultation) may vary somewhat between rotations, each intern participates in a minimum of ten hours of direct patient contact, four hours of supervision, and two hours of didactic training per week.

**Rotations** typically last about four months, dividing the internship year into three trimesters. Some rotations are considered “major” rotations, which indicate that they will provide at least 16 hours of activity per week. Some are considered “minor” rotations, which indicate that they will provide less than 16 hours of activity per week. Some “major” rotations are offered as “minor” rotations at the supervisors discretion. Please note that two or more of the rotations/activities may be combined during a given trimester, based on an intern’s training needs/preferences and scheduling considerations associated with the rotations/activities in question.

The following rotations are considered “major” rotations:

**Acute Psychiatric Unit:** The Acute Psychiatric Unit is an 11-bed unit serving Veterans in need of high-intensity mental health care. Veterans admitted to the unit may be voluntary, under a court commitment, or signed in via their legal guardian or Durable Power of Attorney for Health Care (DPOA-HC). The length of stay on the unit is generally very brief (2-5 days), with the main focus of treatment being psychiatric stabilization, medication management and discharge planning. Veterans admitted to the unit have a wide range of diagnoses; however, the following is a list of the most common areas of treatment focus: Bipolar Disorder, Schizophrenia, Schizoaffective, Substance Abuse, Depression, Dementia, Personality Disorders, and Post Traumatic Stress Disorder. Treatment on the Acute Psychiatric Unit involves a treatment team comprised of a psychiatrist, a psychiatric nurse practitioner, a psychologist, nursing staff, medical nurse practitioner, social worker, and peer support specialist. Additional programming is conducted by various disciplines including: recreational therapy, nutrition and chaplain. Specialty services, such as physical therapy, occupational therapy, speech therapy, neurology, etc., also provide services when needed. The psychologist on the unit provides consultation, completes assessments, conducts brief therapy, leads therapy groups, participates in team meetings and guides program development and monitoring. Interns would be able to provide consultation, provide individual brief therapy, conduct personality assessment and cognitive screeners, lead/co-lead groups, and attend treatment team meetings. Interns also have the opportunity to be involved in programming evaluation and revision.

**Inpatient Dementia Care Services:** The Inpatient Dementia Care Services rotation provides behavioral treatment approaches to Veterans residing in the Community Living Center (CLC) who demonstrate challenging dementia-related behaviors. Veterans may reside on either the unlocked or locked CLC units (formerly the Behavioral Recovery Unit). Veterans who reside on the locked unit generally have higher levels of aggression and/or demonstrate wandering behaviors that prevent their placement in a less restrictive setting. Veterans on the locked unit may demonstrate physical aggression, verbal aggression, sexually inappropriate behaviors, wandering behaviors, resistance with cares, and/or medication refusal. Veterans on the unlocked unit generally demonstrate verbal aggression, resistance with cares, and/or medication refusal, although infrequent and mild physical aggression and mild sexually inappropriate behaviors are not uncommon. The STAR-VA program is the main treatment model on both units, which focuses on behavioral (non-pharmacological) approaches to treating challenging dementia-related behaviors. The four core components of STAR-VA include helping staff understand dementia and develop realistic expectations of Veterans with dementia, enhancing communication, identifying and changing the activators and consequences of challenging dementia-related behaviors, and promoting pleasant events. Implementing the STAR-VA model includes collaborating closely with interdisciplinary team members, families, and Veterans on behavioral assessment and treatment planning. Using this team based approach, interns will help identify challenging behaviors, the activators that trigger these behaviors, and the consequences that make the behaviors continue, worsen, or improve. Through such assessment, the intern will help the team develop a behavior plan that changes the activators/consequences in order to attain an identified goal behavior. Such behavioral assessment and treatment planning occurs in a variety of contexts, such as behavior rounds, interdisciplinary team meetings, informal discussions on the unit, etc. Once developed, interns will also be responsible for effectively disseminating ABC behavior plans to staff partners across disciplines and shifts. In addition, staff partners (including ALL disciplines) are engaged in offering Veterans pleasant activities that range from informal conversations to structured group activities. Examples of activities frequently offered on the unit include: pleasant conversations, coloring, balloon toss, current events, walking with the Veteran, canteen visits, time outside on the patio, food-based activities, pet therapy, celebrations of special

events, reminiscing, and a range of community outings organized by recreational therapy. In addition to the STAR-VA program, interns may also be involved in developing behavior plans for individuals who are cognitively intact but still demonstrate challenging behaviors in the CLC. There are also a variety of assessment opportunities, as well as ample opportunity to provide individual, evidence-based psychotherapy for individuals in the CLC who are struggling with depression, anxiety, grief and loss, insomnia, etc. Interns participate in interdisciplinary treatment team meetings, ongoing program development, behavioral consultation, staff training, and provide direct clinical services to Veterans including psychological assessment, behavioral assessment, and individual and group therapies. Interns are also expected to engage in impromptu pleasant events on the unit (e.g., pleasant events, coloring, balloon toss, walking with Veterans, etc.), as well as model implementation of behavior plans with Veterans.

**PTSD (Outpatient and Residential):** The PTSD Program at the Des Moines VA Medical Center consists of both residential and outpatient components. The former focuses primarily on combat PTSD, and utilizes group and individual treatment modalities. On the other hand, the outpatient program provides treatment for PTSD that is associated with both military and civilian (e.g., childhood) traumas. A significant percentage of Veterans diagnosed with PTSD also are dealing with co-occurring substance use disorders. Empirically supported treatments – individual Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy – figure prominently in both the outpatient and residential programs, although other individual psychotherapy approaches (e.g., non-manualized cognitive-behavioral therapy for PTSD) may be utilized on the basis of clinical judgement and patient needs/preferences. In general, interns participating in the PTSD rotation have the opportunity to develop/refine skills in individual psychotherapy and group facilitation, and are asked to design and implement a psycho-education course or therapy group for the residential PTSD program. Interns will have an opportunity to work with Veterans in both a residential and outpatient treatment setting. Interns can develop skills in individual psychotherapy (e.g., Prolonged Exposure), group facilitation, and designing/conducting a psycho-education course of therapy group. Usually the first portion of the PTSD rotation involves sitting in on PTSD classes in the domiciliary to observe different teaching styles and content. In addition, interns will develop and lead his/her own group within the domiciliary.

**Neuropsychology Consult Service:** The Neuropsychology Consult Service at the VA Central Iowa Healthcare System provides comprehensive neuropsychological evaluation services to Veterans presenting with a wide range of medical, psychiatric, and psychosocial issues, including Alzheimer's disease, Lewy body disease, frontotemporal lobar degeneration, Parkinson's disease, multiple sclerosis, epilepsy, normal pressure hydrocephalus, metabolic syndrome, cerebrovascular accident, and traumatic brain injury. Many Veterans seen in the Neuropsychology Consult Service also present with additional psychiatric and/or substance use disorders. Most neuropsychological services are provided on an outpatient basis, although inpatient assessment opportunities are frequently available for Veterans currently admitted to either medical or psychiatric units within the hospital. Interns will participate in a variety of supervised training experiences during the rotation, including reviewing medical records/consults, conducting clinical interviews, administering and scoring neuropsychological tests, interpreting neurocognitive data, writing comprehensive integrated neuropsychological reports, and providing interpretive feedback of evaluation findings to Veterans and their families. There are also supervised training opportunities that include assessment of personality and academic achievement.

**Primary Care Behavioral Health Team:** The Primary Care-Behavioral Health Team consists of two psychologists, a psychiatrist, a pharmacist and a registered nurse providing integrated behavioral health care within the Patient Aligned Care Teams (PACT) at the Des Moines VAMC. The PCBH Team provides same day initial assessment, triage, and consultation for patients with a wide range of psychological, medical, or co-morbid conditions presenting in the primary care setting. PCBH psychologists provide brief treatment for appropriate presenting issues such as mild-moderate depression and/or anxiety, adjustment issues, alcohol misuse, health behavior changes and medical adherence issues. Within the primary care setting you may only have one opportunity with a patient to provide brief assessment and intervention. We view every opportunity to see a patient as one that can positively impact their health and well-being. As a result, it is important to being able to quickly connect with patients and their loved ones. Similarly, one must be able to conceptualize presenting problems that can both inform patients and their medical

providers to enhance patient care. In addition to developing effective clinical skills when working with patients, we strongly emphasize the importance of developing collaborative working relationships with a wide-range of hospital staff and medical professionals. Interns are expected to develop skills in the following areas within the primary care setting: 1) initial assessment and triage, 2) delivery of brief, evidence-based interventions, and 3) professional consultation with medical and mental health providers.

**Substance Use Disorder Clinic:** The Substance Use Disorder (SUD) Outpatient program serves Veterans in need of outpatient SUD treatment at an extended outpatient treatment (1.0) level of care. Psychosocial assessments are used in order to evaluate Veteran's co-occurring needs and appropriately diagnosis substance use disorders. The American Society of Addiction Medicine (ASAM) criteria is used to determined Veterans' needs related to withdrawal, biomedical conditions, emotional/behavioral complications, readiness to change, relapse and continued use potential, and recovery environment. Veterans are encouraged to engage in individual therapy and group programming. Options for programming consist of Anger Management/SUD, Relapse Prevention, Seeking Safety, Harm Reduction, Men's Recovery, Healthy Relationships, early intervention process group, Integrated DBT and 12-steps, and Living Skills. Veterans are asked to engage in a 16 week treatment episode, where they attend programming and receive individual SUD focused therapy. After completion of a treatment episode, they are offered aftercare treatment to help sustain a successful recovery. Interns would have the opportunity to develop/refine individual psychotherapy, assessment, and group facilitations skills. They would learn how to effectively use a variety of assessment tools, to include a psychosocial assessment, ASAM, Brief Addiction Monitor, and Urica. Additional opportunities could exist to participate in program development.

The following rotations are considered "minor" rotations:

**Evidence-Based Practice for PTSD via Telemental Health:** The PTSD Clinic at the Marshalltown CBOC provides specialized outpatient PTSD interventions that serve both male and female Veterans with a principal diagnosis of PTSD or Other Specified Trauma- and Stressor-Related Disorder related to a variety of traumatic experiences, including combat, non-combat, and military sexual trauma (MST). Many patients in the PTSD Clinical Team (PCT) have other co-occurring diagnoses and are active in treatment in other areas of mental health (e.g., Substance Abuse Treatment Program, Mental Health Clinic). The clinic provides both group therapies and individual treatment in the two modes with the most empirical support: Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy. Treatment approaches for dually-diagnosed Veterans with PTSD and substance abuse disorders are also provided (e.g., Seeking Safety), as well as interventions based in mindfulness and Dialectical Behavior Therapy (DBT). Groups that have been offered at the Marshalltown CBOC include, In Vivo Exposure, Skills Training in Affective and Interpersonal Regulation (STAIR), and DBT. Interns will participate in a variety of training experiences during the rotation, including formal training and supervision in empirically-supported treatments, comprehensive PTSD assessments, monthly PTSD Lecture Series, monthly MH Journal Club, and program development within the field of PTSD. The caseload will include one to two individual psychotherapy patients in addition to the opportunity to co-facilitate one outpatient group (e.g., In Vivo, PTSD and Chronic Pain, CBT-I, DBT, Seeking Safety). Comprehensive PTSD assessment opportunities may be available, which may involve administration of the CAPS (opportunities dependent upon patient referrals).

**Violence Risk Assessment and Disruptive Behavior Rotation:** The Violence Risk and Disruptive Behavior rotation is primarily an administrative experience. The major components of this rotation are the Disruptive Behavior Committee (DBC) and Workplace Violence Prevention Program (WVPP). The DBC is a committee which handles triage, assessment and management of disruptive behavior by patients in any of the facility in the VACIHCS. The mission of the DBC is somewhat unique in the world of threat assessment in that the VA cannot ban or bar eligible Veterans from care and must find, often creative, ways to allow Veterans access to the care for which they are eligible while also maintaining a safe and therapeutic environment for all patients, visitors and staff. Examples of the types of incidents reviewed by the committee typically would include physical assault, verbal abuse, harassment, threats, and inappropriate communications. Intern can be involved in any aspect of the process, from simply attending meetings to participating in the triage reports, threat assessment and devising management strategies. Additionally interns would be able to participate in other aspects of the WVPP, which include data

gathering and analysis of disruptive incidents within the facility, training of staff across a range of issues related to violence risk, mitigation strategies and personal safety as well as policy creation or revision and program evaluation. This rotation has limited and sporadic opportunities for direct clinical hours and is best as a minor rotation or experience. However it is highly flexible and can be easily tailored to work within individual interests and schedules. Interns would have the opportunity to provide consultation on threat assessment and risk mitigation, conduct triage of initial reports of disruptive incidents, participate in threat assessment and management of individual cases, attend DBC meetings, participate in training for staff on WVPP content areas and conduct programming evaluation and revision.

**Dementia/Depression Evaluations:** Interview and history, the about 40 minutes of testing, followed by interpretation of results to patient and family (if present) and write up of results. Intern progresses through development of skills. Observes evaluations initially, then scoring the tests, then administering testing, then write up of results.

**Couple and Family Therapy:** Couple and family therapy services are now offered in both outpatient mental health, and in our residential facility. We offer services to any Veteran and their significant other struggling in their relationship, or seeking premarital therapy, as well as to Veterans and their families. There are currently two groups available for Veteran participation (Relationships and Parenting), and a third for Veterans' support persons. In outpatient mental health, we have only recently begun targeting services to couples and families. This means there is a unique opportunity to assist in program development should there be interest. Clinically, interns will be provided their own caseload of one to two couples/families, as well as the possibility of facilitating groups and acting as a co-therapist. Skill development will focus on learning how to provide psychotherapy from a systems perspective, while utilizing evidenced-based and empirically supported family therapy models. Additionally, sex therapy assessment and intervention will be discussed.

**CLC Administrative Rotation:** The CLC Administrative Rotation is unique in that it provides interns with a rotation specifically focused on administrative activities. Interns who have an interest in or future career goals for becoming involved in administration may benefit from gaining these experiences during their training year. Depending upon when interns take this rotation, they may be able to gain experience in program development, program evaluation, policy revision and development, staff training, meeting accreditation standards, preparing for site visits, and interacting with different levels of leadership. Although this rotation offers valuable training experience, it will provide little to no direct patient contact hours. Therefore, interns must be cognizant of the need to supplement this experience/minor rotation with other activities that provide sufficient direct contact hours to meet the overall training program requirements.

**Supervision:** Interns receive abundant informal supervision and consultation daily from staff and fellow interns. Formal supervision is provided to ensure a minimum of four hours per week of structured contact. Interns meet each week with the supervisors of their rotations and other clinical activities, and both individually and as a group with the Director of Training. Finally, interns are encouraged to meet with each other for informal peer consultation to discuss internship experiences, psychotherapy and assessment cases, and so forth.

## ***Didactic Training***

Didactic seminars and presentations are offered several times per month. Interns' needs and interests, as well as staff areas of specialty, are considered when we develop the training schedule each year. To develop teaching competence, interns provide presentations in several formats, such as psychoeducational modules for patients, in-service presentations to Mental Health staff, and didactic presentations to other interns and the psychology faculty.

## ***Program Development Projects***

Interns are required to complete a formal program development project during the internship year. These projects entail the data-driven assessment and modification of some substantive aspect of VA Central

Iowa mental health services or programming, and are an integral part of our efforts to promote an empirical approach to the practice of psychology.

## ***Requirements for Program Completion***

To provide feedback and to assure progress toward successful completion of the program, interns and their supervisors participate in monthly constructive and mutual written evaluations. By the end of the training year, interns attain levels of competency in the areas of assessment/diagnosis/case conceptualization, intervention, consultation, research/evaluation, supervision/teaching, and management/administration that would be expected of early-career psychologists who are ready for supervised post-doctoral practice. In addition to completing a program development project, interns are required to attain a minimum of 520 hours of direct patient contact, 104 hours of structured didactic training on psychological topics, 104 hours of individual supervision, and 208 hours of total supervision.

## ***Facility and Training Resources***

**Employee Fitness Center:** Interns will have access to use the fitness facility on campus. This facility is open 24/7 and is accessed through the employees ID badge.

**Library:** The VA Central Iowa has an excellent medical library of about two hundred print journal titles. The library also provides numerous searchable electronic databases (e.g., PsycINFO and PsycARTICLES), as well as journals in electronic format. Interlibrary loans are available.

**Computer Facilities:** The VA utilizes a fully computerized patient records system that is considered to be a national model. Psychology staff members (including interns) use the VA Central Iowa computer network for clinical documentation, electronic mail, and psychological testing. Each intern has their own computer terminal with access to the network.

## ***The Use of Social Media by Applicants and Interns***

We expect that our applicants and interns maintain a level of professional decorum in their use of all types of social media that is consistent with their roles as current providers of psychological services and future psychologists. Nonetheless, the Internship Program does not engage in targeted (i.e., planned, intentional, or systematic) searches of the internet for information about applicants or interns. However, should information of a questionable nature pertaining to an applicant or intern be discovered inadvertently, the issues raised by that information 1) may be considered in the internship selection process (in the case of applicants), or 2) will be addressed using our current Disciplinary and Grievance Procedures as specified in the VA Central Iowa Health Care System Psychology Internship Program Manual (in the case of current interns). Finally, the Internship Program may review internet-based information (e.g., LinkedIn pages) if that information is volunteered by applicants or interns.

## ***About Des Moines***

Des Moines is a vibrant mid-sized city (the population of the Des Moines Metro area is approximately 600,000), and it fares well in comparison to other metro areas in national rankings of quality of life, job opportunities, and so forth. Recent accolades include:

- #1 Best City for Young Professionals - Forbes, 2014
- #3 Top Ten Places with the Most Job Opportunities per Capita - Beyond.com, 2014
- #2 Best Farmers' Market in America - The Daily Meal, 2014
- #2 Best City for Business and Careers - Forbes, 2014
- #1 City with an Up-and-Coming Downtown - Fortune, 2014
- #4 America's Most LGBT-Friendly Cities - Huffington Post, 2014
- #1 Metro for Economic Strength - Policom Corporation, 2014
- #2 America's Top 5 Under-the-Radar Tech Hubs - SpareFoot, 2014
- #6 Best Cities for Raising a Family - Forbes, 2014
- #5 Best Cities for Jobs - Zip Recuriter, 2014
- #6 Top Mid-Size Cities of 2014 - Energy Star, 2014

#1 Wealthiest City in America - TODAY show, 2014

#1 Best Medium-Sized Metro Area for Homeownership - Nerdwallet, 2014

Finally, according to the US Census Bureau (2011 American Community Survey), the average one-way commute time for residents of Des Moines is only 16.2 minutes.

## ***Diversity and Quality of Life in Central Iowa***

Although Iowa is not often thought of as a place of multicultural appreciation and diversity, it is, in fact, home to a diverse array of cultural groups. There are numerous events and celebrations of diversity – enriched with food, art, dance, and heritage – throughout the Central Iowa area year round, and many diverse groups (e.g., based on sexual orientation, religion, and so forth) are represented by formal organizations as well. These groups organize events and provide support to the citizens of the communities that they serve. In addition, the Des Moines area offers a broad range of ethnic restaurants, groceries, and shops. All of these ingredients combine to make Des Moines and the greater Central Iowa area a welcoming destination for persons of all backgrounds.

## ***Psychology Staff***

Listed below are the current VA Central Iowa psychology staff members. The staff embodies diverse orientations, training, and backgrounds. We believe that such diversity is a necessary ingredient of serving our patient population, and it provides interns with a variety of role models. Interns' autonomy in selecting rotations maximizes the opportunity to profit from this diversity.

***Paul Essen*** (Psy.D., Clinical Psychology, Minnesota School of Professional Psychology, 2000) is a former VA Central Iowa intern, who returned to the fold nine years after being released into the wild. He is currently our TBI Coordinator and specializes in TBI-related issues, providing evaluations, therapy, psychoeducation, and consultation. He also specializes in treatment of insomnia (CBT-I). Prior to coming to the VA, Dr. Essen was the staff psychologist for On With Life, a post-acute rehabilitation center for individuals with acquired brain injury. He has also worked in various hospital/inpatient settings, community mental health settings, and residential/day treatment settings. He is a certified Health Service Provider in Psychology with a cognitive-behavioral bent whose clinical interests include brain injury, insomnia, life span development, and The Far Side. He enjoys camping, boating, golfing, barbecuing, old Buicks, and spending time in the North Woods. He lives on a farm with his wife, 2 kids, 3 sheep, 2 hedgehogs, 17 chickens, 3 dogs, 3 cats, 3 rabbits, various fishes and amphibians, and a llama named Benny.

***Larry Golba*** (Ph.D., Clinical Psychology, University of Nebraska-Lincoln, 2013) works primarily in the areas of acute mental health, disruptive patient behavior, threat assessment and workplace violence. He is overseeing the facility's Workplace Violence Prevention Program, which includes the Disruptive (patient) Behavior Committee, Employee Threat Assessment Team, Prevention and Management of Disruptive Behavior Program and many other safety and security related functions. He also performs a wide range of services on the Acute Psychiatric Unit, including brief individual therapy, therapeutic groups, screening, assessment, interdisciplinary treatment consultation, service referrals as well as program development and evaluation. Areas of interest include behavioral threat assessment, forensic psychology, and disaster psychology.

***Tomas Gonzalez-Forestier*** (Ph.D., Clinical Psychology, University of Arizona, 1983) is a Clinical Psychologist at the Des Moines campus. Prior to transferring to Des Moines, he worked at the Knoxville VA Medical Center for 26 years and was Training Director for 9 years. In the past, he has consulted with the Day Program, the Computer-Assisted Therapy Clinic, the Domiciliary Program, and the Mental Health Clinic. His areas of interest include Logotherapy, post-traumatic stress disorder, minority affairs, and issues related to victims of abuse. His duties include individual and group psychotherapy, psychoeducation classes and, more recently, he has been assigned to duties in the Home Based Primary Care program and the Rehabilitation Unit of the Community Living Center.

***Steven Hagemoser*** (Ph.D., Clinical Psychology, University of Kentucky, 2000) is a psychologist working in the PTSD program. His professional interests include personality theory, personality assessment, and

personality disorders. Special interests include cognition and emotion relationships, particularly as they relate to how emotion variables (e.g. mood, motivation, trauma) influence cognitive processes. In his personal life, Steve has been a drummer for years, but is working toward becoming a musician.

**Dixie Heuton** (Ph.D., Clinical Psychology, University of Mississippi, 1999) works primarily in the outpatient Pain Management. She also works with individuals with PTSD and SUD issues, in conjunction with chronic pain. She has been selected to be a consultant for the CBT-CP and will be working with training individuals as part of the VA rollout for this evidenced based treatment. She has been trained in PE and CPT for PTSD. Prior to the VA, she worked in the outpatient mental health clinic serving active duty members at the Little Rock Air Force Base. She has a history of working in an adolescent sex offender program, rape crisis center, mentally handicapped residential services, community mental health clinics, a state psychiatric hospital in Nebraska, and private practice. She has also taught in traditional classroom settings and is currently teaching online classes. She enjoys family time and taking her dog for walks.

**Jill Hockemeyer** (Ph.D., Clinical Psychology, University of Kansas, 2007) is a Clinical Psychologist working in the Primary Care Mental Health Integration Program. Prior to transferring to VACIHCS, she was a staff psychologist at the VA Palo Alto Health Care System working in the Behavioral Medicine and Primary Care-Behavioral Health Programs. She is broadly trained in Clinical Health Psychology with special areas of interest including primary care psychology, weight management, transplant and surgical evaluations, behavioral treatment for insomnia, and coping with chronic/terminal illness.

**Rebecca Hoffmann** (Ph.D., Counseling Psychology, Louisiana Tech University, 2013) completed her pre-doctoral internship and postdoctoral fellowship in the Trauma Recovery Program at the VA Maryland Health Care System. Dr. Hoffmann has received training in a variety of evidence-based treatments for PTSD, including CPT, PE, and STAIR. She is also trained in Seeking Safety (an evidence-based treatment for PTSD and comorbid substance use disorders), CBT-CP, and CBT-I. In addition, she has completed the CPT and PE certification processes. Her clinical and program development interests include evidence-based treatments for PTSD, insomnia, and chronic pain. Her doctoral dissertation investigated the relationships among sleep and physical performance. In November 2013, Dr. Hoffmann was hired as a staff psychologist/PTSD specialist on the PTSD Clinical Team at the Marshalltown CBOC. She supervises the Outpatient EBP for PTSD via Telemental Health minor rotation at the Marshalltown CBOC, serves as the Internship Didactic Coordinator, and facilitates the monthly Mental Health Journal Club at the Des Moines VAMC.

**Stephen Holbrook** (Psy.D., Clinical Psychology, University of Denver, 1991) is the staff psychologist at the VA Mason City, IA Community Based Outpatient Clinic (CBOC). His primary focus at the clinic is working with Veterans with PTSD, as well as general clinical psychology. The Mason City CBOC setting affords a diverse practice environment as part of rural health and mental health treatment for the North-Central Iowa area. Prior to working at the VA, Stephen has worked in child and adult mental health setting on both an inpatient and outpatient basis. While he considers himself a generalist, for a number of years he has had as an area of specialty working with children, adolescents, and families related to disruptive behavior disorders (ADHD, ODD, Conduct Disorder). Stephen is an avid sailor and enjoys sailing the mighty waters of Clear Lake.

**John Junginger** (Ph.D., Clinical Psychology, Indiana University, 1985) is the Psychology Executive for VA Central Iowa. He has published widely on psychosis, violence, and the supposed "criminalization" of mental illness. His daughter is likely smarter than he is.

**Kathleen C. Matthews** (Ph.D., Clinical Psychology, Idaho State University, 2011) works on all 3 floors of the CLC. She serves as the behavioral coordinator for the STAR-VA program in the CLC. STAR-VA is an interdisciplinary, behavioral (non-pharmacological) intervention for managing challenging behaviors in CLC residents with dementia. This is the primary programming on CLC-1, which serves Veterans with severe challenging dementia-related behaviors. However, this program is also available on CLC-2 and CLC-3. Much of her work involves conducting formal and informal trainings with interdisciplinary team members on dementia and realistic expectations, communication skills, the ABC's of challenging

behaviors, and promoting pleasant events. She collaborates closely with team members, Veterans, and families on behavioral assessment and treatment planning. She also serves as a national training consultant for the STAR-VA program, training other behavioral coordinators and nurse champions to roll out STAR-VA at their local sites. She is a member of the Behavioral Recovery Outreach (BRO) team, an interdisciplinary team that follows Veterans with challenging behaviors one-year post-discharge to help ensure their successful transition to the community. Finally, she offers individual therapy to Veterans in the CLC.

**Russell J (Jack) Reichert** (PhD, Counseling Psychology, University of Missouri-Columbia, 1991) primarily treats Veterans with PTSD and/or substance abuse disorders at the Knoxville campus and, via tele-health, at the Ft Dodge and Mason City Community Based Outpatient Clinics. Jack enjoys exercising and helping his wife, Lois, who has a goat dairy and makes artisanal cheeses that have won national awards.

**Gregory Schrimsher** (Ph.D., Clinical Psychology, University of Houston, 2004) is a Clinical Psychologist working in the Primary Care Mental Health Integration Program at the Des Moines Campus. Prior to joining the Central Iowa VAMC in November of 2012, he was an Assistant Professor at the Texas Tech University Health Sciences Center in the Department of Psychiatry. His training background and practice focus are in the areas of cognitive behavioral therapy, substance use disorder treatment, and cognitive assessment. His research interests include the cognitive impact of alcohol and substance use and misuse, substance use disorder treatment, and cognitive changes with aging.

**William Stearns** (Psy.D., Clinical Psychology, Indiana State University, 1990) is a Clinical Psychologist and former intern at VACIHCS. His current assignment includes completing Compensation and Pension assessments with Veterans. Professional interests include inferential errors in clinical judgment and assessment of decisional capacity in older adults. He enjoys table tennis and Wii-based video games.

**Ciara Stigen** (Ph.D., The Ohio State University, 2014) joined the staff at VA Central Iowa in August of 2014. A former VA Central Iowa Psychology Intern, she now works as a PTSD/Domiciliary Psychologist, providing trauma-focused group and individual psychotherapies for both residential and outpatient Veterans. She also leads the Ready for Change group at the dom, to assess incoming domiciliary Veterans' initial readiness for change and assist in treatment planning/goal setting. Her primary clinical orientation is cognitive behavioral (including CBT and Dialectical Behavior Therapy (DBT)), and she also has experience with both acute and long-term residential treatment programs for serious mental illness. Her major clinical and research interests include positive psychology, mindfulness, resilience, and, more broadly, interpersonal influences on treatment efficacy, and skills generalization to real-world contexts. She was born and raised in Minnesota, but remains steadfast in her one and only sports-related devotion to Buckeye football. She spends her free time doting on her animal children, including her friendly Rottweiler (Gomez) and her bossy polydactyl (extra-fingered) cat (Viggo), and attempting to garden.

**M. Regina Striegel** (Ph.D., University of Iowa Counseling Psychology program, 1996) completed her internship as well as a geriatric post-doc at the Knoxville VA (now the Knoxville CBOC). Her research interest in rural women and differences in farming practices developed as a result of her background as a farm partner during the 70's and 80's. Additionally, she served on a women's work committee for APA that completed a paper on issues for rural women. Regina has more recently been working in Deep South Texas, first in private practice (nursing home consultant and individual therapy) with a variety of clients and issues. She was been employed at a VA CBOC in McAllen, TX working with Veterans almost exclusively Hispanic. As the only psychologist on staff, her duties were generalist in nature, but she also developed an outpatient PTSD program and worked closely with Primary Care doctors to meet the needs they identified (bariatric and transplant surgery assessments; pain management; dementia screenings). She has worked at the Des Moines VA for the previous 2.5 years completing Compensation and Pension Evaluations and serving on a BHIP team. More personal interests include being a grandmother to two sets of twins, reading, and assisting as a stable hand for her daughter who shows American Saddle Horses.

**James Talone** (Ph.D., Combined Professional Scientific [Clinical] Psychology, Utah State University, 1983). Jim has worked at five different VA facilities including his internship at Salt Lake City and has been at Des Moines since 1987. He grew up in Philadelphia, served in the Navy, and after discharge remained in Hawaii. He attended the University of Hawaii and became interested in teaching psychology, hypnosis research, and group psychotherapy. He worked in Addiction Treatment programs there. He completed a doctoral degree at Utah State University in 1982. He considers himself a generalist with specific interests in neuropsychology, geropsychology, stress management, and smoking cessation. He retired in 2010 and now works here on a contracted, part-time basis. His practice at the Des Moines campus is now primarily focused on dementia and depression assessments. He enjoys traveling, bicycling, kayaking and fishing.

**John Wallace** (Ph.D., Clinical Psychology, University of Wisconsin – Madison, 1994) provides treatment to Veterans with co-occurring PTSD and substance abuse, and he serves as the PTSD Program Coordinator. Prior to joining the VA Central Iowa in February of 2009, he worked in community mental health settings, most recently as Director of Clinical Services for the Richmond Mental Health Center (based in Ames, Iowa). His research interests include psychopathy, temperament-based personality variables (particularly emotional reactivity – aka neuroticism/negative affectivity), and executive/attentional processes.

**Nabeel Yehyawi** (Psy.D., Clinical Psychology, University of Indianapolis, 2008) is a clinical neuropsychologist and the Lead/Program Manager of the Neuropsychology Consult Service. He also serves as the Assessment Coordinator for the VA Central Iowa Psychology Internship Program. Dr. Yehyawi received his internship training in neuropsychology at the Cincinnati VA Medical Center, followed by two years of postdoctoral training in neuropsychology at the Memphis VA Medical Center. After completing his clinical training, he served for three years as a staff neuropsychologist and the neuropsychology internship preceptor at the South Texas Veterans Healthcare System in San Antonio, Texas. Having returned to his native Iowa, Dr. Yehyawi currently focuses his practice on the neuropsychological assessment of patients presenting with a wide range of medical, psychiatric, and psychosocial issues. His research interests include the neurocognitive effects of chronic medical conditions, ecological validity of neuropsychological assessments, and the assessment of performance/symptom validity. Dr. Yehyawi also provides supervision for psychology interns in the areas of neuropsychological evaluation, comprehensive report writing, and the provision of feedback to patients and their families.

**Kristen Golba** (Ph.D., Clinical Psychology, University of Nebraska-Lincoln, 2015) is a former VA Central Iowa Psychology Intern who is currently transitioning to her position as Domiciliary Psychologist. Job duties for this position are still unfolding, but currently include intake assessments for the residential (domiciliary) program, program monitoring and evaluation, and individual and group psychotherapy. Her primary clinical orientation is psychiatric rehabilitation for the treatment of serious mental illness. Research interests include the use of mental health policies and practices in real-world treatment settings, organizational barriers to effective practices, and the promotion of personal recovery. As a recent graduate, she is still working to find her hobbies but expects to spend a lot more time relaxing during this coming year.

**Jamie Serrano** (Ph.D., Clinical Psychology, University of Notre Dame, 2015) is a former VA Central Iowa Intern who is now a graduate psychologist for the Behavioral Health Interdisciplinary Program (BHIP). She provides individual, couple, and group psychotherapy for a wide range of mental health concerns through the outpatient mental health clinic. Jamie has had training in a variety of evidence-based treatments, and her primary orientation is cognitive-behavioral. Her clinical interests include assessment and treatment of depression, trauma, sleep issues, sexual issues, and geriatric issues. Jamie is also interested in clinical training, and much of her research relates to therapist training and how to more effectively disseminate and implement EBPs. In her free time, Jamie enjoys spending time with her husband and two young daughters, reading, gardening, outdoor activities, and socializing.

**Amanda Collins Messman** (Ph.D., Clinical Psychology, University of Nebraska-Lincoln, 2010) serves as a behavioral consultant for Veterans residing on the Community Living Center who have serious mental

illness and/or dementia and disruptive behaviors. She also serves as the Director of Psychology Training and the Evidence Based Practice Coordinator for VA Central Iowa. Her research interests include the treatment and rehabilitation of serious mental illness, program evaluation, and the influence of organizational structure on the mental health treatments provided by public facilities. You will notice her sense of humor comes through in all aspects of her professional and personal life. She enjoys spending time with her two children, who also have a well-developed sense of humor for their young age, watching a variety of sports, spending time with friends, and reading.