

# El Paso VA Psychology Internship Program

## El Paso Veterans Affairs Health Care System

**NMS MATCH Number: 240011**

**Applications Due: November 7, 2025**

Updated 10/2025



2026-2027

Internship Training Year

Patrie C. Williams, Ph.D.  
Director of Training

VA El Paso Health Care System  
5001 North Piedras Street (116)  
El Paso, TX 79930  
(915) 564-6100 ext. 6481  
<http://www.elpaso.va.gov/>

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## ACCREDITATION STATUS

The El Paso VA Psychology Internship Program at the El Paso VA Healthcare System (EPVAHCS) is a funded VA Internship site with (3) positions. This internship is Fully Accredited by the Commission on Accreditation of the American Psychological Association.

Questions related to the program's accredited status should be directed to the Commission on Accreditation. Contact information is provided below.

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 20002  
Phone: (202) 336-5979  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: <https://accreditation.apa.org/>



*Hiking on the Franklin Mountains, a mountain range that bisects the city of El Paso*

## STIPEND AND BENEFITS

The El Paso VA Psychology Internship Program is a one-year, full-time program that starts at the end of July. The current annual salary is \$34,739.00. Interns are eligible for 13 days of paid annual leave (you earn 4 hours every two-week pay period), 13 days of paid sick leave (you earn 4 hours every two-week pay period), paid time off for 11 Federal Holidays, and authorized absence for attendance at professional and scientific meetings (must be approved in advance by the Training Director).

Psychology Trainees are eligible for the following benefits:

Federal Employee Healthcare Benefits (FEHB)  
Federal Employees Dental and Vision Insurance Program (FEDVIP)  
Leave Without Pay (LWOP) (Note: Implications for health insurance)  
Advanced Leave  
Flexible Spending  
Childcare Subsidy (Note: Eligibility is based on income)  
Transit Benefits (Note: only if using public transportation).

Interns who complete the program successfully will be certified for 2080 hours of supervised clinical activity. Three interns will be selected for the 2026-2027 training year. Only 52-week full-time internships are available.

## APPLICATION AND SELECTION PROCEDURES

### Eligibility Requirements

Consistent with VA policy, internship funding can be provided only to students who are U.S. citizens and are enrolled in APA, CPA, or PCSAS-accredited clinical or counseling psychology doctoral programs. In addition, we require that a prospective intern's university advisor or director of training verify readiness for internship on the Application for Psychology Internships (AAPI Online). Interns are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

#### ***The minimum requirements for entry into our training program are as follows:***

1. At the time of application, applicants must be enrolled in an APA, CPA, or PCSAS-accredited clinical or counseling psychology doctoral program.
2. Applicants must have completed a minimum of 500 hours of supervised practicum experience (intervention and assessment) by the time the application is submitted.
3. Applicants must have passed all comprehensive examinations required by their graduate program by the application deadline.
4. It is strongly preferred that applicants complete their dissertation proposal prior to the application deadline.
5. **U.S. Citizenship.** HPTs who anticipate receiving direct VA-pay (direct VA-paid by bank deposit, VA paycheck) must be citizens of the United States (US).
6. **Social Security Number.** All HPTs must have a US social security number (SSN) prior to beginning the VA pre-employment, onboarding process. Do not fingerprint or complete paperwork until an SSN has been issued. HPTs not eligible to apply for an SSN will not be permitted to train at VA.
7. **US Selective Service Registration.** Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System (SSS). Male, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males required to register, but who fail to do so by their 26th birthday, may be ineligible for VA appointment. Visit [Selective Service System](#) to register, print proof of registration or obtain a Status Information Letter.
8. **Proof of Identity.** Onboarding requires two source identification documents (IDs) to prove identity. Documents must be unexpired and names on both documents must match. For more information visit: OICAM ID Matrix.

States have begun issuing Secure Driver's Licenses. Be sure yours will be accepted as a [Real ID](#).

9. **National Practitioner Data Bank.** HPTs who are currently licensed, or who previously held a license in the same or a different discipline, must be screened against the NPDB.
10. **Health Requirements.** As a condition of appointment, HPTs must: furnish evidence or a self-certification that they are physically and mentally fit to perform the essential functions of the training program have up-to-date vaccinations for healthcare workers as recommended by the [Centers for Disease Control \(CDC\)](#) and have undergone baseline tuberculosis (TB) screening and testing per [CDC health care personnel guidelines](#) (for direct VA-paid HPTs, this means within 90-days of Offer and Acceptance).
11. **Fingerprint Screening and Background investigation.** HPTs will be fingerprinted and undergo screenings and background investigations. A VA Human Resources Security Specialist will determine suitability. Additional details can be found [here](#).
12. **VA Onboarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D), Declaration for Federal Employment (OF 306), and HPT Random Drug Testing Notification and Acknowledgement memo. These documents, and others, are available online for review [here](#). *Falsifying any answer on any Federal document will result in the inability to appoint or immediate dismissal from the VA.*
13. **Drug-Free Workplace.** HPTs are not drug-tested prior to receiving an appointment; however certain HPTs are subject to random drug testing throughout the entire VA appointment period. HPTs sign an acknowledgement form stating awareness of this practice. (see form in the link above).
14. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA, there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [Affiliate Resources - Office of Academic Affiliations \(va.gov\)](#).

Below are helpful links for your information.

- [Office of Academic Affiliations](#). This website includes links to eligibility requirements to train at VA Facilities ([Eligibility and Forms](#)) and information about VA as a drug free workplace ([Random Drug Testing Notification and Acknowledgement](#)).

- [Trainee Qualifications and Credentials Verification Guide \(TQCVL\)](#). This link contains information on the Trainee Qualifications and Credentials Verification process; essentially it details the requirements VA would need to verify as part of your onboarding process for employment.

## **Application Process**

We rely on the Association of Psychology Postdoctoral and Internship Centers' (APPIC) portal for all application materials. EPVAHCS does not ask for any other information besides what is requested by the APPIC Application for Psychology Internships (AAPI Online). The El Paso VA Psychology Internship Program is committed to providing access for all people with disabilities and will provide accommodations if we are notified before the interviews. Reasonable accommodation requests for the interview process are readily entertained and expedited by the training faculty.

EPVAHCS believes that a broad variety of perspectives and experiences contribute to a more inclusive and productive work environment. EPVAHCS is committed to promoting ongoing education, skill-building, and participation in events that demonstrate support for lived and learned experiences.

Please contact **Patrie Williams, Ph.D. Director of Training**, for questions or further information at **(915) 564-6100 ext. 6481** or by email at [patrie.williams@va.gov](mailto:patrie.williams@va.gov).

**NMS MATCH Program Code: 240011**

## **Selection Procedures**

Application materials are initially reviewed for completion, eligibility, quality of submitted materials, clinical and assessment experience, letters of recommendation, and goodness of fit with our program training goals. Applicants selected from this initial review will be invited for interviews. Interviews will be conducted virtually to increase accessibility to our facility.

## **Candidate Interviews**

All personal interviews are conducted individually and by invitation only. Candidates will be informed by e-mail no later than December 15, 2025 whether or not they have been invited for a personal interview. We will offer three interview dates in December (December 17-19). The interview date will include a group meeting with the Training Director, individual one-on-one interviews with at least two staff psychologists, and a Q & A session with the current interns. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

## Match Process

We follow the match policies established by APPIC. Consistent with our program's philosophy of viewing the internship year as likely the last chance for generalist clinical training before specialization at the postdoctoral level, we have one NMS match number for all 3 positions. The only information that we may communicate to applicants prior to the February Match deadline is whether they are still under consideration for admission.

Additional information regarding the match is available through the [APPIC National Matching Program](#). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.



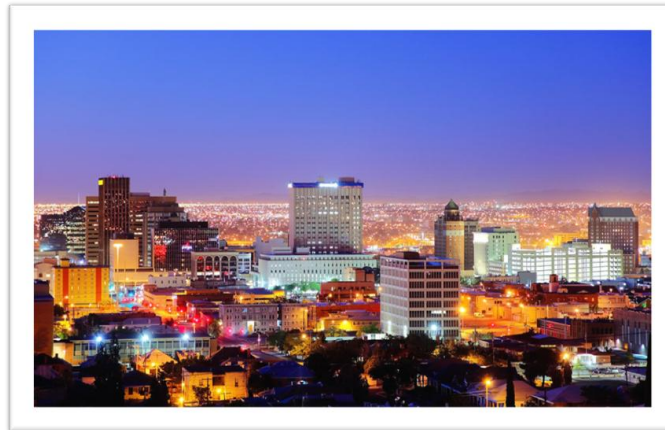
*"Bienvenidos", Welcome, reads the El Paso Street landmark, a shopping district near downtown El Paso*

## TRAINING SETTING

EPVAHCS is a Complexity Level 2 facility that provides outpatient behavioral and medical healthcare to Veterans El Paso, Texas, Southern New Mexico and the surrounding cities. The El Paso VA includes five Community-Based Outpatient Clinics (CBOCs) located in Las Cruces, NM and El Paso, TX. This includes an outpatient behavioral health facility that we call the South Central Wellness Center which opened in January of 2020. The South Central Wellness Center is the hub of the Psychology Internship Program.

El Paso is a bi-national, multi-cultural city with a large Mexican influence and rich history. The Lone Star State's sixth-largest city is one of the most affordable places to live in Texas and offers a robust job market, top-notch dining and culture, and excellent outdoor recreation.

If you love the sun, you'll love living in El Paso! There's a reason why the city's nickname is "The Sun City" — it's one of the sunnier cities in the U.S. On average, there are 293 sunny days each year in El Paso with only about ten inches of rain and three inches of snow. Though summers can be hot, the rest of the year is incredibly enjoyable, which makes outdoor recreation a regular activity for residents.



*Downtown El Paso*

## **TRAINING MODEL AND PROGRAM PHILOSOPHY**

The El Paso VA Psychology Internship Program is committed to close supervision and competency-based training in a collegial setting. Our philosophy is that all practicing psychologists should have a strong foundation in general clinical psychology and the ability to apply empirical data to clinical procedures and assessment. We adhere to a Scientist-Practitioner model of psychology.

The program follows a traditional one-to-one apprenticeship model in which the intern works closely with their supervisor. Primary areas of skills are in clinical assessment and intervention, consultation, scholarly inquiry, and awareness of and sensitivity to professional, ethical, legal, and diversity issues. We believe that training in clinical and counseling psychology at the doctoral level should generally be broadly based, but we are happy to support interns interested in the development of burgeoning expertise in health psychology, trauma, or couples psychotherapy.

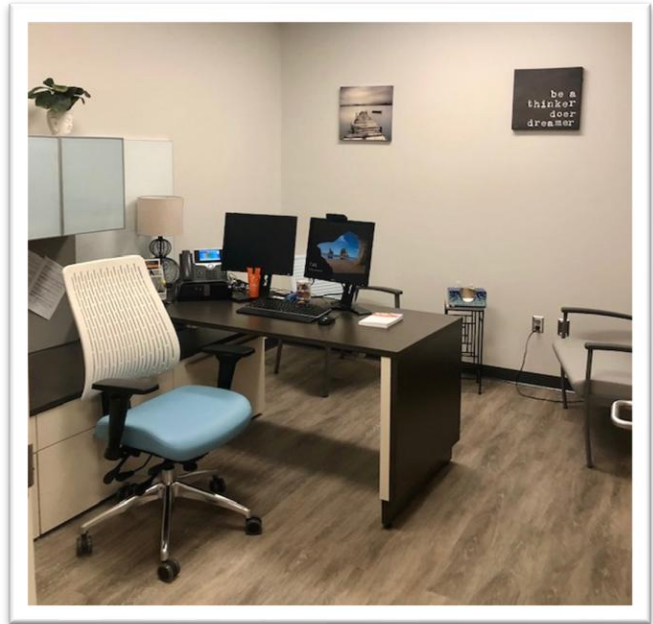
### **Training Schedule and Rotations**

Our training program is focused on generalist training to produce well-rounded interns adaptable to address a wide range of diagnosis in a variety of settings. As a result, the bulk of intern training occurs within our outpatient Behavioral Health Service clinic, otherwise referred to as General Mental Health. This service sees a wide variety of presenting problems with veterans from all service eras. Common presenting concerns treated include depression, anxiety, insomnia, trauma (military and non-military related), and adjustment/transition issues. Our outpatient service functions within our Behavioral Health Interdisciplinary Program (BHIP) and Primary Care Mental Health Integration (PCMHI).

Each team is comprised of therapists (psychologists/social workers), prescribing providers (psychiatrists/nurse practitioners), and nursing staff (RN/LVN). Interns join their major supervisor's BHIP or PCMHI team and participate in weekly team huddles and case consultations.

Over the course of the training year, interns will complete two six-month major rotations with a switch in supervisors/rotations after 6 months to be exposed to different perspectives and models of supervision. Interns will concurrently participate in two six-month minor rotations that are six months in duration.

Minor rotation options fluctuate at times based on our clinical faculty staffing and availability, but may include: **Couples & Family Therapy, Trauma Specialty Care, Serious Mental Illness (SMI), Behavioral Health Access Team (BHAT), Differential Diagnosis/Psychological Assessment, Substance Use Disorders (SUD) Team, Primary Care Mental Health Integration (PCMHI), Whole Health, Workplace Violence, or Psychology Administration/Leadership.** A description of each rotation is provided within this brochure and located [here](#).



*Electric standing desks in all South Central Wellness Center offices*

Additionally, interns are required to learn at least one Evidence-Based Psychotherapy (EBP) during the training year and will rank-order their EBP preferences at the start of internship. EBP options typically include: Acceptance and Commitment Therapy (ACT), Prolonged Exposure, Cognitive Processing Therapy, CBT for Insomnia, CBT for Chronic Pain, Motivational Interviewing, and Interpersonal Psychotherapy for Depression. For three years running, our interns have been selected to participate in VISN based training and consultation in Cognitive Processing Therapy.

Interns will have the opportunity to discuss and develop their individual learning goals within each placement. **It is expected that each intern will spend a minimum of 10 hours face-to-face time providing direct patient care per week.**



*Spring poppy blooms on the Franklin Mountains*

## **PROGRAM GOALS AND OBJECTIVES**

The overarching mission of the El Paso VA Psychology Internship Program is to train psychology students who will attain general entry-level practice competencies and can function effectively as professional psychologists in a broad range of inter-professional settings, but are primed for careers within VA. The primary goal of our program is to train interns to provide a full range of psychological services for a widely diverse patient population and to be prepared for entry level, independent practice at the conclusion of their internship year. We aim to develop license eligible health service psychologists who are ethical conscious and multiculturally humble.

## **PROGRAM STRUCTURE**

In each of the major and minor rotations, interns will have routine supervision by a licensed psychologist. Additional clinical consultation, as appropriate, will also be available from the disciplines of psychiatry, social work, and physicians from other departments. The training year is segmented at the 6-month mark. During each half of the training year, interns will be assigned to a major rotation (3 days/week) and a concurrent minor rotation (2 days/week). Interns will transition into new rotations or supervisors after 6 months in order to provide a wide range of training and supervisory experiences. The major rotations will comprise of approximately 24 hours per week and minor rotations approximately 10 hours per week, leaving 6 hours divided between group supervision, didactics, and an extended intern lunch.

Clinical supervision will be comprised of two individual hours provided by the major rotation supervisor, one individual hour provided by the minor rotation supervisor and 60 minutes of group supervision provided by the director of training or other psychology supervisors. Supervision methods will include live observation, record review, and audio-recording of sessions.

Over the course of the training year, each intern will work with three to four primary supervisors who are each responsible for the training experiences on their specific rotations. Supervisors assist in selecting patients and making referrals. The degree of responsibility given to the intern and the amount of structure provided depends on their level of prior experience, grasp of the rotation, and progress toward program competencies.

Interns will receive two formal evaluations from their rotation supervisors at the midpoint and end of each rotation for a total of four formal evaluations by the end of the training year. Ongoing informal evaluation and feedback will be provided throughout the rotations.

## **REQUIREMENTS FOR SUCCESSFUL COMPLETION OF INTERNSHIP**

At the start of internship, interns will be assessed to determine baseline areas of strengths and weaknesses to facilitate the development of a training plan that best meets the specific training needs of each intern. In keeping with our generalist philosophy, a training plan will be developed in collaboration with each intern that will address areas of weakness or gaps in experience. While this training plan services as an initial guide for training, training plans may be updated depending on the needs and interest of the intern over the course of the training year.

**It is expected that upon completion of the program, all interns will demonstrate competence in the following domains:**

1. Professional Values and Attitudes
2. Communication and Interpersonal Skills
3. Research
4. Individual and Cultural Diversity
5. Ethical & Legal Standards
6. Assessment
7. Intervention
8. Consultation and Interprofessional/Interdisciplinary Skills
9. Supervision

At the beginning of the training year, interns will receive a description of the competency elements. At the completion of each training rotation, the intern is rated on all competency elements that apply to that rotation. In addition to these formal competency ratings, a narrative summary of the intern's performance over the evaluation period is provided with information about the intern's progress, strengths, and areas for growth.

All VA psychology internships are exactly 52-week experiences. To successfully complete the program, each intern needs the combination of supervised professional experience, any educational leave (authorized absence), accrued sick and annual (vacation) leave to total 2080 hours.

In the event of extended sickness, time off for pregnancy and child care or other exigencies, the intern may have to be placed on leave without pay (LWOP) status, thereby delaying their finishing the internship with the cohort class and necessitating the continuation of training into the subsequent training year.

### **Summary of Requirements for Completion**

1. Each intern is required to have a full-time experience 40 hours per week/52 weeks per year or a minimum of 2080 hours completed in no less than 12 months.
2. Each intern is required to have at least 25% or 500 of their total hours in direct patient contact.

3. Each intern is required to have a minimum of 100 hours of regularly scheduled individual supervision and 100 hours of group or additional individual supervision.
4. Each intern is required to complete a minimum of 3 psychological reports, one which must contain testing batteries with at least one personality/psychopathology/problem specific/behavioral measure and one cognitive measure. A maximum of 6 psychological reports will be required pending the training needs of an intern.
5. Each intern is required to provide 4 formal case presentations during the internship year, 2 of which must be assessment cases and 2 psychotherapy cases.
6. Each intern is required to attend 90% of formal didactic presentations.
7. Each intern is required to achieve competency in at least one Evidence-Based Psychotherapy (must successfully reach competency and completion of the selected EBP protocol with a minimum of two patients).
8. Each intern is required to achieve 'High Intermediate' or higher ratings on 100% of competency elements on final intern evaluations.

## **FACILITY AND TRAINING RESOURCES**

Interns are provided with an individual office at the South Central Wellness Center and secure networked computers necessary for patient care and administrative responsibilities. Interns are also provided with an individual office space should they complete a rotation at the main facility or another CBOC.

They have access to the VA online databases such as PsychInfo and PubMed as well as VA Intranet and Internet resources for clinical work. Interns will also have access to a wide range of psychological assessments.

## **ADMINISTRATIVE POLICIES AND PROCEDURES**

The VA El Paso Healthcare System's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the Director of Training.

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

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



*South Central Wellness Center Lobby where all interns have a designated office*

**Due Process:** All trainees are afforded the right to due process in matters of problematic behavior and grievances. Due process procedures and policies are reviewed during orientation and are described below.

**Drug Free Workplace:** VA is a drug free workplace. See what that means for Trainees [here](#).

**TQCVL:** Please review these additional program and VA requirements for qualification and credentialing [here](#).

## **DUE PROCESS & REMEDIATION PROCEDURES**

The purpose of this section of the brochure is to define problematic intern behavior and outline the process for responding to and correcting deficient performance and/or problematic behavior exhibited by psychology interns in the El Paso VA Psychology Internship Program.

This policy provides interns and training faculty a definition of problematic performance, a listing of sanctions, and an explicit discussion of due process.

The internship program follows due process guidelines to assure that decisions are fair and nondiscriminatory. During their first week as part of the orientation process, interns are provided with the Internship Training Manual and this material is reviewed by the DoT. This manual contains written information regarding:

- Expected performance and conduct
- The evaluation process, including the format and schedule of evaluations
- Procedures for making decisions about problematic performance and/or conduct
- Remediation plans for identified problems, including time frames and consequences for failure to rectify problems
- Procedures for appealing the program's decisions or actions

### **Definition of Problematic Performance**

Problematic performance is said to be present when supervisors perceive that an intern's competence, behavior, professional values, professional relationships, or other characteristics significantly disrupt the quality of their clinical services; their relationship with peers, supervisors, or other staff; or their ability to comply with appropriate standards of professional behavior, to include illegal, unethical and inappropriate behaviors.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The intern does not acknowledge, understand, or address the problem
- The problem is not merely a deficit in skills, which could be rectified by further instruction and training
- The intern's behavior does not improve as a function of feedback, remediation, effort, and/or time
- The professional services provided by the intern are negatively affected
- The problem affects more than one area of professional functioning
- The problem requires a disproportionate amount of attention from training supervisors

Some examples of problematic behaviors include:

- Engaging in dual role relationships
- Violating patient confidentiality
- Failure to respect appropriate boundaries
- Failure to meet minimum threshold criteria on competency evaluations within specified timeframes
- Failure to identify and report patients' high-risk behaviors
- Failure to complete written work in accordance with supervisor and/or program guidelines
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Plagiarizing the work of others or giving one's work to others to complete
- Repeated tardiness
- Unauthorized absences

**NOTE:** This list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA policies and procedures. It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance."

### **Procedures for Responding to Problematic Performance**

It should be noted that every effort is made to create a climate of access and collegiality within the service. The Director of Training is actively involved in monitoring the training program and frequently checks informally with interns and supervisors regarding interns' progress and potential problems. In addition, Intern-Director meetings are held at regular intervals to provide another forum for discovery and resolution of potential problems. Interns are also encouraged to raise concerns with the Director of Training as they arise. It is our goal to help each intern reach their full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The Psychology Training Committee consists of all psychology supervisors and staff involved in internship planning. The Psychology Training Committee (PTC) meets once per month (3rd Tuesdays at 2:00 pm) to discuss training issues and intern performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. Interns also receive direct feedback from their clinical supervisors in the form of both formal and informal evaluations that occur at regularly scheduled intervals throughout the year (see [Training Schedule and Rotations](#) and [Requirements for Successful Completion of Internship](#) for details). All written evaluations become part of the intern's permanent file with the Psychology Internship Program. These records are maintained by the DoT and kept in secure electronic files. The DoT also communicates with interns' graduate programs about each intern's progress while on internship. This occurs at mid-year and again at year's end when copies of the intern's evaluation forms are sent to the graduate program.

Interns are continuously evaluated and informed about their performance with regard to the training competencies and elements of the program. It is hoped that interns and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the intern and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although interns are formally evaluated at regular intervals, problematic behaviors may arise and need to be addressed at any given time.

When it is identified that an intern's skills, professionalism, or personal functioning are problematic, supervisors are expected to notify the intern immediately of these concerns. Supervisors should present these concerns to the intern using the Intern Competency Evaluation, even if the problematic performance occurs outside of a formal evaluation period. Supervisors are also expected to immediately notify the Director of Training (DoT) of the problematic intern performance. The DoT, with input from other relevant supervisory staff, then initiates the following procedures:

1. The negative evaluation(s) will be reviewed by the DoT and other supervisor(s) involved and a determination made as to what action needs to be taken to address the problems identified.
2. After reviewing all available information, the DoT and involved supervisor(s) may adopt one or more of the following steps, or take other appropriate action:
  - a. The DoT may elect to take no further action.

- b. The DoT may direct the supervisor(s) to provide additional constructive feedback and supervisory methods for addressing the identified problem areas. This process may also assist supervisor(s) in addressing support needed for a documented condition protected under ADA that does not interfere with the trainee becoming a psychologist. If such efforts are not successful, the issue will be revisited by the DoT and a referral to the PTC may be initiated.
  - c. The intern's graduate program Training Director (TD) may also be consulted on the matter, depending on the seriousness of the issue(s).
  - d. Remedial recommendations based on the Intern Competency Evaluation elements or referral to the PTC will be made, and a probationary Performance Improvement Plan may be put into place.
3. Where the DoT determines that remedial action is required, the identified problematic performance of behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:
- a. Increased supervision, either with the same or other supervisors.
  - b. Change in the format, emphasis, and/or focus of supervision.
  - c. Change in rotation or other training experiences.
  - d. Additional modeling of desired behaviors by a supervisor, e.g., demonstrating a skill in a session, assessment, group, etc.
  - e. Recommendations of a leave of absence. HR will be informed to assist the intern in procedures.
4. Alternatively, depending upon the seriousness of the problematic performance, the DoT will involve the PTC and may place the intern on probation with a formal Performance Improvement Plan (PIP) which specifies that the committee, through the supervisors and DoT, will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. If it is determined that a formal PIP must be implemented, then the DoT will initiate involvement of Human Resources. The PIP is a written statement to the trainee that includes the following items:
- a. A description of the problematic performance behavior.

- b. Specific behavioral recommendations for rectifying the problems (e.g., adhering to documentation timeframes, providing session recordings to supervisor, enacting a particular skill such as making clear suicide risk assessments, etc.).
- c. Weekly review of progress between intern and intern's supervisor; Bi-weekly review of progress by supervisor and DoT; Monthly review of progress by PTC. During weekly reviews, the intern's supervisor provides data and feedback to intern about status of progress. Review meetings with the intern are documented by the supervisor and documentation is submitted to the DoT on a weekly basis.
- d. Specific timeframe by which the behavioral changes and adherence to recommendations must be met to be removed from probation.
- e. Competency domains in which the intern's performance is satisfactory. Areas of satisfactory performance must be maintained while the intern works to correct the identified problematic performance behavior(s).
- f. Procedures to assess at each review period whether the problem has been appropriately rectified.

The intern's graduate program TD will be advised that the intern has been placed on probation and a copy of the PIP will be sent to the graduate program TD for any additional input they might have. In addition, the EPVAHCS ACOS/Chief of BH Service, EPVAHCS Chief of Education, the VA Office of Academic Affiliations, and VA Regional Counsel will be alerted that a formal PIP has been issued.

- 5. Following the delivery of a formal PIP, the DoT will meet with the trainee to review the required remedial steps. The trainee may elect to accept the conditions or may grieve the PTC's decision following the intern grievance policy. In either case, DoT will inform the intern's graduate school TD to indicate the nature of the problematic performance and the steps taken by the PTC. Once the PTC issues an acknowledgement notice of the PIP, the intern's status will be reviewed using the timelines listed on the PIP.

### **Failure to Correct Problematic Performance**

When the defined remediation recommendations do not rectify the problematic performance within the defined time frame, or when the trainee seems unable or unwilling to alter his or her behavior, the PTC may need to take further formal action. If an intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the PIP, the PTC will conduct a formal review and then inform the intern in writing that the conditions for removing the intern from probation have not been met.

The PTC may then elect to take any of the following steps, or other appropriate action:

1. Extend the Performance Improvement Plan for a specified period of time.
2. Inform the intern that the PTC is recommending that the intern be terminated from the internship program. The EPVAHCS ACOS/Chief of BH Service, EPVAHCS Chief of Staff for Education, the VA Office of Academic Affiliations, and VA Regional Counsel will be informed of the PTC recommendation that the intern be terminated immediately. HR will be consulted to ensure proper procedure within VA policy for terminating an intern. The intern's graduate program Director of Clinical Training will be informed that the intern will not successfully complete the internship program. The PTC may specify to the graduate program those settings in which the former intern can and cannot function adequately. In case of termination, the intern is expected to complete all pending documentation on patients as well as any pending administrative tasks before out-processing.
3. When the PTC determines that the intern is not suited for a career in professional psychology, the committee may recommend a career shift for the intern and withhold endorsement for professional practice should the trainee later seek licensing in any jurisdiction.
4. Except when the PTC determines that the intern is not suited for a career in professional psychology, the intern does get credit for all training hours completed.

## **Appeal Process**

An intern may appeal the decision of the Psychology Training Committee by submitting a detailed response to the recommendations of the PTC to the internship Director of Training. A review panel, comprising 3 VA psychology faculty members, will be appointed by the DoT with the restriction that no one involved in the original action shall be on the panel. This panel will convene within 2 weeks of receipt of the intern's written response document. Legal representation from VA Regional Counsel shall be available to the panel concerning due process issues and the EPVAHCS ACOS/Chief of BH Service, EPVAHCS Chief of Education, the VA Office of Academic Affiliations will also be informed and available for consultation. The DoT shall present the position of the PTC and the intern, together with any counsel he or she may choose, shall present the appeal. The PTC shall abide by the panel's judgment if it recommends a change to the intern's PIP or continuation of training (in the event that the PTC has recommended that intern be removed from the program). Final decisions will be presented in writing to the intern by the DoT or by a member of the panel if the DoT is the person of concern in the intern's appeal.

All of the above steps will be appropriately documented and implemented in ways that are consistent with due process, including opportunities for trainees to initiate grievance proceedings to challenge Training Committee decisions.

## **INTERN GRIEVANCE PROCEDURES**

Due process ensures decisions about interns are not arbitrary or personally biased. All interns are given guidance for expressing concerns about any aspect of the internship (see below) and staff have clear steps for approaching interns about problems they may be having in the internship (see [Definition of Problematic Performance](#)). Intern supervisors are expected to be receptive to intern complaints. We encourage communication about concerns early and often with the intern, supervisor(s), and academic programs in dialogue.

1. **Informal Mediation:** The discussion of concerns begin in supervision, between intern and supervisor, and may expand to include the Director of Training as part of the consultative process. We view this as part of a mentoring process, professional development, and making use of supervision to improve professional practice. This is not included in the intern's file.
  - a. Intern brings concern to their supervisor whenever identified and as part of the expected process for addressing professional complaints or concerns.
    - i. Supervisor and intern may agree to recommended changes to the learning environment or behaviors to resolve the concern.
  - b. Intern brings concern to the Director of Training if the matter has not found satisfactory resolution with the primary supervisor on a rotation, or if the intern feels in any way unsafe to directly address a matter with the rotation supervisor, they may present a concern to the Director of Training (DoT).
2. **Formal Grievances:** If resolution of a concern is not reached by informal mediation and/or if the matter to be addressed is more significant than informal mediation is designed to resolve, the DoT will determine if formal procedures are required (see [Procedures for Responding to Problematic Performance](#) Policy).
  - a. Written Responses - Intern will submit written grievance to DoT. Intern grievances may include challenging a performance rating, disagree with a remediation plan or Performance Improvement Plan, establish a complaint against clinical faculty or other staff, or challenging a program policy or procedure.
    - i. Formal grievances by interns will begin with notification to the DoT in writing.

If the grievance is against the DoT, the intern can file the grievance with the Associate Chief of Staff/Chief of Behavioral Health Service. The written grievance will include the following:

1. The grievance and the date the incident(s) occurred
  2. Suggestion of ways to resolve the problem
  3. Information regarding any previous meetings to attempt to resolve the problem
- ii. A response to the intern's grievance will be made within 5 business days by the Director of Training or Associate Chief of Staff/Chief of Behavioral Health Service. The response will include written recommendations for resolving the issue(s).
- b. Review Panel - If the intern wishes to appeal written recommendations, the matter will go to a final Review Committee comprised of the internship training committee and COS/Chief of Behavioral Health Service.
- i. Interns may present their grievance directly to the Review Panel. The intern may invite a staff member of their choice to provide advocacy and emotional support.
  - ii. The body to hear the formal grievance will be assembled as soon as possible and in all cases within three weeks from the presentation of the formal grievance. If the grievance is against the Director of Training or another individual normally assigned to this body, that individual is not involved in the body's deliberation and may only attend to provide testimony, as indicated.
  - iii. The Review Panel may involve the Director of Clinical Training from the intern's academic program.
  - iv. Any formal grievance and its resolution will be documented, and copies forwarded to the Director of Clinical Training from the intern's academic program.
  - v. Recommendations by the Review Committee will constitute a final decision by the internship training program to address and resolve the intern's concern(s).

## Resources for Outside Consultation:

Interns may also request assistance and/or consultation outside of the program to address or resolve concerns. Resources for outside consultation may include:

- Association of Psychology Postdoctoral and Internship Centers (APPIC)  
[Problem Consultation \(appic.org\)](http://appic.org)
  - APPIC has established both an Informal Problem Consultation (IPC) process and a Formal Complaint Process (APPIC Standards and Review Committee, ASARC) in order to address issues and concerns that may arise during the internship training year.
  - The goal of the Informal Problem Consultation (IPC) process is to provide guidance, consultation, and assistance in navigating or attempting to resolve the broad array of challenges that may be encountered by concerned parties involved in psychology training. IPC involves discussion of the consultation question with an APPIC IPC consultant, which may include the APPIC Executive Director, APPIC Match Coordinator, APPIC Membership Services Coordinator, AAPI Coordinator or a member of the APPIC Board of Directors. The IPC process is required prior to filing a formal complaint.
  - [APPIC Informal Problem Consultation](#)
    - It is expected you will be contacted within 48 Hours of your submission, but not longer than 3 working days. APPIC generally does not mediate problems, but does try to provide an "outside" perspective on the problem.
- APA Office of Program Consultation and Accreditation  
[APA Accreditation - Home](#)
- VA Office of Resolution Management  
[Office of Resolution Management](#)  
1-888-566-3982
  - This department within the VA has responsibility for assisting you with resolving conflicts and building a healthy organization. Contact ORM to discuss how they can best serve you, so that you can focus on serving Veterans, their families, and beneficiaries. These services and programs include:
    - [Equal Employment Opportunity](#): ORM is committed to addressing allegations of discrimination. Know your rights to a workplace free from discrimination.
    - [Reasonable Accommodations](#): ORM is committed to helping those with a disability apply for a job, perform the duties of a job, or enjoy the benefits and privileges of employment.

- Harassment Prevention: At the VA, we have a zero-tolerance policy for workplace harassment. ORM is committed to building an organization free of harassment in all forms.
- Organizational Training: ORM provides training that empowers VA employees to build healthier organizations through a commitment to civility and understanding.

- Independent Legal Counsel

Please note that union representation is not available to interns as you are not union members under conditions of your VA term-appointment.

All documentation related to the remediation and counseling process becomes part of the intern's permanent file with the Psychology Training Program. These records are maintained by the Director of Training and kept in secure electronic files.



*Sunsets over the El Paso/Juarez region*



*Centennial Museum & Chihuahuan Desert Gardens*



*San Jacinto Plaza in downtown El Paso, TX*

## ROTATION DESCRIPTIONS

### Behavioral Health Interdisciplinary Program (BHIP)

**Type of rotation:** Major or Minor

**Program description:**

The Outpatient Behavioral Health Service (BHS) is primarily located at the South Central Wellness Center but may also include training at the Main VA, Eastside, and Westside Clinics.

The BHS service line provides a broad range of behavioral health services to Veterans and their families which include medication management, crisis intervention, community referrals, psychological assessment, individual and group therapy, and couples' therapy. Veterans served in this clinic come from all service eras and present with a full range of diagnoses and concerns. Because of the range of experiences available within the BHS service line, this rotation serves as one of the primary major rotations for most interns.

BHS is organized into smaller Behavioral Health Interdisciplinary Program (BHIP) teams consisting of providers who conduct medication management (psychiatrist and psychiatric nurse practitioners), providers who conduct psychotherapy (psychologists or clinical social work), nursing professionals (RNs and LVNs) and administrative support in the form of MSAs. The BHIP teams provide a home base of care for veterans assigned to each team. Veterans are included in the treatment team and participate in designing a treatment plan. BHIP teams meet weekly to staff cases, and interns will join their supervisor's BHIP team to participate in these interdisciplinary meetings as a full member of the team. Individual psychotherapy options in BHS tend to focus on time-limited, evidence-based psychotherapies informed by ongoing use of patient reported outcome measures. Treatment options include: Cognitive Behavioral Therapy (CBT) for depression, anxiety, pain, insomnia or PTSD; Cognitive-Processing (CPT), Prolonged Exposure (PE) and Written Exposure Therapy (WET) for individualized trauma care; Interpersonal (IPT) and Acceptance and Commitment (ACT) therapies for depression; and Motivational Interviewing (MI). Depending on the need, veterans may also be referred for psychological testing to inform their clinical care plan. All services are determined in collaborative conversations with veterans about their presenting symptoms, preferences for treatment, willingness and/or time availability to do intensive treatment and timing of when those services might be applied.

The BHS clinic at El Paso also facilitates a range of therapy groups. These groups are theoretically grounded in cognitive, behavioral and mindfulness therapies. Interns may opt to participate in the delivery of established treatment groups. This is a great opportunity to learn the application of evidence-based interventions in a group modality. This would include initially observing a group cohort led by the established treatment provider, learning the material, and assisting with co-facilitating while working toward independently leading the group. Interns may also opt to develop their own treatment group should they identify a particular need or protocol that can be applicable to our facility needs.

The Veterans Health Administration is hailed as the nation's leader in telehealth technologies, allowing patients and providers to meet for health services without being in the same place through VA Video Connect (VVC technology). Through BHS, you will have the option of conducting individual and group therapies through VVC technology.

**Anticipated Learning Experiences:**

Overall, the Intern experiences are tailored to individual learning plans created during the first week of the internship (for overall development) and rotation (for specific-rotation goals). This means, we take into consideration each intern's overall career goals and growth edges when identifying aspects of this rotation to include: EBP focus, patient referrals/assignments, groups, and assessment cases.

Depending on an intern's particular skills and experience, we aim to strengthen and expand their repertoire of skills to be consistent with what would be expected of an early career psychologist in clinical practice. Interns may desire more or less practice in a particular area depending on career goals, proficiency, and past experiences. A core set of group, individual, assessment, treatment planning, case presentation and team collaboration skills will be expected to be demonstrated by the end of the rotation. At a minimum, interns on a Major rotation will have 1) led or co-led a full group treatment, 2) completed two assessments, 3) participated on BHIP team and clinical meetings, 4) presented a case example of their work to the treatment team, and 5) will be developing skill in an evidence-based psychotherapy treatment. At a minimum, interns on a Minor rotation will have 1) participated on BHIP team and clinical meetings during their rotation days, 2) complete a biopsychosocial intake, 3) conducted ~4 hours of clinical contact per week (made up of individual and/or group psychotherapy).

Because the BHS service line is large and broad in scope, Interns could choose to tailor their experience to focus on particular populations. For example, trainees interested in gaining exposure to trauma-based disorders and interventions may choose to focus their experiences on groups, evidence-based treatments, and team meetings for this population.

Conversely, some trainees have expressed particular interest in addressing concurrent medical and mental health comorbidities, and have thus focused their group, individual and team-based time on therapies related to pain, health behaviors, and sleep. Supervisor assignment may be influenced by these population/experience preferences. Supervisors are fully committed to intern success and will support learning through ongoing modeling, review of audio recordings, co-therapy, and evaluation of each intern's skills.

**Minimum requirements of prior experience to be considered for this rotation:**

- 1) Entry into internship.
- 2) No specific experience requirements needed for this rotation.
- 3) This rotation can accommodate experience gaps from pre-internship training.

## **Primary Care – Mental Health Integration (PCMHI)**

**Type of rotation:** Major or Minor

### **Program description:**

PCMHI is a small team of Behavioral Health providers located within our VA Primary Care teams. Patient-Aligned Care Teams (PACT) is a team-based model of care in which a team of health professionals, led by a provider, works collaboratively with the patient to provide all the patient's healthcare needs—or appropriately coordinates care with other qualified professionals. Issues being studied include methods of improving care coordination, how to automate point-of-care delivery, and point-of-care health literacy dissemination.

PCMHI seamlessly combine evidence-based care management and co-located collaborative care services. Right now, you can find PCMHI in Primary Care at our Main Campus and at the Community Based Outpatient Clinics on the Eastside, Westside, Northeast, and Las Cruces, NM. Veterans who are seen through PCMHI are treated for mild to moderate mental health issues and psychosocial stressors (i.e., stress, anxiety, feeling down or hopeless, irritability or moodiness, trouble sleeping).

PCMHI offers brief interventions, meaning appointments usually last 30 minutes each, and we schedule approximately 4-6 sessions that focus on psychoeducation, skills building, and goal setting. Appointments are often available same-day and do not require a consult. The benefit of receiving behavioral health services through PCMHI is the collaboration between veterans assigned Primary Care Provider and the PCMHI provider – we work to ensure veterans stay informed of their progress and any additional needs. We also provide consults to Specialty Behavioral Health Service, or BHS, if we encounter symptoms and conditions that require more extensive Behavioral Health treatment.

### **Anticipated learning experiences/exposure/learning objectives or outcomes:**

The PCMHI rotation is offered as both a major and minor rotation in both first and second halves of the internship year. Prior to beginning this rotation, you will be required to complete several TMS trainings regarding the overview and expectations of providing mental health services offered through PCMHI.

By the end of the rotation, the intern will have:

- 1) Provided high-quality, collaborative behavioral health care to improve the health of both individual veterans and the veteran population.
- 2) Provided immediate access to clinical assessment and appropriate collaborative care and treatment for those experiencing behavioral health symptoms (either ad hoc or in response to screening).
- 3) Practiced collaborative, stepped and measurement-based care, including appropriate longitudinal follow-up, to address common behavioral health conditions for the primary care population.

- 4) Enabled optimal functioning of PACT teams through collaborative decision support and interdisciplinary consultation with co-located mental health providers.
- 5) Aimed to prevent the development of more severe symptoms through early recognition and intervention.

**Minimum requirements of prior experience to be considered for this rotation:**

Interns interested in the PCMHI Rotation should have the following experiences:

- 1) Providing Problem-Focused, Solution-Oriented, Patient-Centered care.
- 2) Working in a fast-paced environment.
- 3) Providing crisis intervention.
- 4) Administering and interpreting psychological assessments.
- 5) Providing safety/risk assessments.

**Intensive Community Mental Health Recovery (ICMHR)**

**Type of rotation:** Major

**Program description:**

The Intensive Community Mental Health Recovery (ICMHR) rotation aligns with VHA's mission to "Honor America's Veterans by providing exceptional health care that improves their health and well-being." This rotation focuses on delivering intensive, recovery-oriented, and community-based mental health services to Veterans diagnosed with Serious Mental Illness (SMI). The approach empowers Veterans to define and pursue meaningful life goals rooted in their strengths, values, and interests, while fully integrating psychosocial rehabilitation principles. Care is personalized, proactive, and patient-driven, aiming to enhance quality of life and support Veterans in living fulfilling lives within their communities.

The Intensive Community Mental Health Recovery (ICMHR) program delivers comprehensive, community-based mental health services for Veterans with serious mental illness. Enrollment begins with a consult to confirm eligibility and ensure the program is an appropriate fit. The program prioritizes accessibility, collaboration, and individualized care. Each team member manages a small caseload of approximately eight to ten Veterans, allowing for personalized attention and continuity of care. Veterans are seen in person at least once per week, or four times per month, with additional contact provided throughout the week via phone or VA Video Connect (VVC). Some Veterans may require more frequent visits depending on clinical needs. Care is provided by a multidisciplinary team that includes Registered Nurses, Licensed Clinical Social Workers, Peer Support Specialists, Medical Support Assistants, Pharmacists, Psychiatrists, and Rural Access Network for Growth Enhancement (RANGE) supervisors. ICMHR emphasizes proactive engagement and coordination, working closely with Veterans to develop individualized treatment plans, offer psychoeducation, build coping skills, and set achievable goals. Services are designed to promote recovery and independence while ensuring timely access to care. When specialized behavioral health interventions are needed, the team facilitates referrals to appropriate VA programs to maintain continuity and quality of care.

ICMHR offers medication management and evidence-based psychotherapies, supportive therapy and peer support, crisis planning and safety management, assistance with housing, finances, and navigating VA systems, healthcare advocacy and linkage to resources, life skills training (budgeting, self-care, socialization), and scheduling support and appointment reminders.

### Service Delivery Model

- High staff-to-Veteran ratio (approximately 8–10:1)
- Community-based, face-to-face interactions (minimum 2 weekly visits; often more frequent)
- Telehealth (video/phone) as supplemental care
- Multidisciplinary team approach: RNs, LCSWs, Peer Support Specialists, MSAs, Pharmacists, Psychiatrists, and RANGE Supervisors.

### **Anticipated Learning Experiences & Objectives:**

1. Gain hands-on experience in providing recovery-oriented, community-based mental health care.
2. Develop skills in psychosocial rehabilitation and evidence-based interventions for Veterans with SMI in individual and group settings.
3. Participate in interdisciplinary team meetings and collaborative care planning.
4. Learn and implement strategies for crisis intervention, safety planning, and resource navigation.
5. Enhance competencies in advocacy, life skills coaching, and holistic care approaches.
6. Understand and apply principles of personalized, patient-driven care in real-world settings.

By the end of the rotation, the intern will have:

- 1) Demonstrated proficiency in community-based mental health care, including conducting face-to-face visits and leveraging telehealth to support Veterans with Serious Mental Illness (SMI).
- 2) Increased knowledge and experience with facilitating Illness Management and Recovery, Wellness Recovery Action Planning, Motivational Interviewing, Cognitive Behavioral Therapy, and Integrated Dual Disorders Treatment.
- 3) Applied crisis intervention and safety planning skills independently, ensuring effective response in real-world community settings.
- 4) Integrated psychosocial rehabilitation principles into care delivery, promoting recovery-oriented and patient-driven approaches.
- 5) Collaborated effectively within a multidisciplinary team, contributing to treatment planning alongside RNs, LCSWs, Peer Support Specialists, and other professionals.
- 6) Developed strong advocacy and resource navigation skills, enabling Veterans to access housing, financial assistance, healthcare, and life skills training.

### **Minimum Requirements for Participation:**

- Must be in the **second semester** of internship, as this rotation requires a higher level of independence.
- Prior experience in crisis intervention and management is essential, given the nature of community-based care.
- Ability to travel to community settings to provide face-to-face services for Veterans. [Intern would be permitted to drive government vehicles, pending clearance from a physical to be completed by Employee Occupational Health]
- Strong collaboration skills for working within a multidisciplinary team.
- Comfort with both in-person and telehealth service delivery formats.

### **Substance Use Disorders (SUD) Team**

**Type of Rotation:** Major or Minor

#### **Program description:**

The Substance Use Disorders (SUD) team is a multidisciplinary team of behavioral health staff that provide services to veterans who are seeking care for substance use disorders through evidenced-based treatments in an outpatient setting. The SUD team offers individualized therapy that ranges from pre-recovery to sustained recovery outpatient care programs, which are available virtually or in person and incorporate individual and group formats. Other SUD services also include medication assisted treatment and coordination with and referral to detox and residential programs.

SUD offers conjunctive treatment with other therapy services that focuses on alcohol and/or drug related use; thus, veterans can receive SUD related services without it affecting other mental health related care. For example, veterans could concurrently receive SUD, individual therapy, and medication management behavioral health services. The SUD intern will get training using structured assessment methods for evaluating substance use disorders and developing SMART (specific, measurable, achievable, relevant and time-bound) goals within the context of addiction recovery. After which, they will provide substance recovery therapy in both individual and group formats. Interns will be expected to hold a caseload of approximately 5 to 10 veterans depending on minor or major rotation, respectively.

#### **Anticipated learning experiences/exposure/learning objectives or outcomes:**

The SUD rotation is offered as both a major and minor rotation in both first and second halves of the internship year. The SUD intern will work closely with the SUD interdisciplinary team providing veterans with evidenced-based treatments for SUD through Behavioral Health service. The SUD intern will participate in assessments, care coordination, and both individual and group evidenced based therapy for SUD.

By the end of the rotation, the intern will have:

- 1) Provided collaborative behavioral health care to facilitate SUD stepped-care across interdisciplinary teams.

- 2) Practiced skills in evidenced-based treatments such as CBT-SUD, Virtual Intensive Outpatient Treatment, Contingency Management, Harm Reduction, and coordinated Medication Assisted Treatment for SUD.
- 3) Practiced with multidisciplinary teams to provide proper assessment, differential diagnosis and treatment to SUD diagnosed veterans.
- 4) Experience with individual and group psychotherapies for SUD.
- 5) Potential exposure to process improvement projects and VA based initiatives/metrics aimed at improving care for individuals with SUD.

**Minimum requirements of prior experience to be considered for this rotation:**

- 1) Working in a fast-paced environment.
- 2) Willingness to work with challenging populations.
- 3) Providing safety/risk assessments.
- 4) This rotation can accommodate experience gaps from pre-internship training.

**Behavioral Health Access Team**

**Type of Rotation:** Minor

**Program description:**

The Behavioral Health Access Team (BHAT) is a multidisciplinary team of behavioral health staff that provide services to veterans who are not established with primary care or behavioral health. The goals of BHAT are to make care easily accessible and to link veterans with the most appropriate behavioral health services depending on their needs. Because BHAT help veterans find the most appropriate care, BHAT services are brief, typically between 30-90 days.

**Anticipated learning experiences/exposure/learning objectives or outcomes:**

The BHAT rotation is offered as a minor rotation in both first and second halves of the internship year. The Clinical Contact Center (CCC)/ BHAT intern assists with veterans who contact the call center and request behavioral health services. The CCC/BHAT intern completes an initial assessment that includes the initial five element behavioral health screen, any needed measurement-based care screeners, and behavioral health clinical reminders. The CCC/ BHAT intern then assists in linkage to a higher level of care, such as PCMHI, BHIP, and/or referral to a BHAT Prescriber. Interventions provided may be limited to a single brief assessment and/or evidence-based brief therapy.

By the end of the rotation, the intern will have:

- 1) Provided high-quality, triage functional assessments.
- 2) Familiarized themselves with internal VA and community resources available to assist veterans with varying presenting concerns.
- 3) Provided collaborative behavioral health care to improve the health of both individual veterans and the veteran population.

- 4) Served as a first-line behavioral health provider for veterans who are establishing, re-establishing, or never received behavioral health care services.
- 5) Assisted veterans become established with behavioral health services who were referred from the Traveling Veteran Coordinator (TVC).

**Minimum requirements of prior experience to be considered for this rotation:**

- 1) Working in a fast-paced environment.
- 2) Providing crisis intervention.
- 3) Providing safety/risk assessments.
- 4) This rotation can accommodate experience gaps from pre-internship training.

**Psychodiagnostic Assessment Rotation**

**Type of Rotation:** Minor

**Program Description:**

Interns on the assessment rotation have many opportunities to strengthen their skill in diagnosis and assessment. Interns conduct intake assessments with a focus on differential diagnosis, risk assessment, and case conceptualization. This includes review of relevant empirical research related to evaluating veteran population and specific assessments.

**Anticipated learning experiences/exposure/learning objectives or outcomes:**

Interns review and/or role-play each major assessment (WAIS, WMS, Cog Screeners, PAI, etc.). Interns will conduct evaluations using clinical interview, personality testing, ability testing, and appropriate psychiatric screeners (PHQ-9, PCL-5, GAD-7, etc.), guided by the referral question and/or presenting concern. The assessment rotation also includes live observations when possible. Interns will receive supervision related to interpreting and integrating assessment data. Interns will learn report writing style as it pertains to VA standards. Lastly, this rotation involves learning how to give assessment feedback to veterans.

**Minimum requirements of prior experience to be considered for this rotation:**

- 1) No Minimum requirements.
- 2) Preference may be prioritized for interns with minimal assessment experience from their doctoral training to bolster competency in this domain.

**Psychological Administration & Leadership**

**Type of rotation:** Minor

**Program description:**

The purpose of this training experience is to assist interns in developing a deeper understanding of the administrative processes of a VA or general healthcare system.

Although this training experience would be beneficial to interns who intend to remain in the VA for a career, this training experience will aim to teach, discuss, and assess general

administrative processes of a healthcare system. Furthermore, interns will be exposed to the responsibilities of those in leadership positions through interprofessional meetings and interviews with other VA leaders to create a comprehensive understanding of the processes and duties involved in leadership in a healthcare system. Finally, interns will be challenged to think independently and creatively by developing program development and/or Quality Improvement (QI) skills. At a minimum, this will include white belt Lean training, and time permitting, may include development and/or participation in an existing program development/QI project.

### **Anticipated learning experiences/exposure/learning objectives or outcomes:**

The Administration & Leadership rotation is offered as a minor rotation only during the second half of the internship year. This is a good fit for interns interested in pursuing leadership positions in the future, and who have made strong progress on their clinical intervention hours during the first half of the training year.

By the end of the rotation, the intern will have had exposure to the following:

- 1) Provide intern with knowledge of the processes of the VA at an administration level, with emphasis in behavioral health program operations. This will likely include developing a comprehensive understanding of policy and program development, budgeting, staffing and workload allocation, interdepartmental communication strategies and collaboration, performance management, and the roles/expectations and hiring processes of psychologists in the facility.
- 2) Facilitate intern understanding in general organizational processes of the VA Healthcare System (VAHCS), Veterans Integrated Services Network (VISN), and VA El Paso VAHCS as a medical center.
- 3) Provide intern with a breadth of exposure to administrative meetings at the leadership level to facilitate understanding of the role of VA leadership, as well as observe the interprofessional approach to effective leadership.
- 4) Familiarize intern with various common VA administrative tools, which may include the All-Employee Survey (AES), White House Hotline, and Strategic Analytics for Improvement and Learning (SAIL).
- 5) Support intern in by developing program development and/or Quality Improvement (QI) skills that integrate VA administrative processes with mental health or staff interests within the facility.

### **Requirements to be considered for this rotation:**

Because this training experience is administratively focused, interns interested in the Administration and Leadership Training Experience will need to demonstrate their ability to efficiently manage their clinical workload prior to the start of this training experience. **Clinical hours CANNOT be decreased or replaced by this training experience.**

As such, this training experience will only be offered during the second half of the training year so that we can ensure that an intern has made good progress on obtaining request clinical experiences in intervention, assessment, EBP etc. prior to focusing on more administrative roles. The following points will make an intern ineligible to participate in this rotation:

- Interns who are behind on clinical intervention hours at the mid-point of the year.
- Interns working through a remediation plan at the expected start date or at any time during this training experience.
- Interns who are unable to meet their minimum required weekly direct clinical hours (ten hours).
- Interns who do not consistently demonstrate professionalism (e.g., anything more than rare/unavoidable tardiness to meetings, improper e-mail etiquette).

**Expectations during rotation:**

- Intern will develop and implement a performance improvement project for Experience of Care.
- Intern will develop a formal presentation on performance measures for BHS that is ELT-ready and will present this in the BHS all staff meeting.

**Serious Mental Illness (SMI)**

**Type of rotation:** Minor

**Program description:**

The purpose of this training experience is to provide focused experience in outpatient care of veterans with diagnosis of serious mental illnesses (e.g., Bipolar disorder, Schizophrenia, Schizoaffective). Interns will have the opportunity to engage in individual and group-based therapies with veterans under the supervision of our resident SMI provider.

Moreover, interns will have the opportunity to participate on an interdisciplinary team focused on the care of veterans diagnosed with long term mental diagnosis(es). The Complex Care Committee is a multidisciplinary team aimed at improving recovery model services for individuals with SMI diagnosis. This meeting has included staffing cases, writing proposals for expanded services, aiding in veteran reengagement efforts, etc. This team is new and evolving.

**Anticipated learning experiences/exposure/learning objectives or outcomes:**

- 1) Exposure to evidence-based treatment modalities for serious mental illness.
- 2) Increased comfort/skill in differential diagnosis related to serious mental illnesses.
- 3) Participation on multidisciplinary teams.
- 4) Experience with individual and group psychotherapies for SMI.
- 5) Potential exposure to process improvement projects and VA based initiatives/metrics aimed at improving care for individuals with diagnosis that fall under the SMI umbrella.

**Minimum requirements of prior experience to be considered for this rotation:**

- 1) No specific experience requirements needed for this rotation.
- 2) This rotation can accommodate experience gaps from pre-internship training.

**Workplace Violence**

**Type of rotation:** Minor

**Program description:**

The Workplace Prevention Program aims to implement VA's policies prohibiting acts or threats of violence against those in the VA workplace, whether committed by VA employee or individuals outside the VA. Every VA facility has a workplace violence prevention policy. Facilities are required to have policies and procedures to prevent and to respond to workplace violence at VA work sites. In addition, each facility must have a process to identify, report, monitor, and respond to specific areas with a high potential for workplace violence.

**Anticipated learning experiences/exposure/learning objectives or outcomes:**

The purpose of this rotation is to gain experience with assessment and prediction of violence. This may include phone calls with patient, staff members, or relevant parties. This may involve use of assessments specific to violence/threat prediction. This will also include an administrative and policy component.

**Requirements to be considered for this rotation:**

Because this training experience is administratively focused, interns interested in this rotation will need to demonstrate their baseline clinical skills are sufficient to warrant decreasing clinical training time. **Clinical hours CANNOT be decreased or replaced by this training experience.**

**Group Therapy**

**Type of rotation:** Minor

**Program description:**

Group therapy is an integral, but often overlooked, part of Behavioral Health. Providing group psychotherapy is unique from individual psychotherapy because it requires the facilitator to pay attention to multiple distinct processes simultaneously. In addition, being a group therapist requires the facilitator to serve a different role in the treatment plan and continuum of care. This minor rotation is designed to give interns exposure to multiple different types of groups including psychoeducation and process groups. The intern will shadow approximately a dozen different group curriculums and protocols with various clinicians. In addition, the intern will co-facilitate a group with the primary supervisor with ample opportunities to individually facilitate at least two long-standing groups. Finally, the rotation will provide the opportunity for the intern to implement a new group from start to finish.

### **Anticipated learning experiences/exposure/learning objectives or outcomes:**

The Group Therapy rotation is offered as a minor rotation and designed to give the intern wide exposure to group therapy experiences as well as the opportunity to develop his/her own group.

By the end of the rotation, the intern will have:

- 1) Provided high-quality, collaborative behavioral health care to multiple group settings.
- 2) Understand and practice the role of group therapy in a large healthcare system.
- 3) Practiced collaborative and interdisciplinary group psychotherapy and consultation.

### **Minimum requirements of prior experience to be considered for this rotation:**

Interns interested in the Group therapy Rotation should have the following experiences:

- 1) Familiarity of group processes and dynamics.
- 2) Implementing evidence-based therapy protocols.
- 3) Providing safety/risk assessments.
- 4) Working with interdisciplinary teams.

### **Whole Health**

**Type of rotation:** Minor

#### **Program Description:**

The whole health model, as implemented by the Veterans Health Administration (VHA), emphasizes patient-centered care that integrates physical, mental, and social health aspects. It is an approach to healthcare that empowers and equips people to take charge of their health and well-being and to live their life to the fullest. Studies have shown that the whole health approach can lead to improved patient-reported outcomes, including reductions in pain intensity and interference, as well as enhanced patient satisfaction and engagement in health care. The elective exposes trainees to interdisciplinary holistic health models of care utilizing the Whole Health approach that address the unique challenges of serving veterans at the El Paso VA.

Lifestyle Medicine is the evidence-based practice of helping individuals and families adopt and sustain healthy behaviors that can affect health and quality of life. The curriculum will provide the tools, through specific learning objectives and activities, to enhance the trainee's ability to implement Whole Health in their own lives and provide Whole Health care to their patients.

### **Anticipated learning experiences/exposure/learning objectives or outcomes:**

The Whole Health rotation is offered as minor rotation in both first and second halves of the internship year. The WH intern will work closely with the WH interdisciplinary team providing veterans with individual and group treatment focused on healthy lifestyle practices.

The intern will participate in the following clinics:

- **Lifestyle Medicine Clinic:** The ELP VA lifestyle medicine clinic provides holistic patient-centered care that promotes Whole Health. The Lifestyle medicine clinic team includes Lifestyle Medicine certified providers (MDs), a Clinical Psychologist, and Health Coaches. Formats employed are individual or shared group visits, face-to-face (FTF) or telehealth.

Goals of the clinic visits are:

- Provide an overview of lifestyle medicine approaches to care.
- Begin whole health/lifestyle med history and assessment.
- Discuss veteran goals for health and resources to achieve goals.
- Identify areas of opportunity to help achieve goals.
- Identify appropriate follow up and accountability plan.
- **Integrative Health and Whole Health Programs:** Acupuncture and chiropractic; psychology
- **Social work:** Study and apply the psychosocial determinants of health.
- **Whole Health Wellness programs,** including recreational therapy (yoga, tai chi and other modalities), mind-body medicine techniques such as meditation and mindfulness, clinical hypnosis, equine assisted therapy, health coaching.
- **Integrative pain management:** Pain school and Battlefield Acupuncture (BFA).

### **Educational Objectives:**

At the end of the rotation, the trainee will have gained experience in the following areas:

- Whole Health and Evidence-Based Lifestyle Medicine therapeutical approaches in a variety of clinical settings.
- Demonstrate a foundational knowledge of a Whole Health assessment and counseling to address various lifestyle factors including physical activity, nutrition, stress management, and other health related domains. Perform a lifestyle medicine intake and treatment plan.
- Assessing Veterans' personal values and goals using the VA Whole Health Personal Health Inventory tool and, using this information, creating Whole Health Care Plans for patients that reflect their mission, aspiration, and purpose.
- Understand the psychosocial determinants of health.
- Assess the role of behavior in overall health and become familiar with patients centered counseling strategies and wellness coaching to facilitate change. Practice motivational interviewing and clinician coaching skills.
- Work within an interdisciplinary Whole Health team.
- Provide Lifestyle Medicine/Whole Health Medicine virtually via telehealth.
- Develop the skills to develop and oversee shared medical appointments.
- Become familiar with ELPVA Whole Health resources at how to refer/order.
- Potential exposure to process improvement projects and VA based initiatives/metrics aimed at improving whole health integration into primary care and behavioral health.

## Minimum requirements of prior experience to be considered for this rotation:

- Openness to complementary and integrative health modalities.
- Willingness to work with a challenging population.
- Prepared to embrace whole health in their own lives.

## TRAINING STAFF

### **ANDERSON, Amy B.** (Beginning August 2026)

Present VA Position: BHIP Graduate Psychologist

Area of Specialization: Clinical Psychology

Degree: Ph.D., Fielding Graduate University

E-mail address: [amy.anderson79@va.gov](mailto:amy.anderson79@va.gov)

Licensure: Texas, pending postdoctoral hours completion

Theoretical Orientation: Cognitive Behavioral Therapy

Clinical/Research Interests: PTSD, Dementia, Neurodevelopmental Disorders

Current Role in Training Program: Didactic lecturer

Brief Bio: Dr. Anderson will be a licensed psychologist in the state of Texas when her post-doctorate hours are complete (August 2026). She completed a BA in Psychology at George Washington University. She holds master's degrees in social work, general psychology, and clinical psychology from the University of Texas at Austin, Texas A & M University – Corpus Christi, and Fielding Graduate University. Dr. Anderson earned her Ph.D. in Clinical Psychology at Fielding Graduate University and completed coursework in neuropsychology. Her internship was at the Nebraska-Western Iowa VA, where she learned how to drive in snow. Dr. Anderson relocated to El Paso after working in two VA settings during her graduate school training. She has experience in neuropsychological testing, diagnostic clarification, and treatments for PTSD and emotional disorders. Her family is based in Austin, TX.

Fun Facts: Dr. Anderson is very committed to keeping in touch with her six children, and she has a hyperactive Tuxedo kitten named Cassie. She misses the beach, but is glad to live near mountains.

### **CANDELARIO, Emilia A.** (she/her/hers)

Present VA Position: Associate Chief of Staff, Behavioral Health Service, Associate Director of Training

Area of Specialization: Clinical Psychology- Trauma; Substance Use Disorders

Degree: Ph.D., University of California, Santa Barbara, 2009

E-mail address: [Emilia.Candelario@va.gov](mailto:Emilia.Candelario@va.gov)

Licensure: California

Board Certification: ABPP- Clinical

Theoretical Orientation: Interpersonal; Cognitive-Behavioral



Clinical/Research Interests: Trauma/PTSD; Multicultural Competence in Counseling; Training & Competency in Clinical Supervision

EBPs Supervised:

- Prolonged Exposure (PE) Therapy
- Motivational Interviewing (MI)
- Motivational Enhancement Therapy (MET)

**Current Role in Training Program:** Associate Director of Training, Psychological Administration & Leadership Minor Rotation Supervisor

**Brief Bio:** Dr. Emilia A. Candelario, Ph.D., ABPP is the Behavioral Health Service (BHS) Associate Chief of Staff (ACOS) of the El Paso VA Healthcare System (El Paso VA HCS). She developed our Psychology Internship Training Program and served as the Director of Psychology Training since its inception from 2016-2020, until she assumed the ACOS/Chief of Behavioral Health Service position in September 2020. Dr. Candelario specializes in the treatment of trauma and substance use disorders. Dr. Candelario served as a VA National Consultant and Trainer for Motivational Interviewing/Motivational Enhancement Therapy from 2014-2019. Prior to onboarding with the El Paso VA Healthcare System in 2015 as a General Mental Health/Behavioral Health Interdisciplinary Program Manager, she served as a primary supervisor for psychology practicum students, doctoral interns, and postdoctoral fellows at the VA North Texas Medical Center from September 2010 to January 2015. She also held a faculty appointment at the University of Texas Southwestern Medical Center between 2011-2015 as an Assistant Professor of Psychiatry and was actively involved in the training of medical students and psychiatry residents.

**Fun Facts:** Dr. Candelario loves exploring new places and especially loves joining ghost tours when visiting new cities. New Orleans is one of her favorite cities so far. She also hopes one day to go storm chasing with an adventure group.

## **CARMONA, Joseph**

**VA Position:** Program Manager, Primary Care Mental Health Integration (PCMHI)

**Area of Specialization:** Military psychology

**Degree:** Ph.D., Virginia Tech

**Email:** Joseph.Carmona@va.gov

**Licensure:** Arizona

**Theoretical Orientation:** Cognitive-Behavioral

**Clinical/Research Interests:** suicide, emotion, executive functioning

**Intern Training Rotation:** PCMHI

**Current Role in Training Program:** Training Committee Member

**Brief Bio:** Dr. Joseph Carmona is a licensed clinical psychologist with over 15 years of clinical experience. He is currently the supervisor for the Primary Care Mental Health Integration program at El Paso VA Health Care System.

Prior to this role, he served in the Department of Defense as the Chief of the West Bliss Behavioral Health Clinic at Fort Bliss, TX, where he oversaw behavioral healthcare delivery for over 6,500 Active-Duty Service Members as well as Reserve and National Guard units mobilized for training and deployment at Fort Bliss. He served as Deputy Director of Behavioral Health at Fort Riley, Kansas where his responsibilities included assessment and treatment of Service Members, Veterans, and family members. He received his Ph.D. in Clinical Psychology at Virginia Tech. He then completed an APA-accredited internship at Walter Reed Army Medical Center and a post-doc at Walter Reed National Military Medical Center. He conducted various clinical and operational evaluations while serving as an Officer in the US Army.

### **KRAYNICK, Yolanda**

VA Position: Staff Psychologist, Primary Care Mental Health Integration (PCMHI)

Area of Specialization: Clinical Psychology

Degree: Ph.D., UT Southwestern Medical School (Dallas, TX), 1998

Email: [Yolanda.kraynick@va.gov](mailto:Yolanda.kraynick@va.gov)

Licensure: Texas

Theoretical Orientation: CBT, solution focused, psychodynamic, health psychology

Clinical/Research Interests: Using curiosity to help clients learn to identify and understand their present status and learn how to move forward, mindfulness

Intern Training Rotation: PCMHI

Current Role in Training Program: Training Committee Member

Brief Bio: Dr. Yolanda Kraynick is a Clinical Psychologist licensed in Texas who works as a Staff Psychologist for PCMHI. She graduated from UT Austin (bachelor's degree in Philosophy), UT Dallas (bachelor's degree in Psychology), and obtained her Doctoral degree from UT Southwestern Medical School. Dr. Kraynick completed her APA accredited internship at Parkland Hospital in Dallas. She is fluent in Spanish and has worked in various settings, to include state psychiatric hospital, juvenile detention center, full time researcher, cancer support groups, private practice, inpatient psychiatric unit, with active duty soldiers specializing in aviation, internship training director and supervisor, psychiatric consult liaison service in county hospital, child/adolescent/family clinic, outpatient clinic facilities, and assistant professor (culture, abnormal psychology) at the bachelor's, master's, and doctoral levels. Dr. Kraynick started work with the VA in June 2022 and currently focuses on triage, short term therapy, and crisis intervention.

Fun Facts: Dr. Kraynick enjoys cooking and eating food with loved ones, travel, hiking, reading, and sitting on the back porch at sunset.

## **LIU, Rutong M.**

Present VA position: Staff Psychologist, Behavioral Health Interdisciplinary Program

Area of specialization: Clinical Psychology

Degree: Psy.D., The Chicago School of Professional Psychology, 2023

Email address: [rutong.liu@va.gov](mailto:rutong.liu@va.gov)

Licensure: Texas

Theoretical Orientation: Existential-Humanistic, psychodynamic, schema

Clinical/Research Interests: Death anxiety, attachment, trauma, metaphors, group therapy

Intern Training Rotation: BHIP Major Rotation

Current Role in Training Program: BHIP Rotation Supervisor

Brief Bio: Dr. Liu is a licensed psychologist in the state of Texas. He is a Behavioral Health Interdisciplinary Program (BHIP) clinical psychologist and BHIP major rotation supervisor. Dr. Liu completed both an APA-accredited internship and post-doctoral training at the University of Texas at El Paso. Dr. Liu earned a Doctorate in Clinical Psychology (Psy.D.) from The Chicago School of Professional Psychology in Anaheim, California. Prior to his doctoral education, Dr. Liu graduated from the University of California, San Diego with a Bachelor of Science in Psychology, and pursued double minors in Fine Arts and Chemistry. In his current role, Dr. Liu provides hybrid psychotherapy services in person at the South Central Wellness Center.

Fun facts: Dr. Liu enjoys to paint and has a few murals in town.



## **MARTINEZ, Erin E. (she/her)**

Present VA position: Staff Psychologist, Behavioral Health Interdisciplinary Program

Area of specialization: PTSD, MST, suicidality, behavioral medicine

Degree: Ph.D., Duke University

Email address: [erin.martinez@va.gov](mailto:erin.martinez@va.gov)

Licensure: California

Theoretical Orientation: CBT, particularly third wave

Clinical/Research Interests: Suicide prevention and postvention, risk assessment, complex PTSD, self-compassion, chronic health conditions

Intern Training Rotation: BHIP major rotation supervisor

Current Role in Training Program: BHIP Rotation Supervisor

Brief Bio: Dr. Martinez began her journey with the VA as a pre-doctoral intern in behavioral medicine at VA Palo Alto Health Care System (VAPAHCS). Then she pursued her dual interests in health psychology and suicidality as a postdoctoral fellow at VA San Diego HCS in the mood and suicidality track with a minor rotation in primary care mental health integration (PCMHI). She was a member of the comprehensive dialectical behavior therapy (DBT) team as a fellow and found the work to be challenging and rewarding.

She returned to VAPAHCS as a staff psychologist in the general mental health clinic and women's counseling center, followed by a long tenure in the PTSD Clinical Team (PCT). She also worked closely with suicide prevention coordinators and served on the suicide prevention committee. She recently transferred to El Paso VA HCS and is grateful for the opportunity to serve Veterans in her hometown. She is trained in a number of EBPs, including prolonged exposure therapy (PE), cognitive processing therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), DBT, acceptance and commitment therapy (ACT), cognitive behavioral therapy for insomnia (CBT-I), and cognitive behavioral therapy for nightmares (CBT-N). Her approach to supervision is the integrative developmental model (IDM) and includes an emphasis on deliberate practice and the skill of giving and receiving feedback

**Fun facts:** She's a stage-diving Green Day fan who can work Green Day into anything, including this brochure!

### **NESBIT-VELTRI, Donna A.**

**Present VA Position:** Workplace Violence Prevention Manager

**Area of Specialization:** Crisis Intervention, Personality Assessment, Violence Risk and Suicide Risk assessment

**Degree:** Ph.D. in Clinical Psychology

**Email address:** [Donna.Nesbit-Veltri@va.gov](mailto:Donna.Nesbit-Veltri@va.gov)

**Licensure:** Texas and Arizona

**Theoretical orientation:** Violence risk assessment and intervention, public health interventions for violence risk reduction

**Clinical/Research Interests:** Disability assessments

**Current Role in Training Program:** Workplace Violence Prevention Program, Minor Rotation Supervisor

**Brief Bio:** Dr. Nesbit-Veltri joined the El Paso VA in 2011, after 20 years of government service in federal corrections, her last role having been Chief Psychologist at a Federal Prison. Initially, she served in the role of Suicide Prevention Coordinator, and in 2015, became supervisor of the Mental Health division of Special Exams. During that time she supervised 11 Psychologists and 2 Psychological Technicians in performing disability examinations for veterans claiming mental health conditions for compensation, and also supervised Transplant Psychological evaluations as well.

As part of her role in the Special Exams Unit, she also carried a full caseload of disability examinations, performed Annual Fitness Evaluations for VA police, and evaluated candidates for VA police employment, gaining significant training and experience in the field of Police Psychology. In 2021, she transferred back to Behavioral Health Service subsequent to the facility Director outsourcing all disability examinations into the community effectively eliminating all positions providing this service at the facility. Workplace Violence Prevention has been a common thread for Dr. Nesbit-Veltri starting in 2006. Within the correctional system, she was a part of a team evaluating and making recommendations involving employee to employee threats/violence.

During her time as Suicide Prevention Coordinator at the VA, she was also a member of a team that evaluates reports of patient disruptive behavior and assesses violence risk (Disruptive Behavior Committee). In 2018, she was invited to implement the first Employee Threat Assessment Team due to her advocacy for forming such a team after an incident of employee generated fatal workplace violence in 2015. She implemented the team in 2018, and has been the Chair of this team since that time, evaluating reports of employee generated disruptions and evaluating risk of violence.

In 2022, Dr. Nesbit-Veltri was selected as Workplace Violence Program Manager, and is responsible for all aspects of ensuring that requirements are met for this program throughout the El Paso VA. She is the Chair of both Employee Threat Assessment Team and Disruptive Behavior Committee, and reviews and assessed all reports of disruptive patient or employee behaviors, working closely with key stakeholders such as VA Police, Patient Advocate and Patient Safety.

She has continued to carry a small caseload of patients and has been managing the Suicide Prevention Program and several psychosocial rehabilitation programs temporarily until other supervisors are hired and she can devote most of her time to her passion, which is preventing violence in the workplace. In addition to her work at the El Paso VA, Dr. Nesbit-Veltri has been an Adjunct Instructor for the Department of Psychology at the University of Texas El Paso since 2012.

She has taught two classes each year since 2012, on subjects such as: Intro to Abnormal Psychology, Advanced Abnormal Psychology, History and Systems of Psychology, Psychological Assessment (Intro for undergraduates), and Psychological Assessment for the Master's Program in Psychology.

Fun Facts: Dr. Nesbit loves to dance, travel, is a fitness fanatic, and dog lover.

### **ROMERO, Daniel H.**

Present VA Position: Staff Psychologist, GMH;  
PTSD Clinical Team

Area of Specialization: Clinical Psychology, Psychological Assessment, and Empirically based treatments for PTSD, depression, and anxiety disorders.

Degree: Ph.D., University of North Texas, 2017

E-mail address: [Daniel.romero1@va.gov](mailto:Daniel.romero1@va.gov)

Licensure: Wyoming

Theoretical Orientation: Cognitive Behavioral Therapy; Acceptance and Commitment Therapy; Cognitive Processing Therapy; and Prolonged Exposure

Clinical/Research Interests: Attachment theory and its relationship to psychopathology, the role of coping strategies among Veterans and Soldiers with psychiatric symptoms, and evaluation of the psychometric properties related to measures of prejudice.

**Current Role in Training Program:** BHIP Major Rotation Supervisor, Psychodiagnostic Assessment Minor Rotation Supervisor

**Brief Bio:** Daniel H. Romero received his Ph.D. at the University of North Texas in 2017. Dr. Romero completed an APA-accredited internship and a post-doc at Brooke Army Medical Center. Prior to joining our team at the El Paso, VA, he worked as a military psychologist in the U.S. Army. As a military psychologist, he conducted command-directed behavioral health evaluations, assessments for snipers, drill sergeants, U.S. Army recruiters, pilots, and arms-room positions. In the U.S. Army and the VA, Dr. Romero provided psychotherapy using the following treatment modalities: cognitive processing therapy, prolonged exposure therapy, cognitive behavioral therapy, and acceptance and commitment therapy. Currently, Dr. Romero conducts psychotherapy both in person and via virtual tele-health. His main research interests include how coping and attachment affect psychiatric symptoms among Military Veterans and Active Duty Personnel.

**STARR, Mark J.** (he/him/his)

**Present VA Position:** Staff Psychologist, Behavioral Health Interdisciplinary Program

**Area of Specialization:** Clinical Psychology

**Degree:** Ph.D., University of Wisconsin-Madison, 2018

**E-mail address:** [mark.starr@va.gov](mailto:mark.starr@va.gov)

**Licensure:** Arizona and Wisconsin

**Theoretical Orientation:** Cognitive-Behavioral; Behavioral

**Clinical/Research Interests:** Substance use disorders, trauma, suicidality, serious mental illness, harm reduction, and competency-based approaches to clinical supervision.

**Intern Training Rotations:** Behavioral Health Interdisciplinary Program (BHIP)

**Current Role in Training Program:** BHIP Rotation supervisor, SUD Rotation Supervisor

**Brief Bio:** Dr. Starr earned his doctoral degree in Clinical Psychology from the University of Wisconsin - Madison. Prior to joining the El Paso VA HCS in 2022, Dr. Starr was a Clinical Psychologist at the Southern AZ VA HCS' Acute Inpatient Mental Health Unit. In addition to his primary duties as coordinator of inpatient programming, he served as Women Veterans Mental Health Champion, and was an active member of the Psychology Training Committee, the Comprehensive Addition and Recovery Act Committee, and the Transgender and Gender Diverse Inter-facility e-Consult Team. He was a lecturer for the University of Arizona's Addiction Medicine Fellowship and was involved with medical student and Psychiatry Resident training as a Clinical Assistant Professor of Psychiatry. Dr. Starr is currently a remote/virtual Clinical Psychologist with the El Paso VA HCS and supervises major and minor rotations centered on provision of evidence-based, recovery oriented, and trauma-informed group and individual psychotherapy.

**VALENTE, Tania S.** (she/her/hers)

Present VA Position: Home Based Primary Care  
Psychologist

Area of Specialization: Counseling Psychology,  
Marriage and Family Therapy

Degree: Ph.D., New Mexico State University, 2021

E-mail address: [Tania.Valente@va.gov](mailto:Tania.Valente@va.gov)

Licensure: Texas and New Mexico

Theoretical Orientation: Systemic / Relational; Humanistic,  
Person-Centered

Clinical/Research Interests: Sex-Positivity; Couples and  
Family Assessment and Counseling; Measurement Based  
Care / Clinical Feedback Practices

**Current Role in Training Program:** Group Supervision Supervisor

**Brief Bio:** Dr. Tania Valente has worked as a counseling therapist since 2007 in a variety of clinical settings (juvenile justice, community mental health, inpatient hospital, outpatient recovery, university counseling centers, and private practice). She completed her APA accredited doctoral internship at the El Paso VA, staying on as a graduate psychologist. She has received formal training and practiced several evidence-based models of couples and family treatment (Functional Family Therapy, Integrated Behavioral Couples Therapy, Gottman's Therapy). She is also trained in Eye Movement Desensitization Reprocessing (EMDR) and Written Exposure Therapy (WET). After a stint in General Mental Health, she is transitioning into a role as a psychologist for the Home Based Primary Care Team.



**WALTON, Jennifer L.**

Present VA position: Virtual Intensive Outpatient Program (VIOP) Lead

Area of specialization: Alcohol, Tobacco, and Other Drugs (ATOD's)

Degree: MSW, LCSWR, CASAC

Email address: [Jennifer.Walton@va.gov](mailto:Jennifer.Walton@va.gov)

Licensure (state): New York

Theoretical Orientation: Cognitive Behavioral

Clinical/Research Interests: Quality Improvement/ Process Improvement

Intern Training Rotation: SUD Minor Rotation, tiered supervision with licensed psychologist

**Current Role in Training Program:** SUD Rotation Supervisor

**Brief Bio:** Mrs. Jennifer Walton is a licensed clinical social worker with a specialization in Alcohol, Tobacco, and Other Drugs (ATOD) and Administration, Policy, and Planning (APP). She is also credentialed as an alcohol and substance abuse counselor. Mrs. Walton is the developer and coordinator of VIOP.

She completes American Society for Addiction Medicine (ASAM) intake evaluations, develop treatment plans, and provide case management/referrals. She has over 25 years of experience in the treatment of those affected by substance use and misuse.

She provides group and individual psychotherapy with Veteran and Non-Veteran populations, to include persons diagnosed with a serious mental illness (SMI). Further, Mrs. Walton also works with Veterans Treatment Courts (VTC's) and The Veteran's Justice Outreach Case Managers (VJO's). She was one of the social workers to work with the First Veterans Treatment Court that originated in Buffalo, NY (her hometown), started by the Honorable Judge Russell (Retired). Mrs. Walton has worked in a methadone clinic, buprenorphine treatment (suboxone), VA Residential (SARRTP-DOM) and Drug Free Outpatient Program (DFOP)-New Jersey and as a behavioral health case manager for a local Health (WNY) Insurance Company. She is a dedicated, highly skilled, enthusiastic, dynamic, positive, and compassionate social worker.

She is certified in several evidence based treatment protocols (EBT's), to include: Social Skills Training (SST), Wellness and Recovery Action Planning (WRAP), Behavioral Couples Therapy for SUD (BCT-SUD), Acceptance and Commitment Therapy for Depression (ACT-D), Seeking Safety Therapy, Dual Recovery Therapy, Problem-Solving Therapy (PST), Cognitive Behavioral Treatment for Substance Use Disorders (CBT-SUD), and is Certified in Cognitive Process Therapy (CPT) for PTSD.

**Fun facts:** She resides in the snow belt of Western New York with her husband and 2 snow puppies!

**WILLIAMS, Patrie C.** (she/her/hers)

**Present VA Position:** Director of Training

**Area of Specialization:** Clinical Psychology

**Degree:** Ph.D., Jackson State University, 2017

**E-mail address:** [patrie.williams@va.gov](mailto:patrie.williams@va.gov)

**Licensure:** New Mexico, Tennessee, Texas

**Theoretical Orientation:** Cognitive-Behavioral; Behavioral

**Clinical/Research Interests:** Identifying and examining psychosocial factors that underlie psychological and physiological conditions affecting African American/Black people and their communities.

**Intern Training Rotations:** BHAT

**Current Role in Training Program:** Director of Training, Chair of Psychology Training Committee

**Brief Bio:** Dr. Williams is a licensed psychologist in Tennessee, New Mexico, and Texas (inactive); she is also a PSYPACT provider. She graduated from Spelman College with a Bachelor of Arts degree in Psychology, Master of Science degree in Professional Counseling from Carlow University, and earned her doctoral degree in Clinical Psychology from Jackson State University. Dr. Williams completed her APA-Accredited pre-doctoral internship at Florida State Hospital. During her academic studies, she studied abroad in Germany, Poland and the Czech Republic where she experienced and participated in the Holocaust remembrance tour.



She also took advantage of opportunities to broaden her academic and practicum awareness by working with special needs adults in Ireland. At VA El Paso, Dr. Williams engages in a comprehensive range of therapeutic, diagnostic, and training activities, including assessments, level of care determinations, evidence-based individual and group psychotherapy, as well as treatment planning and program development.

**Fun facts:** Dr. Williams loves living life to the fullest and has strong family and friends values. She enjoys traveling and is a mother to 4 children aged 4 years and younger, to include a set of triplets.



*Individual supervision with smiles*



*Intern cohort working together to complete baseline psychological assessment evaluations*



*Intern with her wonderful PCMH Supervisor, Dr. Kraynick*



*Interns during an experiential activity with interns from other psychology internships in El Paso*



Seen on the scene:  
 Psychology training faculty\* with our 2025-2026 intern cohort.  
 \*Note: All psychology training faculty are not pictured.

## INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

### INTERNSHIP PROGRAM TABLES

Date Program Tables updated: 7/2/2025

#### Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	Yes
If yes, provide website link (or content from brochure) where this specific information is presented:	<a href="#">Am I Eligible?</a>

#### Internship Program Admissions

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:

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

The overarching mission of the El Paso VA Psychology Internship Program is to train psychology students who will attain general entry-level practice competencies and can function effectively as professional psychologists in a broad range of inter-professional settings, but are primed for careers within VA.

The primary goal of our program is to train interns to provide a full range of psychological services for a widely diverse patient population and to be prepared for entry level, independent practice at the conclusion of their internship year. We aim to develop license eligible health service psychologists who are ethical conscious and multiculturally humble.

**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:**

Total Direct Contact Intervention Hours	Yes, Amount = Sum of 500 with assessment hours
Total Direct Contact Assessment Hours	Yes, Amount = Sum of 500 with intervention hours

**Describe any other required minimum criteria used to screen applicants:**

1. Applicants must be U.S. citizens.
2. Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee.
3. At the time of application, applicants must be enrolled in an APA, CPA, or PCSAS-accredited clinical or counseling psychology doctoral (PhD or PsyD) program.
4. Applicants must have completed a minimum of 500 hours of supervised practicum experience (intervention and assessment) by the time the application is submitted.
5. Applicants must have passed all comprehensive examinations required by their graduate program by the application deadline.
6. It is strongly preferred that applicants complete their dissertation proposal prior to the application deadline.

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

Annual Stipend/Salary for Full-time Interns	\$34,739
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
<i>This document may contain links to sites external to Department of Veterans Affairs. VA does not endorse and is not responsible for the content of the external linked websites.</i>	

<b>If access to medical insurance is provided:</b>	
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?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 (13 days equivalent; earned 4 hr/pay period)
Hours of Annual Paid Sick Leave	104 (13 days equivalent; earned 4 hr/pay period)
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):	
<p>Interns receive 11 paid federal holidays in addition to their leave mentioned above. Additionally, you may be granted additional authorized absence for attendance to professional and scientific meetings with prior approval of the Director of Training. The United States government covers interns for malpractice under the Federal Tort Claims Act.</p> <p><i>*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.</i></p>	

### Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)	2022-2025
Total # of interns who were in the 3 cohorts	6
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD= 0, EP= 0
Community mental health center	PD= 0, EP= 0
Consortium	PD= 0, EP= 0
University Counseling Center	PD= 0, EP= 0
Hospital/Medical Center	PD= 0, EP= 0
Veterans Affairs Health Care System	PD= 1, EP= 3
Psychiatric facility	PD= 0, EP= 0
Correctional facility	PD= 0, EP= 1
Health maintenance organization	PD= 0, EP= 0
School district/system	PD= 0, EP= 0
Independent practice setting	PD= 1, EP= 0
Other	PD= 0, EP= 0

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.



*Internship graduation celebrations  
(All cohorts not pictured)*

## ***INTERNSHIP CAMPUS LOCATIONS***

### **El Paso South Central VA Clinic**

350 Revere Street

El Paso, Texas 79905-1633



### **El Paso VA Clinic (Main Facility)**

5001 North Piedras Street

El Paso, Texas 79930



El Paso Eastside VA Clinic  
2400 Trawood Drive  
Suite 200  
El Paso, TX 79936-4122



El Paso Westside VA Clinic  
1870 Northwestern Drive  
El Paso, TX 79912-1121



## TRAINEES

### Graduate programs of our past and current trainees:

#### 2025-2026

Palo Alto University  
The University of Memphis

#### 2024-2025

Rivier University  
Saint Mary's University of Minnesota  
West Chester University

#### 2023-2024

Fielding Graduate University  
Northwest University  
The Chicago School of Professional Psychology- DC Campus

#### 2022-2023

Azusa Pacific University  
California School of Professional Psychology

#### 2021-2022

Adler University  
California School of Professional Psychology  
The Chicago School of Professional Psychology

#### 2020-2021

New Mexico State University  
University of North Dakota

#### 2019-2020

No Trainees

#### 2018-2019

New Mexico State University  
Fielding Graduate University

#### 2017-2018

Biola University  
Fielding Graduate University



*Intern cohort during an experiential activity at the El Paso Museum of History*



*El Pas VA intern graduate, incoming intern, graduate psychologists, and licensed psychologists (All graduate and licensed psychologists not pictured)*

## LOCAL INFORMATION

[Visit EL PASO](#)

[City of El Paso, Texas](#)

[El Paso Museums & Cultural Affairs Department](#)

[Downtown El Paso Districts](#)

## ADDITIONAL PICTURES OF THE SURROUNDING AREA



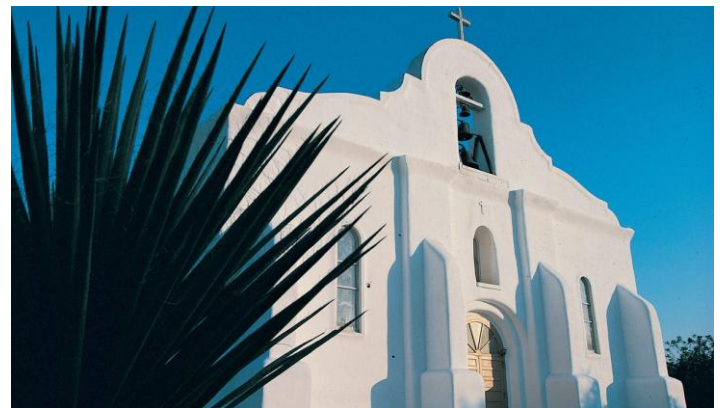
*Plaza theater and downtown dining district*



*Downtown to Uptown Trolley*



*Ballet Folkloric Dancers*



*Cultural heritage of the Yesleta Mission Trail*



*Beautiful murals and public art around town*



*"Elephant Rock," hiking the Franklin Mountains*