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The Montana VA Health Care System Psychology Internship Program (MTVAPI) is currently accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) as of December 6th, 2016. The next site visit is anticipated to be in 2023.

Questions related to our accreditation status can 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

All other questions about the internship program may be directed to Joanna McCormick, Ph.D., Training Director, at Joanna.McCormick@va.gov or 406-447-6000.

APPLICATION AND SELECTION PROCEDURES

APPLICATION REQUIREMENTS
Our internship seeks students from APA or CPA accredited Ph.D. or Psy.D. clinical or counseling programs who are in good standing. Applicants must have completed at least 3 years of academic study, have completed their comprehensive or qualifying exams, and have proposed their dissertation. In addition, applicants must have completed a minimal of 300 intervention hours and 50 assessment hours during their doctoral program. Applicants who have a strong interest or background in rural mental health or in working with veteran populations will be a particularly good fit for this internship program.

Montana VA Health Care System encourages candidates from diverse backgrounds to apply. We welcome individuals who are members of underrepresented groups, sexual orientation, and disability status. The selection of Psychology Interns must be consistent with equal opportunity
and non-discrimination policies of Montana VA Health Care System as well as the guidelines and policies of APPIC and APA’s Commission of Accreditation. As an equal opportunity training program, the training program welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status. Furthermore, we are committed to non-discrimination in employment of our staff on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

The Montana VA Healthcare System Psychology Internship Program strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its Interns. Diversity among Interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by Montana VA Health Care System to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. Our training program strives to make every effort to increase awareness, dispel ignorance, and increase comfort with multicultural experiences.

ADDITIONAL VA REQUIREMENTS

A certificate of registration status, certification of US citizenship, and drug screening is required to become a VA Intern. Males born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including this internship program. In addition, prior to starting a VA internship trainees will need to have their Directors of Clinical Training sign a VHA Trainee Qualifications and Credentials Verification Letter (TQCVL).

The TQCVL confirms that a Health Professions Trainee is:

- Enrolled in or accepted into the accredited training program and has had primary source verification of appropriate qualifications and credentials as required by the admission criteria of the training program;
- Qualified, and has the required credentials, to participate in the accredited training program as agreed to by the sponsoring institution, affiliated participating institutions, and the VA;
- Compliant with all US citizenship or immigration and naturalization laws and therefore suitable to be appointed to a Federal Government position; and
- Meets the essential functions (physical and mental) of the training program and immunized following current CDC guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility.
APPLICATION PROCEDURES
We are members of APPIC and will be participating in the National Matching Service. Please be sure to obtain an Application Agreement Package from the National Matching Services, Inc to register for the Match. For applications to be considered complete, the following materials must be received through APPIC by 11/12/2018 11:59PM, MST:

- Online APPIC Application for Psychology Internship (AAPI)
- Curriculum Vita
- Three letters of recommendation
- Official Transcript of graduate work sent directly by your university
- Academic Program Verification of Internship Eligibility and Readiness form - submitted by the Director of Clinical Training
- Cover Letter

SELECTION AND INTERVIEWS
Montana VA Health Care System is offering four internship slots for the 2019-2020 Internship class. For the 2018-2019 internship class, this internship was selected from VA internships nationally to receive funding for a 4th internship position. We are excited to announce our program was recently approved to receive permanent funding for four internship training positions by the VA Office of Academic Affiliations. Applications for the Psychology Internship Program at Montana VA Health Care System will be reviewed for completeness and goodness of fit. Our program seeks trainees who can demonstrate an interest in working with veterans, as well as individuals who are interested in working with rural and highly rural/frontier populations. Previous VA experience is a plus, although not necessary. We are seeking candidates who have strong academic backgrounds and are skilled in diagnostic assessment and intervention.

Selection Committee: A selection committee is comprised of the Training Director, the Associate Training Director, and at least two supervisory psychologists from the Training Committee. MTVAPI seeks applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in standard assessment, intervention, and scholarly practice, and the personal characteristics necessary to function well in this internship setting. The selection criteria are based on a "goodness-of-fit" with the Scholar-Practitioner model, and the program seeks Intern applicants whose training goals match sufficiently the training that is offered in our geographically rural and veteran-focused training site. Consistent with the Ethical Code of the American Psychological Association, Montana VA Health Care System Intern applicants are not required to self-disclose sensitive topics during application to the program. Selection of candidates for our Psychology Internship Program comes from different kinds of programs and theoretical orientations, different geographic areas, different ages, different ethnic backgrounds, and different life experiences.

In the Intern selection process, all applications are initially reviewed by at least one member of the Selection Committee (a subset of the Training Committee) and suitable applicants are identified to go to the next round. This process is completed by examining the Intern’s cover letter, AAPI essays, letters of recommendation, review of practicum training, experience with
Veteran populations, experience and interest in rural mental health, current dissertation status, and professional interests.

**Interviews:** In-person or phone interviews are required of all applicants who make the final selection round. In-person interviews will take a full day and involve an informational session with the Training Director and relevant training staff, a tour of our facility, an opportunity to meet current interns, and at least two interviews with training staff. Phone interviews will involve talking with two training psychologists. Applicants who are not invited for in-person or telephone interviews will be notified via email by December 14th, 2018. Candidates for the Montana VA Psychology Internship (MTVAPI) are encouraged to attend interviews in person. However, occasionally and due to unique circumstances, phone interviews will be considered.

**Tentative Interview Dates for 2019-2020 Training year**

- Wednesday, January 9th, 2019
- Thursday, January 10th, 2019

**ADDITIONAL QUESTIONS**

If there are additional questions regarding the application procedure, please contact the associate Training Director:

**Gretchen Lindner, Ph.D., Associate Training Director**

Bozeman Community Based Outpatient Clinic
300 N. Willson, Suite 703G
Bozeman, MT 59718
(406) 582-5352
gretchen.lindner@va.gov
STIPEND AND BENEFITS

STIPEND
For the 2019-2020 internship year, interns will receive a stipend of $26,166, paid in 26 biweekly installments.

BENEFITS
Interns will receive full health insurance benefits. Interns are entitled to holiday pay (10 federal holidays a year) and they will accumulate 4 hours per pay period of annual and sick leave, amounting to 13 days of sick and vacation leave. Interns are also allotted up to 5 days per year for administrative absence, available for use for professional development needs such as conference participation, post-doc interviews, dissertation defense, etc.

The VA website has additional information regarding stipend and benefits: http://www.psychologytraining.va.gov/benefits.asp

INTERNSHIP SETTING

The Psychology Service at the Montana VA Health Care System (MTVAHCS) is comprised of twenty psychologists, under the leadership of Psychology Chief, Dr. Joel Mitchell. The MTVAHCS is also in the process of hiring an additional twelve psychologists, that are anticipated to be on board prior the 2019-2020 internship year. While the majority of the psychologists maintain a primary affiliation with the Behavioral Health Service, psychologists are also assigned across several service lines within this expansive health care system (e.g., Ambulatory Care Service; Surgery/Anesthesiology; Hospital and Specialty Medicine; and, the Office of the Chief of Staff).

Psychologists serve in a wide variety of administrative and clinical functions within the MTVAHCS. They are located within several programs at the Fort Harrison Medical Center and the area Community Based Outpatient Clinics (CBOC). Psychologists at Montana VA Health Care System act as integral parts of an interprofessional team, working with psychiatrists, social workers, and psychiatric nurses and nurse prescribers. They provide their expertise in the areas of residential treatment, substance use disorders (SUDS), PTSD, primary care/mental health integration, and outpatient behavioral health. Psychologists also consult with primary care, neurology, community living centers, home-based programs and other specialty programs to provide truly integrated treatment to Veterans.

FACILITY AND TRAINING RESOURCES

Interns will be provided with office space, computer and phone access at their primary rotation sites. Interns have the same access to resources as clinical staff including scheduling assistance, computer help desk, and clerical staff. Montana VA Health Care System uses the Computerized
Patient Record System (CPRS) which is available in all offices used by Interns. Secure teleconferencing equipment and teleconferencing support staff are available to Interns and can be used for tele-mental health services, didactics, and consultation. Interns and staff will have online access to journals and library support. Interns will also have access to telehealth technology to provide psychological care to veterans across the state as needed. Interns will have access to shared space, such as the kitchen, group room, and conference room, and copier/supply room within the Behavioral Health department. Video-teleconferencing will be available to support didactic training and clinical case conferences. Also available are the free on-site gym and walking trails to encourage healthy work/life balance for our Interns and staff.

**Fort Harrison Medical Center**
The majority of the Intern’s experience will take place at the Fort Harrison VA Medical Center near Helena, Montana. The Montana VA Healthcare System is a Joint Commission accredited, complexity level 2 facility. Fort Harrison Medical Center offers care to all of the Veterans in the state of Montana. Services provided at Fort Harrison include medical and surgical outpatient specialties, physical rehabilitation, radiology, 24/7 pathology and laboratory services, pharmacy, mental health, and residential rehabilitation programs for substance abuse and PTSD. The Fort Harrison Medical Center is the only VA hospital in Montana and serves adjacent regions in VISN19 (including areas in Idaho, Wyoming, Utah, and Colorado). Additionally, the facility and provides care to Veterans living in Canada and the Dakotas. Montana VA Health Care System offers a rich opportunity for Interns to work with highly rural and underserved Veterans. Montana is considered a highly rural, underserved state with 15% of its population living below the poverty level and it has one of the largest per capita Veteran populations in the country.

**Bozeman Community Based Outpatient Clinic**
Interns will have the opportunity to complete minor rotations with the Behavioral Health team at the Bozeman CBOC, which is co-located with the Bozeman VA community based medical clinic. The Behavioral Health Treatment Team consists of three psychologists, a social worker, a substance abuse counselor, and 2 primary-care mental health integration psychologists. The CBOC also houses 3 PACT teams, a compensation and pension evaluator, a tele-health technician, and an eye clinic. Bozeman is home to Montana State University, which is consistently ranked as one of the most Veteran-friendly universities in the country. Rated an All-America
City, Bozeman is a tourism venue for skiing and other outdoor activities, and visitors can utilize Bozeman Yellowstone International Airport. Yellowstone National Park is easily accessible by car from Bozeman, MT. Fort Harrison medical center is a 90 minute drive away from Bozeman, MT. VA provides a government vehicle for travel to this site and time is allotted for travel to support this training opportunity.

**Missoula Community Based Outpatient Clinic**

Interns will have the opportunity to complete minor rotations at the Missoula CBOC, which is a moderately sized community outpatient clinic. Missoula is home to the University of Montana and the only APA accredited Ph.D. Clinical Psychology Program in the State of Montana. Because of the university, the Missoula CBOC serves many Veterans from the OEF/OIF era. In addition to a behavioral health team consisting of an outpatient psychologist, psychiatrist, advanced practice nurse, and three social workers, three primary care/mental health integrative positions. the Missoula CBOC houses several Patient Aligned Care Teams within primary care, a physical therapy department, respiratory therapy clinic, and an eye clinic. The Missoula clinic is located approximately 2 hours from Ft. Harrison, and VA provides a government vehicle and time for travel to this clinic.

**PROGRAM AIM AND PHILOSOPHY**

The aim of the Psychology Internship Program at Montana VA is to equip postdoctoral-level psychologists in the science, skill development, and art of psychological practice. Our program has an emphasis in training psychologists in the unique factors associated with practicing rural mental health. The Montana VA HCS is well suited as an institution to meet this aim, in that Interns will be in the rural medical care setting for 2080 hours over the course of a year providing significant, supervised clinical experiences to veterans while functioning as part of multidisciplinary teams. During this year, Interns’ learning will be supplemented through didactics, group supervision, and other experiential learning activities.
By the end of the internship year Interns will have had experiences that will enable them to build competency in the following ten domains:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills
10. Rural mental health

The Psychology Internship Program is based on the Scholar-Practitioner (Vail) model and is committed to training future psychologists in the scientific practice of psychology. Interns are trained as practitioners and consumers of research. This model of training emphasizes the practical application of scientific knowledge and the reflective process between science and practice. While the Psychology Internship Program at Montana VA Health Care System emphasizes science and empirically based treatments, we agree that “The primary goal of training a practitioner-scholar is the delivery of human services that take into account individual, cultural and societal considerations” (Rodolfa, et al., 2005).

Our program follows the professional developmental model in which the Intern is expected to progress throughout the Internship year. This model indicates that the Intern will move from a somewhat dependent and closely supervised trainee to a relatively independent junior colleague. We strive to provide Interns with strong generalist training and they can expect to complete their Internship year being competent, independent, postdoctoral-level psychologists which will enable them to work competently in rural areas, medical centers, outpatient settings, and within the Veteran’s Affairs Healthcare System.

As a training program, our Psychology Internship Program focuses mainly on experiential learning through the provision of patient care. However, Interns are exposed to information through didactics, supervision, and review of the current literature. The Psychology Training Staff at Montana VA Health Care System endeavors to promote a supportive and collegial atmosphere for psychology Interns. With an emphasis on Interns developing a professional identity, MTVAPI
tailors training goals to the individual and expects Interns to be active participants in developing their own competency based goals.

Our training program emphasizes the psychosocial model of recovery and empowerment of Veterans to recover from mental health difficulties. When indicated, we emphasize the use of empirically supported therapies including Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy for Depression, CBT for Insomnia, and Interpersonal Therapy for Depression, to name a few.

PROGRAM COMPETENCIES

Upon completing the program, Interns will be competent as postdoctoral-level psychologists in providing effective, quality care to Veterans, to individuals from rural settings, and to individuals seeking care through medical centers and outpatient clinics. As professional psychologists, they will function ethically with a sensitivity to cultural issues. They will be competent clinicians and consultants and will be skilled in scholarly practice and self-reflection. Interns will learn how to function as a part of an interprofessional team and be receptive to feedback from supervisors and other professionals.

Below is a list of the competencies that each Intern can expect to achieve by the end of the internship year. These competencies will be achieved through a combination of applied practice on rotations, supervision/consultation, and didactic trainings.

Research- Interns will develop the independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional, or national level. This may include case conferences or presentations to other interns, psychologists, or multidisciplinary staff. Interns will learn how to apply current literature, research, and theory to their intervention and assessment activities. In particular, Interns will become familiar with the knowledge and application of evidence-based practice. Please note that this competency is about the Interns’ ability to critically evaluate science, and generating new knowledge is not expected.

Ethical and Legal Standards- Interns will have an advanced awareness of and adherence to state laws, and state and APA ethical guidelines. They will understand and abide by the legal standards related to the practice of clinical psychology. They will recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve dilemmas.

Individual and Cultural Diversity- Interns will demonstrate an ability to think critically about sensitive diversity patient issues, including those related to culture, sex, gender, age, socioeconomic status, religion, disability-status, and ethnicity. Interns will be able to apply
cultural sensitivity with Veterans from rural and highly rural cultures, as well as Veterans across diverse cultures. They will understand and be able to reflect on their own cultural background and how it impacts their professional relationships. Interns will become familiar with knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.

**Professional Values, Attitudes, and Behaviors**- Interns’ professional identity will evolve and mature over the course of the Internship year. Interns will progressively demonstrate integrity, responsibility, and sound judgment. They will conduct themselves in a professional manner and act as a safeguard to the welfare of others. They will actively participate in didactic trainings and supervision, and will seek consultation as appropriate. Interns will be able to recognize their own strengths and limitations. Interns will demonstrate self-care through effective time management and the creation of life balance. They will cultivate an awareness of how their personal characteristics, competencies and limitations impact others. Interns will understand the impact of their presence on the client and be capable of maintaining professional boundaries. They will seek supervision and demonstrate a commitment to ongoing education and professional growth.

**Communication and Interpersonal Skills**- Interns will demonstrate a capacity to relate effectively and meaningfully with other individuals, groups, and communities. This includes developing strong working relationships with a wide range of clients, as well as colleagues and stakeholders in the community. Interns will also develop skills in appropriately managing difficult or highly emotionally charged situations, using strong interpersonal skills. Interns will be receptive to feedback from peers, supervisors, colleagues and patients. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated.

**Assessment**- Interns will become skillful in assessing clients who present with multiple complications, and be familiar with current knowledge about functional and dysfunctional behaviors. They will be able to appropriately assess patients’ strengths and psychopathologies with sensitivity to culture and individual differences. They will demonstrate sound working knowledge of interviewing skills and of diagnostic assessment using the DSM-5. Interns will become proficient at selecting appropriate assessment tools, integrating multiple sources of data (e.g., psychosocial history, psychological measures), and writing concise and clear reports tailored to the referral questions. They will be skilled in comprehensive case conceptualization and outlining appropriate recommendations and treatment plans based on their assessments. Interns will be able to present assessment findings to the referral source, the patient, his or her
family, and other professionals. Interns will demonstrate competence in evaluating the effectiveness of the treatments provided.

**Intervention**- Interns will develop the ability to function capably as postdoctoral-level psychotherapists, with particular emphasis on treating Veterans who live in rural and highly rural areas. They will learn to establish and maintain therapeutic relationships, be able to discuss issues related to confidentiality and informed consent, and respond appropriately to crises. They will learn how to collaborate with clients to set appropriate goals for treatment. Interns will demonstrate a solid foundation in selecting and applying empirically-supported therapies and best practices. Interns will be able to document interventions and progress toward meeting therapeutic goals.

**Supervision**- Interns will display understanding of models, practices, and ethical issues of clinical supervision. They will apply knowledge of supervision models and practices in direct or simulated practice and provide helpful supervisor input in peer and group supervision. They will develop familiarity with ethical and legal considerations in supervision, as well as APAs identified core competencies for supervision. Providing supervision directly to a trainee is not a requirement for this competency.

**Consultation and Interprofessional/Interdisciplinary Skills**- Interns will demonstrate knowledge and respect for the roles and perspectives of other professions. Interns will learn to function and contribute within an interprofessional team. They will apply knowledge of consultation models and practice in direct or simulated consultation with individual patients, family members, other health care professionals, interprofessional groups, or systems. They will become comfortable with their roles as representatives of behavioral health and be able to translate psychological principles across disciplines.

**Rural Mental Health**- Interns will demonstrate the knowledge and ability to practice psychology effectively when working in a rural setting. They will be able to identify at least 3 unique cultural aspects of rurality to consider when practicing psychology. Interns will be knowledgeable about rural aspects that may present as barriers to care. They will demonstrate creativity and problem-solving when addressing some of these unique cultural considerations. Interns will also develop an understanding of how to practice ethically, when coping with complex issues that may arise in rural culture.

Montana is the fourth largest state geographically and has one of the largest per capita Veteran populations. In an attempt to reduce Veteran travel and to expand our reach in offering empirically based treatments for our Veterans, the Montana VA has developed a greater presence in Missoula, Bozeman, Billings, Great Falls, Havre, Anaconda, Glendive, Miles City, and Kalispell by recruiting quality staff members equipped to practice with staff available on-site and through telehealth technologies. Understanding the impact of geography upon health care service delivery is a key component of rural mental health competency.
Below is a map of Montana marked with the location of each VA hospital or clinic:

This is a generalist internship site, aimed at training well-rounded and skilled clinicians, who have particular expertise in working effectively in rural settings. Currently, the internship offers the choice between five experiences that serve as major rotations (26 hours per week). These rotations are also able to be offered as minor rotations, when indicated:

1. Clinical Geropsychology
2. Clinical Neuropsychology
3. General Outpatient
4. Primary Care Mental Health Integration (PCMHI)
5. Residential Trauma Recovery

In addition, the internship offers the choice between six experiences that serve as minor rotations (10 hours per week):

1. Home-Based Primary Care
2. Outpatient Trauma Recovery
3. Pain Psychology
4. Program Development and Leadership
5. Psychological Assessment
6. Triage and Rapid Evaluation Clinic (TREC)
Each Intern will participate in both a major and minor rotation each 6 months of the year. An Intern can expect to be on site at their major rotation for approximately 26 hours per week and at their minor rotation approximately 10 hours per week. The remaining 4 hours per week will be devoted to other training opportunities (e.g., didactics, group supervision). At the start of the year, Interns will work together with the Training Director and Associate Training Director to rank their choices among rotation offerings. Additionally, when indicated, Interns will have the opportunity to participate in additional supplementary training experiences, depending on training needs (e.g., crisis work, polytrauma team). These complimentary experiences would be taken on when an intern has an identified need for additional training in order to meet all competency areas.

**MAJOR ROTATIONS**

**CLINICAL GEROPSYCHOLOGY**

The Clinical Geropsychology rotation provides interns with experiences to develop attitude, knowledge, and skill competencies for professional geropsychology practice, consistent with national standards. Geropsychology practice entails helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. Goals of the rotation are for interns to develop skills in: (1) psychodiagnostic, cognitive, capacity, behavioral, and functional assessments with older adults; (2) psychological interventions with older adult patients with interacting psychiatric, medical, and psychosocial problems; and (3) consultation within complex systems (e.g., families, health care teams, community service networks), both to aid psychological assessment and to communicate psychological conceptualizations and recommendations to other care providers. Training focuses on: helping interns to appreciate the diversity of experience of older adults; the biopsychosocial and lifespan developmental perspectives that are critical for understanding older adult patients; the complex ethical dilemmas that can arise in geriatric care; the importance of interdisciplinary collaboration; and the growing research base that can inform practice.

**Training:**

Geropsychology interns work in three distinct clinical settings over the course of the rotation, with a focus on three major competency areas: (1) psychotherapy, (2) cognitive and capacity assessment, and (3) consultation/liaison. Clinical time will primarily be spent within the Outpatient Behavioral Health Clinic.

Veterans served in the clinic present with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include: depression, grief, generalized anxiety, PTSD, dementia with behavioral concerns and/or caregiver distress, complex
neuropsychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), chronic disease management, end-of-life issues, and family stress/conflict.

**Location:**
Fort Harrison Medical Center

**CLINICAL NEUROPSYCHOLOGY**
The Clinical Neuropsychology rotation is based out of the outpatient behavioral health clinic at the Fort Harrison Medical Center where the Staff Neuropsychologist receives consults from throughout the hospital. The most common referral sources are the Behavioral Health, Neurology, and Primary Care Service Lines. The patient population ranges from Veterans in their 20s to those in their 90s with diverse presenting questions.

**Training:**
Internship training in Clinical Neuropsychology takes place in two tracks: **Introductory** and **Advanced**. Interns seeking training in neuropsychology during the internship year will undergo an evaluation of competency at the outset of the training year to determine which track is most appropriate with their experience, skill, and level of interest.

**Introduction to Clinical Neuropsychology:** Trainees who have developed a more recent interest in neuropsychology and have less intensive training in neuropsychological assessment, neuroanatomy, and/or biological bases of behavior, must complete the introductory primer as a minor rotation during the 1st half of the year in order to participate in the Advanced Clinical Neuropsychology major rotation. This 6-month primer will provide didactic, observational, and role-play experiences aimed at establishing a foundational competency in clinical neuropsychology as preparation for the major rotation experience in neuropsychology during the 2nd half of the training year.

**Advanced Clinical Neuropsychology:** Interns with more extensive interest and experience in clinical neuropsychology may be eligible for the advanced track as a major rotation during either the 1st or 2nd half of the training year. Interns in the advanced track should have experience administering, scoring and interpreting neuropsychological tests, and have completed dedicated graduate coursework focused on brain behavior relationships. The advanced track is particularly suited for Interns with interest in a sub-specialization in neuropsychology, health psychology, geropsychology, and/or associated specialty areas in psychology.

The neuropsychology rotation involves conducting evaluations to address the diagnostic and treatment planning needs of Veterans within the Montana VA Health Care System. During this rotation, Interns are exposed to a wide array of neurologic and psychiatric presentations throughout the adult lifespan, with more focused training in traumatic brain injury and
neurodegenerative conditions. This includes outpatient referrals and the possibility of participating in brief inpatient consultations from residential and medical units. The experience is tailored to the Intern’s past exposure in psychological assessment and neuropsychology.

During this rotation, the Intern gains experience working with providers from a range of disciplines including physicians, nurses, social workers, psychologists, and peer support specialists. Because of the remoteness of many of the sites within the Montana VA Health Care System, some interactions may occur via the telecommunications health system.

**Location:**
Fort Harrison Medical Center

**GENERAL OUTPATIENT**
The General Outpatient rotation occurs at the Fort Harrison outpatient behavioral health clinic. The clinic serves veterans of all ages with a wide-array of mental (and co-morbid physical) health concerns. Treatment is provided individually, in group psychotherapies, conjoint and family counseling, and psychoeducational groups. Eligible VA caregivers (typically female spouses) receive treatment at this clinic as well. The behavioral health clinic staff includes psychologists, nurses and advanced practice nurses, social workers, addiction therapists, psychiatrists, and peer support specialists.

**Training:**
The intern’s core experiences on this rotation embody the essence of this training program’s generalist philosophy, emphasizing evidence-based individual, couples’ and group psychotherapy, psychological assessment, and psychological consultation with an interprofessional staff. The intern will engage in clinical assessment and treatment of our Veterans, will navigate ethical issues as they arise with our population, and will work with the diverse life experiences represented within our clinic. Within this rotation, interns will increase their clinical understanding and practice of cultural and geographical issues that impact service delivery of mental health care for rural or frontier populations. The intern will operate as a member of a Behavioral Health Interdisciplinary Program (BHIP). Training and supervision in Cognitive Behavioral Therapy for Depression, CBT for Insomnia, CBT for Chronic Pain, CBT for Suicide Prevention, Emotion-Focused Therapy, and Interpersonal Therapy for Depression, as well as evidenced based treatments for trauma are options within this rotation. Additional opportunities exist for assessment, consultation, and interventions delivered via telehealth. The trainee will be immersed in the day-to-day experiences of outpatient psychotherapy with the opportunity to join the supervisor for co-therapy and to join with other members of the Behavioral Health Interdisciplinary Program (BHIP) team in co-leading group psychotherapy.

**Location:**
Fort Harrison Medical Center
PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI)
The Primary Care Mental Health Integration (PCMHI) team provides consultation and collaborative care alongside primary care staff to Veterans with mild to moderate mental health conditions and behavioral health concerns. This multidisciplinary team setting offers same-day access to Veterans enrolled in primary care services, facilitates psychoeducational classes and group therapy, and provides brief, evidence-based, individual therapy to meet a variety of Veterans’ needs. Staff psychologists are involved in brief functional assessment, risk assessment, treatment planning, clinical intervention, consultation, and team-based collaborative care. The PCMHI team serves a diverse population with varying cultural, educational, and religious backgrounds.

Training:
This rotation is focused on brief, functional assessment and evidence-based therapies. Consultation and collaboration with primary care staff are also an integral part of this rotation, including contributing to team meetings and didactic opportunities, and team-based treatment planning and interventions.

Location:
Fort Harrison Medical Center

RESIDENTIAL TRAUMA RECOVERY
The Residential Trauma Recovery Program is the residential PTSD program serving Veterans with chronic or complex PTSD, along with other co-occurring disorders, who need a higher level of care than traditional outpatient. The treatment environment is robust and multifaceted. Interventions are holistic, focusing on recovery from the individual level (e.g., individual therapy using evidence based approaches), all the way up to the systemic level (e.g., engaging a therapeutic milieu as an intervention.) Treatment is rigorous, as Veterans are expected to engage in multiple forms of therapy at once, and strengths-based, drawing from Veterans’ personal resources. Veterans participating in this program range in age, race and ethnicity, co-occurring disorders, combat exposure, and military branch of service, among other diverse factors. All Veterans in this program have experienced some form of military related trauma, and many have additional childhood trauma.
Training:
The residential PTSD treatment rotation offers three, recovery oriented clinical experiences as part of the PTSD residential/inpatient activities: (1) Psychological and PTSD assessments, (2) group therapy development and facilitation, and (3) individual therapy, which may include couples’ interventions and exposure facilitation (imaginal and/or in vivo). Additionally, there will be opportunities for training in the treatment of co-occurring PTSD and substance abuse. Psychology Interns on this rotation are involved in psychological assessment (including CAPS interviewing and PTSD testing), case conferences, working on an interprofessional treatment team, developing and implementing Individual Recovery and discharge plans, and developing competency in delivering individual and group (process and didactic) interventions. Interns may receive training and supervised practice in a number of evidence-based interventions to include Prolonged Exposure Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing. Interns are also exposed to complementary, alternative PTSD interventions including Art Therapy, Yoga, Equine Therapy, and Native American Warrior ceremonies (e.g., smudging, talking circles, Sweat Lodge Ceremonies).

Location:
Fort Harrison Medical Center

MINOR ROTATIONS

HOME-BASED PRIMARY CARE
The Home Based Primary Care (HBPC) program provides comprehensive care to patients within their residential setting by an interdisciplinary team of healthcare professionals. HBPC patients are typically homebound Veterans with a variety of chronic medical issues that make regular attendance of their appointments difficult or impossible. The vast majority of our HPBC patients constitutes a geriatric population, though younger individuals may be enrolled in the program due to the severity of their medical conditions.

Training:
This rotation is based out of the Fort Harrison Medical Center, with the Psychologist and Intern providing behavioral health services and consultation/education to patients, families, and other HBPC clinicians. Interns will provide assessment and direct clinical intervention. Assessment opportunities may include intake assessments (focusing on a biopsychosocial history), mental status examinations, brief neuropsychological testing, comprehensive risk
assessments, medication effectiveness evaluations, capacity assessments, and caregiver burden assessments. Direct clinical-care interventions often include individual supportive therapy (interpersonal, cognitive-behavioral, and solution-focused models), couples therapy, psychoeducation, and end-of-life issues (including grief and loss). Interprofessional consultation and collaboration is a necessary and frequent component of the rotation and includes collaboration with HBPC team members such as Social Workers, Pharmacists, Nurse Practitioners, and Physicians.

**Location:**
Fort Harrison Medical Center

**OUTPATIENT TRAUMA RECOVERY**
This rotation will occur through the Outpatient Behavioral Health Clinics at either the Fort Harrison Medical Center or the Bozeman CBOC. Interns will work with staff who are PTSD Specialists providing specialized, evidence-based care to veterans with PTSD in an outpatient behavioral health setting.

**Training:**
During this rotation Interns provide outpatient PTSD assessment and psychotherapy to veterans with diverse trauma histories, including childhood trauma, combat trauma, and Military Sexual Trauma (MST). Interns will have the chance to work with Veterans from diverse combat eras, as well as with diverse comorbid clinical presentations. Interns will provide treatment at all stages of care, including triage, intake assessment, treatment planning, treatment provision, and termination. This rotation will focus predominantly on individual psychotherapy, but opportunities for group or couples therapy treatment for PTSD are also available, depending on interests and training goals. Interns have the opportunity to be supervised in the provision of evidenced-based PTSD treatments including Cognitive Processing Therapy, Prolonged Exposure Therapy, EMDR, Cognitive-Behavioral Therapy for Insomnia, and Emotion-Focused Couple Therapy.

**Location:**
Fort Harrison Medical Center
Bozeman CBOC

**PAIN PSYCHOLOGY**
The rotation in Pain Psychology takes place within the MTVAHCS Pain Program at the Fort Harrison Medical Center. The MTVAHCS Pain Program is an interdisciplinary program within the Department of Anesthesia and serves Veterans of all ages and medical comorbidities related to the management of chronic pain syndromes. The clinic practices from a Biopsychosocial
approach, which drives much of the treatment. Mindfulness, ACT, and CBT are strong components in the clinic. The multidisciplinary approach to pain management consists of integrating disciplines to assess and treat pain through behaviorally based methods.

**Training:**
Training is provided in the delivery of evidence-based practice for chronic pain, including individual- and group-based CBT and mindfulness techniques, reduced medication usage, and functional restoration.

**Location:**
Fort Harrison Medical Center

**PROGRAM DEVELOPMENT AND LEADERSHIP**
Psychologists are increasingly looked to as uniquely qualified candidates to fill leadership and management roles in public health, private sector, and academic settings. Skills and expertise in human behavior; measurement-driven practices; interpersonal sophistication and emotional intelligence; written and verbal communication; and, problem-solving strategies are qualities of both psychologists and psychology training that often translate well to such positions and roles.

**Training:**
This rotation would be a fit for an intern who is excited to build skills in the area of program development and/or leadership. On this rotation an intern would select a project to complete across the 6 month rotation, and an appropriate staff member would be selected to function as a supervisor and mentor in this process. Interns may elect to engage in a project designed to develop and implement programmatic changes to Behavioral Health Programs or the Psychology Internship Training Program. Interns may attend the monthly Psychology Internship Committee Meetings with faculty, providing feedback and addressing potential challenges within the program. They may assist the faculty with the self-study process for APA accreditation. Interns may elect to engage in a needs assessment to enhance care at a particular clinic. During this rotation, Interns may work with a faculty mentor to develop specific new programming (e.g., group, integrated care teams, etc.). This experience will involve some didactic, shadowing and completion of an administrative project. Any psychology staff member may serve as the supervisor for this rotation, and this person would be selected collaboratively with the Intern at the beginning of the rotation based on training needs/goals.

**Location and Supervising Faculty:**
Assignment based on project

**PSYCHOLOGICAL ASSESSMENT**
Interns have the opportunity to complete this rotation across numerous settings, including at Fort Harrison Medical Center, as well as through community-based outpatient clinics in both Bozeman or Missoula. On this rotation interns are typically performing psychological evaluations
for patients being seen in outpatient behavioral health clinics. There are also opportunities for interns to perform psychological evaluation in residential or medical settings.

**Training:**
A hallmark of a seasoned psychologist is his or her ability to competently administer, score, and interpret psychological tests and structured interviews. Interns on the Psychological Assessment rotation will have a unique training experience and ample opportunity to devote time and effort in developing a working knowledge of an array of broad-based and disorder-specific measures. Interns will become competent in selecting assessment measures for referral questions and administering and scoring appropriate psychological measures. Instruments include widely used personality (e.g., MMPI-2, PAI, MCMI-III), memory and intelligence (WMS-IV, WAIS-IV), and neuro-psychological screening (e.g., SLUMS, RBANS, MoCA, NCSE) tests, as well as ADHD and PTSD assessment packages (both paper-and-pencil measures, and interviews). Assessment will be conducted with the range of veterans, from rural and non-rural settings, military specialties, ages, genders, and ethnic affiliations. Interns on this rotation are instructed, provided modeling, and supervised as they gain a level of mastery in psychological assessment.

**Location:**
Fort Harrison Medical Center
Bozeman CBOC
Missoula CBOC

**TRIAGE AND RAPID EVALUATION CLINIC (TREC)**
The Triage and Rapid Evaluation Clinic (TREC) provides emergent behavioral health care to patients presenting or referred to the Fort Harrison medical center with acute psychiatric instability and urgent care needs. In addition, the TREC program provides psychiatric and behavioral medicine consultation/liaison services to medical staff and veterans receiving inpatient care at the medical center (on-site), and the Community Living Center (virtual).

**Training:**
Trainees on this rotation will gain experience in an acute care setting providing triage assessment, consultation, and crisis interventions to both inpatient and outpatient Veterans receiving care across the full continuum of care. Emphasis will be placed on risk assessment, diagnostic clarity, competency/disability, targeted brief interventions, and both voluntary and involuntary hospital placements.

**Location:**
Fort Harrison Medical Center
SUPPLEMENTARY EXPERIENCES

The Psychology Internship Program will also offer supplementary experiences to interns, which will not be full rotations. These experiences will serve the function of addressing any needed competency area growths which may not be able to be strengthening during major or minor rotation opportunities. They are available, when needed, to ensure that all competencies are met. Examples might include providing clinical assistance with same-day crisis response team, participating as a contributing member of the poly-trauma team, providing additional intake evaluations within Outpatient Behavioral Health, and/or providing clinical assistance with the REACH program and Suicide Prevention. The decision to engage in a supplementary experience will be made collaboratively between the intern, supervisors, and TDs. Similarly, the time allotted for these experiences will be coordinate between those same parties.

SUPERVISION

Clinical supervision is the primary vehicle for experiential learning and feedback during internship. Interns work with multiple supervisors throughout the year in both individual and group formats, but are required to have at least 4 hours of supervision in total each week, following graduated levels of responsibility (VHA Handbook 1400.04). Interns will get at least one hour of one-on-one supervision with their major rotation supervisor, one hour of one-on-one supervision with their minor rotation supervisor, and two hours of group supervision. It is typical to also get additional, informal supervision on an as-needed basis. Interns’ supervisors will monitor their work through a number of methods, including case discussions, review of all clinical documentation, live observation, video taping, and co-therapy. At the beginning of each supervisory relationship, Interns and supervisors will discuss goals, training activities, and expectations for the supervisory experience. Interns and supervisors will also discuss the process by which emergency supervision can be obtained when needed. It is typical for Interns and supervisors to sign a supervisory contract/agreement that delineates these things.

In order to provide Interns with a variety of supervision experiences, each Intern will change supervisors at the completion of each rotation. To facilitate sustained relationships, continuity, and an opportunity to demonstrate progression on identified goals, the Training Director will facilitate one hour of group supervision focused on clinical intervention for the duration of the training year. This experience will allow trainees and the Training Director to maintain continuity that will support the trainees’ changing needs throughout the year. The second hour of group supervision is led by another staff member and is focused on psychological assessment.

PROGRAM REQUIREMENTS FOR SUCCESSFUL COMPLETION

The Training Committee at Montana VA Health Care System understands that the primary focus of the Internship year is for training. However, because the training is experiential, there is an expectation that Interns will provide direct care to Veterans which on average start at 10 hours
per week at the start of the training year and build up to at least 20 hours of direct face-to-face client care by the end of the year. A minimum requirement of direct contact hours is not formally identified as each rotation will have a different degree of client contact varying based on the design of the rotation and the training needs of the Intern. Although it is understood that it may take some time to build up a case load, toward the end of the training year, Interns are expected to be proficient in organizing and managing their schedule to meet or exceed these requirements. In addition, approximately 20% of time will be spent in clinical supervision, introduction to clinical practice issues and topics in didactic seminars, training in EBP interventions via didactic workshops, and scholarly reading assignments.

Assessments
All Interns are expected to gain substantial experience performing mental health intakes and developing recovery based treatment plans. Interns will use a range of screening tools and symptom checklists to evaluate pre- and post-treatment outcomes and if appropriate evaluate symptoms weekly. Interns will become proficient in screening for risk and client safety. Interns will also have opportunities to provide full-battery, comprehensive assessments that respond to the referral question and integrate appropriate data to provide diagnostic and/or treatment recommendations. These assessments can include diagnostic clarification (PTSD or general mental health), neuropsychological assessments, or substance abuse assessments. The range of comprehensive assessment opportunities will depend on the Intern’s training needs.

Intervention
It is expected that Interns will provide an average of 12 direct face-to-face hours with patients per week. It is understood that this will change developmentally throughout the year, with Interns often obtaining closer to 10 direct patient care hours weekly at the start of the year and closer to 20 direct patient care hours weekly by the end of the year. At the start of their rotation or internship year, Interns will shadow their Supervisor to gain exposure to new interventions or experiences. Interns may also co-lead groups with their Supervisor and when appropriate are encouraged to facilitate psychotherapy groups and individual interventions independently. Interns will have ample opportunity to provide VA-emphasized evidence based psychotherapy interventions and are encouraged to deepen their skill and knowledge through experiential practice and service delivery.

Diversity
There are several areas Interns must demonstrate a solid understanding of diversity related issues to show competency: 1) Interns are expected to reflect upon issues of diversity in their conceptualization and treatment of Veterans; 2) Interns are to reflect upon diversity related issues with their supervisors; 3) Interns are expected to incorporate diversity considerations into all case presentations; and 4) Interns are expected to attend all didactic seminars, which will incorporate diversity related issues. Additionally, there will be a series of Diversity Seminars that will occur throughout the training year. While it is understood that there may be occasional absences (Annual or Sick Leave), it is expected that these seminars will be a priority for Interns. Finally, Interns are expected to complete two Individual Diversity Projects that highlights an ability to reflect on their own individual diversity and how it may impact their provision of care.
These activities often will occur off site, and during non-working hours. As part of these projects, Interns will be asked to place themselves in an environment where they are outside their cultural background, traditions, or identity. These situations can include religious, organizational, or community activities. Interns will then write a paper reflecting on this experience, and then share their reactions, reflections, analysis, and lessons learned with other Interns and staff during group supervision and during an Intern directed Diversity Didactic.

**Case Presentation**
Case presentations address both the foundational and functional competencies of training in psychology. They demonstrate an Intern’s ability to be professional, engage in self-reflection, utilize scientific knowledge and highlight his or her awareness of diversity issues. Likewise, case presentations are an opportunity for Interns to exhibit their knowledge of assessment and research and their utilization of interprofessional systems and consultation and supervision. Case presentations are an opportunity to give and receive valuable feedback from colleagues and learn how to integrate new information into their treatment planning for patients. Interns are required to provide 4 formal case presentations during group supervision. Formal presentations should include assessment, case conceptualization from a theoretical orientation, treatment plan, interprofessional care, and intervention. They should also address issues of diversity and research. The expectation is that on top of these formal case presentations, informal case presentations will occur often and frequently in both individual and group supervision. Within the context of group supervision we encourage Interns to offer constructive feedback with each other and help their peers explore different perspectives in their conceptualization of their client. Interns will be evaluated on their capacity to take initiative, receive, and apply feedback in the case presentation process.

**Didactics**
Didactic education is an opportunity for Interns to learn about a number of clinically-related issues in a more formal educational setting. Didactics will be typically be held every Thursday from 9 am to 11 am. In addition, on the 2nd Thursday of the month there will be a day long (9:00-4:30PM) presentation typically focusing on Empirically Based Psychotherapy interventions (e.g., CPT, PE, ACT-D, MET, CBT-I). These serve to provide a more in-depth training in and exploration of professional issues. Many didactics utilize an experiential or simulated case presentation approach to enhance the learning experience. At the start of the Internship year and at the mid-year point when Interns are shifting rotations, there will also be additional didactic trainings to help support Interns in transitioning smoothly into their new clinical environment. Didactic topics are varied throughout the year, and will correspond directly with the core competencies of the Psychology Internship Program. These seminars are taught by professionals across disciplines including psychologists, social workers, psychiatric nurses and psychiatrists. With the exception of Approved Leave and Sick Leave, it is expected that Interns will attend all seminars. If an Intern misses a didactic presentation, efforts need to be made to make up the missed didactic material (e.g., read the slides/relevant articles and write a reflection paper).
Interprofessional Treatment Teams
The Interprofessional Treatment Teams are designed to be patient-centered and to promote leadership. Interns’ participation and training with interprofessional teams will address competencies in the following areas:

1) Values/Ethics for Interprofessional Practice
2) Professional Conduct and Accountability
3) Effective Interprofessional Communication
4) Understanding How Interdisciplinary Collaboration Enhances Outcomes
5) Knowledge of the Contributions of Other Professions
6) Development of Productive Relationships with Other Professions

Interprofessional teams include behavioral health teams and teams that cross disciplines (e.g., poly-trauma team, PACT, etc.). Interns will meet with supervisors to discuss how to attend and participate in these activities based on the particular rotation.

Research
Interns will have numerous opportunities to practice critically evaluating and applying scholarly knowledge to clinical practice. First, research knowledge will be incorporated into all clinical case presentations. Second, when appropriate, all didactic presentations will address the current research knowledge about that particular topic. Interns will also participate in 6 out of the 12 journal clubs during internship. Additionally, once a month in group supervision interns will take turns leading the group in the clinical application of a research article. Lastly, it is expected that interns will make a formal, clinically-oriented presentation to the behavioral health department, which will incorporate most recent research.

Despite the limitations on research experiences at Montana VA Health Care System, Interns are encouraged to engage in quality improvement or program development projects. Quality improvement is an important component to being a competent clinician and Interns are supported in this process for their individual and group treatment (e.g., pre and post measures). Additionally, Interns may wish to engage in quality improvement as part of the Program Development and Leadership Rotation.

The aim of the Psychology Internship Program is to equip postdoctoral-level psychologists in the science, skill development, and art of psychological practice. This means the program aims to produce competent, ethical, and diversity-sensitive psychologists who are skilled in providing intervention, assessment and consultation to other professionals. The Interns who complete the program will possess the knowledge, skills and abilities to function as postdoctoral-level psychologists, meaning they are successful in achieving the profession-wide and program-specific competencies. To successfully complete the program at Montana VA Health Care System, Interns are evaluated on the competencies outlined above using the Intern Comprehensive Competency Evaluation Form.
The Intern Comprehensive Competency Evaluation Form will be completed by the Interns’ major rotation supervisor quarterly. As such, interns will be evaluated on core competencies at 3 months, 6 months, 9 months, and 12 months. The mid-year (6 month) and end-of-year (12 month) evaluation forms will be sent to Interns’ graduate programs. When completing this evaluation form, major rotation supervisors will gather and integrate the feedback from the major rotation experiences, minor rotation supervisors, group supervision supervisors, supplementary experiences supervisors, and other involved multidisciplinary staff. Other internship program staff will provide written strengths and weaknesses to the major rotation supervisors to be incorporated into this comprehensive evaluation form. The Intern will discuss and review this evaluation with the major rotation supervisor and sign the evaluation form.

Interns are evaluated quarterly to allow for feedback and time for the Intern to adequately address any problems that may develop. The Intern will be provided with a copy of the evaluation forms, and these will also be turned into the Training Director. An Intern whose performance or progress is unsatisfactory will receive a detailed letter saying so and specifying areas in need of improvement.

Completion of the Internship program is conditional upon an Intern meeting the stated objectives along with professional behavior that meets or exceeds competencies. All competency behavioral elements must be observed or demonstrated (e.g., role plays) by the Intern. Interns are rated on a scale from 1-7, all the way from novice level to post-doc exit level. It is expected that most interns will progress from ratings of 3 to 5 over the course of the training year. By the 3-month evaluation point, interns are expected to achieve ratings of 3 or higher on all behavioral elements. By the 6-month evaluation point, interns are expected to achieve ratings of 4 or higher on at least 50% of all behavioral elements. By the 9-month evaluation point, interns are expected to achieve ratings of 5 or higher on at least 50% of all behavioral elements. And by the 12-month evaluation point, or end of internship, interns are expected to achieve ratings of 5 or higher on all behavioral elements. Interns who are performing below these expectations will be given the opportunity to make a change to their learning plan and/or remedial actions may be taken. Evaluation scores of 1 or 2 will always initiate a remediation plan.

The goal of the program is to successfully graduate Interns into a career in professional psychology and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If an Intern is not performing at the expected level at any point in the year, a learning plan will be developed with clear and specific expectations agreed upon by the Intern and supervisor to help the Intern gain the necessary competencies. If an Intern continues to underperform a formal Probation and Remediation Process will be initiated in writing and agreed upon by the Intern, Supervisor, and Training Director. The Training Director retains the right to terminate and deny certification of Internship completion to any Interns who do not adequately remediate deficiencies documented in writing and written evaluations or who do not behave in a manner that is consistent with the American Psychological Association’s Ethical standards for

In summary, in order for Interns to **successfully complete the program**, they must:

1. Complete 2080 hours of training
2. By the 3-month evaluation point achieve ratings of 3 or higher on all behavioral elements. By the 6-month evaluation point achieve ratings of 4 or higher on at least 50% of all behavioral elements. By the 9-month evaluation point achieve ratings of 5 or higher on at least 50% of all behavioral elements. And by the 12-month evaluation point or end of internship achieve ratings of 5 or higher on all behavioral elements.
3. Not be found to have engaged in any significant ethical wrongdoing.
4. Attend required didactics unless otherwise excused.
5. Must complete all administrative requirements including adequate recording keeping for patient care and program evaluation forms.
6. Interns are expected to complete two diversity projects which includes a presentation to a faculty member and fellow Interns.
7. Interns are expected to complete 4 formal case presentations in group supervision.
8. Interns are expected to provide one presentation to the behavioral health department.

**INTERN FEEDBACK**

Interns are encouraged to provide feedback about the program through multiple formats. One member of the Intern class will serve as the Chief Intern on a rotating basis to attend part of the bi-weekly Training Committee meetings and provide feedback to the Committee. Other meetings with the Training Director are called as needed. Interns provide written feedback quarterly about their rotation and supervisory experiences. They are encouraged to provide feedback to their clinical supervisors and the Training Director as issues and concerns are raised. At the end of each didactic seminar the Interns provide written feedback about the didactic training. The Interns are also asked to complete a feedback questionnaire about the internship program at mid-year and end-of-year, and they meet with the Preceptor at the end of the year for an exit interview to share suggested improvements. Program graduates are surveyed annually for improvement suggestions.
DISTANCE EDUCATION

The majority of the learning at Montana VA Psychology Internship is done in person. However, there are few times that the program does use distance education technologies. Given the rural nature of Montana there are times that the most expert person in a particular topic area is not located in Helena. As such, some of our didactics (25%) are completed using distance education technologies (e.g., telehealth equipment such as Tandberg/MOVI, Microsoft Office Live Meeting). In these cases the presenter is typically still able to share power point slides and a two-way video feed is established. A telephone line is always available as back-up in case of technical difficulties. Additionally, supervision is consistently done in person. However, in very rare exceptions (e.g., weather related travel problems, off site training) a primary supervisor may provide supervision through tele-health technology or through telephone. In addition, an off-site psychologist may use teleconferencing to provide consultation on a complex case. However, in these few instances, there is always an on-site licensed provider identified for coverage and on-site assistance for the intern.

TRAINEE HOURS AND TIMEKEEPING

INTERNSHIP HOURS

Duty hours are 8:00 a.m. to 4:30 p.m. Monday through Friday unless otherwise arranged. For interns traveling to CBOCs for minor rotations, one 10-hour day (when traveling) and one 6-hour day is usually established in the tour of duty, to accommodate travel time. As with all staff, Interns are expected to complete 80 hours of work each two week pay period. Interns are required to be present for a 40 hour workweek. However, as internship is a training year, the emphasis should be placed on the time and effort it takes to complete a training opportunity rather than the number of hours worked. This means that sometimes Interns will work more than a 40 hour workweek, such as when wrapping up their case consultation and medical record documentation for a client in crisis prior to leaving for the day. The Internship is designed to duplicate the first year of a VA staff psychologist in terms of time commitment, leave time, and flexibility of time schedule.

Interns are expected to keep track of hours, training activities and interventions completed each week. Many licensing boards require that Interns track the amount, frequency, and type of interventions performed while on Internship. Therefore to ensure accuracy, it is required that this be completed at the end of each week. Interns can enter information directly into the digital file/spreadsheet and print out copies. This form should be signed weekly by the Interns supervisors, and turned into the Training Director at the end of each month. Interns are encouraged to retain a copy, and to contact the state in which they expect to be licensed in order to determine if modifications are necessary.

In the unusual event that an Intern does not complete the full training year, he or she will be required to make up this time on a "without compensation" (WOC) basis.
FEDERAL HOLIDAYS
There are 10 paid federal holidays. When the holiday falls on a Saturday, the Friday before is typically the federal holiday. When it falls on a Sunday, the next Monday is typically the federal holiday.

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<td>Labor Day</td>
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<td>Presidents’ Day</td>
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<td>Memorial Day</td>
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REQUESTING LEAVE
Leave includes Annual Leave (AL), Sick Leave (SL), Family Care (CB), and Authorized Absence (AA). Interns earn 4 hours per pay period of AL and 4 hours per pay period of SL (Family care is subsumed under the SL category). Interns are also granted 40 hours of AA, which can be used (with supervisor and TD approval) on professional development activities, such as conferences, dissertation defense, graduation, non-VA training workshops, or other professional development tasks. Interns must have already earned the AL or SL prior to taking the time off. Interns will not be allowed to take time off without pay unless prior arrangements have been made or for emergent circumstances. Time off without pay is not encouraged as this will delay or extend the completion of the internship year.

In order to request leave, an Intern must obtain the written approval of both their supervisor(s) and the Training Director, typically via email. For vacation and AA days, the request needs to be made with 30 days advanced notice. When leave is being requested, Interns must get all approvals prior to entering the leave into the timekeeping system and/or alerting the time keeper. In addition, Interns are to make sure they have supervisor and TD approval before making final arrangements for the time off (e.g., buying plane tickets). Discussions about when it is appropriate to take leave should be had collaboratively with supervisors, so that considerations can be made around impact on patient care and training goals. Interns are required to designate a clinical coverage person (this will almost always be the clinical supervisors) in their absence. It is the trainees’ responsibility to keep track of leave and ensure their clinical duties are covered. When an Intern cannot report for work because of illness of self or family member or some other emergency, the trainee must be sure to always notify the following people as soon as they become aware that they will be absent from work: (1) Supervisor for any rotation activities on the day of absence; (2) Training Director/Associate Training Director; (3) Time Keeper; and (4) Any supervisor that is leading a group supervision on the day of absence, if applicable. These people should all be notified by email, and if appropriate/possible, by telephone. This ensures that all relevant people will be aware of an Intern’s absence, and also that patients will be notified appropriately of Intern’s absence. Given this responsibility for notification, Interns should be sure
that they have all relevant staff’s contact information available at home. For each subsequent day that the Intern is going to absent, the procedures above should continue to be followed. If the Intern is out sick for 4 consecutive work days, Montana VA Health Care System policy requires a written note from a doctor documenting the illness.

PARENTAL LEAVE
Given the timing of psychology graduate training, it is not unusual for interns to become pregnant or adopt children during their internship year. In these cases it is important for Montana VA Psychology Internship to come to a mutually agreeable solution with the Interns that accomplishes, at a minimum, the following goals:

- Allow appropriate parental leave for parents and their new children
- Provide sufficient time for bonding with new children and postpartum recuperation
- Ensure that the Intern meet the program’s aims, training goals, competencies, and outcomes
- Comply with state, federal, and VA standards regarding parental leave

The internship program will work as creatively and flexibility as possible in order to accommodate the family needs of the Intern. In these cases, the Intern will start by using all of their already accrued paid sick leave and then annual leave. Next, the Intern will typically go on Leave Without Pay (LWOP) status until they are able to return to the training program. In cases of LWOP, the Training Director will work closely with the Office of Academic Affiliation (OAA) and the Montana VA Fiscal Office to coordinate how to adjust stipend-related funds if the internship year consequently extends beyond the federal fiscal year. During LWOP status the VA will continue to pay the VA portion of health and life insurance benefits. When the Intern returns to duty, they will need to pay for their portion of these expenses. They may do so over time through payroll deductions. Upon returning to duty, the Intern will be returned to paid status.

When the Training Director is alerted to the need for parental leave, a collaborative plan will be delineated and documented in writing. This plan will establish how leave will be used, and how the Intern will achieve his/her 2080 internship hours and all program competencies. If LWOP status is used, the plan will document how the Intern will make up the LWOP hours and any missed training opportunities. This documented plan will make sure to meet the goals delineated above. We ask that Interns share about their parental leave wishes and needs in a reasonable time frame, so as to maximize the opportunity to plan for leave and adjustment to the training plan.
DUE PROCESS

All Interns are afforded the right to due process in matters of problem behavior and/or grievances. A policy for “Problems, Due Process, Remediation, Appeal, and Grievances” is included in the Intern Manual and reviewed with all interns during their two weeks of orientation at the start of internship. A copy of the policy is available to any interested applicants, upon request.

POLICY ON PSYCHOLOGY TRAINEE SELF DISCLOSURE

Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the MTVAPI are not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, or relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The only exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience. For example, trainees are invited to complete a genogram exercise as part of the Cultural Diversity Seminar.

STATEMENT OF NONDISCRIMINATION

The MTVAPI program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If an Intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance process outlined in this Intern Training Manual. In addition, the Intern may elect to utilize the VA EEO process. The Intern can request confidential assistance in accessing the EEO program from the Training Director, Associate Training Director, any member of the training committee, preceptor, or the program support assistant.
Please note, MTVAHCS is in the process of hiring additional psychologists for the health care system. It is anticipated that additional psychology staff will be on board by the 2019-2020 internship year.

Rosanna Bailey, Psy.D., George Fox University, 2018: Graduate Psychologist, Primary Care-Mental Health Integration, Fort Harrison Medical Center. Professional interests include: Health psychology and rural mental health with special emphasis for Sleep, Chronic Pain, Diabetes, and Suicidality. Personal Interest Include: Outdoor activities (fly fishing, camping, hiking, exploring national/state parks), spending time with my family and friends, baking bread, and watching re-runs of “The Great British Baking Show.”

Kurt P. Benson, Ph.D., University of Wisconsin-Madison, 1999. Psychologist, Outpatient Behavioral Health, Bozeman Community Based Outpatient Clinic. Professional interests include: geriatrics, trauma, public health and rural practice issues. Personal interests include: mountain biking, skiing, painting & roaming the deserts of the southwest.

Dudley Blake, Ph.D., State University of New York at Albany, 1987. Psychologist, Outpatient Behavioral Health, Bozeman Community Based Outpatient Clinic. Professional interests include: PTSD treatment and assessment, evidence-based therapies (e.g., MI, PE, CPT), and staff and intern development. Dr. Blake is a supervisor for the Psychological Assessment rotation. Personal interests include hiking, mountain biking, kayaking, fishing, hunting, skiing/snowboarding, and MONTANA!. *

Rob Braese, Ph.D., Fuller Theological Seminary, Graduate School of Psychology, 2008. Psychologist in the Outpatient Behavioral Health, Fort Harrison Medical Center. Professional interests include: PTSD, post deployment difficulties, sleep/nightmares, moral injury, spirituality, and administration. Dr. Braese is a supervisor for the Outpatient Trauma Recovery rotation. Personal interests include: family, being outdoors, food, music/guitars. *

Paul “Jeff” Clark, Ph.D., Brigham Young University, 1988. Psychologist, Home-Based Primary Care, Billings Community Based Outpatient Clinic. Professional interests include: mental health/primary care integration, geropsychology, PTSD, underserved populations and stress management. Personal interests include: family, 2 dogs, hiking, exploring Montana, music and drumming.

Derek Grimmell, Ph.D., University of Nebraska, 1998. Neuropsychologist, Billings Community Based Outpatient Clinic. Professional interests include: toxic exposure (including substance abuse), brain injury, and dementing disorders. Subspecialty in research and statistical methods. Five years’ experience in forensic work, especially risk and threat assessment. Personal interests include: Former software engineer and professional jazz saxophonist, and member U.S. Chess Federation.
Tyler Halford, Ph.D., University of Louisville, 2016. Psychologist, Primary Care-Mental Health Integration, Fort Harrison Medical Center. Professional interests include: PTSD treatment interventions (e.g., ACT/mindfulness, CPT, PE), co-occurring PTSD and Substance Abuse interventions, integrated behavioral medicine, and couples and family therapy. Dr. Halford is a supervisor for the PCMHI rotation. Personal interests include: raising three sons, outdoor activities (specifically hunting, hiking, fishing, camping), and following professional sports.

David Hargrave, Psy.D., ABPP-CN, University of Denver, 2012. Neuropsychologist, Fort Harrison Medical Center. Board certified in clinical neuropsychology (American Board of Professional Psychology). Professional interests include: working with underserved populations, dementias, acquired brain injuries, validity assessment, somatoform disorders, capacity determination, psychopharmacology, and training/teaching. Dr. Hargrave is a supervisor for the Clinical Neuropsychology rotation. Personal interests include: mountain biking, hiking, snowboarding, playing cards, cooking/brewing, and spending time with his family.

Megan Hunsaker, Ph.D., University of North Dakota, 2017. Graduate Psychologist, Primary Care Mental Health Integration, Bozeman Community Based Outpatient Clinic. Professional interests include: geropsychology, health psychology, psychological assessment, and rural mental health. Personal interests include trying to identify personal interests after graduate school and spending time with family, friends, and dog children.

Barbara James, Ph.D., Indiana University, Bloomington, 2015. Psychologist, Outpatient Behavioral Health PTSD/SUD Specialist, Fort Harrison Medical Center. Professional Interests include: Co-occurring PTSD and Substance Abuse, Assessment, Client-Centered Positive Psychology, Supervisee-Centered Training, Adolescent Issues, and Best Practice Teaching/Training Methodologies (former school counselor for 11 years). Dr. James is a supervisor for the General Outpatient rotation. Personal interests include: hiking, kayaking, contemporary art, and British television shows and books.

Angela Jez, Psy.D., Illinois School of Professional Psychology, 2007. Internship Preceptor and Psychologist, Outpatient Behavioral Health, Kalispell Community Based Outpatient Clinic. Professional interests include: PTSD, MST, depression, ADHD, lifespan issues, psychological assessment, couples therapy, and evidenced based therapies (IPT, CPT, CBT and DBT). Personal interests include a variety of outdoor adventures with her family and pets.

Michael J. Kurtz, PsyD, Spalding University, 2011. PCMHI Psychologist at Billings CBOC. Professional interests include: psychotherapy integration, attachment and evolutionary psychology, psychological assessment, existentialism, clinical psychopharmacology, and neuropsychoanalysis. Personal interests include: baseball, fantasy sports, literature, movies, art, poker and animals.

Gretchen Lindner, Ph.D., Georgia State University, 2006. Associate Training Director and Psychologist, Outpatient Behavioral Health, Bozeman Community Based Outpatient Clinic.
Professional interests include: PTSD and trauma recovery, evidence-based therapies (e.g., PE, CPT, EMDR, EFT, and CBT-I), couples therapy, and student/staff training. Dr. Lindner is a supervisor for the Outpatient Trauma Recovery rotation. Personal interests include: family, friends, cooking, movies, and running/hiking. •

Joanna Legerski McCormick, Ph.D., University of Montana, 2010. Training Director and Psychologist, Outpatient Behavioral Health, Fort Harrison Medical Center. Faculty Affiliate with University of Montana, Department of Clinical Psychology. Professional interests include: individual and family trauma, PTSD, pre/post-deployment family adjustment, evidence-based therapies (e.g., CPT, CBCT for PTSD, IPT, and CBT), and rural mental health. Dr. McCormick is a supervisor for the Clinical Geropsychology and General Outpatient rotations. Personal interests include: parenting two boys, horseback riding, and canoeing. •

Erick C. Messler, Ph.D., University of South Dakota, 2015. Psychologist, Primary Care Mental Health Integration, Fort Harrison Medical Center. Editorial board member for APA’s Journal of Rural Mental Health. Professional interests include: generalism, brief intervention, and addictive behavior. Dr. Messler is a supervisor for the PCMH rotation. Personal interests include: spending time with friends and family, exploring Montana, reading, and music. •

Sandra Lotshaw Micken, Ph.D., University of Montana, 1994. Psychologist, Outpatient Behavioral Health, Fort Harrison Medical Center. Professional interests include: rural mental health, integrated healthcare/health psychology, trauma recovery, and mood disorders. Personal interests include hiking, skiing, travel, family, music, and trying new things/meeting new people. •

Joel C. Mitchell, Ph.D., ABPP, FACHE, Rosemead School of Psychology, Biola University, 2007. Chief of Psychology and Director of Integrated Behavioral Medicine for the Montana VA Health Care System. Board certified in Clinical Psychology (American Board of Professional Psychology) and Healthcare Management (American College of Healthcare Executives). Assistant Professor of Psychiatry and Behavioral Sciences, University of Washington School of Medicine; Assistant Professor of Psychiatry, Edward Via College of Osteopathic Medicine. Professional interests include: leadership development; healthcare management; integrating behavioral health in medical settings; provider self-care; trauma; grief/loss; spiritual issues; and, mindfulness-based behavioral interventions. Personal interests include: family, travel, movies, and music.

Mollie Mulholland, Psy.D, Florida Institute of Technology, 2017. Psychologist, Triage and Rapid Evaluation Clinic (TREC) and Outpatient Behavioral Health, Fort Harrison Medical Center. Professional Interests include: Combat trauma, Moral injury, teaching Military Culture, Co-occurring PTSD and Substance Abuse, Personality Assessment, Risk Assessment, Couples therapy and Mindfulness based interventions. Personal interests include: reading fiction, hiking, yoga, following anything related to the Iowa Hawkeyes. •

Christine Rogers, Ph.D., Washington State University, 1985. Psychologist, Home-Based Primary Care, Fort Harrison Medical Center. Professional interests include: Health Psychology, trauma,
rural practice, family and workplace systems intervention. Dr. Rogers is a supervisor for the General Outpatient, Clinical Geropsychology, and HBPC rotations. Personal interests include outdoor recreation, spending time with family and friends, landscaping and home improvement projects.

**Cara Stahl, Psy.D., Regent University, 2014.** Psychologist, Outpatient Behavioral Health, Billings Community Based Outpatient Clinic. Professional interests include: evidence based therapies, trauma/stressor-related disorders, cultural diversity issues, health psychology, rural mental health care, and psychological assessment. Personal interests include: hiking, mountain biking, ice climbing, skiing, snowshoeing, rock climbing, quality time with family and friends, baking, and reading fiction literature.

**Jera Stewart, Ph.D., University of Montana, 2006.** Behavioral Health Supervisor, Missoula Community Based Outpatient Clinic. Subspecialties include clinical neuropsychology and American Indian mental health. Professional interests include: neuropsychological assessment, integrated healthcare, cultural diversity, and research. Dr. Stewart is a supervisor for the Psychological Assessment rotation. Personal interests include: family, friends, travel, pow wows, gardening, and animals.

**Curtis Tillotson, Psy.D., Azusa Pacific University, 2008.** Psychologist, Residential Trauma Recovery Program, Fort Harrison Medical Center. Professional interests include: Co-occurring PTSD/SUD, Moral Injury, evidence-based therapies (e.g., CPT, MET), adventure-based experiential education, and training. Dr. Tillotson is a supervisor for the Residential Trauma Recovery rotation. Personal interests include: family, friends, cooking, movies, cycling, fishing, landscaping, and stained glass work.

**Christian Zal-Herwitz, Ph.D., University of Montana, 2015.** Psychologist, Primary Care Mental Health Integration, Missoula Community Based Outpatient Clinic. Professional interests include: health behavior change (e.g., chronic pain, diabetes), MAC (i.e., mindfulness, acceptance, compassion) approaches, brief interventions (e.g., Behavioral Activation), training, and LGBTQ+ issues. Dr. Zal-Herwitz is a supervisor for the PCMHI rotation. Personal interests include: my wife, this golden age of television, sci-fi and fantasy film and literature (RIP Ursula K. Le Guin), meditation, spaghetti, and Radiohead.

*+ denotes core training faculty*

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**PROGRAM SUPPORT STAFF**

**Sean Clark**, Program Support Assistant, Psychology Training Program.
**Patricia “Trish” Elliott**, Psychometrist, Fort Harrison Medical Center.
**Brenda Summerlin**, Program Support Assistant/Timekeeper, Behavioral Health Service.
GRADUATE PROGRAMS OF INTERNS

Adler University
Alliant IU/CSPP-San Francisco
American School of Professional Psychology-Argosy, Washington DC
American School of Professional Psychology-Argosy, Southern California
Chicago School of Professional Psychology (2x)
George Fox University (x2)
Divine Mercy University
Midwestern University-Glendale (x2)
Seattle Pacific University
University of Louisville
University of Missouri – Kansas City
University of North Dakota
University of Oregon

POST INTERNSHIP PLACEMENT OF INTERNS

Psychology Resident, St. Charles Medical Center
Geropsychology Postdoctoral Fellow, Captain James A. Lovell Federal HCS
Graduate Psychologist, Montana VA Health Care System
Postdoctoral Fellow, Community-Based/GMH, San Francisco VA Healthcare System
Postdoctoral Fellow, Emphasis in Addictions, John D. Dingell VA Medical Center
Postdoctoral Fellow, Samuel S. Stratton VA Medical Center
Postdoctoral Fellow, Sierra Tucson
Staff Psychologist, VA Western New York Healthcare System
Staff Psychologist, Montana State Hospital
Staff Psychologist, PTSD Clinical Team, Phoenix VA Health Care System
Neuropsychology Resident, Edith Nourse Rogers Memorial Veterans Hospital
Neuropsychology Fellow, VA Maine Health Care System
Helena is the state capitol of Montana’s total population of 1,005,141, and within the city limits reside approximately 30,000 (2010 estimates). The greater Helena area population is 63,395. Helena is located in the Rocky Mountains and adjacent to the clear waters of the Missouri River. Historians state that people of the Folson culture lived in this region over 10,000 years ago. Many other native people, including the Salish and Blackfeet came to this area on a seasonal basis. By the early 1800s trappers of European descent came through this region as they worked the Missouri River. Helena as a community was born in 1864 when prospectors known as the Four Georgians struck gold at a place they called “Last Chance Gulch,” now Helena’s main street. From this gold strike, Helena experienced a mining boon and eventually became a transportation hub that developed roads and railroad connections for the extraction and agricultural industries of the region. While today the mining industry may not be the windfall it once was, it is believed that half the world’s sapphires are found in Montana and prospecting continues to be a popular activity.

Interns and staff suggest the weekly Farmer’s Market and Craft Fair in downtown Helena and the pedestrian mall as favorite activities for good food and people watching. Just off the Helena downtown area you might also like to take a hike right in town on Mount Helena, a 620 acre park that looks down on the city from its 5,468 foot peak. From the Mount Helena trailhead, a number of well-marked trails provide options for hiking to the peak, circling the mountain, or walking out into Helena National Forest. Within 13 miles of Helena there are five local access points to the Continental Divide Scenic Trail. This area is also well known to the mountain biking enthusiast community.

If you enjoy the outdoors, the forests surrounding Helena are home to an abundance of deer and elk as well as many other wildlife species. Excellent fishing can be found in Helena area lakes and streams. Four of our favorite lakes include: Hauser, Helena, Holter, and Canyon Ferry. If you are keen for local skiing the Great Divide Ski Area is 20 miles from downtown, near the tiny town of Marysville. Many snowmobile and cross-country trails are also located just outside of town.
Throughout the year local community activities will keep you busy with theater and symphony performances, museum tours, jazz festivals, concerts, rodeos, and running races such as the renowned “Governor’s Cup.” You might also like to observe, or if you are daring, participate in winter sports such as dog sledding and skijoring. If you like home grown food, local beer, the rural Montana landscape, and music; the Red Ants Pants Music Festival held every July in nearby White Sulphur Springs is not to be missed.

Helena has a very stable and viable economy with an unemployment rate traditionally below average in Montana and one of the lowest in the United States. The largest employers in the city are government related. State statistics report 45% of Helena residents as having at least a four-year college degree. In addition to Fort Harrison VA Medical Center, the Helena based Shodair Children’s Hospital and St. Peter’s Hospital provide quality healthcare services for the community and the state.

MORE TO EXPLORE

http://destinationmissoula.org/
http://www.bozemancvb.com/

http://www.montana.va.gov/about/history.asp
http://www.helenamt.com/

http://destinationmissoula.org/
Yellowstone National Park (3:00)
https://www.nps.gov/yell/index.htm

Glacier National Park (3:20)
https://www.nps.gov/glac/index.htm

Grand Teton National Park (5:15)
https://www.nps.gov/grte/index.htm

Jackson Hole, Wyoming (5:00)
https://www.jacksonholechamber.com/

Alberta, Canada (3:00)
https://www.travelalberta.com/us/

Coeur d’Alene, Idaho (4:15)
https://coeurdalene.org/
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements: The Montana VA HCS Psychology Internship program is a good fit for students who are interested in developing strong generalist skills to function effectively as psychologists in an interprofessional treatment setting. In particular, the internship seeks students with experience or interest in rural or veteran mental health care. We are seeking candidates who have strong academic backgrounds and are skilled in diagnostic assessment and interventions. We are committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status.

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:

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<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

Amount: 300

Amount: 50

Describe any other required minimum criteria used to screen applicants:

Our internship seeks students from APA or CPA accredited Ph.D. or Psy.D. clinical or counseling programs who are in good standing. Applicants must have competed at least 3 years of academic study, have completed their comprehensive or qualifying exams, and have proposed their dissertation.

**Financial and Other Benefit Support for Upcoming Training Year**

**Annual Stipend/Salary for Full-time Interns:** $26,166

**Annual Stipend/Salary for Half-time Interns:** N/A

Program provides access to medical insurance for intern? Yes No

If access to medical insurance is provided

Trainee contribution to cost required? Yes No

Coverage of family member(s) available? Yes No

Coverage of legally married partner available? Yes No

Coverage of domestic partner available? Yes No

Hours of Annual Paid Personal Time off (PTO and/or Vacation): 104

Hours of Annual Paid Sick Leave: 104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? [ ] Yes [ ] No

Other Benefits (Please describe):
Life insurance, federal holidays (10), professional development release time

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**Initial Post-Internship Positions**
(Aggregated Tally for Preceding 3 cohorts)

<table>
<thead>
<tr>
<th>2015-2018</th>
<th>Post-doctoral residency position</th>
<th>Employed position</th>
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</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts:</td>
<td>9</td>
<td></td>
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<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Community mental health center</td>
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</tr>
<tr>
<td>Federally qualified health center</td>
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<td>Independent primary care facility/clinic</td>
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<td>University counseling center</td>
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<tr>
<td>Veterans Affairs medical center</td>
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<td>Military health center</td>
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<td>Academic health center</td>
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<tr>
<td>Other medical center or hospital</td>
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<tr>
<td>Psychiatric hospital</td>
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<tr>
<td>Academic university/department</td>
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<tr>
<td>Community college or other teaching setting</td>
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<td>0</td>
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<tr>
<td>Independent research institution</td>
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<tr>
<td>Correctional facility</td>
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<td>School district/system</td>
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<tr>
<td>Independent practice setting</td>
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<tr>
<td>Not currently employed</td>
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<td>Changed to another field</td>
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