



Psychology Internship Brochure

**Department of Veterans Affairs, VA Southern Nevada Healthcare System
6900 N Pecos Rd, North Las Vegas, NV 89086**

PTSD Track: 234211

Neuropsychology Track: 234212

Geropsychology Track: 234213

Applications Due: 11/01/2026

Interview Notification Date: 12/01/2026

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The VA Southern Nevada Healthcare System (VASNHS) Psychology Internship Program in Health Service Psychology accepted its first class of interns in 2015, and it was granted Full Accreditation status by the American Psychological Association in 2020. Our most recent accreditation site visit occurred in December 2025 and the VASNHS was reaccredited for 10 years. The Psychology Internship Program (PIP) at VASNHS is also a member of APPIC. The information provided in this document will be updated yearly and as appropriate. If you have questions, please contact the Psychology Training Director.

Expected Number of Interns for the 2027-2028 training year: 3
Stipend for the 2027-2028 training year: \$35,032

The internship is for one full year (2080 hours), beginning on July 11th, 2027. Stipends are paid in 26 bi-weekly installments. For additional information, go to: <http://www.psychologytraining.va.gov/benefits.asp>.

Requirements for Admission

To be considered for admission in the Psychology Internship Program, candidates must be graduate students in good standing in a program accredited by the APA or CPA (Canadian Psychological Association) in Clinical or Counseling psychology. They must have completed their master's degree or equivalent and have completed their doctoral comprehensive/qualifying examination or equivalent. Candidates must be certified as ready for internship training by the Psychology Training Director of their doctoral programs. In addition, VASNHS Psychology Internship Program applicants must have their dissertation proposal approved prior to application. Selected interns must have capabilities and goals consistent with the mission, goals, and objectives of the Psychology Internship Program. Applicants must be U.S. citizens.

The Psychology Internship Program encourages applications from qualified candidates, regardless of gender, race, ethnicity, sexual orientation, disability, or other minority status. The internship aims to foster a diverse psychology workforce and supports an inclusive work environment that ensures equal opportunity. We encourage psychology trainees of diverse backgrounds, in all the ways that diversity is expressed, to apply to the Psychology Internship Program.

Applications to the VASNHS will be carefully reviewed and well qualified candidates will be invited to interview. We will be conducting virtual interviews via video conferencing platforms for the 2027-2028 training year. Interviews will be conducted with the Psychology Training Director and other training faculty members throughout the month of January.

The Psychology Training Director, with input from program faculty members, will make the final decisions for rankings. Per APA/APPIC policy, no information regarding rankings shall be given or received.

Application Procedures

- Compliance with Eligibility Requirements for all VA Psychology Training Programs, articulated at:
 - [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)
 - [Am I Eligible v5.pdf \(va.gov\)](#)
 - [VHA HPTsDrug-FreeWorkplaceOAA HRA.pdf \(va.gov\)](#)
 - [TQCVLLettertemplate.pdf \(va.gov\)](#)
 - <http://www.psychologytraining.va.gov/eligibility.asp>
- Completed AAPI materials.
- Cover letter.
- Current curriculum vitae.
- Official graduate transcript(s).
- The Academic Program's Verification of Internship Eligibility and Readiness.
- Three letters of recommendation, from clinical supervisors and advisors who will speak directly about the quality of your clinical and/or academic work.
- Background check upon hire.
- All materials must be submitted for review online by November 01, 2026 at 11:59 p.m. (EST). This internship site follows the [APPIC](#) policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.
- We will notify applicants of selection for an interview by December 01, 2026. Interviews will be conducted virtually starting in early January 2027.

For more information about application processes, you may contact the following individuals:

Pamela Finder, Psy.D.
Interim Training Director
Pamela.Finder@va.gov
702-791-9000 x 13233

Accreditation Status

The Psychology Internship Program at VASNHS is a member of the Association of Psychology Postdoctoral and Internship Centers ([APPIC](#)), who defines and administers the way all offers of internship and acceptances are conducted. VASNHS participates in the computer matching program (<https://natmatch.com/psychint/>) and follows all APPIC policies. We take APPIC and [APA](#) guidelines seriously and we are committed to full adherence to these guidelines.

The Psychology Internship Program at VASNHS is Fully Accredited by the American Psychological Association. In 2026, The VASNHS psychology internship was re-accredited for 10-years. Our next accreditation will take place in 2035. For information regarding APA accreditation, potential applicants are referred 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

The Overall Training Setting

[VA Southern Nevada Healthcare System](#) (VASNHS) currently has 58 approved Psychologist positions. Most Psychologists, as well as Interns, report to the Behavioral Health Service. There are over 200 full time providers across disciplines in the Behavioral Health Service. Due to increased demand for VA services within the area, VASNHS has experienced rapid expansion and restructuring over the last several years. This has prompted increased rates of onboarding staff and the opening of new facilities.

VA Southern Nevada Healthcare System provides outpatient, residential, and inpatient medical services to Veterans residing in Southern Nevada with an official catchment area of Clark, Lincoln, and Nye Counties. VASNHS also draws Veterans from Arizona, Utah, and California. VASNHS is geographically dispersed within the metropolitan Las Vegas area, Henderson, Pahrump, and Laughlin. In addition to the VA Medical Center, the VA provides Primary and Specialty Care services among several clinical sites located within the Las Vegas valley. This includes the Northwest Primary Care Clinic (PCC), Northeast PCC, Southwest PCC, and Southeast PCC. Additional Outpatient Clinics are located in Pahrump and Laughlin, NV to provide rural health care to Veterans. Web-based visits are also available via the VA Video Connect (VVC) system for Veterans in rural areas who have difficulty attending visits at our clinics or when a Veteran prefers to have virtual visits.

VA Southern Nevada Healthcare System opened a comprehensive medical center in 2012 that provides numerous services, to include 90 Medical, Surgical, Psychiatric, ICU, Step-Down, and Rehabilitation beds. An Emergency Department is also located at the main medical center, along with outpatient and specialty services. The Fisher House, a place where Veteran and military families can stay while their loved ones are in the hospital, was opened in February 2016.

The VA Medical Center expanded in 2015 to include Educational and Administrative buildings. A Community Referral and Resource Center (CRRC) for homeless and at-risk Veterans at the Northeast Primary Care Clinic is also a component of the VASNHS. Another important building is the Veterans Recovery Center (VRC), which includes a Psychosocial Rehabilitation and Recovery Center (PRRC), a Mental Health Intensive Case Management (MHICM) team, a Compensated Work Therapy (CWT) team, a Suicide Prevention team, and a Veterans' Justice Outreach (VJO) team. The VASNHS also added a RANGE (Rural Access Network for Growth Enhancement) program that is designed to provide community-based care for Veterans, particularly those in rural areas facing serious mental health issues. VA Southern Nevada Healthcare System

also maintains a joint venture with the Department of Defense, 99th Medical Group, at the Mike O'Callaghan Federal Medical Center (MOFMC).

In 2019, VASNHS opened the Las Vegas VA Residential Recovery and Renewal Center (LVR3), a 40-bed substance use and gambling disorder residential treatment program, with dedicated rooms for female Veterans.

Psychology Setting within VASNHS

Psychological services and training at VASNHS are predominantly under the purview of the Behavioral Health Service (BHS). The Behavioral Health Service has a collaborative interprofessional emphasis with the following disciplines: psychology, psychiatry, social work, nursing, primary care medicine, pharmacy, recreation therapy, and peer support specialists. Psychologists hold important positions in key areas of BHS, such as the Behavioral Health Interdisciplinary Program (BHIP), the Primary Care Behavioral Health (PCBH) team, the PTSD Clinical Treatment Team (PCT), the Addictive Disorder Treatment Program (ADTP), Neuropsychology, Pain Management, Geropsychology, Home-Based Primary Care (HBPC), Suicide Prevention, Acute Inpatient Treatment, Psychosocial Rehabilitation and Recovery, Couples and Family Services (CFS), and Behavioral Medicine. Several BHIP and PCBH psychologists practice within community-based outpatient clinics throughout the Las Vegas metro area. Interdisciplinary care is often a part of the work Psychologists and Interns engage in at the VASNHS.

Patient Population

Since first opening its main facility in North Las Vegas in 2012, VA Southern Nevada Healthcare System has become one of the fastest growing VA medical centers across the Veterans Health Administration (VHA). The Las Vegas metro area has added nearly 1 million new residents over the past decade, and VASNHS has subsequently experienced increased enrollment during this time. In 2023, the VASNHS served nearly 85,970 Veterans, representing a nearly 40% increase in the number of Veterans seen at our facility over the past decade. Outpatient visits have increased 58% over the past decade, with 953,010 visits, and inpatient admissions have increased 66% during the same time frame, with 5,795 admissions.

We serve Veterans across a wide range of ages, starting in their late teens, and follow them throughout their lifespan. We currently have 481 Veterans under the age of 25 enrolled at VASNHS, although the majority of our Veterans are over 65 years old (i.e., 40,170 Veterans, 86%). While most Veterans seen at the VASNHS are men, women Veterans are the largest growing Veteran demographic with 8,130 women seeking services in 2023 (11.3% increase over the past 2 years). There has been a 46% increase in women Veterans served during the past decade (e.g., 9,435 women Veterans enrolled, 12% of total Veterans enrolled). VASNHS developed the Comprehensive Women's Health Center in 2014 to meet the needs of women Veterans. We also provide women's care services at the 4 Las Vegas Valley VA Clinics and dedicated exam rooms for women Veterans are available at the Pahrump and Laughlin VA Clinics. In addition, there is an education and outreach program in place for Veterans who are pregnant and new mothers. VASNHS serves a racially diverse

population, with Veterans that represent the diversity of the Las Vegas area: 54% White, 16.6% Black or African American, 5% Asian, 2.4% Native Hawaiian or Other Pacific Islander, and 1% American Indian or Alaskan Native (19% unknown).

Preface

The Psychology Internship Program at the VA Southern Nevada Healthcare System (VASNHS) was developed to address the specific needs in the community and the Veterans Health Administration for recruiting and training new Psychologists. VA Southern Nevada Healthcare System is steadfast in its commitment to providing high quality training to Psychology Interns with an emphasis toward preparation for careers in the VA and the public sector.

At VASNHS, the internship year is conceptualized as an opportunity to develop both clinical and professional skills interwoven into our training settings. The internship training experience includes a year of intensive clinical training under the supervision of multiple licensed psychologists. Interns will also work within dynamic interdisciplinary professional teams that consist of medical and allied health professions. Training at the VASNHS is crafted to expand and enhance professional psychology competencies.

The program trains doctoral candidates to function as autonomous professionals in varied health care settings, with an emphasis on the role of the psychologist in state-of-the-art medical settings. The Behavioral Health Interdisciplinary Program (BHIP) and Primary Care Behavioral Health (PCBH) rotations are central to the generalist training we provide in our program. The Psychology Internship Program also seeks to provide strong grounding in fundamental and advanced practice skills within particular areas of emphasis that include PTSD, Geropsychology, and Neuropsychology. The acquisition of core competencies in Evidence-Based Psychotherapies within the intern's rotations is paramount. The practitioner-scholar model of training in psychology is highly emphasized. Training is experiential, supervised, and graded in complexity. Learning in psychology internship is a developmental and sequential process leading toward the ultimate goal of independent practice. The Psychology Internship Program is designed to promote professional competency and engender skills in complex clinical reasoning.

In addition to acquiring technical skills, development of the intern's professional identity is also at the core of the Psychology Internship Program's goals. Professional identity includes multiple components, such as theoretical orientation, professional interaction style, and developing areas of emphasis. A significant portion of a Psychologist's professional identity is developing a keen understanding of the unique and additive contributions of Health Services Psychology. The professional Psychologist appreciates how psychology interconnects with the contributions of other disciplines. Another component of training involves an understanding of professional behavior and conduct. This includes legal and ethical competency and an awareness of the self in professional practice. The Psychology Internship Program emphasizes the belief that how we practice can be as important as what we practice. Overall, the growth of professional identity, along with the attainment of core clinical competencies, will prepare Interns for successful entry into the profession.

Introduction

Purpose of this Brochure

The aim of this brochure is to orient interns to policies and procedures of the Psychology Internship Program (PIP) at VA Southern Nevada Healthcare System (VASNHS). Unanticipated circumstances may arise that require exceptions or modifications to the guidelines included in this document.

Overview of the Program

The Psychology Internship Program at the VASNHS is a generalist program designed to train Clinical and Counseling doctoral candidates in Psychology for competent professional work in the postdoctoral year or in entry-level Psychology positions. The basic requirement of the training program is satisfactory performance in applied clinical work in the general mental health rotations (Behavioral Health Interdisciplinary Program and Primary Care Behavioral Health rotations). Psychology Interns are also engaged in one area of emphasis (PTSD, Geropsychology, or Neuropsychology) and may have experiences in minor rotations (e.g., the Assessment Clinic) depending on what track they are selected for. There are frequently opportunities to learn evidence-based psychotherapy within all clinical settings. Clinical experience is enhanced by a variety of educational offerings during the internship year.

Administrative Information

Work Hours

Like other VA Medical Center employees, interns work a 40-hour week. Interns typically work from 8:00AM-4:30PM. There may be times when rotation hours change (e.g., for reasonable accommodations). The Training Director must be notified in writing of such non-standard schedules to ensure that interns are not expected to work excess hours.

Leave and Benefits

Interns accrue four hours each of annual leave (i.e., vacation) and sick leave per pay period (26 total pay periods). Interns receive all Federal holidays. *Individuals with prior federal service or Veterans may qualify for additional hours of annual leave per pay period.

Annual Leave: Annual leave requests must be submitted at least 45 days in advance. The leave approving official must act upon a formal and timely request for annual leave at the time requested or as soon thereafter as a decision, based on workload and available manpower, can be made. If a request must be disapproved, the leave-approving official must give the reason and initiate action to reschedule the leave.

Except in an emergency, planned leave time must be first discussed with the supervisor, taking into account clinic and patient coverage issues, and subsequently, submitted electronically for approval by the Behavioral Health Service Timekeeper. Per VA policy, leave may be used only after it is accrued. Planned leave requests should be emailed to all supervisors and the Training Director. Once all supervisors have replied

approving or disapproving the requested leave, the Training Director will approve/disapprove. Interns must then complete a VA Light Electronic Action Framework Cloud Assessing (LEAF) request to have clinics blocked and enter leave in the VA Time and Attendance System (VATAS).

Sick Leave: To request sick leave, the intern will notify the Training Director, all regular supervisors for that day, and any covering supervisors for that day as soon as possible. In addition, interns will need to call the sick line 702-791-9000 ext:14783 and explain that the intern is planning to use sick leave, provide patient information so that scheduled appointments for that day can be canceled and Veterans will be notified, and state the clinic(s) that need to be closed. Upon returning to work, interns will need to enter their leave into VATAS as soon as feasible. All other sick leave (e.g., planned doctors' appointments, dental appointments) should be entered into VATAS in advance.

The VA Handbook 5011/31 notes the following in terms of sick leave:

- (1) It is the responsibility of employees who are incapacitated for duty to report, or have some responsible person report, their illness as early as practicable. Generally this will be at the beginning of the tour of duty but not later than 2 hours thereafter, or at the time specified in the leave policy of the installation or by prior written direction in their particular case according to the circumstances of employment. Subsequent reports, if any, will be made to the immediate superior as required locally. Employees who expect to be absent more than 1 day should inform their supervisors of the approximate date that they expect to return to duty. Supervisors may ask their employees at the time to report periodically on their progress, but daily reports will not be required. It would be reasonable for a supervisor to require that an employee who has been absent a long time to call or notify the supervisor a day or so before expecting to return to duty. This is necessary to make appropriate staffing and work adjustments, particularly in cases of shift workers.
- (2) An employee on sick leave for more than 3 workdays must enter a leave request into the ETA or other electronic system upon return to duty and furnish satisfactory evidence of the need for sick leave during the period of absence. If the medical certificate is not considered a reasonable basis for approval of sick leave, the employee may be required to furnish additional evidence. Usually the employee health physician will make any contact with the employee's physician concerning medical diagnoses. When it would be unreasonable to require a medical certificate because of shortage of health care providers, remoteness of locality, or the nature of illness which did not require a physician's services, the employee's signed statement of reasons why other supporting evidence is not furnished may be accepted in lieu of a required medical certification. An employee who has been absent because of illness and who is unable to furnish a medical certificate may be referred to the employee health physician for a medical recommendation.
- (3) Generally the ETA or other electronic request for approved leave and medical certificates, or their equivalent, should not be required for periods of sick leave of 3 days or less. Where there is reason to believe that an employee is abusing the

use of sick leave, a medical certificate may be required for any period of absence. The employee should be informed in advance, and in writing, that such a requirement has been established in his or her case. Medical certificates or other evidence of illness will be submitted within 15 calendar days after the employee returns to work. Failure to furnish a medical certificate may be cause for disapproval of sick leave. Such failure will not of itself be the cause for disciplinary action.

(4) When an employee has been given notice that any sick leave request must be supported by a medical certificate, leave approving officials will review the case in not later than 6 months to determine whether the requirement for furnishing a medical certificate for approved sick leave may be eliminated. If it is determined that a medical certificate is no longer required for sick leave of 3 days or less, the employee shall be so notified in writing.

(5) An employee will not routinely be required to reveal the nature of illness as a condition of approval of leave. However, food handlers must disclose certain kinds of diseases upon return to duty in order that they may be examined to protect patients and others from certain types of communicable diseases. (See VA Handbook 5019, Occupational Health Services.)

(6) When illness occurs during a period of annual leave or Leave Without Pay (LWOP), sick leave may be substituted for annual leave or LWOP, provided the illness is reported promptly to the employee's supervisor and the request is supported by medical certification or other acceptable evidence. Sick leave may be granted during annual leave or to become eligible for donated leave in accordance with 5 CFR 630.40[6].

1-Time Limitation for Medical Documentation. All supporting documentation for use of sick leave must be submitted by the employee no later than 15 calendar days after the employee returns to work. If, due to circumstances beyond the control of the employee, he or she is unable to provide the documentation within 15 calendar days, the employee must provide the evidence or medical certification no later than 30 calendar days after returning to work. An employee who does not provide the required evidence within 30 calendar days is not entitled to sick leave.

2-Prolonged Illness. Employees who are not expected to return to duty because of prolonged incapacitation will, where possible, be granted all available sick leave and such annual leave that cannot be included in lump-sum payment. (Refer to the rules on the appropriate use and termination of annual leave balances for employees who are participants in the Voluntary Leave Transfer Program (5 CFR 630.909-910; and 5 CFR 630-1205) on the use of paid leave by employees while invoking their Family and Medical Leave entitlements.) Employees who can reasonably be expected to return to duty after a prolonged period of incapacitation may be advanced sick and annual leave or granted LWOP.

Leave Without Pay (LWOP; a temporary non-pay status and absence from duty): Approval of LWOP is a matter of administrative discretion. Circumstances that would justify approval of sick leave or annual leave will generally be a sufficient basis for

approval of LWOP. LWOP will ordinarily be granted only for reasons considered to be in the interest of the VA, either directly or indirectly. When LWOP is expected to exceed thirty (30) consecutive calendar days, the employee will submit written request to the Training Director. Any hours deemed LWOP will need to be made up.

Authorized Absence (AA; leave that does not count against annual leave): AA may be granted for attendance at conferences, workshops, graduation, professional meetings, and other professionally-related events. The Training Director may grant Interns one day of authorized absence for their dissertation defense at their graduate institution, and up to two days of authorized absence for necessary travel time. For those Interns who have completed their oral defense prior to the start of the internship (and are, therefore, unable to utilize this leave), up to two days of authorized absence can be granted for professional job interviews and associated travel, in order to support their equivalent next step in career development. A maximum of 5 days of authorized absence can be approved in the training year.

Absence Without Leave (AWOL; unauthorized absence from work without proper authorization or leave approval). AWOL is a non-pay status and can lead to disciplinary actions, including potential removal from internship. Any hours deemed AWOL will need to be made up.

Training Program Resources

Supervisors

Supervisors are a vital resource to the training program. High quality supervision is the center of the training faculty's values. Supervisors model clinical and professional conduct. Similarly, supervisors are responsible for the provision of clinical and professional feedback. Supervisors facilitate the development of Interns within the treatment setting and affirm the Interns as important members of clinical and professional teams. Supervisors coordinate clinical experiences, collaborations, and team roles for Interns. Ultimately, Supervisors hold responsibility for determining developmentally appropriate supervision levels within legal and ethical standards. Each Supervisor meets with the Intern for no less than one hour per week, per rotation. Augmented supervision is also available, depending on the Intern's desire and circumstances. Interns receive a minimum of 4 hours of scheduled supervision per week. Supervision follows the guidelines outlined in VHA HANDBOOK 1400.04. Supervision hours will be tracked by the Training Director.

The Psychology Internship Program aspires to conduct supervision by direct observation. Depending on the technological capabilities of rotation sites and Intern need, each Supervisor will provide direct observation of service provision to include at least one time per rating period in person or via video streaming. Supervisors will also be required to participate as members of the Training Committee. Supervisors will offer the following types of supervision to Interns based on initial evaluation and direct observation over the course of the internship: in the room, in the area, and available.

All Supervisors new to the VASNHS Training Program must follow the formal, written application process to be considered as a member of the Training Committee. Supervisors must be selected by a majority vote.

- Supervisors meet with the Interns during orientation to describe the learning opportunities and limitations of their clinical rotation.
- During orientation, supervisors make themselves available to talk with Interns about individual learning needs and interests with the goal of completing the training agreement.
- Supervisors work with the Interns at the beginning of the rotation to define additional training goals and mechanisms to reach those goals, as applicable.
- A minimum of 1 hour of weekly scheduled supervision is required for all rotations.
- Interns receive additional hours of supervision each week through various educational activities to develop the trainees' competencies. This includes direct observation and feedback, instruction, modeling, patient care rounds that address the trainee's treatment planning and intervention, group supervision, and group "debriefing" and/or "as needed" consultation with Supervisors, other Psychology staff, and other treatment staff.
- Supervisors document ongoing supervision, with scheduled times every week, excluding leave, wherein coverage is arranged at the obligation of the Supervisor. When the Supervisor is away from the clinical area, he or she arranges for appropriate alternative supervision. Alternative supervision is communicated to the Intern by the Supervisor, or designee if in an emergency, as soon as possible.
- Supervisors co-sign all progress notes, treatment plans, assessment reports, correspondence, and any other Intern entries into the medical record. This co-signature verifies their knowledge of, and concurrence with, the trainee's assessment and treatment plan. Supervisors will complete attestations to notes regarding their review of notes, treatment plans, and diagnostic considerations.
- Each Supervisor completes a written evaluation of the Intern at 3, 6, 9, and 12 (final evaluation) months. Each Intern is asked to complete a self-assessment at the beginning of the training year to learn the evaluative criteria to be used throughout the year and to help facilitate initial learning plans.
- The 3-, 6-, and 9-month evaluations are used to drive plans for the Interns for the remainder of their placement.

- The Supervisor and Intern discuss and sign the evaluation and the Supervisor provides the evaluation to the Training Director.
- At each evaluation, the Supervisor shares his or her evaluation of the Intern's strengths and educational needs with the Training Committee.
- Interns place their signed evaluations in their individual electronic file on the S drive.
- Copies of the 6-month and final evaluations are sent to the Director of Clinical Training of each intern's graduate program.

Learning Experiences

Orientation: During the first two weeks of entrance into the Psychology Internship Program, interns are introduced to the policies and procedures of the Psychology Internship Program and provided with pertinent information about the overarching Behavioral Health Service and the VASNHS.

Each supervisor describes the learning opportunities available within the rotation they supervise during individual and/or group meetings. Interns meet individually with the Training Director and Associate Training Director to discuss strengths and areas of growth in previous training and to discuss how training needs may be met within the Psychology Internship Program. Based on this information, the Interns develop an individualized learning plan in coordination with supervisors and the Training Director.

Rotation Structure

The Southern Nevada VAHCS has created three tracks with specific rotations within each track that provide a comprehensive and generalist training experience for our interns. Rotation placements are the learning settings negotiated between Interns and training staff. The goal is for Interns to broaden their experience and enhance their competence. The division of time for each rotation is designed to allow for breadth and depth of experience in comprehensive and generalist training. Interns may expect to spend approximately 25 to 30 hours of a 40-hour work week engaged in clinical care activities across rotations. Track specific rotation structures are depicted below.

The **PTSD Track** consists of one position. It offers an interdisciplinary training environment where interns refine skills in the areas of individual and group therapy, assessment, case conceptualization, and treatment planning. This rotation provides interns with a foundation in trauma and specialized skills in the assessment, diagnosis, and treatment of PTSD. The PTSD program was developed to treat Veterans experiencing PTSD from all sources of trauma. Veterans are fully assessed by an intake clinician to determine program eligibility and treatment needs. The PTSD Program is developed to provide evidence-based treatments that include PE, CPT, or EMDR. Additional groups following the initial course of treatment focus on the Veteran's specific needs. There are core groups for Veterans experiencing combat trauma,

military sexual trauma, and guilt and shame related to traumatic experiences. Clinical experience is gained throughout three 12-month placements. This rotation system is designed to provide opportunities in PTSD as the area of emphasis, generalist training, and a minor rotation in psychodiagnostic assessment.

The intern selected for the PTSD track will also engage in a minor rotation within the **Psychological Assessment** clinic. Psychological assessment is a unique competency of the professional psychologist. Intermediate to advanced skill in this domain is an APA accreditation requirement. The Psychology Internship Program designs training experiences that include opportunities to further develop competency in producing professional level assessments and reports relevant to training goals and career aspirations. In addition to any rotation specific assessments and report writing, the intern selected for the PTSD track is required to complete six integrated psychological evaluations/reports. Comprehensive assessment evaluations should be based on a combination of three or more assessment instruments and/or methods that are widely accepted, empirically supported, and clinically informative. The selected assessment instruments must be approved by the supervisor. These evaluations must result in an integrated report, which demonstrates the Intern's ability to integrate complex assessment information into a coherent and concise narrative. A feedback session is also provided to relay results and treatment recommendations to the Veteran and highlight the Intern's ability to explain their assessment results.

These assessments may be supervised by the Intern's direct supervisor or by another psychologist with appropriate expertise relevant to the referral question. These assessments are to be performed to enhance patient care and are to be written and submitted to the supervisor promptly. Specifically, initial report drafts are to be completed and submitted to the supervisor within five business days of completion of test scoring. Completed reports should be submitted to the record within 72 hours after the supervisor returns the final revised draft to the Intern. All integrated reports must be completed, co-signed, and entered into the medical record no less than one month prior to the end of the internship. A record of all integrated reports must be submitted to the Psychology Training Director no less than one month before the end of internship; this record will become a part of the Intern's file as documentation of integrated report writing experiences during internship.

Sample schedule – PTSD Track:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	PTSD Clinic	Assessment Clinic	PTSD Clinic	Generalist (BHIP or PCBH) Rotation	Generalist (BHIP or PCBH) Rotation
PM	PTSD Clinic	General internship didactics: 1430-1600	PTSD Clinic TD/ATD meeting (2 nd and 4 th Wednesday of the month) or Cultural Competency Seminar (1 st and 3 rd Wednesday of the month) 1500-1600	Generalist (BHIP or PCBH) Rotation	

The **Geropsychology Track** consists of one position. It is ideal for applicants with prior experience in geropsychology who plan to pursue a geropsychology postdoctoral fellowship. The geropsychology track offers a major area of study in geropsychology where the intern will spend at least 50% of their time involved in activities designed to increase their knowledge and skills in providing care to older adults. The geropsychology track intern is guaranteed placement in the geriatric evaluation clinic, neuropsychology clinic, and HBPC/Palliative care rotations. They will also receive generalist training in the PCBH rotation and will be required to utilize evidence based treatments during the year. They are required to participate in the neuropsychology seminar. The training builds on the Pikes Peak Competency areas for Geropsychology Training. This includes both foundational knowledge of aging and functional competencies (i.e., assessment, intervention, and consultation).

Sample schedule – Geropsychology Track:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Palliative Care	Geriatric Evaluation Clinic	Geriatric Evaluation Clinic	Neuropsychology Clinic	HBPC/ Palliative Care OR PCBH 6 months each
PM	Geriatric Evaluation Clinic	Neuropsychology Seminar 1300-1400 General internship didactics: 1430-1600	Geriatric Evaluation Clinic TD/ATD meeting (2 nd and 4 th Wednesday of the month) or Cultural Competency Seminar (1 st and 3 rd Wednesday of the month) 1500-1600	Neuropsychology Clinic	

Geriatric Evaluation Clinic/Palliative Care: 2.5 days per week

Neuropsychology Assessment Clinic: 1 day per week

HBPC/Palliative Care: 1 day per week, for 6 months

PCBH: 1 day per week, for 6 months

Application Requirements for Geropsychology Applicants

Ideally applicants for the Geropsychology Track will have completed at least one year of quality training in the specialty area (e.g., at least 50% clinical contact with older adults, family members, and their interprofessional teams, or geropsychology-relevant clinical issues). In terms of assessment, we are interested in quality over quantity. The number of assessment hours and integrated reports is considered while the quality of the experience is given greater weight. We seek experience which includes diagnostic interviews, administration/scoring/interpretation of a wide range of neuropsychological measures, integrated report writing, and provision of feedback. Applicants will have a

developing foundational knowledge and skills which align with Pikes Peak Competency areas. They should have a well-grounded explanation for their interest in the chosen specialty and be prepared to discuss relevant clinical experiences. The minimum hour expectation for applicants is 100 assessment hours and 450 intervention hours.

The **Neuropsychology Track** consists of one position. It is ideal for applicants with prior experience in neuropsychology who plan to pursue a neuropsychology postdoctoral fellowship. Training is designed to meet the Minnesota Conference Guidelines. The intern is expected to devote at least 50% of their time to activities designed to increase knowledge of brain-behavior relationships and neuropsychological assessment. The neuropsychology intern is guaranteed 12-month placement in the neuropsychology clinic and geriatric evaluation clinic. The intern will also receive 6-month generalist training in the PCBH and HBPC/Palliative Care rotations and will be required to utilize evidence based treatments during the year. They are required to participate in the neuropsychology seminar. The training builds on competencies in the Minnesota Conference Guidelines including foundational competencies (e.g., neuroscience of brain behavior relationships, integration of science and practice, etc.) and functional competencies (e.g., assessment, intervention, consultation, and professional/ scholarly activities, etc.).

Sample schedule – Neuropsychology Track:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Neuropsychology Clinic	Neuropsychology Clinic	Geriatric Evaluation Clinic	Neuropsychology Clinic	HBPC/ Palliative Care
PM	Neuropsychology Clinic	Neuropsychology Seminar 1300-1400 General internship didactics: 1430-1600	Geriatric Evaluation Clinic TD/ATD meeting and Professionalism seminar 1500-1600	Neuropsychology Clinic	OR PCBH 6 months each

Neuropsychology Assessment Clinic: 2.5 days per week

Geriatric Evaluation Clinic: 1 day per week

HBPC/ Palliative Care: 1 day per week, for 6 months

PCBH: 1 day per week, for 6 months

Application Requirements for Neuropsychology Applicants

Ideally applicants for the Neuropsychology track will have completed at least one year of quality training in their specialty area (e.g., at least 50% of clinical time in neuropsychological assessment related activities to build on functional competencies

and other experiences to promote foundational knowledge of brain behavior relationships). In terms of assessment, we are interested in quality over quantity. The number of assessment hours and integrated reports is considered while the quality of the experience is given greater weight. We seek experience which includes diagnostic interviews, administration/scoring/interpretation of a wide range of neuropsychological measures, integrated report writing, and provision of feedback. For neuropsychology track applicants, we expect fewer intervention hours but look for competency commensurate with the developmental level appropriate for those entering internship (i.e., around 250 highly quality intervention hours). Applicants will have a developing foundational knowledge and skills which align with the Minnesota Conference Guidelines. They should have a well-grounded explanation for their interest in the chosen specialty and be prepared to discuss relevant clinical experiences. The minimum hour expectation for applicants is 300 assessment hours and 250 intervention hours.

Intern Case Presentations

Difficult Case:

During the training year, interns will be required to present one 60-minute psychotherapy or assessment case that presented them with a unique challenge. This presentation will be attended by supervisory staff, Interns, and practicum students.

Presenters are expected to establish goals for the presentation and should aim to present more difficult cases for which they desire feedback. Cases involving complex diagnostic, conceptualization, countertransference, therapeutic strategy, or therapeutic obstacles would all be appropriate. Fellow interns will be expected to initiate participant discussion and take an active role in providing feedback to the presenter. Interns should save adequate time at the end of the presentation for questions. This presentation is non-evaluative and is meant to provide interns with the opportunity to develop presentation and consultation skills.

Research Presentation:

During the training year, interns will complete a 60-minute research presentation to Training Committee and fellow interns. Although the topic must be related to psychology, interns can present on topics of their choosing. The topics can be related to a dissertation, an area of interest the intern would like to explore, or an area on which they are currently working. Interns will need to conduct a literature review and present on relevant research related to the topic for their presentation. This includes relevant background information, main findings of various peer-reviewed research articles, and discussion of results and implications according to the research. Interns should save adequate time at the end of the presentation for questions. This presentation is also non-evaluative and is meant to provide interns with an additional opportunity to develop presentation skills.

Mentorship

A mentor is defined by the American Psychological Association as “an individual with expertise who can help develop the career of a mentee” (APA, 2006). Mentors guide,

train, advise, and promote the career development of their mentees. APA further establishes two primary functions for mentors. The career-related function defines the mentor as a coach who provides advice to enhance the mentee's professional performance and development. The psychosocial function defines the mentor as a role model and support system for the mentee. Both functions provide invaluable guidance related to professional development and to a general work-life balance.

The VA Southern Nevada Healthcare System is committed to the professional development of Interns and strongly encourages Interns to work with a mentor during the training year. Interns will then have an opportunity to select a mentor that matches closely with their interests, goals, and styles. The relationship between the mentor and the mentee is non-evaluative, so a direct supervisor for the intern should not be selected for this role. A mentor provides an opportunity for Interns to build a relationship with an established staff member who provides support, guidance, and modeling. Meetings between mentors and mentees will occur at least once per month and specifics regarding mentorship will be established during their initial meeting.

Seminars and Education

Training related to experiential clinical learning is supported by internship seminars and by educational programs offered in the larger Medical Center community. The Psychology Internship Program offers no less than 50 hours of didactics/seminars during the training year, generally held on a weekly basis. These trainings are specifically oriented to the needs and interests of the Interns whenever possible. Feedback regarding seminars is used to help guide the content of future seminars and educational opportunities.

To encourage lifelong learning, Interns are further encouraged to complete 8 hours of additional education offered through the VASNHS, UNLV, UNSOM, or an appropriate professional organization (e.g., APA, SBM, ABCT). Of note, various services within the Medical Center sponsor educational offerings pertinent to psychology. Interns document the 8 hours of additional education on a "Continuing Education Record," that will be submitted to the Training Director at the end of the internship year and placed in the Intern's file.

Interns are released from their clinical duties during scheduled internship seminars, didactics, and other approved meetings. Time to attend other educational programs is negotiated directly with the supervisor(s), considering patient care responsibilities and clinic coverage issues. Authorized absence may be granted for travel and attendance at professional meetings, as described elsewhere.

The Psychology Internship Program has a variety of didactics and seminars developed to promote a broad base of professional knowledge. Interns spend at least 2 hours a week on average (8 hours a month) in didactic activities. These seminars and didactics include:

- **Psychology Internship Didactic Series:**
 These didactics are designed to address a variety of topics in clinical areas that interns will experience in a VA setting. Topics include the assessment and treatment considerations for PTSD, anxiety and depressive disorders, substance use disorders, chronic pain and other co-occurring health issues, and other mental and behavioral health complaints. Clinical topics also address aspects of case conceptualization. These didactics compliment the evidence-based therapy trainings presented throughout the training year. Additional didactics focus on issues of cultural competency that include military culture, and working with older adults, physical disabilities, and women's health. Didactics addressing supervision and ethical topics are also provided. Presentations on professional development and leadership are also part of the didactic series and help interns to grow and develop these skills throughout the training year. There is also didactics related to EPPP and licensure to help interns take the next steps to becoming a psychologist.
- **Evidenced-based Psychotherapy Trainings:**
 The Evidence-based Psychotherapy (EBP) trainings serve to prepare Psychology Interns to competently provide evidence-based psychotherapy through an in-depth examination of the history of evidence based practice and the theoretical and clinical application of suitable evidence based assessments and therapeutic modalities. Past EBP trainings have included: Cognitive Processing Therapy (CPT) for PTSD, Dialectical Behavioral Therapy (DBT), Cognitive Behavior Therapy for Insomnia (CBT-I), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). It is required that each intern implement and demonstrate competency with strategies from 2 evidence-based practices during the training year.
- **Neuropsychology Seminar**
 Geropsychology and Neuropsychology track interns will be required to attend the Neuropsychology Seminar. The seminar includes journal club, case conferences, fact-findings, and didactics designed to increase knowledge of brain behavior relationships and build on foundational and functional competencies. Discussions are consistent with both the Minnesota Conference Guidelines and the Pikes Peak competencies, including: the neuroscience of aging, common medical and neurological problems, multiple pathways of interaction between medical illness and psychopathology, ethical and legal standards in cognitive and capacity assessment, interdisciplinary assessment approaches, providing evidenced-based feedback and recommendations, and integration of conceptualizations of multiple aspects of diversity.

Writing Assignment: At the beginning of the training year, each Intern will be presented with a writing assignment to be turned in to the Training Director. The Training Director will send this writing assignment to the intern's supervisors to review. The writing

assignment will include a case conceptualization, treatment planning, and diagnosis. This allows the intern's supervisors to determine the extent to which writing, case conceptualization, treatment planning, and diagnostic skills need to be addressed in supervision.

Supervision of Supervision: This training element may be offered during the training year. Connected to the competency of supervision of trainees, the Psychology Internship Program may include tiered supervision wherein Interns augment supervision on select practicum trainee cases under the close supervision of a licensed Psychologist. Interns will meet for a weekly supervision meeting to address their experiences in supervision.

Intern/Training Director Meeting

One hour every other week is set aside for interns to meet with the Psychology Training Director and Associate Training Director as a group. This meeting allows interns to provide a forum for mutual professional support, an opportunity to practice the development of collegial professional relationships, and to address the needs of the internship program. This meeting is also specifically designed for the Training Committee to receive information from Interns and to inform potential programmatic adjustments, as appropriate. Interns are released from competing activities to attend this meeting.

Intern Socialization Meeting

Once a month, the Psychology interns will meet for one hour (day and time to be determined at the beginning of the training year) for an unstructured, non-evaluative meeting. This time will be used to ensure the opportunity for appropriate peer interaction, support, and socialization.

Staff Meetings

Interns are encouraged to participate as members of the Medical Center's professional community. Attendance at staff meetings, schedule permitting, provides interns with an opportunity to learn about the administration of health care, interprofessional relationships, and institutional considerations that affect practice and professional life. Mental Health Staff Meetings occur every other month on the 3rd Thursday of that month from 2:30-4:00pm. Staff meetings at outpatient and specialty clinics vary.

Professional Meetings

Interns are encouraged to attend professional meetings and conferences of their choice as a means of participating in the larger professional world and to pursue individual professional interests. Authorized absence is granted for such activities in an amount comparable to other Psychology staff (see the leave section for more details). Absences for such meetings must be discussed with the supervisor(s) and subsequently approved by the Psychology Training Director prior to attendance.

Research

The Psychology Internship is conceptualized as a clinical immersion experience. However, Interns may conduct research, as appropriate. There may be opportunity to develop studies related to an Intern's field of interest when an appropriate supervisor is available.

Library and Information Resources

The VHA National Desktop Library can be accessed through the following (<https://www.va.gov/library/>). The online Medical Center library is available to staff and Interns. The library provides access to electronic searches and electronic professional journals.

Constraints in Rotation Negotiation

While there is an institutional desire to accommodate training goals in the rotation selection process, there are also important constraints:

- All Interns must participate in a generalist rotation either in BHIP, PCBH, or HBPC
- Each supervisor can have the equivalent of two full-time interns at a time.
- Each intern must participate in an emphasis area (PTSD, Geropsychology, or Neuropsychology).
- While additional training opportunities are available under certain circumstances, they occur at the approval of the supervisor of the rotation affected.
- Due to organizational restructuring and a number of other predictable and unpredictable events, some rotations may not be available for interns during the training year.
- In the event that an intern is deemed to have a deficiency suggesting that specific training experiences are required in an effort to remedy this deficiency, the Training Committee may require particular training experiences of an intern. Such requirements may impact the rotation structure.

Rotation Descriptions:

** Rotation options may change due to supervisor availability and resources

Behavioral Health Interdisciplinary Program (BHIP) Rotation

This requirement is fulfilled through a 12-month rotation in the Behavioral Health Interdisciplinary Program (BHIP). The general mental health rotation has a main focus on exposing the Intern to a wide range of presenting problems, using both short- and long-term treatment modalities. Multidisciplinary clinics provide expansive and integrated medical and mental health treatment to assure treatment optimization.

Interns will be involved in an interprofessional collaborative mental health program team often consisting of providers from psychology, psychiatry, social work, and nursing. The intern may anticipate conducting individual, couples, and group psychotherapy for Veterans from diverse socioeconomic, cultural, and ethnic backgrounds. Veterans served are anticipated to present with diverse levels of functioning, capability, and symptom intensity. Opportunities for Interns to experience working with co-occurring mental health diagnoses, as well as serving Veterans with concomitant medical problems (i.e., pain, traumatic brain injury, and ambulatory problems), will be available. Treatment at VASNHS emphasizes the application of Evidence-based Psychotherapy (EBP) approaches. This rotation affords the Intern an opportunity to provide clinical assessment that includes psychometric testing, risk assessment, and providing cognitive screenings. This rotation may take place at the VA Medical Center or one of the Community-Based Clinics.

Primary Care Behavioral Health Rotation-Supervised by Monela Beroni, Psy.D

The mission of PCBH is to improve the health care of Veterans by increasing the integration of behavioral health prevention and treatment services into the primary care setting. Interns completing the PCBH rotation will have the opportunity to function as an active member of an interprofessional team within the primary care clinic. PCBH is an interprofessional outpatient mental health service embedded within primary care. A primary function of this rotation is to provide interns with experience and training in providing patient-centered care while working collaboratively with providers from other professions. Psychologists operating in this rotation perform a variety of clinical and consultative functions to include initial assessment, interdisciplinary treatment planning and care coordination, brief individual and group psychotherapy, and psychoeducation for Veterans within a primary care setting. Some of the treatment modalities commonly used include psychoeducation, behavioral activation, motivational interviewing, mindfulness-based interventions (e.g., Acceptance and Commitment Therapy), and relaxation training. Interns gain experience in treatments for health behavior change for tobacco cessation, weight management, diabetes management, medication compliance, sleep hygiene, and substance use. Finally, interns may have the opportunity to participate in the national PCBH competency training offered annually. Veterans receiving care in this clinic are diverse in age (late teens to 90+), ethnicity, gender, and presenting concerns.

The Posttraumatic Stress Disorder Clinical Team- Supervised by James Maltzahn, Psy.D. and Amanda Wallick, Psy.D.

The PTSD Program offers an interdisciplinary training environment in which Interns refine skills in the areas of assessment, treatment planning, and individual and group therapy. This rotation provides Interns with a foundation in trauma and specialized skills in the assessment, diagnosis, and treatment of PTSD. Staff members at the VASNHS developed a treatment program based specifically on the needs of Veterans diagnosed with PTSD related to their traumatic experience(s) and treat Veterans with PTSD from all sources of trauma. Veterans are fully assessed by clinicians in order to determine program eligibility and treatment needs. The PTSD Program consists of a CORE individual EBP (i.e., PE, CPT, or EMDR) upon entry, that is at times coupled with any

one of the CORE Groups: Combat, Men's MST, or Women's MST group (CPT-based), or Men's or Women's Guilt and Shame group. After successful completion of the entire CORE individual EBP, the Veteran is invited to consider participating in groups specific to their individual needs. These Elective Groups include Women's Mind-Body Healing, Mindfulness-Based Stress Reduction, and Posttraumatic Growth (PTG). This rotation is completed at the VA Medical Center. This rotation is typically completed at the VA Medical Center.

Home Based Primary Care (HBPC) /Palliative Care-Supervised by Kristopher Kern, Psy.D., Geropsychologist

The HBPC/Palliative rotation is offered for Geropsychology and Neuropsychology track interns only. This rotation consists of two different but complementary parts, HBPC and Palliative care. The HBPC portion of the rotation offers interns the opportunity to provide psychological service within an interdisciplinary team serving medically complex, homebound Veterans. Interns conduct in-home assessments, deliver evidence-based interventions tailored to aging and chronic illness, and collaborates closely with providers across medicine, nursing, social work, and rehabilitation disciplines. Emphasis is placed on cognitive concerns, adjustment to chronic illness, caregiver support, and end of life concerns, with a strong focus on integrated, patient-centered care. This rotation enhances skills in autonomy, flexibility, and delivering mental health services in non-traditional, community-based settings. The palliative care portion of the rotation provides interns with training in both inpatient and outpatient palliative care settings, focusing on the psychological needs of Veterans and their families with life-limiting illnesses or chronic illness. Interns work as part of a multidisciplinary team to address complex issues related to pain management, emotional and existential distress, grief, loss, caregiver support, and end-of-life decision making. Opportunities include conducting brief cognitive/psycho/social assessments in the inpatient setting, providing brief interventions, supporting advanced care planning, supporting goals of care conversations, supporting long-term concerns regarding grief or loss, and participating in family meetings. The rotation emphasizes compassionate, culturally sensitive care and fosters the development of skills in communication, ethical decision making, and interdisciplinary collaboration in serious illness contexts. Interns might be exposed to the following evidence-based practices: CBT-CP, CBT-D, DBT, STAIR, and COGSMART.

Neuropsychology Clinic-Supervised by Shanna Mohler, Psy.D., Neuropsychologist

The Neuropsychology rotation is offered for Neuropsychology and Geropsychology track interns only. The neuropsychology clinic rotation offers comprehensive outpatient training in neuropsychological assessment of adult veterans with varying cognitive, neurological, and psychiatric conditions including dementia, head injury, stroke, movement disorders, seizure disorders, substance abuse disorders, and psychological disorders. The intern will acquire training in empirically based neuropsychological procedures for diagnostic, treatment, and rehabilitation purposes. Referrals derive from various clinics throughout the VAMC (e.g., Primary Care, Neurology, TBI Clinic, Behavioral Health, Speech Pathology, etc.) and consultation requests address

questions regarding the presence or degree of cognitive impairment, possible etiological considerations, effects of behavioral and mental health symptoms, and progression of changes. Test batteries are flexible and are modified according to the nature of the referral question and patient background. Trainees will develop skills with all aspects of the evaluation, including record review, clinical interview, administration and scoring of widely used neuropsychological and psychological tests, interpretation of results, writing of comprehensive reports, and facilitation of feedback sessions with Veterans and their family members/caregivers. There is also opportunity to develop skills in cognitive rehabilitation approaches, including facilitation of a psychoeducational “Brain Boosters” group focused on brain health and cognitive compensatory strategies. Neuropsychology competencies are developed through participation in the weekly neuropsychology didactic series.

Geriatric Evaluation Clinic (GEC)-Supervised by Leah M. Dockler Jones, Psy.D. Geropsychologist

The Geropsychology rotation is offered for Geropsychology and Neuropsychology track interns only. The Geriatric Evaluation Clinic (GEC) completes team based comprehensive geriatric evaluations of Veterans aged 65 and older, who are most often referred due to cognitive and/or memory concerns. Interns will complete initial brief assessments which consist of an interview, mental health screening, and brief cognitive assessment and will provide a written report of findings. These findings will then be included as part of an interdisciplinary team discussion and diagnostic/treatment decision making. Interns will also have the opportunity to conduct in depth cognitive and/or capacity assessments using a semi-fixed battery (i.e., interview, test selection/administration, scoring/interpretation, report writing, and provision of evidence based feedback), provide caregiver support/training, provide individual and group psychotherapy to older veterans, and assist in the management of neuropsychiatric symptoms of dementia. Interns will be exposed to biopsychosocial perspectives on aging, diversity in the aging experience, cognitive/functional changes, the relationship between complex medical and mental illnesses, and the complexities of relational dynamics in aging. They will gain skills in recognizing and diagnosing neurocognitive disorders and providing education/training related to these illnesses. They will gain further foundational knowledge of brain behavior relationships in the weekly neuropsychology seminar. They will evaluate their skills and knowledge using the Pikes Peak Competency Assessment Tool throughout the training year. Generally, interns will develop knowledge and skills for providing optimal care for older adults, their families, and an interdisciplinary team.

Expected Competencies

The Internship in Health Service Psychology at the VA Southern Nevada Healthcare System is a generalist program and is designed towards facilitating the development of core professional competencies expected of an entry level psychologist. The program encourages both refinement and expansion of competencies. The opportunity for development in an area of emphasis is included in the program’s structure. Several other program components (e.g., didactics and Assessment Seminar) provide opportunities for development of additional competencies. The Psychology Internship

Program focuses on the acquisition of intermediate and advanced skills in the following competency domains that closely parallel the Standards of Accreditation set forth by the Commission on Accreditation. There are expectations of continued growth and engagement with a greater degree of independence throughout the training year and across rotations for each of these competencies.

1. Scholarly Inquiry and Application of Scientific Knowledge: In line with the practitioner-scholar model, interns demonstrate the ability to integrate science and practice. They demonstrate the ability to critically evaluate research and scholarly activities and work towards dissemination of this information (e.g., case conferences, presentations, publications) at the local (including the host institution), regional, or national level. Interns continue their exposure to scholarly activities through active participation in Evidenced-based Psychotherapy trainings, reading manuals and articles recommended by supervisors, and attending off-site conferences/trainings.

2. Ethical and Legal Standards: Interns demonstrate an intermediate to advanced level of knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations. They will demonstrate the ability to think critically about ethical dilemmas/issues, utilize ethical decision-making processes, and seek consultation when confronted with ethical dilemmas. Interns will conduct themselves in an ethical manner in all professional activities.

3. Individual and Cultural Diversity: Interns show understanding of, and thoughtfulness to, diversity issues in the practice of Psychology. They possess an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. Interns seek out information about cultural/diversity characteristics and/or seek out supervision when confronted with unknown diversity issues. Interns demonstrate the ability to independently apply their knowledge and approach in working effectively with a range of diverse individuals and groups encountered during their training. Attention to diversity will be incorporated in all areas of practice.

4. Professional Values and Attitudes: Interns demonstrate skill in conducting themselves with integrity, deportment, and accountability. They possess an appropriate level of confidence and are introspective regarding their status as developing Psychologists. They prepare for and utilize supervision effectively and demonstrate an ability to self-reflect as it relates to their personal and professional functioning and growth. In all professional contexts, interns demonstrate a concern for the welfare and general well-being of others.

5. Communication and Interpersonal Skills: Interns possess the ability to develop and maintain effective relationships with Veterans and their families, colleagues, other staff members, peers, and members of the community/non-VA organizations. Verbal, nonverbal, and written communication is clear, informative, well-integrated, and reflects

a thorough grasp of professional language and concepts. Interns possess effective interpersonal skills that allow them to effectively manage interpersonal challenges and conflictual relationships.

6. Assessment: The intern will demonstrate appropriate diagnostic interviewing skills, engage in differential diagnosis utilizing the DSM-5-TR, and demonstrate the ability to select appropriate assessment methods to address the presenting problem. The intern will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology. Selection of assessment methods, interpretation of results, and recommendations will be made based on the empirical literature. Interns will demonstrate competency in administration and interpretation of personality, cognitive, and neuropsychological assessment tools. Interns will display the ability to communicate findings and recommendations verbally and in writing in a clear and concise manner.

7. Intervention: Interns demonstrate competency in conducting interventions across a range of presenting problems and populations. Interns demonstrate a working understanding of empirically supported therapeutic approaches for specific diagnostic areas. They develop evidence-based intervention plans specific to service delivery goals. Interns display clinical decision-making informed by relevant scientific literature, assessment findings, diversity characteristics, and contextual variables. Interns modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. They effectively maintain therapeutic relationships and discuss issues of confidentiality and informed consent. Interns monitor or evaluate the progress of interventions using appropriate measures or methods. Interns plan for and manage termination issues appropriately and sensitively.

8. Supervision: Interns demonstrate understanding of theories and methods of supervision and demonstrate the ability to apply such understanding. When available, interns demonstrate competency in supervising other trainees under the supervision of appropriately qualified Psychology staff. Interns demonstrate the ability to provide feedback appropriate to the developmental level of the supervisee and handle resistance/challenges in the supervisory relationship.

9. Interprofessional Collaborative Practice and Systems Understanding: The ability to practice within an interdisciplinary and dynamic medical community lies at the base of evolving competencies in professional psychology. Interns are expected to demonstrate capacities in shared decision-making and effective interprofessional relations. Interns demonstrate the ability to advocate for the role of psychology while also having an appreciation for the roles of other professionals. They demonstrate the ability to communicate and interact effectively in interprofessional practice.

Evaluation Processes

A detailed description of evaluation processes including intern evaluation of the program, intern evaluation of the supervisor/rotation, and evaluation of the interns progress by the supervisor can be found in the Internship Manual and will be discussed thoroughly during orientation week.

Grievances and Due Process

A detailed description of Grievance and Due Process procedures can be requested by contacting the Training Director. They are found in the Internship Manual and will be discussed thoroughly during orientation week.

Distance Learning Statement

Training and clinical work within The Psychology Internship Program at the VA Southern Nevada Healthcare System mainly takes place onsite, but at times, our training program uses distance education technology to expand the quality of our program. Distance learning allows our Psychology Interns to have greater access to educational opportunities and the expertise of individuals from a wide range of topics of interest who may be working offsite from our main VA Medical Center. Our training program uses Microsoft TEAMS, which is supported through the Department of Veterans Affairs, to provide high-quality, virtual access to multiple learning activities that allows trainees to interact with presenters, including some who may be offsite. The interactive nature of TEAMS allows learners to seamlessly interact with presenters while sharing documents and visuals in a way that is similar to in-person presentations. We also encourage our interns to engage in regular webinar presentations and trainings via TEAMS. This provides them with the opportunity to learn about a wide range of specialized topics of interest. All Interns and staff in our program have access to the Microsoft TEAMS platform. Our program continues to have in-person didactics and training activities from providers working from, or visiting, our main VA Medical Center campus in North Las Vegas.

Our training program also provides tele-supervision when a supervisor works remotely or must be offsite. We follow specific VHA guidelines for tele-supervision allowing us to provide high-quality supervision. Any time a primary supervisor is located off site, a designated onsite supervisor is available to support the care of all Veterans seen in-person by a trainee. Our training program has relied on research that indicates tele-supervision can be as beneficial as in-person supervision, along with consistent feedback throughout the training year about the quality of any tele-supervision being conducted. Additionally, the training director monitors supervision closely through weekly training committee meetings, along with check ins with the intern receiving supervision, to ensure the individual supervisory needs of the intern and supervisor are being met.

Internship Admissions, Support, and Initial Placement Data
Data Program Tables updated: 7/27/2026

Internship Program Admissions

The minimum requirements for entry into the training program include 1) United States citizenship, 2) enrollment in an APA or CPA accredited Doctoral Program of Clinical or Counseling Psychology, 3) comprehensive examination passed prior to beginning internship, 4) dissertation proposal approved, 5) verification of Selective Service Registration (Male applicants born after 12-31-1959 must sign a pre-appointment Certification Statement for Selective Service Registration), 6) pre-hire urine drug testing, 7) pre-hire background check and 8) maintaining a current flu vaccination during the training year (or taking additional preventive measures to limit patient exposure to the flu).

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:

PTSD Track	
Total Direct Contact Intervention Hours	Amount: 500 hours
Total Direct Contact Assessment Hours	Amount: 75 hours
Geropsychology Track	
Total Direct Contact Intervention Hours	Amount: 450 hours
Total Direct Contact Assessment Hours	Amount: 100 hours
Neuropsychology Track	
Total Direct Contact Intervention Hours	Amount: 250 hours
Total Direct Contact Assessment Hours	Amount: 300 hours

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

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$35,032	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?	Yes	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per pay period (13 days per year)	
Hours of Annual Paid Sick Leave	4 hours per pay period (13 days per year)	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Administrative Leave for dissertation defense, post-doctoral interviews, conferences (approved by Training Director), post-internship job interviews.		

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2023-2026	
Total # of interns who were in the 3 cohorts	10	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Academic teaching		
Community mental health center	2	
Consortium		
University Counseling Center	1	
Hospital/Medical Center	1	
Veterans Affairs Health Care System	1	2
Psychiatric facility		
Correctional facility	1	
Health maintenance organization		
School district/system		
Independent practice setting		1
Other		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

List of Post Internship Settings for Past Interns

Boise VA Medical Center - Clinical Postdoctoral Position in Primary Care-Mental Health Integration

California Department of Corrections and Rehabilitation, Richard J. Donovan Correctional Facility – Postdoctoral Fellowship

Community Memorial Health Care System, Ventura County California - Clinical Postdoctoral Residency

Compass Whole Health – Private Practice

Hazelden Betty Ford Foundation – Clinical Postdoctoral Residency

Louis Stokes Cleveland VA Medical Center - Clinical Postdoctoral Position in Substance Abuse and Process Addictions

Medens Health – Staff Psychologist

Memphis VA Medical Center - Clinical Postdoctoral Position in Evidenced-Based Psychotherapy

Phoenix VA Healthcare System - Clinical Postdoctoral Position in Posttraumatic Stress Disorders

Rutgers Robert Wood Johnson Medical Center – Postdoctoral Fellowship

Salinas Valley State Prison

San Diego VA Health Care System – Postdoctoral Fellowship

Siteman Cancer Center - Clinical Postdoctoral Position in Psycho-Oncology

Southwest Behavioral Health Services- Clinical Postdoctoral Residency

Stanford University - Clinical Postdoctoral Position in Sleep Medicine

UNLV Practice Community Mental Health Center – Postdoctoral Fellowship

University of Nevada, Reno Counseling Services – Clinical Postdoctoral Fellowship

VA Long Beach Health Care System – Staff Psychologist

VA Nebraska-Western Iowa Health Care System – Staff Psychologist

VA Puget Sound, Seattle - Clinical Postdoctoral Position in Couple and Family Health

VA Southern Nevada Healthcare System- Staff Psychologist

VA Texas Valley Coastal Bend Healthcare System – Staff Psychologist

Training Faculty

Monela Beroni, Psy.D.

Dr. Beroni is a clinical psychologist within the Primary Care Behavioral Health Clinic at the VA of Southern Nevada Healthcare System. She earned her Clinical Psychology master's and doctoral degrees from the Arizona Professional School of Psychology in Phoenix. Dr. Beroni trained in various clinical settings including residential settings for Seriously Mentally Ill populations, Residential Substance Abuse, and Correctional facilities for adjudicated juveniles. She completed her predoctoral internship with Southwest Behavioral Health services in Phoenix, in their school based program. Dr. Beroni completed her postdoctoral training with the Arizona Department of Juvenile Corrections. Following completion of her fellowship and licensure, Dr. Beroni accepted a position with Mountain Park health services working in integrated health care, her first introduction to Primary Care Behavioral Health (PCBH). Since then, she has continued her work with PCBH. First at Nellis Air Force base servicing the Active Duty Population within the Warrior Operational Medical Clinic, then at the Las Vegas VA. At the Las Vegas VA she works as part of an interdisciplinary team providing patient centered care within primary care. In this setting, she performs a variety of clinical and consultative functions to include initial assessment, interdisciplinary treatment planning and care coordination, brief individual and group psychotherapy, and psychoeducation for Veterans within a primary care. Dr. Beroni is trained in Brief Behavioral Treatment of Insomnia, a variation of CBT-I, to fit the PCBH model as well as Cognitive Behavioral Therapy- Chronic Pain. Dr. Beroni is a married, mother of one boy. She enjoys reading, listening to music, dancing, cooking, and spending time with family and friends.

Vincent Brouwers, PhD

Dr. Brouwers earned his Ph.D. in Clinical Psychology from UNLV in 2017 and has been licensed in Nevada since 2018. He joined the VA Southern Nevada Healthcare System as a staff psychologist in November 2023 and is the current program manager of the Northeast Clinic Behavioral Health Interdisciplinary Program (BHIP). Dr. Brouwers has clinical interests and expertise in Acceptance and Commitment Therapy, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, suicide risk assessment, and forensic assessment. He's a born and raised Las Vegas native and enjoys traveling, sports, reading, and video games.

Leah M. Dockler Jones, Psy.D.

Dr. Dockler Jones is a Geropsychologist within the Geriatric Evaluation Clinic (GEC) at VA Southern Nevada Healthcare System. She earned her Clinical Psychology master's and doctoral degrees from the California School of Professional Psychology in San Diego where she trained in multiple inpatient and outpatient settings. She completed her predoctoral internship in the geropsychology track at the Western New York VA Medical Center. She completed her postdoctoral fellowship in geropsychology at the VA Pittsburgh Healthcare System. After completing her fellowship, she then accepted a position as the inpatient acute psychiatric care psychologist and later transitioned to the geriatrics service line. She is part of an interdisciplinary team which evaluates and treats Veterans most often referred for cognitive/ memory complaints. She provides general

geropsychological, cognitive, and capacity evaluations, as well as individual psychotherapy, to Veterans 65 and older. She also provides caregiver education, training, and support. She serves on the dementia steering committee and is passionate about providing a timely dementia diagnosis and person centered holistic care to Veterans and their families. Dr. Dockler Jones is a married mother of three girls and three cats. She enjoys baking bread, walking outdoors, and spending time with her family and friends.

Pamela (Pam) Finder, Psy.D.

Dr. Finder is the Chief of Psychology and Acting Psychology Training Director at the VA Southern Nevada Healthcare System. She earned her doctorate degree in Clinical Psychology from The American School of Professional Psychology at Argosy University/Washington DC. She completed her pre-doctoral internship at the Wisconsin Department of Corrections. Before coming to the VA, Dr. Finder worked in various settings, including several correctional facilities, private practice, and the Department of Defense (DoD). Although currently in the PTSD Program, she worked for many years in Primary Care Mental Health Integration (PCMHI). Clinical interests, outside of PTSD work, include primary care behavioral health, sleep disorders, pain management, and group psychoeducation. Her therapeutic approach is flexible and eclectic in nature, but focuses strongly on CBT principles. In her free time she enjoys doing puzzles and spending time with her family.

James Maltzahn, Psy.D.

Dr. Maltzahn is the dual-diagnosis staff psychologist within the Posttraumatic Stress Disorder (PTSD) Clinical Treatment Team in which he currently primarily does trauma work, but also ADTP groups. He earned his Master's degree in Counseling at George Mason University in Fairfax, VA and his Psy.D. degree at Adler University Chicago, IL. Dr. Maltzahn completed his pre-doctoral internship at VA Southern Nevada Healthcare Center. He stayed at VA Southern Nevada as a Graduate Psychologist in the PTSD clinic. Though he identifies with more Rogerian and ACT perspectives, he is also trained in and utilized many evidence-based treatments such as Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Parts and Memory, and Cognitive Behavioral Therapy. On his free time, Dr. Maltzahn enjoys being with friends, working out, playing softball or golf, or just watching a movie.

Shanna Mohler, Psy.D.

Dr. Mohler is a Clinical Neuropsychologist within the Behavioral Health Service at the VA Southern Nevada Healthcare System. She works in the Outpatient Neuropsychology Clinic and serves as part of the Polytrauma Support Clinic Team. Dr. Mohler earned an M.A. and Psy.D. in Counseling Psychology at the University of St. Thomas in Minneapolis, MN. She completed a pre-doctoral geriatric-focused internship at the Madison, WI VA and two postdoctoral fellowships – a one-year fellowship in Geropsychology at the Miami, FL VA Medical Center and a two-year fellowship in Clinical Neuropsychology at the Central Arkansas VA. She provides comprehensive outpatient neuropsychological evaluations to Veterans with various neurological, medical, and psychiatric conditions. Areas of interest include neurodegenerative

diseases, traumatic brain injury, and cognitive rehabilitation. Dr. Mohler enjoys traveling, cooking, being outdoors, and spending time with her family and friends.

Amanda Wallick, Ph.D.

Dr. Wallick is the Associate Director of Psychology Training at the VA Southern Nevada Healthcare System. She is a licensed clinical psychologist working within the PTSD Clinical Team. She received her doctoral degree from Palo Alto University, with a specialization in the assessment and treatment of adult trauma. She completed her pre-doctoral psychology internship and postdoctoral training at the VA Southern Nevada Healthcare System. Clinically, her interests include trauma, PTSD, CPTSD, recovery-oriented care, and group psychotherapy. Her therapeutic approach is integrative and utilizes cognitive behavioral, humanistic, and acceptance-based theories. She has lived off and on in Las Vegas for over twenty years, enjoys trying new restaurants, attending sporting events within the city, and taking her dog for walks when it's not too hot.

