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 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 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. 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 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:

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

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.
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.

VA Central Iowa does have an Institutional Review Board, which allows interns to consider engaging in new and ongoing research projects. However, interns are not required to engage in a research project. We are strong advocates of the scientist-practitioner model of training and have interns actively participate in program evaluation and development with a required internship project. Interns are, however, encouraged to seek out research opportunities beyond the program evaluation and development project. Interns will be focused 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 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.

**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.

**Major Rotations**

**Acute Psychiatric Unit**
**Supervisor:** Larry Golba, Ph.D.

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 program evaluation and revision.

**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 major or minor rotation, and it includes training and supervision in evidenced-based treatments, including Emotion-Focused Couples Therapy (EFCT) and Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD), 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.

**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 programing. 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.

**Medical Psychology**

**Supervisors** Jeffrey Kinderdietz, Ph.D. and Doug Bermingham, Ph.D.

The Medical Psychology Service consists of a combined learning experience with Chronic Pain and Home Based Primary Care. Details for each of these minor rotations can be found below in the “minor rotation” section. Briefly, interns who are interested in becoming generalist psychologists within the medical field will find that this Medical Psychology rotation offers a wide range of experiences. The pain clinic offers interns the opportunity to use EBPs to help Veteran’s address comorbid pain and mood disorders. The Home Based Primary Care (HBPC) experience will provide interns with a team-based approach to treating older, home-bound Primary Care Veterans. Outside of the Pain Clinic and HBPC, interns are encouraged to consider what specialized areas of medical psychology to which they would like further exposure, as previous interns have successfully created their own specialized medical psychology experiences (e.g., Oncology). Interns who select the Medical Psychology rotation will come away with training that is applicable to a variety of professional psychology careers.
Neuropsychology Consult Service  
**Supervisor:** Nabeel Yehyawi, 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.

PTSD (Outpatient and Residential)  
**Supervisors:** John Wallace, Ph.D. & Steve Hagemoser, 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, 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.

Substance Use Disorder Clinic  
**Supervisor:** Laurie Raymond, LISW, CA DC

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 determine 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, The Matrix Model, Seeking Safety, Harm Reduction, Men's Recovery, Healthy Relationships, early intervention process group, Integrated DBT and 12-steps, SMART Recovery, and Living Skills. Veterans are asked to engage in a 16-20 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.
Minor Rotations

Behavior Health Integrated Program
Supervisor: Regina Striegal, Ph.D.

The Behavioral Health Integrated Program (BHIP) minor rotation will focus mainly on individual psychotherapy in a generalist population. In addition, this experience will provide an opportunity to collaborate with a team consisting of psychiatry, nursing, pharmacy, mental health clerks, and psychology. Interns will learn to function as a team member in a multidisciplinary team setting, practice and learn new skills as a therapist, and focus on evidence-based practices including CPT, PE, IBCT, Interpersonal Therapy, CBT and CBT-I.

Chronic Pain
Supervisor: Jeffrey Kinderdietz, Ph.D.

The Chronic Pain rotation is unique in that you will work with individuals, groups and interdisciplinary treatment teams (IDT). The IDT is unique in its origins and administration. Pain staff members operate an outpatient screening and treatment program that provides tertiary level chronic pain care. Primary staff involved in the program all specialize in chronic pain, and include Dr. Jeffrey Kinderdietz, Clinical Psychologist, Tamara Ransdell, PA, Noelle Johnson, Pharmacist, several PT, and Jamie Erixon, RN. The goal of our team is to teach Veterans how to manage pain so they can return to a more active, productive and independent life without pain restricting and incapacitating them. If you select this rotation you will have an opportunity to become an integral member of this high functioning IDT. You will become familiar with a wide range of knowledge concerning treatment, classification and etiology of medical disorders that have chronic pain as a component. Interns will acquire knowledge and appropriate utilization of non-psychological modalities by observing various treatments for chronic pain (e.g., PT, acupuncture, chiropractic). As part of this rotation interns will complete admission consultations (includes interview, pretest battery and report preparation). You will use a range of behavioral techniques (e.g., cognitive behavioral therapy, operant conditioning, reinforced practice, compliance monitoring) along with traditional therapy, and assessment to promote behavior change in both group and individual sessions. As part of this rotation you will write progress notes for Veterans whose care you coordinate. Interns will also attend and participate in weekly team activities (IDT meetings and committee meetings). In addition, you will assist with the collection of data through the administration, scoring and interpretation of various assessment measures (PHQ-9, BAI, ISI, WHYMPI, MMPI-II (RF), POQ-SF, PCS, SF-36, and more). If an intern would like to pursue research in chronic pain the staff and data will be made available to accommodate those interests though research would typically be beyond the scope of the clinical rotation.

CLC Administrative Rotation
Supervisor: Kathleen Matthews, Ph.D.

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.
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).
Mental Health Compensation and Pension Exams
Supervisor(s): William Stearns, Psy.D. and M. Regina Striegel, Ph.D.

Description of Services (e.g., describe the services the clinic, program, and/or you offer to the Veterans). Psychologists provide examinations to assist the Veterans Benefits Administration in the Compensation and Pension determination process. These exams focus on determining the presence of a psychiatric disability, how that disability is related to the veteran’s active duty service time, and the level of functional impairment resulting from the psychiatric disability. The examination consists of a diagnostic interview with mental status exam and a psychosocial history as well as a thorough review of the Veteran’s military records and medical records. Formal psychological testing is rarely used.

Intern Activities/Duties (e.g., what will the intern be doing on the rotation?):
1. Interns will complete a series of TMS computer based training modules about the C&P process.
2. Interns will initially assist with record reviews and be a co-participant in the interview process. They will progress to conducting the record review, interview, and report writing on their own with supervision.
3. Interns will have the opportunity to be involved in a performance improvement project such as a literature review, data collection, or refinement of interview forms.

Goals of Rotation (e.g., what will the intern gain competency in during the rotation?):
1. Interns will learn the purpose and key components of the VA disability determination process.
2. Interns will further develop interview skills in a forensic setting, increase their differential diagnostic skills, and further develop integrative report writing skills.
3. Interns will be challenged to conceptualize their activities from within a performance improvement perspective with focus on efficiency, effectiveness, and customer satisfaction.

Time Requirements (e.g., specific meetings they must be present for, specific days they must be available on, etc.):
1. Due to the considerable time spent on review of records and report writing, interns can expect to participate in two interviews a day, for a total of 2-4 hours of direct patient contact. Patient interviews are completed in the mornings with record review and report writing activities in the afternoon hours. At least one hour of face-to-face clinical supervision is provided weekly as well as review of all documentation and additional supervision on an as needed basis. Minimum number of overall hours per week: 4 hours as a minor rotation.
2. Because of VBA requirements, Interns will always have a supervisor present during interviews.
3. C&P exams are conducted at the Neil Smith Federal Building, 210 Walnut Street, Des Moines, located about 15 minutes from the VA hospital campus. There is a parking garage connected to the building. Cost is $7 to $8 a day. Interns have their own office.

Outpatient Gerosychology Minor Rotation:
Supervisor: Graduate Psychologist Julia Van Liew, PhD
(with tiered supervision from Kathleen Matthews, PhD)

The Outpatient Gerosychology minor is available as a concurrent or subsequent rotation to the Geropsychology major rotation, as it complements this comprehensive training experience 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 primarily elderly Veterans with complex co-morbid care needs, and 2) Geriatric Problem Focused Clinic, a specialty neurology clinic for assessment and management of particular geriatric syndromes (e.g., cognitive impairment, gait and balance disorders). Populations served include Veterans and/or caregivers. Intern training opportunities include: assessment (cognitive screening and brief cognitive evaluations), 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, medication adherence, cognitive impairment, and caregiver stress.
Violence Risk Assessment and Disruptive Behavior Rotation
Supervisor: Larry Golba, Ph.D.

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. Interns 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.

**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.
Stipend and Benefits
For the 2017-2018 internship year, the total stipend will be $24,014.00; 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 inters’ 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:

- #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
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) is 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 VAMC in 2016, Doug worked in northern Colorado providing Primary Care Mental Health services for a family medicine practice. 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 and making wine (and consuming them, of course).

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.
Kristen Golba (Ph.D., Clinical Psychology, University of Nebraska-Lincoln, 2015) is a former VA Central Iowa Psychology Intern who now serves as the Admissions Coordinator for the residential treatment program. The major responsibilities of this position are to provide screening interviews for Veterans applying for residential treatment, making recommendations for level of care, and coordinating admissions for Veteran’s accepted to the program. She also offers individual and group psychotherapy to program participants. Dr. Golba’s background and training is in the area of psychiatric rehabilitation for the treatment of serious mental illness; however, she is trained in a variety of clinical settings and evidenced-based practices to include CBT, PE and CPT for PTSD, and treatment for chronic pain.

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.

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 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 teledoc 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.

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 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.

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.

**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 (VACIHCS) in 2016 after serving at VA medical centers in Dallas, TX and Shreveport, LA. He serves as the Co-Director of Psychology Training for VACIHCS. Dr. Kinderdietz is responsible for Pain Psychology at VACIHCS 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 the only 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.

**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 member of the national STAR-VA group, 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.

**Kyle S. Page** (Ph.D., Counseling Psychology, University of North Texas, 2013) is a 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. Prior to joining the VA Central Iowa Health Care System in 2017, Dr. Page worked as a geropsychologist and Assistant Training
Director at the Cheyenne VA Medical Center. 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) and as a Subject Matter Expert on capacity evaluations for the VA's national capacity evaluation education committee. In his free time, he enjoys riding his road bike and watching every reality cooking show on TV.

**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 VACHCS. 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.

**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.

**Julia Van Liew** (PhD, Clinical Psychology, University of Iowa, 2016) is a Graduate Psychologist who joined VACHCS 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.

**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.
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 and in the Outpatient Mental Health Clinic as part of the Behavioral Health Interdisciplinary Program (BHIP) teams. Dr. Woodward also now serves as the local Evidence-Based Psychotherapy Coordinator. Her areas of expertise include acceptance and commitment therapy, prolonged exposure, cognitive processing therapy, and skills training in affective and interpersonal regulation. Dr. Woodward lives with her fiancé and a spoiled orange cat, bikes to work on occasion, and keeps showing up to CrossFit workouts despite having little 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.
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:

<table>
<thead>
<tr>
<th>Type of Hours</th>
<th>N</th>
<th>Y</th>
<th>Amount: 200</th>
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<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Total Direct Contact Assessment Hours</td>
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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: $23,974
Annual Stipend/Salary for Half-time Interns: N/A

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><em>If access to medical insurance is provided:</em></td>
<td></td>
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<tr>
<td>Trainee contribution to cost required?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
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<td>X</td>
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<tr>
<th>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</th>
<th>4 hours per pay period / 13 days per year</th>
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<tr>
<th>Hours of Annual Paid Sick Leave</th>
<th>4 hours per pay period / 13 days per year</th>
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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**

| 2013-2016 |  
|-----------------------------|-----------------------------|
| 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 | 3 |
| PD | EP |
| Community mental health center |  |  |
| Federally qualified health center |  |  |
| Independent primary care facility/clinic |  |  |
| University counseling center |  |  |
| Veterans Affairs medical center | 1 | 3 |
| Military health center |  |  |
| Academic health center |  |  |
| Other medical center or hospital | 1 |  |
| Psychiatric hospital |  |  |
| Academic university/department | 1 |  |
| Community college or other teaching setting |  |  |
| Independent research institution |  |  |
| Correctional facility |  |  |
| School district/system |  |  |
| Independent practice setting |  |  |
| Not currently employed |  |  |
| Changed to another field |  |  |
| Other |  |  |
| Unknown |  |  |