

052706 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 or experiences). 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 approximately 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 or experience 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 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. 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 identified (July 2014) as the #1 “up-and-coming downtowns” by Fortune for its growing music and food scene. It was also rated #4 in the U.S. News and World Report “Best Places to Live” in 2017. 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:

Douglas Bermingham, Ph.D.
Acting Director of Psychology Training
VA Central Iowa Health Care System (116B)
3600 30th Street
Des Moines IA 50310
(515) 699-5999, extension 7841
email: Douglas.Bermingham@va.gov

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 / Web: 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 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.

Interview invitations are typically sent by email within 1-2 weeks of the application deadline. Interviews take place on the 2nd and 3rd Thursday of January, so for the 2019-2020 cohort the interview dates will be January 10th and 17th 2019. The interview days are scheduled from 9:00AM to 4:00 PM, although this varies slightly on each year's schedule. Breakfast and lunch will be provided.

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/>.

Prospective interns should be aware that, if matched with our site, we require the Director of Training from the intern's graduate program to complete a Trainee Qualifications and Credentials Verification Letter (TQCVL). By VA policy interns are not allowed to start their internship until this letter is completed. Therefore, interns are strongly encouraged to upon match, inform their DoT about this requirement and to be aware of incoming emails from the VA Central Iowa DCT.

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 and diagnosis, intervention, consultation, research and evaluation, supervision, communication and interpersonal skills, professional values and attitudes, ethical and legal standards, 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.

VA Central Iowa does not have an Institutional Review Board, and therefore Interns are not allowed to participate in research at the VA Central Iowa, per se. We are strong advocates of the scientist-practitioner model of training and believe we are achieving its standards by having interns actively involved in program evaluation and program development with their required Internship Projects. Interns will also notice the focus on research informed practice and evaluating their own clinical work throughout the course of the year.

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 late June/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 every-other week.

Our training program is highly invested in helping interns meet their training goals; however, because there are four internship slots and three trimesters, it is possible that all four interns have overlapping/similar training goals and interests. We ask that interns think broadly about training opportunities that fit within their career goals. One example of this would be the neuropsychology rotation: only one intern is able to rotate per trimester. Should all four interns express an interest in a rotation that can only accommodate three, and interns are unable to come to a consensus solution, the training committee will meet to help develop a solution. The process for this include using the intern's extant training plans, training and career goals, and other relevant factors to determine preference for rotation selection.

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 supervisor's 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. Some rotations will include tiered supervision in order to meet APA and licensing requirements.

Major Rotations

Geropsychology

Supervisor: Kyle S. Page, Ph.D.

Geropsychology is a specialty practice within psychology that focuses on using psychological science to improve the lives of older adults. Drs. Matthews, Van Liew, and Page provide psychological consultation, psychotherapy, behavioral intervention, and assessment services to older adults participating in Extended Care and Rehabilitation programming. Care settings include a Community Living Center (CLC), consisting of secured memory care, physical rehabilitation, inpatient hospice, and restorative care neighborhoods. Interns electing the Geropsychology Rotation are exposed to a wealth of information and experience across gero, health, rehabilitation, and neuropsychology. Using a developmental framework consistent with the Pikes Peak Model for Training in Professional Geropsychology, each intern reviews their prior experiences working with older adults, working in medical clinics, and being a member of an interprofessional team. Using this information, each intern identifies their unique goals and supervision progresses from observation and co-interventions to greater autonomy. If interns do not have strong backgrounds in these areas, they are highly encouraged to participate in this rotation to help diversify their professional training experiences.

Overarching goals for the rotation include 1) learning about normal and pathological aging processes, 2) gaining self-awareness about responses to aging and disease, 3) receiving experiential training across a variety of medical settings, 4) working closely with interprofessional teams, and 5) learning to identify and navigate distinct ethical and legal issues that are part of everyday practice with older adults. With these goals in mind, on a weekly basis interns can expect to work with complex family dynamics, conduct cognitive testing, assess decision making capacity, consult with staff on management of challenging behaviors, participate in staff trainings, attend interprofessional meetings, and much more. Unique to this rotation and the VA Central Iowa, Drs. Page and Matthews are national Training Consultants in STAR-VA (VA's evidence-based non-pharmacological intervention for management of challenging dementia behaviors). Interns with interest in dementia care and behavioral management may have in-depth training and supervision in this area.

Neuropsychology Consult Service
Supervisor: Nabeel Yehyaw, Psy.D.

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.

Outpatient PTSD
Supervisors: Steve Hagemoser, Ph.D. & Halley Woodward, Ph.D.

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. In general, interns participating in the PTSD rotation have the opportunity to develop/refine skills in individual psychotherapy and group facilitation on an outpatient basis. Interns may have the opportunity to work with Veterans in the residential treatment program though this cannot be guaranteed at this time. Interns can develop skills in individual psychotherapy (e.g., Prolonged Exposure) and group facilitation.

Military Sexual Trauma (Major)
Supervisor: Kendy Hakeman, LISW, CADC

Military sexual trauma is the term that the Department of Veterans Affairs uses to refer to sexual assault or sexual harassment that occurred while the Veteran was in the military. The MST rotation would afford opportunities in complex trauma work, outreach/education, and individual/group therapy modalities for this population. Interns have the opportunity to conduct intakes/consults, provide individual therapy, and to facilitate or co-facilitate group therapy for male and female veterans who have experienced military sexual trauma. Research suggests that veterans with (MST) report high rates of suicidality, emotion dysregulation, self-injurious behavior and often suffer from multiple psychiatric diagnoses. Patients often present with a complex history of lifetime traumatic experiences and ongoing medical problems.

Treatment is provided for a broad range of clinical diagnoses including but not limited to PTSD, depression, borderline personality disorder, dissociative disorder, mood disorders, and OCD while maintaining primary emphasis on trauma processing.

Minor Rotations

Couple and Family Therapy

Supervisors: Brooke Lichty, LMFT & Kendra Covington, LMFT

Couple and family therapy services are offered in outpatient mental health, and in our residential facility. We offer services to any Veteran and their significant other who are struggling in their relationship or who are seeking premarital therapy; We also offer services to Veterans and their families. This clinical experience can be elected as a minor rotation, and it includes training and supervision in evidenced-based treatments, including Emotion-Focused Couples Therapy (EFCT), administration and scoring of relational assessments, group therapy work, participation in interdisciplinary team meetings, and more. There are currently two residential groups for Veterans: Healthy Relationships and Parenting; and a third for Veterans' support persons. There is also some overlap amongst this rotation and the PTSD rotation with collaborating faculty offering a Skills Training in Affective and interpersonal Regulation (STAIR) group. Interns will have the opportunity to participate in any or all of these groups with the possibility of facilitating each independently or acting as co-facilitator. Levels of responsibility on this rotation are graduated, and as interns progress in the rotation and become more independent they will develop their own caseload. Skill development will focus on learning how to provide psychotherapy from a systems perspective, the use of evidenced-based and empirically-supported family therapy models, and assessment and intervention of intimate partner violence (IPV). Additionally, sex therapy assessment and intervention will be discussed, and delivered based on need.

Home Based Primary Care

Supervisor: Doug Bermingham, Ph.D.

The Home Based Primary Care (HBPC) service provides in-home integrated medical and psychological services to Veterans. The HBPC program is interdisciplinary with the objective of providing collaborative, Veteran-centered healthcare. The HBPC team is large and consists of a medical director, a program director, three primary care providers, a multitude of nurses, three social workers, a dietician, a pharmacist, an occupational therapist, a physical therapist, a speech pathologist, and a psychologist. All services are provided to the Veteran in his or her own home. Veterans are accepted into the HBPC program by consult, are generally older males with varied military experiences (WW-II, Korean War, and Vietnam War), and present with a wide range of comorbid medical and mental health conditions. HBPC Psychology Intern will act, in coordination with their supervisor, as a consultant and primary psychological provider for the HBPC Team, a special population PACT formed to address the healthcare needs of chronically ill Veterans in their homes. In that capacity, HBPC Psychology Intern will work with the HBPC Team to provide interdisciplinary assessment and long-term, healthcare management for Veterans who live with chronic disease, psychosocial challenges, and possible cognitive decline. HBPC Psychology intern will have a unique role within the HBPC Team as an advocate for, and provider of evidence-based psychological assessment and treatment. Engaging with the HBPC team is an integral component of this rotation, and the HBPC Psychology Intern can expect to attend at least one weekly Interdisciplinary Team Meeting, consult regularly with nurses and providers, and make treatment recommendations. Because Veterans are visited in their homes, Interns can expect to spend substantial time traveling in a VA supplied vehicle. Autonomy within this rotation will be graduated; that is, Interns will at first shadow the supervisor, then provide services to the Veteran while the supervisor is physically present, and finally graduate to providing services independently while the supervisor is available by phone and can reach the Intern in a timely fashion in case of emergency. Interns interested in this rotation should be aware that the national average of face-to-face time spent with Veterans for full-time psychologists in HBPC is 10.5 hours. Therefore, this rotation will not supply the Intern with a large number of face-to-face clinical

hours; however, this is counterbalanced by the provision of a greater-than-average number of supervision hours, and a breadth of clinical experiences that are unique to this rotation.

Evidence-Based Practice for PTSD via Telemental Health
Supervisor: Becky Hoffmann, Ph.D.

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).

Outpatient Geropsychology Minor Rotation:
Supervisor: Julia Van Liew, PhD

The Outpatient Geropsychology minor is available as a concurrent or subsequent rotation to the Geropsychology major rotation, as it complements that comprehensive training with exposure to two outpatient interdisciplinary clinics. Geropsychology services are co-located and integrated into the following clinics: 1) GeriPACT Clinic (Geriatric Patient-Aligned Care Team), an integrated primary care clinic for elderly Veterans with complex co-morbid care needs, and 2) Geriatric Problem Focused Clinic, a specialty neurology clinic focusing on assessment and management of neurodegenerative diseases (e.g., Parkinson's disease, neurocognitive disorders). Intern training opportunities include: assessment (cognitive screening and brief cognitive evaluations), brief individual therapy (with Veterans or caregivers, including the REACH VA Caregiver intervention for dementia caregivers), interdisciplinary team consultation (daily team huddles, curbside consultation), and same-day warm handoff referrals. Common presenting concerns include depression, anxiety, adjustment to decline in health and/or functional abilities, bereavement, health behavior change, cognitive impairment, and caregiver stress.

Military Sexual Trauma (Minor)
Supervisor: Kendy Hakeman, LISW, CADC

Military sexual trauma is the term that the Department of Veterans Affairs uses to refer to sexual assault or sexual harassment that occurred while the Veteran was in the military. The MST rotation would afford opportunities in complex trauma work, outreach/education, and individual/group therapy modalities for this population. Interns have the opportunity to conduct intakes/consults, provide individual therapy, and to facilitate or co-facilitate group therapy for male and female veterans who have experienced military sexual trauma. Research suggests that veterans with (MST) report high rates of suicidality, emotion dysregulation, self-injurious behavior and often suffer from multiple psychiatric diagnoses. Patients often present with a complex history of lifetime traumatic experiences and ongoing medical problems. Treatment is provided for a broad range of clinical diagnoses including but not limited to PTSD, depression, borderline personality disorder, dissociative disorder, mood disorders, and OCD while maintaining primary emphasis on trauma processing.

Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) Minor Rotation

Supervisor: Dixie Heuton, PhD

CBT-CP is an evidence-based, time-limited intervention that teaches Veterans how to better manage chronic pain conditions and improve quality of life. CBT-CP encourages Veterans to adopt an active, problem-solving approach to cope with the many challenges associated with chronic pain. Key components of CBT for chronic pain include 1) Cognitive restructuring (learning how to identify pain-related cognitions and how to buffer them with more balanced thinking), 2) Relaxation training (breathing, visual imagery, muscle relaxation), 3) Behavioral pacing (how to accomplish tasks without overdoing it), 4) Exercise (walking program to increase engagement with valued activities) and 5) Sleep (improving sleep habits in conjunction with increasing physical activity). The Uniform Mental Health Services in VA Medical Centers and Clinics Handbook (1160.05) requires that all facilities have the capacity to provide EBP for pain management, such as CBT-CP.

Psychology interns will see a minimum of 2-3 chronic pain patients over two trimesters. The patients can be seen over telemed or in person. The expectation is to have at least one patient complete the training and the other patient to be seen through session 8, at a minimum. The sessions will be digitally recorded and sent to the supervisor. The psychology intern will be given the same didactic material that is used in the training workshops at the national and VISN level for CBT-CP. The psychology intern will practice the skills with their supervisor and then implement these with the patients. There will be a 90 minute supervision call weekly to cover the didactics and a review of the tapes received.

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 and diagnosis, intervention, consultation, research/evaluation, supervision/teaching, communication and interpersonal skills, professional values and attitudes, ethical and legal standards, and individual and cultural diversity. 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.

Stipend and Benefits

For the 2018-2019 internship year, the total stipend will be \$26,166; interns are also eligible for federal health insurance. Interns accrue annual and sick leave at a rate of 4 hours per pay period. State and federal income tax and FICA (Social Security) are withheld from interns' paychecks. Interns are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims act.

Post-Program Fellowships and Employment

Our interns have a high success rate in obtaining post-doctoral fellowships or employment. Some examples of where our interns land include:

Innovative Learning Professionals/Polk County Juvenile Court Systems
University of California, Berkeley
Augustana College
VA Central Iowa Healthcare System
VAMC Roseburg, Oregon
VAMC Phoenix, Arizona
Lakewood Wellness Partners
University of Kansas Medical Center

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:

- #4 Best Places to Live – U.S. News and World Report, 2017
- #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 Recruiter, 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 Internship Staff

Listed below are the current VA Central Iowa staff members involved with internship training. 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.

Douglas Bermingham (PhD, Counseling Psychology, University of Utah, 2014) serves as the acting Director of Clinical Training for the predoctoral psychology internship program, and is also the Psychologist embedded within the Home Based Primary Care (HBPC) program. His background and training is primarily generalist, though he does have specialized training in treating borderline personality disorder and PTSD, and he has an active interest in mindfulness based treatment approaches. He thoroughly enjoys working with interns and currently facilitates the internship supervision seminar. Doug's primary areas of research interest include aging, memory, and learning. Prior to joining the Central Iowa VA in 2016, Doug worked in northern Colorado providing Primary Care Mental Health services for a family medicine practice. He completed his internship in psychology at the Iowa City VA. In a previous life he worked at a well-known software company based out of Redmond, Washington as a software engineer, was a glass-blower, and a Certified Nurses Aid. Currently, however, his time outside of work is spent providing horsey- and piggy-back rides to his two young children; and engaging in "passive" hobbies like smoking meats, gardening, and reading graphic novels. Doug is also a practitioner of Zen Buddhism and attends meditation services at the Des Moines Zen Center.

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) as well as other mental health issues. 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, Karmann Ghias, and spending time in the North Woods. He

lives on a farm with his wife, 2 kids, 4 sheep, 22 chickens, 6 guineas, 2 dogs, 3 cats, a llama, a goat, various fishes and amphibians, and a pot-bellied pig named Winston.

Steven Hagemoser (Ph.D., Clinical Psychology, University of Kentucky, 2000) is a psychologist working in the PTSD program. His professional interests include Prolonged Exposure (PE) therapy for PTSD, 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 as a generalist in the Carroll CBOC. She is one of 2 trainers in VISN 23 for CBT-CP and also serves as a consultant. She has been trained in PE, CPT, CBT-D, and other modalities of treatment. Dr. Heuton is in a rural setting and provides telemed services to other CBOCs and to the home. 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 undergraduate and graduate classes in traditional classrooms and online. She enjoys having a 5 minute commute to work, spending time with her family, and walking her dog.

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 ACT, CBT-CP, CBT-D, CBT-I, and DBT. 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 on the PTSD Clinical Team at the Marshalltown CBOC. She provides EBPs for PTSD via Telemental Health to the Des Moines VAMC, as well as in-person at the Marshalltown CBOC. She supervises the Outpatient EBP for PTSD via Telemental Health minor rotation at the Marshalltown CBOC and facilitates the PTSD Consultation Group for VA Central Iowa HCS.

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.

Jeffery Kinderdietz (Ph.D., Clinical Psychology, Arizona State University) is a licensed Psychologist in the states of Arizona and Iowa. Dr. Kinderdietz joined VA Central Iowa Health Care System (VACIH) in 2016 after serving at VA medical centers in Dallas, TX and Shreveport, LA. He serves as the Director of the Whole Health Initiative for VACIH. Dr. Kinderdietz is responsible for Pain Psychology at VACIH and works chiefly in the Pain Clinic, Primary Care and Mental Health. Clinical interests include Health Psychology, Chronic Pain, PTSD and Psychological Assessment. Research interests include pain, stress, coping, quality of life and trauma. Dr. Kinderdietz' theoretical orientation is cognitive, behavioral, interpersonal and solution-focused. He is a member of the Association of VA Psychology Leaders (AVAPL). He is an enthusiastic cyclist.

Brooke Lichty (M.S., Marriage and Family Therapy, University of Kentucky, 2010) is a Licensed Marriage and Family Therapist in outpatient mental health. She functions within the Behavioral Health Interdisciplinary Program teams (BHIP), offering specialized couple and family therapy services, as well as general mental health. She has received training in a variety of evidenced-based and empirically-supported models of therapy, including Emotion Focused Couples Therapy (EFCT), Gottman Method Couples Therapy, Parent-Child Interaction Therapy (PCIT), Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Therapy for Depression (CBT-D). She also has training in sex therapy intervention. She supervises the outpatient portion of the Couples and Family Therapy rotation, serves at the site's Women's Mental Health

Champion, and is a part of the Transgender Specialty Care Team. Prior to her work at the VA, she was a provider in community mental health treating children 0-8 (and their families) with attachment disorders, early childhood trauma, impulse control and developmental disorders. In her free time she enjoys attempting to garden, supervising home improvement projects, and doting on her cat, Gus.

Kyle S. Page (ABPP, Ph.D., Counseling Psychology, University of North Texas, 2013) is a board-certified geropsychologist serving the residents of the Community Living Center (CLC). In the CLC, Dr. Page provides psychological assessment, cognitive and capacity evaluations, consultation, as well as brief supportive therapies. He completed his internship at the VA Puget Sound Health Care System – American Lake, and completed a fellowship in clinical geropsychology at the VA Boston Health Care System. His research and clinical interests include geriatric mental health, dementia behavior management, capacity evaluations, and staff training. He serves as a national training consultant for STAR-VA (evidence-based program for non-pharmacological dementia behavior management), co-chairs a national webinar on capacity and ethical issues in aging, and serves as a Subject Matter Expert on capacity evaluations for a VA capacity evaluation education committee. In his free time, he enjoys riding his road bike and watching every reality cooking show on TV.

Julia Van Liew (PhD, Clinical Psychology, University of Iowa, 2016) is a Graduate Psychologist who joined VACIHCS in 2016 following internship at the Minneapolis VA Health Care System. She works in the Community Living Center (CLC) in the GeriPACT and Geriatric Problem Focused outpatient clinics, which are interdisciplinary clinics serving the complex psychosocial, cognitive, and health needs of older Veterans. She also works in the inpatient CLC setting as the psychologist for Hospice and Palliative Care and Rehabilitation Services (CLC-2 and CLC-3). In these roles, she conducts psychological and cognitive assessments and offers individual therapy for Veterans and family members. Professional interests include health psychology, rehabilitation psychology, geropsychology, adjustment to illness/loss of functioning, and the influence of mental health factors on physical health and health behaviors. In her free time she enjoys exploring Des Moines—especially its bike trails, restaurants, and farmers markets.

Halley Woodward (Ph.D., Clinical Psychology, University of Iowa, 2015) is a former VA Central Iowa intern, who now specializes in the treatment trauma-related concerns on the PTSD Clinical Team which is embedded in the Behavioral Health Interdisciplinary Program (BHIP) teams as part of the Outpatient Mental Health Clinic. Dr. Woodward also serves as the Des Moines Outpatient PTSD Coordinator and local Evidence-Based Psychotherapy Coordinator. Her areas of expertise include acceptance and commitment therapy, cognitive processing therapy, prolonged exposure, and skills training in affective and interpersonal regulation. Dr. Woodward lives with her husband and a spoiled orange cat, belongs to multiple book clubs, and keeps showing up to CrossFit workouts despite having little inherent athletic skill.

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.

Kendy Hakeman (LISW, CADC, St. Ambrose University, 2009). Her clinical expertise is in the treatment of PTSD and Military Sexual Trauma (MST). She currently serves as the Military Sexual Trauma Coordinator providing evaluations, individual evidenced-based therapy, and group therapy for male and female Veterans who have suffered sexual trauma during military service. Prior to joining the VA-CIHCS

in 2012, she worked as a therapist in community mental health. She has received training in a variety of evidenced-based treatments including Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Depression (CBT-D), Cognitive Behavioral Therapy for Insomnia (CBT-I), Dialectical Behavior Therapy, Integrative Behavioral Couples Therapy (IBCT) and Motivational Interviewing.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are Updated: 08/29/2018

Internship Program Admissions

The minimum requirements for entry into the training program include 1) United States citizenship, 2) verification of Selective Service Registration (Male applicants born after 12-31-1959 must sign a pre-appointment Certification Statement for Selective Service Registration), 3) enrollment in an APA or CPA accredited Doctoral Program of Clinical or Counseling Psychology, 4) comprehensive examinations passed prior to beginning internship, and 5) dissertation proposal approved. In addition we also have an expectation of a minimum of 200 direct contact hours, and clinical experiences with adults in a variety of settings is strongly encouraged. The most competitive applicants will have completed a minimum of two practicum experiences prior to internship year.

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:

Type of Hours	N	Y	
Total Direct Contact Intervention Hours		X	Amount: 200
Total Direct Contact Assessment Hours	X		N/A

Describe any other required minimum criteria used to screen applicants: N/A

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns : \$26,166
 Annual Stipend/Salary for Half-time Interns: N/A

	Yes	No
Program provides access to medical insurance for intern?	X	
If access to medical insurance is provided:		
Trainee contribution to cost required?	X	
Coverage of family member(s) available?	X	
Coverage of legally married partner available?	X	
Coverage of domestic partner available?		X

Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per pay period / 13 days per year
Hours of Annual Paid Sick Leave	4 hours per pay period / 13 days per year

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?	X	
Other Benefits (please describe): Dental and vision insurance are available as part of the benefits package. Administrative leave is offered on a case-by-case basis for conferences, trainings, and dissertation defense.		

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

Initial Post-Internship Positions

	2015-2018	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	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	0	5
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	2	0
Psychiatric hospital	0	0
Academic university/department	1	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	0	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.