

DEPARTMENT OF VETERANS AFFAIRS

Health Care System

Sheridan, WY 82801



Psychology Internship Training Program Brochure

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

Sheridan VA Health Care System

Barbara Ziegler, Ph.D.

Director, Psychology Internship Training

1898 Fort Rd.

Sheridan, WY 82801

(307) 675-3640

Barbara.Ziegler@va.gov

http://www.sheridan.va.gov/careers/Clinical_Psychology_Internship_Training_Program.asp

*Application deadline: November 30
Match Number: 221411*

Accreditation Status: The doctoral internship at the Sheridan VAHCS is a full-time (52-week 2,080 hours) rurally-focused psychology internship training program that has been funded by the Veteran Health Administration's Office of Academic Affairs. We have been a member of APPIC since 2012 and are actively pursuing APA accreditation. An accreditation site visit is scheduled in December 2016; should we achieve accreditation, the start date will be at the time of the site visit. We cannot guarantee approval for accreditation. *Please note: In the interim, graduates of our internship training program will be eligible for employment as psychologists within the Department of Veterans Affairs.*

The Training Setting



The Sheridan VA Health Care System is in a lovely location in north central Wyoming. The facility is at the base of the Bighorn Mountains, on a lovely landscaped 298 acres, with resident wildlife including deer, pheasants, and turkeys. Our VA, also known as Fort Mackenzie, is on the National Register of Historic Places. In 1898 its grounds were set aside by President McKinley as a military fort. The first troops in 1901 were from the Army's 25th Infantry regiment, one of the all-black regiments referred to as "Buffalo Soldiers." By World War I, the fort was closed and readied for demolition. After leaving office, however, President Taft transferred the fort to the Bureau of Health as a

hospital for men coming home from World War I with battle fatigue, or what is known today as posttraumatic stress disorder. Our hospital opened in April of 1922 as a 300 bed facility. By the end of World War II we had 900 beds. Today the Sheridan VA has 208 beds and serves nearly 12,000 veterans annually, and we are the tertiary mental health facility for the Rocky Mountain region (VISN 19). VISN 19 is the largest geographic area in the 48 contiguous states, serving veterans from Utah, Wyoming, Colorado, most of Montana, and portions of Idaho, Kansas, Nebraska, Nevada, Oklahoma, and the Dakotas.

One-hundred thirty-five of the Sheridan VAHCS's 208 beds are devoted primarily to mental health care. Our mental health service is currently comprised of 10 psychologists, 2 psychology technicians, 6 psychiatrists, 3 psychiatric nurse practitioners, 25 social workers, and a number of psychiatric nurses, RNs, LPNs, physician assistants, and addiction therapists. We have ambulatory and primary care units (23 beds); acute and sub-acute inpatient psychiatric units (50 beds); a Mental Health Residential Rehabilitation and Treatment Program (MHR RTP) with tracks for PTSD, substance abuse, and co-occurring disorders (40 beds), and Domiciliary Care for Homeless Veterans (45 beds); long-term care and rehabilitation Community Living Center (50 beds); and an outpatient mental health clinic.

As a rural hospital, we have been able to greatly increase access to care by utilizing state-of-the art video conferencing for remote mental health consultations and treatment. We typically provide over 2,000 tele-mental health appointments per year. We are committed to interdisciplinary care and have integrated psychology services into acute and outpatient primary care, the community living center, home-based primary care, and hospice and palliative care. We also serve a highly diverse psychiatric patient population; virtually every diagnosis in the DSM-5 is treated here. The majority of our patients are from rural areas and of lower socioeconomic status. While most of our patients are Caucasian, we are in close proximity to Native American reservations and provide treatment to many Native American veterans. African-American and Hispanic veterans are also treated. We have served an increasing number of women veterans, and have considerably increased our programming for women in the past decade. We are one of only 6 VA facilities to provide residential PTSD care for all-female cohorts, and one of 2 facilities serving LGBT cohorts. Interns have the opportunity to work with veterans from various religious and cultural backgrounds and sexual orientations.

The internship training program is located within the Sheridan VAHCS's mental health service. Psychology plays an integral role at the Sheridan VA, providing assessment, consultation, and a wide range of psychological interventions and treatment modalities throughout the hospital. The Sheridan VA has offered practicum training for students in the University of Wyoming's Ph.D. program in clinical psychology for over 40 years.

Training Model and Philosophy

Training Program Mission Statement: The mission of the Sheridan VAHCS internship training program is to provide 2 interns each year with a rigorous yet supportive training environment designed to help them develop the knowledge, skills and abilities necessary to enter the professional practice of psychology. We are particularly interested in developing psychologists who have an interest in working with veterans in underserved rural areas since men and women from these areas tend to be well represented in the armed forces. We believe that psychologists working in rural areas, and early career psychologists in general, need to have a strong generalist foundation. We train for the opportunity to work in a number of environments, providing our interns a strong foundation in the varied fields of psychology. We utilize interdisciplinary training and care models and teach interns about state-of-the-art health care delivery and the unique challenges associated with rural health care. While assessment and intervention have historically been the cornerstones of psychological practice, we believe that experience and training in consultation, supervision, and program development and evaluation are also important. We are committed to providing training that is sensitive to individual differences and diversity. Interns will work reasonable hours, and be treated as junior colleagues.

Training Model and Philosophy: Our training program is based on the scholar-practitioner model. Good clinical practice needs to be influenced by the science of psychology and vice versa. We emphasize empirically supported treatments and best practices while acknowledging the complexities of patients and the multitude of variables that must be contended with in clinical settings. Effective clinical practice is built on knowledge of the theoretical and empirical literatures, critical thinking, and self-reflection. We train interns to implement and promote established, efficacious treatments and encourage them to draw upon theoretical and empirical literature to enhance the development of their professional skills.

Methodology: The training approach is developmental. Interns will move from close supervision, mentorship and intensive instruction to relatively autonomous functioning. Competencies will be developed through graduated supervised clinical experiences in a variety of treatment settings and programs over the course of the internship year. These are discussed in the *Rotation Structure* section below. Didactic seminars, grand rounds, case conferences, workshops, and interdisciplinary treatment team meetings will augment direct clinical experience. This combination of clinical experience, supervision, and didactic experience will be structured in such a way as to prepare interns to take increasing responsibility for treatment decisions as their knowledge and skill levels increase. Interns will receive training in empirically based psychotherapies such as Cognitive Processing Therapy and Prolonged Exposure for PTSD, Cognitive-Behavioral and Acceptance and Commitment therapies for a wide array of anxiety and mood disorders, and Social Skills Training for serious mental illness. Empirically supported treatments will be taught by VA-trained practitioners, and interns will be supervised by clinicians trained and experienced in those EBPs. The internship program will also offer training in other psychotherapies with solid empirical support,

which might include: Interpersonal Psychotherapy for depression, Seeking Safety for co-occurring PTSD and substance-use disorders, Time-Limited Dynamic Therapy for a range of anxiety, depressive, substance abuse and somatoform disorders, Dialectical Behavior Therapy and Transference-Focused Therapy for severe personality disorders, and integrative approaches for veterans with complex co-morbidities.

Training Program Goals and Competencies

The Sheridan VAHCS's psychology internship training program is designed for interns to develop the knowledge, skills and abilities to enter the professional practice of psychology with goals, objectives, and competencies that are consistent with APA accreditation requirements:

Goal # 1: Entry level competence in psychological assessment, diagnosis, conceptualization, and report writing.
Objective(s) for Goal # 1: At the completion of training, interns should be able to appropriately assess, diagnose, conceptualize, and communicate important clinical findings across a broad range of patients, including those with complex presentations and co-morbidities. Selection of assessment instruments and evaluation methods should be appropriate to the clinical needs of the patient and treatment setting, and responsive to the needs of other health care professionals. Assessment should be practiced with an awareness of current cultural and ethical standards.
<p>Competencies expected:</p> <ul style="list-style-type: none"> - Diagnostic interviewing skills. - Differential diagnostic skills and knowledge of DSM-5. - Selection of appropriate psychological tests for assessment. - Administration and scoring of psychometric tests. - Interpretation of psychological test data. - Evaluates suicidal concerns and potential for violence when appropriate. - Understands effects of medical conditions and medications on mental functioning. - Demonstrates knowledge of developmental factors and brain-behavior relationships. - Integrates behavioral observations, historical data, medical records, and other non-test based information. - Clarity and conciseness of report writing. - Case formulation skills. - Quality and appropriateness of recommendations. - Ability to communicate results to patients, family members, and referral sources. - Demonstrates awareness of, and appropriately accesses, current literature, research and theory in assessment.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Attend year-long Assessment Seminar where a variety of neurocognitive, personality, and specialized diagnostic instruments (e.g., the CAPS for PTSD) will be covered. - Interns will complete a minimum of 10 psychological evaluations during the course of the training year and become competent in neurocognitive, personality, and diagnostic assessment. - All reports will include DSM-5 diagnoses, formulations, and recommendations. - All assigned assessments will be supervised by a licensed psychologist. - Weekly outpatient diagnostic intake evaluations through the mental health assessment and referral clinic. - Interns will participate in interdisciplinary treatment teams during their major rotations where differential diagnoses and treatment plans will regularly be discussed.

Goal #2: Entry level competence in psychological interventions.
Objective(s) for Goal # 2: At the completion of training, interns should demonstrate the ability to work effectively with a wide range of presenting problems and treatment concerns, in a variety of treatment settings, and provide appropriate interventions. Interns are exposed to a variety of theoretical orientations, supervisors, and treatment modalities, with an emphasis placed on empirically supported treatments.
<p>Competencies Expected:</p> <ul style="list-style-type: none"> - Formulates a useful case conceptualization from a theoretical perspective. - Ability to establish and maintain therapeutic alliance. - Ability to recognize and respond appropriately to patient crises. - Utilizes flexible and effective intervention strategies. - Maintains professional boundaries. - Able to identify and manage transference and countertransference effectively. - Able to work effectively with resistance. - Demonstrates awareness of personal issues that might interfere with therapy and takes appropriate steps to address them as necessary. - Creates appropriate and effective treatment plans. - Monitors and documents patient progress during therapy. - Coordination of care with other providers. - Works effectively with other professionals.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - An effort will be made to assign each intern a diverse caseload so there is an opportunity to work with veterans in different areas of the hospital, and veterans with different mental disorders, ages, genders, races, ethnicities, religions, sexual orientations, cultural backgrounds, and socioeconomic status. Each intern will have major six-month long rotations in inpatient psychiatry and in residential and rehabilitation treatment. - Each intern will have a mandatory 6-month minor rotation in primary care psychology, a mandatory 3-month minor rotation in outpatient mental health, and the opportunity to pursue training in a chosen area of interest through a 3-month elective minor rotation. - Each intern will facilitate and co-facilitate several different groups over the course of the year in different treatment programs (e.g., social skills and symptom management groups on the inpatient unit, PTSD and Substance Use Disorder groups on the residential unit or domiciliary, outpatient PTSD and anxiety groups). - Minimum of 2 hours per week of individual supervision in major rotations and 1 hour per week in minor rotations. - Case conference in which interns take turns presenting process notes from individual psychotherapy cases, improve skills in differential diagnosis, case conceptualization and treatment planning, regularly examine ethical and multicultural issues, and receive group supervision from a psychologist. - Attend year-long Psychotherapy Seminar in which a wide range of therapeutic approaches are covered, with an emphasis on empirically supported psychotherapies and empirically supported treatments.

Goal #3: Entry level competence in consultation
Objective(s) for Goal #3: At the completion of training, interns will be able to provide referral sources, colleagues, trainees and professionals from other disciplines with diagnostic and treatment information based upon clinical data, psychological theory, and empirical research.
<p>Competencies Expected:</p> <ul style="list-style-type: none"> - Determines and clarifies referral issues. - Selects appropriate assessment instruments and/or evaluation methods, or implements appropriate intervention strategies. - Quickly and accurately translates complex biopsychosocial issues in a manner that addresses the referral question(s). - Effectively communicates assessment or intervention results to team, referral source, patient and/or family members. - Completes consults within a reasonable timeframe. - Works effectively with interdisciplinary treatment team.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Observe psychology staff performing tele-mental health consultations via compressed video conferencing with the goal of having interns conducting supervised diagnostic evaluations with recommendations and referrals. - Interns will be assigned a wide range of psychology consultation requests from psychiatrists, physicians, nurses, social workers, addiction therapists and other health care providers throughout the hospital. These will be completed with guidance from a psychologist. - Primary Care Psychology seminar will devote a number of sessions to consultation. - Address consultation questions that arise during individual supervision.

Goal #4: Competence in scholarly inquiry
Objective(s) for Goal #4: At the completion of training, interns should be skilled in the application of scientific reasoning for clinical problems, recognizing how to apply research findings and psychological theories to the practice of clinical psychology.
<p>Competencies Expected:</p> <ul style="list-style-type: none"> - Demonstrates awareness of, and appropriately accesses, empirical literature, research and psychological theories for clinical assignments. - Generates independent scholarly hypotheses. - Independently integrates science and practice. - Provides quality oral presentations. - Demonstrates independent, critical thinking in clinical endeavors. - Applies scientific methods of evaluating practices, interventions and programs.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Receive performance evaluations every 3 months as part of ongoing supervision. - Use supervision and treatment team meetings to review treatment decisions and evaluate efficacy. - Interns will be encouraged to participate in outcome evaluations of different treatment programs when opportunities exist. - For their Clinical Research Projects, interns choose a rural mental health topic of interest to them and write a 10-15 page paper which integrates clinical, empirical and theoretical findings. The paper is then presented to the psychology department at the end of the training year. - Attend seminars, conferences, grand rounds, and workshops that discuss relevant research findings. - Review applicable research articles provided in seminars and supervision. - Access relevant journal articles and books through the VA's library and various on-line databases and internet resources. - Interns may devote up to two hours each week toward completion of dissertation research. - Interns may take paid time off for dissertation related meetings. - Dissertation progress is discussed in the monthly intern meeting.

Goal #5: Entry level competence in Ethics
Objective(s) for Goal #5: At the completion of training, interns should be able demonstrate knowledge of the APA ethics code and behave in a manner that is consistent with professional standards and ethical guidelines.
<p>Competencies expected:</p> <ul style="list-style-type: none"> - Overall knowledge of ethical/professional codes, standards and guidelines. - Overall knowledge of statutes, rules, regulations and case law relevant to the practice of psychology. - General ability to critically analyze ethical/legal issues that arise in professional activities. - Overall behavior is consistent with ethical/legal guidelines. - Awareness of and adherence to APA ethical guidelines in assessments. - Awareness of and adherence to APA ethical guidelines in interventions. - Awareness of and adherence to APA ethical guidelines in consultation. - Awareness of and adherence to APA ethical guidelines related to scholarly inquiry. - Awareness of and adherence to APA ethical guidelines related to supervision.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Review of APA Ethics Code during the Psychotherapy Seminar and throughout training. - Ethical issues are regularly attended to and addressed in supervision, didactic seminars, case conferences, and treatment team meetings. - Ongoing psychoeducation about managing multiple relationships in rural communities. - Year-long intensive clinical experience serving veterans in a rural community. - Attending didactics on rural health care and rural veteran populations. - Becoming knowledgeable of the full array of rural mental health care delivery systems offered by the Sheridan VAHCS.

Goal #6: Entry Level Competence in Individual and Cultural Diversity
Objective(s) for Goal #6: At the completion of training, interns should be able to demonstrate sensitivity to issues of cultural and individual diversity.
<p>Competencies expected:</p> <ul style="list-style-type: none"> - Demonstrates sensitivity to and knowledge of issues of ethnicity, culture, age, gender, religion, social class, able-ness, sexual orientation, and gender identity as relates to psychological practice and scholarly inquiry, and as relates to self, colleagues, and the veterans that are served. - Demonstrates sensitivity to and knowledge of issues of cultural and individual diversity as regards supervision. - Demonstrates sensitivity to and knowledge of issues of cultural and individual diversity as regards psychological interventions. - Demonstrates sensitivity to and knowledge of issues of cultural and individual diversity as regards psychological assessment. - Regularly attends to diversity issues when performing assessments, providing case formulations, and writing treatment plans.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Interns will be assigned patients of various ethnic and cultural backgrounds, and different ages, genders, religious backgrounds, and sexual orientations. - Interns will be assigned patients with a wide range of mental health diagnoses. - Diversity issues will be regularly addressed in supervision and the weekly case conference, and multicultural presentations are frequently part of Grand Rounds.

Goal #7: Entry level competence in supervision.

Objective(s) for Goal# 7: At the completion of training, interns should be able to develop knowledge and skills in supervision.

Competencies Expected:

- Makes good use of supervision.
- Receptive to guidance and constructive feedback.
- Effectively implements supervisor feedback.
- Learning generalizes.
- Effectively deals with ethical issues in supervision.
- Sensitive to issues of cultural and individual diversity.
- Creates safe atmosphere for supervision of practicum students.
- Provides practicum students with constructive feedback and appropriate guidance in supervision.
- Effectively deals with resistance in supervisee.
- Effectively deals with ethical issues inn supervision (including boundary issues).

Relevant Activities:

- Participate in year-long individual and group supervision.
- Participate in weekly case conference.
- Attend supervision seminar during the second half of the year.
- Interns will be exposed to a variety of supervision styles by working with 4-6 different supervisors over the course of the training year.
- Interns provide supervised supervision of University of Wyoming practicum students when practicum students are on location.

Goal #8: Entry level competence in professionalism and identity.

Objective(s) for Goal #8: At the completion of training, interns should be able to consistently demonstrate professional and ethical behavior and acquire knowledge and values central to the practice of psychology (e.g., integrating science and practice). They will also consolidate professional identities, including an awareness of their strengths and weaknesses, and arrive at realistic professional goals.

Competencies Expected:

- Demonstrates professional demeanor and behavior across settings and situations.
- Recognizes how personal characteristics impact clinical work and responds appropriately.
- Has realistic understanding of personal strengths and weaknesses as a psychologist.
- Has a well-integrated sense of self as a psychologist.
- Is respectful toward others and capably handles challenging interpersonal situations.
- Communicates effectively orally and in writing.
- Is accountable, dependable and responsible.
- Completes assignments and documentation in a thorough and timely manner.
- Demonstrates integrity.
- Shows initiative.
- Adaptively copes with stress and adversity.
- Consistently exercises good professional judgment.
- Actively participates in seminars and interdisciplinary treatment team meetings.
- Demonstrates self-reflection in the context of professional practice.
- Self-monitors issues related to self-care and takes appropriate action as necessary.
- Behavior reflects the attitudes and values of psychology.
- Possesses realistic career plans.

Relevant activities:

- Demonstrate ability to work collaboratively with others and communicate effectively both verbally and in writing.
- Year-long participation with interdisciplinary treatment teams. Collaboration with others and effective communication will be attended to in ongoing weekly supervision and intern performance evaluations.
- Use supervision to discuss and work towards professional development goals and to receive feedback on professionalism and clinical style.
- Ongoing participation in clinical meetings.
- Use monthly intern meeting to discuss and work toward professional development goals, including finding post-doctoral positions.
- Opportunity to pursue specialty training in an area of particular interest via major and minor rotations, including one elective rotation.

Goal #9: Entry level competence in theories and methods of empirically supported treatments.
Objective(s) for Goal # 9: At the completion of training, interns should be familiar with a range of empirically supported treatments; use the literature to help make informed decisions regarding treatment modalities to use; appropriately use empirically supported treatments; and evaluate efficacy of treatments during their use.
<p>Competencies Expected:</p> <ul style="list-style-type: none"> - Has familiarity with a range of empirically supported treatments, e.g. Social Skills Training for SMI, Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy for Depression and Anxiety, Cognitive Behavioral Therapy for Insomnia, Mindfulness, Motivational Interviewing, Acceptance and Commitment Therapy, Interpersonal Therapy. - Is familiar with methods of collecting quantitative outcome data of psychological services. - Is conversant with the most common methods used to examine outcomes of therapeutic factors and interventions (e.g., efficacy studies; effectiveness studies; meta-analytic studies) and the conclusions drawn from this research. - Uses no interventions known to be harmful or ineffective. - Implements treatments that are cogently defined, supported by scientific evidence and consistent with the program's model. - Implements empirically supported treatments as appropriate to the patients seen.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - An effort will be made to assign each intern a diverse caseload so there is an opportunity to work with veterans in different areas of the hospital, and veterans with different mental disorders, ages, genders, races, ethnicities, religions, sexual orientations, cultural backgrounds, and socioeconomic status. The use of empirically supported treatments will be emphasized. - Each intern will facilitate and co-facilitate several different groups over the course of the year in different treatment programs, and provide individual therapy, utilizing empirically supported treatments. - Individual supervision and case conference in which interns present individual psychotherapy cases, to improve skills in case conceptualization and treatment planning, as they implement empirically supported treatments. - Attend Psychotherapy Seminars in which empirically supported treatments are covered.

Goal #10: Entry Level Competence in Theories and Methods of Empirically Supported Treatments
Objective(s) for Goal #10: At the completion of training, interns should be able to demonstrate understanding of theories and methods of empirically supported treatments.
<p>Competencies expected:</p> <ul style="list-style-type: none"> - Is conversant with the most common methods used to examine outcomes of therapeutic factors and interventions (e.g., efficacy studies; effectiveness studies; meta-analytic studies) and the conclusions drawn from this research. - Is familiar with methods of collecting quantitative outcome data on psychological services. - Implements treatments that are cogently defined, supported by scientific evidence and consistent with the program's model. - Has familiarity with a range of empirically supported treatments, e.g. Social Skills Training for SMI, Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy for Depression and Anxiety, Cognitive Behavioral Therapy for Insomnia, Mindfulness, Motivational Interviewing, Acceptance and Commitment Therapy, Interpersonal Therapy. - Implements the treatments above as appropriate to the patients seen. - Uses no interventions known to be harmful or ineffective. - Utilizes flexible and effective intervention strategies.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Interns will learn about the empirically supported treatments that are widely used in the VA, through readings, seminars, and supervision. - Interns will use empirically supported treatments in their work with veterans. - Interns will take care to provide empirically based treatment in effective, appropriate, flexible, and beneficial ways, attending to relevant individual differences.

Goal # 11: Entry level Communication and Interpersonal Skills
Objective(s) for Goal #11: At the completion of training, interns should be able to demonstrate effective communication and interpersonal skills in their relationships with staff, patients, and the greater organization in which they work.
<p>Competencies expected:</p> <ul style="list-style-type: none"> - Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities. - Effectively negotiates conflictual, difficult and complex relationships including those with individuals and groups that differ significantly from one self. - Seeks clarification in challenging interpersonal communications. - Demonstrates understanding of diverse viewpoints in challenging interactions. - Accepts, evaluates and implements feedback from others. - Communicates clearly and effectively with patients as well as professional staff.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Active involvement with patients, treatment teams, and other personnel. - Ongoing discussion in supervision regarding communication and interpersonal skills.

Program Structure and Training Experiences: Our training program has been designed to provide breadth of training while still allowing for more in-depth learning in an area in which an intern has a particular interest. Each intern will participate in mandatory major 6-month inpatient psychiatry and residential and rehabilitation treatment rotations, a mandatory 6-month primary care psychology minor rotation, 3-month outpatient mental health clinic minor rotation, and a 3-month elective minor rotation. Interns will spend approximately 4 days per week at each major rotation setting, and 1 day per week at their minor rotation settings.

Major Rotations

6-Month Inpatient Psychiatry Rotation: The acute component of the inpatient rotation involves crisis stabilization, diagnostic evaluation, risk assessments, psychopharmacological interventions, psychological assessment, daily interdisciplinary team rounds, individual and group therapy, and treatment and discharge planning. Interdisciplinary treatment teams are composed of a psychologist, psychiatrist, social worker, pharmacist, dietitian, and nursing staff. The sub-acute component of the inpatient psychiatric rotation involves diagnostic evaluations, psychopharmacological interventions, psychological assessment, interdisciplinary team rounds, individual and group psychotherapy, and treatment and discharge planning.

6-Month Mental Health Residential and Rehabilitation Treatment Program Rotation: The residential treatment program has tracks for PTSD, PTSD and Co-occurring Disorders (PCOD), Substance Abuse Disorders (SA), and Co-Occurring Disorders (COD) other than PTSD. Residential treatment program tracks typically last 6-12 weeks. This rotation involves multidisciplinary diagnostic evaluations and treatment planning, assessment for PTSD (using the CAPS and MMPI-2 or 2-RF), individual therapy (Cognitive Processing Therapy and Prolonged Exposure), various psycho-educational groups, psychopharmacological interventions, case management,

recreational therapy (such as equine therapy), and treatment and discharge planning. Interns on this rotation expected to develop competencies in the assessment and treatment of PTSD and substance use disorders. The Domiciliary for Homeless Veterans (DCHV) is also part of the MHR RTP. Veterans may stay at DCHV for up to a year so there are ample opportunities to provide long-term psychotherapy.

Minor Rotations

Mandatory 6-Month Primary Care Psychology Rotation: This rotation will be beneficial to any general psychological practitioner, and of particular use to those planning to work in rural areas where they will necessarily have to collaborate with a variety of health care practitioners. It will also assist the intern who plans to work in a primary care, hospital, or health psychology setting. The rotation includes didactic meetings with various hospital staff addressing topics in clinical medicine, psychosomatic medicine, and selected conditions that have important behavioral and psychological facets (e.g., diabetes, heart disease, thyroid dysfunction, chronic pain, dementia). Working with a psychologist, the intern will develop the ability to communicate and collaborate with non-mental health practitioners regarding assessment and treatment interventions with persons who have a variety of conditions that either affect or are affected by mental disorders. During the 6-month primary care psychology minor rotation, interns spend 3 months as members of an interdisciplinary pain clinic, involved in complex evaluations, and 3 months on our geriatric unit working with elderly veterans.

Mandatory 3-Month Outpatient Mental Health Clinic Rotation: Interns spend one day per week working in the outpatient mental health clinic. Interns have the opportunity to work with local veterans with a wide range of diagnoses and to do telemental health with veterans seeking service through our community based outpatient clinics located throughout Wyoming.

Elective 3-Month Minor Rotation: Elective minor rotations allow interns to broaden their clinical knowledge and skills while developing specific areas of interest. Elective minor rotations offered include: more in-depth experience in a minor rotation, further neurocognitive assessment, or a specialty individual psychotherapy option. For those opting for the specialty individual psychotherapy option, the emphasis will be on empirically supported cognitive-behavioral and psychodynamic psychotherapies. The Training Director will work with interns to try to ensure they have the opportunity to deepen their chosen theoretical orientation and develop their therapy skills in areas of particular interest (e.g., the treatment of military sexual trauma, combat trauma, severe personality disorders, complex co-occurring disorders). There is some flexibility to this elective rotation and we have occasionally had interns opt to become involved with projects such as program development and evaluation. Minor rotations will consist of clinical experience, and assigned readings and supervision with a psychologist with expertise in the chosen area of interest.

In addition to major and minor rotations, each intern will be assigned a weekly outpatient diagnostic evaluation which may be conducted face-to-face with veterans at the medical center or via compressed video with patients in one of our seven

community based outpatient clinics. Interns will be also be assigned a range of psychological consults from all areas of the hospital, and a broad array of neurocognitive, personality, and PTSD assessments over the course of the year.

Supervision: Supervision will be provided from multiple theoretical perspectives, and the case conference will offer an ongoing opportunity for interns to integrate the training they receive into a coherent clinical framework. Each intern will receive a minimum of 2 hours of individual supervision per week in each major rotation, and 1 hour per week from their minor rotation supervisor. In reality, there are typically many more hours of supervision. All assessments will be supervised by a psychologist. Interns will meet regularly with the licensed clinician with whom they co-lead groups, and the weekly case conference will be led by a psychologist. While our internship training program espouses no single theoretical orientation, we do require that all interns become thoughtful and knowledgeable about the evolution of their own professional identity and that they be able to fully conceptualize their own clinical decisions.

Seminars. Interns attend a variety of seminars to increase their clinical knowledge and skills, and to facilitate professional development.

Assessment Seminars: These seminars focus on training with a variety of neurocognitive (e.g., WAIS-IV, WMS-IV, Symbol Digit Modalities, Trail Making), personality (e.g., MMPI-2, MMPI-2-RF, MCMI-3, PAI), and diagnosis-specific measures (e.g., CAPS for PTSD) to assess a wide range of conditions including dementia, traumatic brain injury, anxiety, mood, psychotic, and personality disorders. Emphasis is placed on test selection, administration, interpretation, and integrative report writing. Clinical interview and mental status examination are also covered.

Psychotherapy Seminars: The psychotherapy seminars cover a range of mental disorders and psychotherapeutic approaches with an emphasis on empirically supported treatments. Interns will receive training in Cognitive Processing Therapy and Prolonged Exposure for PTSD, Cognitive-Behavioral and Acceptance and Commitment therapies for a wide array of anxiety and mood disorders, and Social Skills Training for serious mental illness. These seminars will also cover other psychotherapies with solid empirical support (e.g., Interpersonal Psychotherapy; Time-Limited Dynamic Therapy, and Dialectical Behavior Therapy).

Primary Care Psychology Seminars: These seminars focus on assessing and treating psychophysiological disorders and medical conditions that include some psychological symptoms or present as psychological disturbances and necessitate full differential diagnoses. Interns will learn about facilitating appropriate referrals, developing referral questions, collaborating with various health discipline practitioners, and will obtain a basic understanding of diagnostic methods.

Case Conference: Case conference is a central aspect of the training experience. Interns meet weekly with a psychologist throughout the year. They each

present individual therapy cases, discuss particularly complex and interesting cases, review assessment data, hone case conceptualization skills, address ethical dilemmas and diversity considerations, enhance their theoretical understanding of the therapeutic process, and sharpen their technical skills.

Intern Seminar: Interns meet at least monthly with the Training Director to discuss how the internship is progressing, exchange information, and receive support and guidance in negotiating the various challenges associated with internship. Professional development is emphasized. Guest speakers and psychology staff members dialogue with interns about various career paths. Staff who have recently taken the EPPP talk about how to prepare for, and successfully pass, the licensing exam. Support is provided in helping interns obtain post-doctoral fellowships or entry level psychology staff positions.

Supervision Seminar: (1 hour per month, January through June). This seminar is designed to help interns make the transition from supervisee to supervisor. Led by a psychologist, this seminar includes readings on different models of supervision, and discussion of the supervisory process. Interns are given the opportunity to discuss current cases with one another and begin thinking about the clinical material from the perspective of supervisor. Interns have the opportunity to provide supervised supervision to practicum students from the University of Wyoming's Ph.D. program in clinical psychology when the students are on location during the summer.

Grand Rounds: Grand Rounds is an optional, but highly recommended, weekly event. A wide range of mental health topics is covered by clinical staff from throughout the hospital such as understanding military culture; depression; delirium and dementia; suicidality; crisis intervention; managing aggressive behavior; psychopharmacology; military sexual trauma; homeless veteran programs; recovery models; and treatment considerations with Native American veterans.

Percentage of Time Engaged in Direct Clinical Services: At least 25% of each intern's time is spent providing direct psychological services to patients. On average this amounts to 12-15 hours per week, but there is some variation between rotations, such that there will be busier times during the internship where interns may spend closer to 20 hours per week providing direct care.

Requirements for Completion: In order to remain in good standing, interns are required to make progress toward competencies in all domains (see *Training Program Goals, Objectives and Competencies* above); utilize supervision for professional growth and achievement of competencies; attend and participate in seminars and didactics; complete all assigned readings; consistently demonstrate ethical and professional behavior; complete a minimum of 10 psychological assessments; and demonstrate the ability to work effectively with others. Every three months interns will undergo performance evaluations. Supervisors will discuss and assess competence levels in all domains using the following descriptions:

- A Advanced skills comparable to autonomous practice at the licensure level.
- HI High intermediate skills. Occasional supervision needed.
- I Intermediate skills. Should remain a focus of supervision.
- B Basic level skills. Intensive supervision needed.
- R Remedial skills. Remediation plan necessary.

By the end of the training year, interns are expected to achieve ratings at the HI or A level on at least eighty percent of items within each competency with no ratings at the B or R level. While interns receive the letter descriptor on their performance evaluations (A, HI, I, B or R), these are converted, for purposes of outcome evaluation, to numerical values in a Likert scale with A = 5, HI = 4, I = 3, B=2, and R = 1.

Facility and Training Resources: Interns will be provided with an office (in close proximity to licensed staff psychologists), telephone, computer, and other office supplies that they might require. There are five administrative assistants with the mental health service who are available to provide support. The medical center provides state-of-the-art computer resources, internet access, and access to IT personnel. Interns will have computers in their offices with access to the VA's Computerized Patient Record System, electronic mail, internet resources, and VA Intranet. They will have access to all testing materials, protocols and scoring programs for psychological assessments. We also have psychology technicians who administer and score a wide range of psychological tests. While many of the buildings at the Sheridan VAHCS are more than 100 years old, they are beautifully designed and well-maintained and the interior décor and infrastructure have been updated and modernized. A new building was completed for our residential treatment programs in 2013. The medical center library contains a good number of mental health books and periodicals, and interns have access to full-time library support and a wide range of material through interlibrary loan programs. They also have access to a wide range of psychological and psychiatric on-line databases with full text articles.

Stipends and Benefits

Stipend: Interns receive a competitive stipend paid in 26 biweekly installments. The current stipend for our facility is \$24,014 annually.

Benefits: Internship appointments are for 2080 hours, which is full time for a one year period. The Sheridan VAHCS's internship begins on or about the first business day in July. VA interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees.

Holidays and Leave: Interns receive the 10 annual federal holidays. In addition, interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period.

Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Authorized absence may be given for participation in professional psychology conferences, dissertation defense, and job interviews with any federal agency.

Liability Protection for Trainees: When providing professional services at a VA health care facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Administrative Policies and Procedures

Privacy Policy: We collect no personal information from you when you visit our website.

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

Intern Evaluation: During orientation, performance expectations and the performance evaluation process will be discussed in detail. Due process and grievance procedures will be provided to interns in writing. Throughout the year, interns will receive informal feedback from supervisors, instructors, and interdisciplinary treatment team members on an ongoing basis. Formal proximal training outcomes will be assessed every three months by supervisor ratings of behaviorally-anchored and observable performance ratings measuring goals, objectives, and competencies rooted in APA benchmarks, and intern-specific goals and objectives agreed upon by their supervisors and the training director. Substandard performance will result in corrective feedback, including the option of a remediation plan. If that is unsuccessful, interns may be placed on formal probationary status. Interns will be encouraged to discuss with their supervisors and with the internship training director any concerns they have about the training program as they arise. Significant concerns will be discussed and addressed during training committee meetings. If there has been ongoing dialogue between supervisor and intern during the course of the evaluation period, the supervisor's ratings and comments should come as no surprise. Nevertheless, on rare occasions, an intern may object to some aspect of the evaluation. Negotiation between supervisor and intern will most often resolve these conflicts. Where that is not possible, and the supervisor is unwilling to change the comments, the intern will be asked to sign the evaluation and submit an addendum to the report specifying the nature of the disagreement. This addendum will be reviewed by the Training Director and Training Committee. If the concern is something that will be forwarded to the intern's graduate program the intern can include a statement to accompany the formal evaluation.

Due Process for Problematic Intern Behavior or Performance:

Problem Identification and Resolution: Problems in intern performance may include, but are not limited to: 1) an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior, 2) an inability to acquire the clinical skills and knowledge necessary to reach an acceptable level of competency, 3) an inability to control personal stress or excessive emotional reactions which interfere with professional functioning, 4) repeated non-adherence to the rules and regulations of the training program and the VA Health Care Center, 5) violation of APA or VHA professional or ethical standards, or 6) violation of state or federal law. If the identified problem does not change as a result of feedback, remediation, efforts or time, or is of a sufficiently serious nature, an intern may fail a specific rotation, the entire internship, or may be terminated from the program prior to completion. It is expected that these will be highly unusual events.

Due Process: Whenever a supervisor becomes aware of an intern problem area or deficiency that is not resolved by usual supervisory support and intervention, it will be brought to the attention of the Training Director. The Training Director will gather information regarding this problem including, if appropriate, an initial discussion with the intern. The Training Director will then meet with the Psychology Training Committee and a determination will be made as to whether the problem is sufficient to constitute 'Problematic Status' which implies possible termination from the internship. 'Problematic Status' is usually characterized by one of more of the following: 1) the trainee does not acknowledge, understand, or address the problem when it is identified, 2) the problem is not merely a reflection of a skill deficit which can be rectified by didactic training, 3) the quality of psychological services delivered by the intern is significantly negative, 4) the problem is not restricted to one area of professional functioning, 5) a disproportionate amount of attention by training personnel is required, 6) the problem behavior involves a serious ethical, legal, or policy violation, and/or 7) the trainee's behavior does not change as a result of feedback, remediation, efforts and/or time. A determination about "Problematic Status" will be made after a thorough review of the intern's performance, and one or more meetings with the intern to hear the individual's point of view. If the intern is placed on "Problematic Status", a further decision is made by majority vote of the Psychology Training Committee to either construct a remedial plan which, if not successfully completed, would be grounds for termination; or, initiate the termination procedure. In accordance with the Guidelines for Communication between Doctoral Programs and Internship developed by APPIC and the Council of Chairs of Training Councils (CCTC), the faculty contact of the intern's graduate program will be informed when "significant problems arise that are not readily resolvable at the internship site, that are recurrent, or that may lead to the institution of due process procedures or an alteration of the intern's program." The communication will be done in a timely manner and a written record will be kept of the communications, and ongoing contact will be maintained until the problem is resolved.

Remediation plans will generally include, but are not limited to: increased supervision with the same supervisor or a different supervisor, specific readings and seminars, recommendation of personal therapy at the intern's expense, or reduction of the intern's clinical duties. The corrective plan will be based on input from the intern, relevant supervisor(s), Training Director, Psychology Training Committee, and faculty representative from the intern's graduate program. The relevant supervisor(s) will report to the Training Director regarding the progress of the remediation problem.

Formal actions that accompany "Problematic Status" include but are not limited to:

- 1) Probation: An intern who fails to meet or make satisfactory progress toward fulfilling the general expectations of the internship may be placed on probation. While on probation, the intern will operate under a remediation program for a specified period of time. At the end of that time, the intern will be re-evaluated by the Training Director to see if further remediation is needed and there is cause to believe the intern may benefit from same.
- 2) Suspension of Clinical Duties: An intern who is charged with a violation of the APA ethics code, state or federal laws, or VA policies, may be temporarily suspended by the Training Director from providing clinical services. Temporary suspension becomes effective immediately upon notification to the intern in writing. Notification will include the reason(s) for suspension. A remediation program may also be developed along with formal evaluation criteria to determine if the problem has been addressed. Following remediation, the Training Director and Psychology

Training Committee will determine if the suspension should be lifted, continued, or other action should be taken.

- 3) Notification of Academic Program: In the event an intern is placed on "Probationary Status", the Training Director will notify the intern's academic program about the nature of the problem and, if relevant, the remediation plan. The intern will be asked to sign the document and will be able to add his/her own statement. A copy of this notification will be provided to the intern and placed in the intern's training record file.
- 4) Termination of the intern from the training program.

Procedures for Termination and Appeal:

- 1) Termination: The intern will be given an opportunity to present arguments against termination at a special meeting of the Psychology Training Committee. Direct participation by the academic program's Director of Clinical Training, or a suitable delegate, will be sought via conference call.
- 2) Appeal: Should the Psychology Training Committee recommend termination, the intern may appeal to the Associate Chief of Staff of Mental Health (ACOS). The ACOS will review the recommendation of the Training Committee and either support the recommendation, reject it, or re-open the investigation in order to render a decision.

Grievance Policy and Procedures

It is the goal of the Sheridan VAHCS's Psychology Internship Training Program to provide an environment that lends itself to congenial and professional interactions between staff and interns based on mutual respect. However, it is possible that a situation will arise that leads an intern to present a grievance. The following procedures are designed to assure that the grievance is resolved in a clear, timely, practical and responsible manner. Cause for grievance could include exploitation, sexual harassment or discrimination, religious harassment or discrimination, racial harassment or discrimination, capricious treatment or unfair evaluation criteria, and inappropriate or inadequate supervision and training.

Grievances will be addressed in the following steps:

- 1) The intern should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual, or seeking out a sympathetic third person willing to act as intermediary. When the grievance involves a psychologist, the intern should notify the Training Director, even if the issue is resolved.
- 2) In a situation in which it may be too difficult for the intern to speak directly with the individual, the Training Director should be involved to seek informal resolution of the matter.
- 3) If the steps taken above fail to resolve the matter adequately, the intern can file a formal written grievance with the Training Director. This grievance should outline the problem and the actions taken to try to resolve it. The Training Director has the responsibility to investigate the grievance, and will involve the Psychology Training Committee. In most instances the Training Director and Training Committee will decide how to resolve the matter.
- 4) If the grievance is against the Training Director, the Associate Chief of Staff of Mental Health will designate a member of the Psychology Training Committee to undertake the investigation and report findings back to that office.

If the intern is not satisfied with the decision of the Training Director and Training Committee, the matter can be appealed to the Associate Chief of Staff of Mental Health who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

Applicant Qualifications and Selection Procedures

Qualifications and Selection Criteria: Applicants must be in good standing in APA-accredited doctoral programs in clinical or counseling psychology. It is expected that applicants will have completed all their graduate coursework, accumulated a minimum of 600 doctoral level practicum hours (total time in practicum, not just direct contact hours), passed comprehensive examinations and, at minimum, completed their dissertation proposal prior to the start of internship. We are looking for well-prepared candidates with solid experience in both assessment and intervention, with an expectation that applicants will have a minimum of 500 combined assessment and intervention hours. As an equal opportunity training program, we welcome and strongly encourage applications from all qualified candidates regardless of gender, age, race, ethnicity, sexual orientation, disability, or other minority status. We value applicants with a wide range of backgrounds and experiences. Interview preference will be given to candidates who have strong academic and clinical backgrounds; interest in a generalist, interdisciplinary training experience; and a demonstrated interest in rural mental health and serving veterans. All applications will be reviewed and qualified candidates deemed to be a good fit for our program will be contacted for interviews. The following are required per VA policy:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

To Apply: Applicants should complete the current AAPI form (available through the 'Applicant Portal' on the APPIC website [www.appic.org]) with autobiographical statement, essays about theoretical orientation, diversity, and research interests. Please also include the following materials:

- 1) A site specific cover letter describing your specific interest in our training program, and the reasons you believe you may be a good fit for our program.
- 2) A current curriculum vita.
- 3) Official graduate school transcripts.
- 4) Three letters of recommendation (one from faculty and two from clinical supervisors).
- 5) Your academic program's Verification of Internship Eligibility and Readiness form.
- 6) Letter from dissertation chair stating that your proposal has been accepted.
- 7) Confidential Psychological Assessment. This should utilize a battery of neurocognitive and personality measures. The report should include referral questions, relevant history, behavioral observations and mental status exam, test interpretation, formulation of a multi-dimensional diagnosis, and recommendations.
- 8) Confidential Psychotherapy Case Summary, 2 to 4 pages. This should include the presenting problem, relevant history, a complete theoretical conceptualization and formulation, multi-dimensional diagnosis, and a thorough discussion of the treatment process.

To submit an application, or obtain further information about the training program, please contact:

Barbara Ziegler, Ph.D.
Director, Psychology Internship Training Program
Sheridan VA Health Care System
1898 Fort Rd., Building 8
Sheridan, WY 82801
(307) 675-3640

Barbara.Ziegler@va.gov

Please note: Our AAPI application due date is November 30th.

This internship site agrees to abide by APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Sheridan VAHCS Psychology Training Faculty

The Sheridan VA currently has 10 psychologists on staff, with one open position.

Timothy Blaney, Psy.D. is a staff psychologist working on the domiciliary. He received a doctoral degree from Illinois School of Professional Psychology in 1997 and a bachelor's degree from Northwestern University in 1988. His internship was at the Nashville V.A. Health Care Center and Vanderbilt University. Professional employment settings have included community mental health, child/adolescent residential treatment, and independent practice. Prior to gaining employment at the V.A., Dr. Blaney did extensive consultation with the Wyoming Department of Family Services, local school districts, and attorneys, in addition to maintaining a practice with an emphasis in psychological evaluation. Interests include system integration, Acceptance and Commitment Therapy, cross-cultural issues, and diagnostic decision-making. He is Past President of the Wyoming Psychological Association and serves as an appointed member of the Workers' Compensation Medical Commission for the State of Wyoming.

Eric F. Crawford, Ph.D. earned his doctoral degree in clinical psychology from the Pacific Graduate School of Psychology (now Palo Alto University) in 2005 after interning at the Durham VA Medical Center, and completed a postdoctoral fellowship in PTSD and Stress-related disorders within the San Diego VA Healthcare System in 2006. Dr. Crawford serves as the Local Mental Health Recovery Coordinator (LRC) at the Sheridan VAMC, providing evidence-based psychotherapy across programs and promoting access to services within VA and relevant community systems that are aligned with the specific recovery goals of veterans and their family members. Prior to this appointment, Dr. Crawford worked as an Assistant Professor at Duke University Medical Center and as Assistant Director of the Clinical Core of VA's Mid-Atlantic Region Mental Illness Research, Education and Clinical Center, where he developed a research agenda and clinical subspecialty emphasizing application of empirically supported treatments for PTSD and other post-deployment conditions to veterans with traumatic brain injury and identification of factors that impact engagement with mental health services among returning veterans. In addition to duties associated with the LRC role, Dr. Crawford operates as a trainer and clinical consultant for the VA Office of Mental Health Services' and National Center for PTSD's dissemination of Prolonged Exposure therapy, assisting other VA providers to develop competency with this frontline, evidence-based treatment for PTSD.

Tamarra Crawford, Ph.D., ABPP is a staff psychologist assigned primarily to the Community Living Center. She received a doctoral degree from Pacific Graduate School of Psychology in 2006. She worked as a research assistant and practicum student at the Older Adult and Family Center at the Palo Alto VA prior to her internship at the psychiatric facility associated with Sharp Mesa Vista Hospital and returned back to the Palo Alto VA to complete a post-doctoral fellowship with a dual emphasis in geropsychology and palliative care. There, she rotated through the Spinal Cord Injury Unit and Outpatient Clinic, Home Based Primary Care, Nursing Home Care Unit, and Subacute Medical Unit. After fellowship, she spent the next eight years on the Home Based Primary Care team at the Durham VAMC in North Carolina until transferring to the Sheridan VAMC in 2015 where she is now assigned to the Community Living Center, Palliative Care and Hospice Service, and Home Based Primary Care team. Dr. Crawford is trained in CBT and was formally trained to adapt CBT protocols to older adults, caregivers, and adults with chronic pain. She utilizes developmental and multicultural models couched within a person centered approach in her primary duties with older adults. Dr. Crawford's interests include aging and illness, grief and loss, education on mild and major neurocognitive disorder, caregiver support, and psychologists serving healthcare teams.

Jennifer Glass, Psy.D. is a clinical psychologist in the MHR RTP. She earned her doctorate from the Hawai'i School of Professional Psychology in 2014. She interned at the Captain James A. Lovell Federal Health Care Center in North Chicago, Illinois, and completed her post-doctoral fellowship at the Maine VA Healthcare System. Dr. Glass has also spent several years training in Department of the Army behavioral health clinics. She is trained in PE, CPT, Conjoint Couples CBT, ACT and is certified in EMDR. Her work with clients consistently includes culturally informed treatment and mindfulness practice. Dr. Glass' clinical and research interests include: PTSD, cultural trauma, Polynesian extended family systems, ACT, neuropsychological norm development for diverse populations, military psychology, Mindfulness, and rural mental health service delivery.

Robert Johnson, Ph.D. is a clinical psychologist and Chief of the Mental Health Residential Rehabilitation Programs. After completing a 21-year military career, in 2010 he received his Ph.D. in Clinical Psychology from the University of Nebraska – Lincoln where he specialized in working with people with serious mental illness and program evaluation under the mentorship of Will Spaulding, Ph.D. As a recipient of an Individual National Research Service Award and a National Institute of Mental Health (NIMH) Predoctoral Fellow, he trained briefly at the Dartmouth Evidence-Based Practice Center and the Yale Program for Recovery and Community Health. He completed his internship at the Togus VA Medical Center and an interdisciplinary, post-doctoral residency at the Durham VA Medical Center in Psychosocial Rehabilitation and Recovery Oriented Services. Dr. Johnson is an elected member of the American Psychological Association's Task Force on Serious Mental Illness and Serious Emotional Disturbance. He is also a founding member of the Serious Mental Illness and Serious Emotional Disturbance section of the American Psychological Association's Division 18 (Psychologist in Public Service). Interests: Serious Mental Illness (SMI), Program Development and Evaluation, Psychosocial Rehabilitation, Recovery, and Recovery-oriented services, and System Transformation.

Robin Lipke, Ph.D. received her doctorate in clinical psychology from the University of Montana in 1995. Dr. Lipke is a clinical psychologist currently working in outpatient services. She provides assessment, consultation, and psychotherapy from a developmental, cognitive-behavioral, and interpersonal framework. She completed her M.A. degree in health psychology and her clinical internship at Spokane Community Mental Center, and has several years of experience in rural community mental health and Indian health care and higher education (Associate Professor of Psychology, university counseling center). Her professional interests include traumatic grief, complex trauma, and medical/health psychology. She was a supervisor and clinical training committee member with Fort Meade's doctoral psychology internship training program through the VA's Black Hills Health Care System. Dr. Lipke is VA trained in Cognitive Behavior Therapy for insomnia, Cognitive Processing Therapy, and STAR-VA.

Seth M. Tippin, Psy.D. earned his doctorate in clinical psychology from George Fox University in 2008. His primary clinical interests include cognitive testing, health psychology, consultation and liaison with interdisciplinary treatment team on our medical units, tobacco use cessation, and diabetes management. Dr. Tippin is VA trained in Cognitive Behavior Therapy for Depression, Pain Management, and Insomnia, as well as in Problem Solving Therapy in Primary Care.

Vivianne Tran, Psy.D. is a clinical psychologist on our acute and sub-acute psychiatric inpatient units and was previously the Local Recovery Coordinator. She earned a B.A. in psychology with a minor in Applied Behavior Analysis from the University of South Florida in Tampa, and completed her Psy.D. in clinical psychology from Argosy University in Tampa in 2008. Dr. Tran worked in the inpatient unit of the Wyoming State Hospital from 2008-2011. Dr. Tran has training in mindfulness, meditation and Mindfulness-based Stress Reduction (MBSR). Her primary clinical interests include: stress reduction, trauma, recovery principles and mindfulness. She is VA trained in Cognitive Processing Therapy, ACT for Depression, Social Skills Training, and mediation/conflict resolution.

Kevin Woodrow, Ph.D. earned his doctorate in clinical health psychology from East Carolina University in 2015. Prior to that, Dr. Woodrow served in the US Army for 20 years in the areas of Infantry and Logistics. He is currently working in the residential substance abuse program and his primary treatment modality is cognitive behavioral therapy. Other clinical interests include general health/medical psychology, cardiac psychology, mindfulness, trauma, and psychological assessment. Dr. Woodrow completed his internship from the Sheridan VAMC and has worked in private practice as well as with the Sheridan VA. Dr. Woodrow has published several articles in the field of cardiac psychology.

Barbara Ziegler, Ph.D. earned her doctorate in clinical psychology from the University of Nevada-Reno in 1983, and interned at Norristown State Hospital in Pennsylvania. She is the Sheridan VAHCS's lead psychologist, Evidence Based Treatment Coordinator, and the Director of the Clinical Psychology Internship Training Program. She has twice been president of the Wyoming Psychological Association as well as a member of the Wyoming State Board of Psychology, and presently serves on APA Council. Because of her work with the University of Wyoming clerkship program, she is an Adjunct Professor of the University. She primarily conducts evaluations, provides PTSD treatment, and oversees involuntary hospitalization procedures, along with administrative duties. Dr. Ziegler is VA trained in Prolonged Exposure and Cognitive Behavior Therapy for Depression.

Information about the Sheridan Area



The town of Sheridan is located in picturesque North Central Wyoming, midway between the Black Hills of South Dakota and Yellowstone National Park. Nestled at the foot of the dramatic Bighorn Mountains, Sheridan offers a wealth of recreational activities including hiking, fishing, biking, golfing, horseback riding, backpacking, rock-climbing, wildlife viewing and hunting, cross-country and downhill skiing, snowboarding, snowmobiling, and snowshoeing. Sheridan's historic downtown offers nearly a mile-long stretch of retail stores, fine restaurants, quaint coffee shops, bookstores, pubs and western style saloons, theatres, museums and art galleries. Two vintage trolleys transport visitors around town. In the summer months, outdoor concerts are performed every Tuesday evening at Kendrick Park, and polo matches are held every Sunday at the Equestrian Center. The population for Sheridan and the surrounding bedroom communities is about 30,000. Sheridan was recently rated as the best western town in the United States. Sheridan has a community college and a small airport offering daily direct flights to Denver. The closest international airport is in Billings, Montana, an hour-and-a-half drive away. We like to think of Sheridan as Wyoming's best kept secret. For more information about our community, please check out the following websites: www.sheridanwyoming.org, www.sheridanwyomingchamber.org.