Psychology Internship Training Program 2023-2024

Central Arkansas Veterans Healthcare System (CAVHS)

Accredited by:
THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

For information regarding APA accreditation of this or other internships, please contact: Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242, phone: (202) 336-5979.

This internship program, as a member of the Association of Psychology Pre-doctoral and Internship Centers (APPIC), adheres to APPIC policy regarding offers and acceptances for training.

For more information, please contact: Dr. Alissa Kolb at Alissa.Kolb@va.gov
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Life in Little Rock

You may know Little Rock, Arkansas as the home of Bill and Hillary Clinton and the Clinton Presidential Library. Or perhaps you know it better for the events that followed the Supreme Court’s famous Brown v. Board of Education decision in the late 1950s, when the Arkansas National Guard tried to prevent nine black teenagers from entering Little Rock High School. The region has come a long way since the “Little Rock Nine” incident and is now home to a diverse population. Today, Arkansas’ capital has earned a reputation among history buffs, foodies, and art lovers as an exciting place to live. Residents can spend their weekend exploring the historic Arkansas State Capitol, wandering through the Arkansas Art Center, or sipping beer at one of the area’s breweries. Plus, the beautiful Ozark Mountains provide plenty of opportunities to enjoy the great outdoors!

Little Rock accommodates a variety of tastes. Neighborhoods range from luxurious, well-appointed loft apartments in midtown and downtown Little Rock, to the suburban and family-oriented dwellings of Chenal Valley, Hillcrest, and The Heights. It has a lower cost of living than the national average, so your money will go a long way in this region. The median sale price of a home is noticeably lower than the national median, while Little Rock residents generally pay less for things like food, utilities, and healthcare than the average American.
Getting around Little Rock is a cinch! Virtually any place in the region can be easily reached by car within 30 minutes. Those who prefer not to drive can rely on the Rock Region Metro bus system, which offers routes throughout downtown Little Rock and well into the suburbs. The metro area also features a streetcar with two lines operating between Little Rock and North Little Rock. When you’re ready to take a break from Little Rock and the responsibilities of home and work life, the Bill and Hillary Clinton National Airport offers daily direct flights to many regions across the nation, provided by major airlines like American, Delta, and United Airlines. Amtrak and Greyhound also provide ground transportation to nearby metro areas.

You may also be interested to know that Little Rock experiences all four seasons. For those looking to escape the harsh weather conditions of other areas farther north, you’ll be happy to know that winters in Little Rock are historically mild; on the other hand, summers can be intense and are typically characterized by humid heat. You may find, however, that enduring our summers is worth it when you are rewarded with gorgeous Arkansas fall and spring seasons year after year.
Have we mentioned that Little Rock is a fantastic place to live for those who enjoy the outdoors? The region is an easy drive from Pinnacle Mountain State Park, Ouachita National Forest, and the stunning Ozark Mountains, and Hot Springs National Park is only an hour away. Residents can also take advantage of golf courses and trails found within the city limits.

For those who identify more as city folks, the downtown and midtown areas feature a variety of local restaurants and breweries. The metro area also enjoys a great live music scene, which ranges from piano bars to the Arkansas Symphony Orchestra. The local Arkansas Arts Center hosts theater performances, and the region also contains a handful of art galleries. There are also local stores and boutiques for shopping. More family-oriented entertainment can be found at neighborhood pools, the year-round ice rink, and the Little Rock Zoo.
And don’t forget about all the opportunities to follow local Arkansas sports, whether it’s watching the Arkansas Razorbacks play at War Memorial Stadium in Little Rock or Razorback Stadium in Fayetteville or the Arkansas Travelers at Dickey-Stephens Park!

But if all that doesn’t sell you on Little Rock, maybe this will...many of our current psychologists on staff (about one-third, most of whom were not originally from Arkansas) were previously an intern or fellow at CAVHS. They liked it so much that they either stayed after completing their training or returned when an opening later became available. Not only does this demonstrate that Arkansas is a fantastic place to live, it also says a great deal about the training culture at CAVHS. So, regardless of whether Arkansas becomes a temporary or permanent home for you, we are confident you will find much to appreciate, not only about our state and its culture, but about our training program and its culture, too!
POPULATION SERVED
Located in beautiful central Arkansas, Central Arkansas Veterans Healthcare System (CAVHS) is a large and comprehensive VA medical complex within the Department of Veterans Affairs (VA) that serves a diverse population representative of the cultural diversity inherent to the geographical region. The medical center is located in a metropolitan area of over 725,000 people and draws from a primary service area of 275,000 veterans. CAVHS providers also serve many veterans from other VAs and surrounding states, many of whom are referred for specialty programs, as well as active duty and National Guard personnel and family members. CAVHS serves adult veterans and their families, and the age range varies tremendously. Veterans served may include active-duty patients in their early twenties to geriatric patients aged 100+ years. Historically, the patient population has been predominately male, but with our recent Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflicts, an increasing percentage of women are establishing care and utilizing healthcare services at CAVHS. Fortunately, our Women's Clinic, which has been in place since the mid-1990s, is more than equipped to address the recent rise in the population of female veterans served. Additionally, ethnic diversity is broad, with the African American community being the largest minority group served. The medical center also serves veterans requiring a wide variety of needs, ranging from medical, surgical, behavioral, psychiatric, and psychosocial concerns.

SERVICES PROVIDED
Accredited by both the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF), CAVHS is a Category 1A flagship healthcare provider and is one of the largest and busiest VA medical centers in the country. Its two consolidated campuses, located in Little Rock and North Little Rock, anchor a broad spectrum of inpatient and outpatient healthcare services, ranging from disease prevention, through primary care, to complex surgical procedures, to extended rehabilitative care. Comprehensive healthcare is provided through primary, tertiary, and long-term care in areas of medicine, surgery, mental health, physical medicine and rehabilitation, neurology, dentistry, ophthalmology, geriatrics and extended care, women's health, and others.

Across its two main campuses, CAVHS has 280 operating hospital beds as well as a 119-bed Residential Rehabilitation Treatment Unit that provides long-term rehabilitative care and a 152-bed Community Living Center (formerly Nursing Home Care Unit). CAVHS also provides care to veterans across Central Arkansas through its eight Community-Based Outpatient Clinics (CBOCs) in the cities of Conway, El Dorado, Hot Springs, Mena, Mountain Home, Pine Bluff, Russellville, and Searcy. When care in one of the two main hospitals or eight outpatient clinics is either not possible or medically recommended, the Home-Based Primary Care (HBPC) program provides primary health care to eligible veterans in their homes. A Day Treatment Center and Vet Center are also
located in the Little Rock Metro Area. Finally, CAVHS offers an active telemedicine program, which provides remote services using advanced telemedicine technology directly from the North Little Rock campus to the area CBOCs.

HISTORY OF TRAINING
Throughout its rich history, CAVHS has been widely recognized, first and foremost, for a tradition of quality and caring for Arkansas veterans as well as for excellence in education, research, and emergency preparedness. To that end, CAVHS serves as a teaching facility for more than 1,500 students and residents enrolled in more than 65 educational programs; its principal affiliate is the University of Arkansas for Medical Sciences (UAMS). The history of CAVHS includes training for the field of psychology since the 1950s. The Psychology Internship Program has been fully accredited by APA since 1979, and the Postdoctoral and Interprofessional Fellowship Program has been fully accredited by APA since May 2013.

VHA MISSION
To honor America's veterans by providing exceptional health care that improves their health and well-being.

VHA VISION
VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research, and service in national emergencies.

VA CORE VALUES
Our core values are Integrity (i.e., act with high moral principle); Commitment (i.e., work diligently to serve veterans and other beneficiaries); Advocacy (i.e., be truly veteran-centric by identifying, fully considering, and appropriately advancing the interests of veterans and other beneficiaries); Respect (i.e., treat all those you serve and with whom you work with dignity and respect); and Excellence (i.e., strive for the highest quality and continuous improvement).
NORTH LITTLE ROCK DIVISION
Situated atop scenic bluffs overlooking the Arkansas River and the Little Rock Metropolitan skyline, our North Little Rock campus occupies the late-19th century Fort Roots military installation (originally commissioned for the US Army Cavalry prior to World War I) and is now a functioning hospital complex and National Historic Site. Located on the North Little Rock campus, the Eugene J. Towbin Healthcare Center is a large four-story building, which was constructed in 1983. It houses each of this division’s outpatient programs, residential rehabilitation programs, and inpatient beds. This building also contains a cafeteria, canteen store, medical library, bowling alley, barber shop, and indoor walking trail. The grounds of the North Little Rock campus are large and contain two small fishing lakes, an employee fitness center (available to staff and interns on a 24-hour basis), a fitness trail, a softball field, a newly constructed State Veterans Home, and numerous historic buildings operating as administrative offices for the VA. Also co-located on the North Little Rock Campus are the VISN 16 Mental Illness Research, Education, and Clinical Center (MIRECC) and the VA’s Federal Law Enforcement Training Center (FLETC), which trains the entire federal VA police force.

The North Little Rock campus contains the medical center’s Primary Care Clinics, Outpatient Mental Health Clinic, Outpatient and Residential Substance Use Treatment Clinics, Outpatient and Residential PTSD Clinics, Intermediate Medicine, Neuropsychology, Rehabilitation, Domiciliary, Community Living Center, and the Psychosocial Rehabilitation and Recovery Center. The North Little Rock division also serves as the primary setting for most clinical rotations in the Psychology Internship program.

Eugene J. Towbin Healthcare Center
2200 Fort Roots Drive
North Little Rock, AR 72114
Phone: (501) 257-1000
LITTLE ROCK DIVISION

Approximately eight miles and just a 15-minute drive away from the North Little Rock Division and conveniently situated in the heart of Midtown Little Rock, the **John L. McClellan Memorial Veterans Hospital** is our Little Rock campus. It is adjacent to, and physically connected to, the University of Arkansas for Medical Sciences (UAMS). This medical center houses inpatient wards including acute medicine, oncology, cardiology, surgery, neurology, neurosurgery, and intensive care units. It also serves hemodialysis patients and houses many medical and surgical outpatient clinics, a women's clinic, and an active emergency room. A cafeteria, canteen store, and medical library are also available at this campus.

John L. McClellan Memorial Veterans Hospital
4300 W. 7th Street
Little Rock, AR 72205-5484
Phone: (501) 257-1000
INTERN LEARNING RESOURCES
All interns are provided with adequate office space, equipped with appropriate furniture, a telephone with private voicemail, and a computer which allows access to medical records including progress notes, consult reports, laboratory findings, imaging films and reports, and access to remote records from other VA facilities across the nation. Email access, internet access, and a virtual library for literature searches are also available on each computer. Both campuses house medical libraries, and interns can gain access to the UAMS library located next to the Little Rock campus if needed. If a book or article cannot be found via the onsite libraries or virtual libraries, an online inter-library loan request can be made. Interns also have access to free parking at both campuses.
Thank you for your interest in the CAVHS Psychology Internship Program. Please do not hesitate to contact us if you have any questions throughout the application process. We look forward to hearing from you!
OVERVIEW
The CAVHS Psychology Internship Program provides a generalist training experience. All interns, regardless of specialty interests, are expected to learn and demonstrate the basic skills required of a beginning psychologist, primarily in the areas of assessment, intervention, consultation, and professional development. Our program focuses on supervised clinical training and features tracks with emphasis areas in general psychology, health psychology, and neuropsychology. All tracks provide vigorous training in evidence-based practices and promote recovery-oriented, veteran-centered care.

TRAINING MODEL
Our program is built on a practitioner-scholar model of training. The program emphasizes, in all aspects of its training, that the best practice must be solidly based in science. The important hands-on experiential aspects of internship training are grounded in the scientific literature, and our interns are challenged to systematically measure their assessment and intervention practices against an established knowledge base. All rotation supervisors emphasize the importance of consulting the scientific literature when working with a new patient population.

PROGRAM AIMS
The overall aim of our program is to ensure that interns acquire a broad range of the professional skills necessary to function effectively as psychologists in a variety of multidisciplinary healthcare settings, specifically the Veterans Healthcare Administration as well as other complex medical centers. Furthermore, those interns who choose careers in other areas of practice such as academia, research, and administration can be confident that this internship will have significantly contributed to their professional goals. In addition to its overall aim, the Psychology Internship Program has two specific aims:

1. To train psychologists in the delivery of quality, recovery-oriented healthcare
2. To train psychologists to appreciate the unique needs of the veteran population and in the provision of veteran-centered care
TRAINING PHILOSOPHY

Our philosophy of training reflects a basic belief that education and training for the internship is primarily experiential in nature and for the purpose of learning through service delivery under the supervision of staff providing similar services. The philosophy is consistent with VHA’s mission, vision, and core values. The philosophy of the program includes a commitment to the recovery-oriented, veteran-centered approach to all services. We strive to provide a supportive environment for interns, and we seek applicants whose desirable qualities include strong clinical and scholarly training experience, combined with strong interpersonal skills and sound character.

Our goal for the internship year is to provide each intern with individualized experiences and supervised training as well as increasing amounts of responsibility and autonomy, commensurate with demonstrated abilities, so that sufficient preparation for the role of professional psychologist will be achieved by the end of the internship year. As noted previously, the Psychology Internship Program is a generalist training experience, focused on enabling each intern to learn and develop the basic clinical skills involved in assessment, psychodiagnostics, psychotherapy, and consultation necessary for the practice of professional psychology. Still, the breadth and flexibility of the training program provides those interns who are well-versed in the basics of psychology an opportunity to develop and pursue their interests in specialty areas.

We recognize that service delivery is only one part of the psychologist’s role; therefore, we provide opportunities for our interns to become well acquainted with the other aspects of the practice of psychology. This includes offering diversified applied training; opportunities for understanding ethical and legal responsibilities; networking with peers and other professionals; gaining experience with administration; and functioning as a practitioner, consultant, and/or instructor.

COMMITMENT TO DIVERSITY

The CAVHS Psychology Internship Program is committed to promoting awareness of, and respect for, cultural and individual diversity with the goal of preparing interns to become culturally competent providers of mental health care. To achieve this goal, we integrate training on diversity and related factors throughout the internship year and work to create an inclusive environment where individuals of diverse backgrounds are welcomed and valued. We consider diversity as including various cultures, values, and experiences of trainees and faculty as well as different theoretical models, research paradigms, and ways of professional practice. Our training program incorporates multiculturalism, recovery-oriented approaches, and a biopsychosocial emphasis to ensure that diversity is fully integrated in the training experience. Intern applicants from diverse groups who are underrepresented in psychology are highly encouraged to apply.
PROGRAM LEADERSHIP

Our program is led by our Executive Committee, which is designed to facilitate administration and ongoing evaluation of the Psychology Internship Program. Formal membership on this committee includes the Director of Training, Selection Chair, Education Coordinator, Diversity Chair, Member-At-Large, and Program Administrator of Psychology Training Programs. The Committee meets in-person monthly, and email discussions are utilized on an as-needed basis. The duties of the committee include evaluation of the progress of each intern; evaluations of and recommendations for specific training needs; ongoing program evaluation and implementation of needed modifications; and review of applications and selection of interns. All psychology staff members and interns are encouraged to provide input and feedback to the Executive Committee, as desired or deemed necessary. If satisfactory resolution of any staff/intern problem cannot be achieved through the guidance of the Director of Training, the Committee will then serve as the decision-making body regarding resolution of identified issues.

Alissa Kolb, PsyD  
Director of Training

Gabby Cox, PsyD  
Selection Chair

Jordan Williams, PhD  
Education Coordinator

Jessica Domino, PhD  
Diversity Chair

Byron Simoneaux, PhD  
Member-at-Large

Courtney Ghormley, PhD, ABPP  
Program Administrator of Psychology Training Programs
ABOUT OUR FACULTY

There is no doubt that our faculty LOVE to teach and supervise interns. While supervision is completely voluntary and not a required part of their professional responsibilities at CAVHS, the vast majority of our psychology staff offer clinical rotations on which they serve as supervisors to our psychology interns. This dedicated group of supervisors is the main reason we are able to offer such a wide variety of fantastic rotations each training year, and they all volunteer their time and energy because they are passionate and committed to training the next generation of future psychologists.

Our supervisors are highly qualified and have trained at top-notch graduate programs, internships, and fellowships across the country. Most have specialty training and expertise in at least one of the following areas: trauma (PTSD/MST), severe mental illness (SMI), health psychology, neuropsychology, geropsychology, rehabilitation psychology, chronic pain, sleep disorders, eating disorders, moral injury, nightmares, LGBTQ+ issues, sexual health, personality disorders, diversity issues, first responders, rural populations, mental health stigma, gratitude, disability, and health disparities. Our supervisors practice from a variety of theoretical orientations, but most utilize and integrative approach, incorporating cognitive behavioral, acceptance- and mindfulness-based, interpersonal, dialectical behavioral, psychoanalytic, existential, humanistic, feminist, behavioral, and relational theories into their case conceptualization and clinical practice. Four of our staff are board-certified through the American Board of Professional Psychology (ABPP). Two faculty members are certified in biofeedback by the Biofeedback Certification International Alliance (BCIA). Most supervisors are certified in various evidence-based psychotherapies (EBPs), many of whom are also VA regional or national trainers. Thus, our interns have the opportunity to learn from some of the best practitioners and experts in the field.
Our psychologists are well-integrated and respected throughout our large VA facility. They serve in a variety of leadership positions throughout the hospital, including various roles as team leaders; program managers; Diversity, Ethics, and Dementia Committee members; Lead Smoking Cessation Clinician; Local Recovery Coordinator; Research Hub Coordinator; and Health Behavior Coordinator, to name a few. Our staff are also actively engaged in a variety of professional organizations, and several hold leadership roles or committee chair positions within these organizations. They have served as President of the Arkansas Psychological Association, are currently serving on the Board of Directors, and have served on the state licensing board for psychologists. Many are active members of the American Psychological Association (APA) as well as various divisions within APA, including Division 12 (Clinical Geropsychology), Division 17-Section 13 (Human-Animal Interaction), Division 18 (Public Service), Division 19 (Society for Military Psychology), Division 20 (Adult Development and Aging), Division 22 (Rehabilitation Psychology), Division 38 (Health Psychology), Division 40 (Neuropsychology) and Division 56 (Trauma Psychology). Our staff have served as members of the APA Council of Representatives representing the state of Arkansas. They are also active members in other professional organizations and associations, including the Association of VA Psychology Leaders (AVAPL), Arkansas Psychological Association (ArPA), Arkansas Association of Black Psychology Professionals, Society of Behavioral Medicine, American Society of Hypnosis, National Academy of Neuropsychology (NAN), International Neuropsychology Society (INS), National Register of Health Service Providers, International Society for Traumatic Stress Studies, Association for Behavioral and Cognitive Therapies, Society for Implementation Research Collaboration, Association of Contextual Behavioral Science, and American Congress of Rehabilitation Medicine. Our internship program is also a member of the Association for Internship Training in Clinical Neuropsychology (AITCN) and the Council of Geropsychology Training Programs (CoGTP).
In addition to their excellent clinical work, several of our supervisors are clinician-investigators affiliated with nationally recognized centers, including the Center for Mental Health Care and Outcomes Research (CeMHOR); Behavioral Health Quality Enhancement Research Initiative (BHQUERI); Geriatric Research Education and Clinical Center (GRECC); South Central Mental Illness Research, Education, and Clinical Center (SCMIRECC); and Evidence, Policy, and Implementation Center (EPIC). Clinician-investigators at CAVHS are supported by an array of funding partners (i.e., VA, DOD, NIH), and our interns who are interested in working with these psychologists have the opportunity to participate in projects focused on suicide prevention, health equity, implementation science, neurocognitive disease, and access to/utilization of care. Additionally, many of our supervisors hold various academic appointments and are actively engaged in teaching at the University of Arkansas for Medical Sciences (UAMS) or the University of Arkansas at Little Rock (UALR). Furthermore, several of our staff engage in private practice outside the VA.

Our dedicated supervisors and program leadership are committed to providing the highest quality internship training. They devote their time, energy, and expertise to ensuring our interns have an excellent training year and that each intern grows both clinically and professionally. They are highly involved in supporting our interns in reaching their long-term goals. Whether that means helping our interns obtain a specialty fellowship or employment position, our supervisors provide support, guidance, and mentorship throughout each step of the process. We truly value building lifelong, professional relationships with our interns and enjoy staying connected well after they leave CAVHS.
Core Program Requirements

PROGRAM STRUCTURE
The training year includes 1-2 weeks of general orientation (i.e., one day of VA-wide New Employee Orientation [NEO] followed by Psychology Internship Program orientation); three, four-month major rotations; and two, six-month minor rotations. Interns spend three days (24 hours) per week on each major rotation and one-and-a-half days (12 hours) per week on each minor rotation. Additionally, all interns are required to spend 10% of their time (one-half day, or 4 hours, per week) in didactic training over the course of the training year.

SUPERVISION
Interns receive at least four (4) hours of supervision per week. Each intern receives at least two (2) hours of scheduled, individual, face-to-face supervision from a doctoral-level licensed psychologist per week, with further consultation readily available. This includes one hour of scheduled, individual, face-to-face supervision with the intern’s major rotation supervisor and one hour of scheduled, individual, face-to-face supervision with the intern’s minor rotation supervisor each week. The remaining two hours of required weekly supervision may include any combination of the following modalities: individual vertical supervision by an unlicensed psychologist or postdoctoral fellow under the supervision of a licensed psychologist; unscheduled supervision with a licensed psychologist; and group supervision with a licensed psychologist. On each rotation throughout the training year, supervision will include direct observation of the intern by a licensed psychologist. Intern participation during various didactic seminars (e.g., intern case presentations) does not count toward the total minimum supervision hours required each week.

EVALUATION
Evaluation is a mutual process among interns, supervisors, and the training program as a whole. It serves important and necessary functions to ensure optimal training and achievement of expected competencies. Interns are formally evaluated on the following profession-wide competency areas: research; ethical and legal standards; individual and cultural diversity; professional values and attitudes; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills. Consistent with our program’s aims, interns are also formally evaluated on the following CAVHS program-specific competency areas: recovery-orientation/patient-centered care and veteran/military populations. Additional opportunities are provided for interns to develop more detailed, informal training objectives as needed or desired, allowing interns to tailor their training experiences to meet their individualized professional goals.

The Psychology Internship Program requires that supervisors provide interns with timely and ongoing verbal feedback as well as formal or written evaluations over the course of the training experience. Supervisors and interns develop a learning plan at the beginning of each training experience, including discussion of profession-wide and CAVHS program-specific competencies to be
developed. Behavioral objectives are clearly defined by primary supervisors at the beginning of each rotation, with input from the intern.

Formal, written evaluation occurs at mid-rotation and end-of-rotation for each major and minor clinical rotation. At the mid-point and conclusion of each rotation, the intern is evaluated on the degree to which the identified competencies were met, via a formal rating and narrative evaluation targeting training competency objectives. Evaluations will be completed by the primary supervisor but will also incorporate feedback from any secondary supervisors. These evaluations are discussed with the intern and the Psychology Internship Training Committee and will be stored by the Director of Training in a designated and secure location. Copies will also be sent to the intern's school at mid-year and end-of-year. Interns whose performance is not at an expected level of competence will be advised regarding the problem area(s) in his/her performance, and a specific plan to address the deficiency will be provided in writing and discussed with the intern. When performance improvement plans are warranted, they will be developed with the Executive Committee and approved by the Director of Training.

It is equally important that interns evaluate their supervisors, clinical rotations, and the training program as a whole. Ongoing feedback from interns has regularly shaped the program’s policies, procedures, and training opportunities. Interns and staff are expected to exchange feedback routinely and informally as a part of the supervisory process, but we also include formal evaluations in this process to allow the Psychology Internship Program to evaluate its progress in providing a quality training experience that successfully trains interns in identified competencies. Identified strengths and deficiencies of specific training experiences are closely examined in order to implement necessary program changes. We also want to be sure that our training staff is consistent with our program philosophy of treating interns with courtesy and respect and engaging wherever possible in collaborative interactions as part of the training program. Therefore, at the end of each rotation, the intern will complete and submit to the Director of Training a rotation evaluation form. The responses from each intern are kept confidential and then quantified during the next internship year, when the general results are shared with the supervisors and training committee. Identified strengths and deficiencies of specific rotations are closely examined in order to implement necessary program changes.

To facilitate ongoing, bi-directional communication between the intern and the training program, each intern will also have a mid-year individual meeting with the Director of Training to discuss the intern's ongoing progress and experiences.

**ASSESSMENT REQUIREMENT**

All interns, regardless of training track, are expected to complete six comprehensive, integrated assessments and reports (i.e., including measures of cognition and personality/mood) over the course of their training year. This requirement may be achieved on any combination of their selected rotations.

**EVIDENCE-BASED PSYCHOTHERAPIES (EBPs)**

All interns, regardless of training track, are expected to receive training in at least one EBP (e.g., Motivational Interviewing [MI], Cognitive Processing Therapy [CPT], etc.) and complete a full therapy protocol (i.e., individual or group format) in their selected EBP over the course of the internship year. This requirement may be achieved on any of their selected rotations, and the supervisor(s) will work with each intern to achieve completion. Please note that the spirit of the requirement is to ensure that the trainee gains training in an EBP and does not necessarily constitute certification.
EDUCATION/DIDACTICS

In addition to clinical training experiences, ten percent (10%) of the intern’s time is dedicated to educational and didactic training. All interns’ schedules will be blocked from 12:00-4:30 on Tuesday afternoons, during which time they will attend various required didactic trainings. These trainings will occur periodically throughout each month and include the following:

Intern Development Seminar (IDS) – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled periodically on Tuesday afternoons for two hours throughout the training year. The seminar is led by Dr. Jordan Williams, Education Coordinator, and presentation topics are chosen based on our program’s identified aims, feedback collected from prior intern cohorts, and the unique interests and training needs of each new intern class. A wide variety of topics are covered and generally include presentations in the areas of military culture, cultural competence/diversity, clinical assessment and intervention, evidence-based psychotherapy, medical/health psychology, neuropsychology, geropsychology, and professional development. They often serve as an opportunity to discuss legal, ethical, and cultural issues involved in the practice of psychology as well as diagnostics and testing, psychotherapy, new research, and specialty issues. Presenters primarily include faculty within the Psychology department, though psychology fellows, staff from other healthcare disciplines, and non-VA or community professionals occasionally serve as invited guest speakers. Please contact Dr. Williams at (501) 257-3206 for more information about the Intern Development Seminar. Additionally, as part of this didactic series, interns are required to complete the following presentations during their training year:

**Intern Scholarly Presentation** – This is a required presentation experience for all interns, regardless of training track. The intern will schedule his/her presentation at the beginning of the training year. Presentations are expected to be scientific in nature and may include original research, program development/evaluation, or quality improvement. All presentations must involve literature review, research design, methods, data, and data analysis in a format similar to a publication submission. Interns have typically used the forum as an opportunity to practice their dissertation presentation before their final defense, though this is certainly not required. Interns will present in a venue open to all Psychology staff and trainees. All proposed topics must be approved by Dr. Williams prior to the presentation date.

**Intern Case Presentation** – This is a required presentation experience for all interns, regardless of training track. The intern will schedule his/her presentation at the beginning of the training year and will choose a faculty mentor to serve as a guide prior to and during presentation of the case. Presentations are expected to include review and discussion of a unique or challenging assessment and/or intervention case. All presentations must involve an overview of the referral question, patient history and presenting problems, the intern’s chosen assessment and intervention methods, treatment course and outcomes, relevant cultural and ethical considerations, and any identified areas for continued growth. Integration of the relevant literature is also expected. The presentation is designed to increase the intern’s experience with educating and facilitating discussion among one’s peers as well as providing thoughtful and constructive feedback regarding his/her peer’s case conceptualization and assessment/treatment methods. While some prior interns have historically chosen to
present formally with a PowerPoint presentation, others have presented more informally. Some have opted to incorporate learning tools that are unique to their cases and clinical rotations (e.g., interns who have brought neuroimaging scans or raw test data for education purposes; interns working in the PCT who have provided abbreviated transcriptions of a PE protocol; etc.). Interns will present in a venue open to all Psychology staff and trainees. All proposed topics must be approved by Dr. Williams prior to the presentation date.

**Tuesdays with the Training Director**—This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled periodically on Tuesday afternoons for one hour throughout the training year. The seminar is led by Dr. Alissa Kolb, Director of Training, and presentation topics are chosen based on our program’s identified aims, feedback collected from prior intern cohorts, and the unique interests and training needs of each new intern class. A wide variety of topics are covered but generally center around program-specific and professional development issues (e.g., assessment and resolution of intern needs, navigating fellowship/job applications, etc.). This seminar allows interns the opportunity to connect with and garner support from their internship training director. Please contact Dr. Kolb at (501) 257-2870 for more information about Tuesdays with the Training Director.

**Diversity / Recovery Seminar**—This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled monthly on Tuesday afternoons for two hours throughout the training year. The seminar is led by Dr. Jessica Domino, Diversity Chair, and presentation topics are chosen based on our program’s identified aims, feedback collected from prior intern cohorts, and the unique interests and training needs of each new intern class. The seminar is designed to provide a consistent and safe environment for trainees (interns and fellows) to explore and appreciate cultural diversity; enhance self-awareness and self-reflection skills; apply recovery principles to healthcare services; and learn about the culture of the local community through culturally relevant outings. Please contact Dr. Domino at (501) 257-3481 for more information about the Diversity Seminar.

**Supervision Seminar**—This seminar is a required didactic experience for all interns, regardless of track. It is scheduled periodically on Tuesday afternoons for 1-2 hours throughout the training year. The seminar is led by Dr. Alissa Kolb, Director of Training, and Dr. Courtney Ghormley, Program Administrator for Psychology Training Programs, though other CAVHS supervisors or guest speakers may be invited to attend. Interns are exposed to various didactics and interactive exercises to encourage discussion and to develop skills related to formal supervision of trainees within the field of psychology. Throughout the seminar, interns will engage in role-plays, self-reflection exercises, and discussion of vignettes. The seminar is designed to provide interns with the opportunity to continue to build knowledge and skills in supervision of trainees.
Professional Development Seminar (PDS) – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour throughout the training year. The seminar is led by the Chief Psychologist. A wide variety of topics are covered and generally include presentations related to professional development, including discussion of specialty board certification through the American Board of Professional Psychology (ABPP). They often serve as an opportunity to discuss legal, ethical, and cultural issues involved in the practice of psychology. Presenters primarily include faculty within the Psychology department, though psychology fellows, staff from other healthcare disciplines, and non-VA or community professionals occasionally serve as invited guest speakers.

Psychology Community Meetings – This meeting is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour throughout the training year. The seminar is led by the Chief Psychologist. Topics generally center around various training site policies and procedures.

Other Didactic Opportunities – Other didactic opportunities may or may not be available or required for all interns, depending on their specific training tracks and clinical rotations. These learning experiences could include various track-specific/rotation-specific seminars or didactics; journal clubs; group supervision, including additional training in theory and application of supervision skills under the mentorship of a staff psychologist; grand rounds in psychiatry and/or neurology; interdisciplinary team meetings and/or family conferences; and VA-sponsored educational programs.
As noted previously, our training program is a generalist internship, ensuring that each intern develops the basic skills necessary for the practice of psychology. All interns will be expected to demonstrate minimum competency in multiple modalities of treatment, including therapy with individuals and groups; evidence-based psychotherapies (EBPs); and psychometrics. However, while these basic skills are expected of all interns, the program also supports early development of specialty interest in addition to the generalist philosophy. For this reason, our program offers Major Areas of Study in both Clinical Health Psychology and Neuropsychology, whereby interns will dedicate 50% of their time on clinical rotations within their specialty track. Specific learning opportunities will vary depending on the track for which the intern is chosen as well as the individual’s interests, training needs, and program requirements. During the first week of orientation, the Director of Training will work collaboratively with the intern to develop a course of internship training, which will meet the intern’s needs and interests to optimize training for each individual intern.
The General Psychology Track within our psychology internship program focuses on providing interns with a well-rounded experience in a wide variety of clinical settings. Applicants for this track are expected to have strong foundational clinical skills as well as an interest in general clinical or counseling psychology. Interns who choose this track and have a solid grounding in the basics of professional psychology will be given opportunities to develop a wider breadth of experiences or greater depth of skills with specific treatment populations and/or treatment modalities. Although ample training will be provided in working with mental health patients, the generalist intern will also be exposed to working with complex medical patients. Interns accepted for this track will have the option of selecting a combination of major and minor rotations among any of the General Psychology Track, Health Psychology Track, and Neuropsychology Track training experiences.

The Health Psychology Track within our psychology internship program adheres to APA’s Division 38 guidelines and offers a Major Area of Study in Clinical Health Psychology. For those interns who are selected for this track, 50% of their time will be dedicated to providing direct patient assessment, intervention, and consultation services on clinical rotations that are listed as Health Psychology training experiences (i.e., either two major rotations or a combination of one major and two minor rotations). Remaining rotations must be selected from the General Psychology Track and/or Neuropsychology Track training experiences. Applicants for this track are expected to have solid foundational clinical skills as well as a special interest in health psychology/behavioral medicine. Prior clinical training in health psychology is preferred. This track offers a wide variety of experiences in health psychology and behavioral medicine, providing six months of specialty training in settings that primarily serve complex medical patients. Given the diversity of our training experiences and supervising health psychology staff, interns on the Health Psychology track who have particular interests in primary care, sleep medicine, pain psychology, geropsychology, or rehabilitation psychology will be able to tailor their training plans to include a focus in these experiences.
The following are examples of potential training plans for interns on the Health Psychology track who are interested in a particular area of focus:

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<thead>
<tr>
<th>Health Psychology Track (Primary Care Focus)</th>
<th>Primary Care Behavioral Health (PCBH)</th>
<th>Home Based Primary Care (HBPC)</th>
<th>Mental Health Clinic (MHC)</th>
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<td>Outpatient Neuropsychology</td>
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<tr>
<th>Health Psychology Track (Sleep Medicine Focus)</th>
<th>Primary Care Behavioral Health (PCBH)</th>
<th>Consultation and Liaison (C&amp;L)</th>
<th>Consultation Neuropsychology</th>
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<td>Sleep Medicine</td>
<td>PTSD Clinical Team (PCT)</td>
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<th>Health Psychology Track (Pain Focus)</th>
<th>Primary Care Behavioral Health (PCBH)</th>
<th>Consultation Neuropsychology</th>
<th>Mental Health Clinic (MHC)</th>
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<td>Whole Health</td>
<td>Health Promotion Disease Prevention (HPDP)</td>
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<th>Health Psychology Track (Gero Focus)</th>
<th>Hospice and Palliative Care (HPC)</th>
<th>Geriatric Neuropsychology</th>
<th>Mental Health Clinic (MHC)</th>
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<td>Geriatric Patient Aligned Care Team (Geri-PACT)</td>
<td>Home Based Primary Care (HBPC)</td>
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<th>Health Psychology Track (Rehab Focus)</th>
<th>Acute Rehab</th>
<th>Consultation Neuropsychology</th>
<th>Substance Use Disorder (SUD) Treatment Program</th>
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<td></td>
<td>Home Based Primary Care (HBPC)</td>
<td>Consultation and Liaison (C&amp;L)</td>
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The Neuropsychology Track within our psychology internship program adheres to APA’s Division 40 guidelines and offers a Major Area of Study in Clinical Neuropsychology. Additionally, our program is a member of the Association for Internship Training in Clinical Neuropsychology (AITCN). For those interns who are selected for this track, 50% of their time will be dedicated to providing direct patient assessment and consultation services on clinical rotations that are listed as Neuropsychology training experiences (i.e., either two major rotations or a combination of one major and two minor rotations). Remaining rotations must be selected from the General Psychology Track and/or Health Psychology Track training experiences. Applicants for this track are expected to have solid foundational clinical skills as well as a special interest in neuropsychology. Prior clinical training (i.e., practicum) and/or work experience (e.g., as a neuropsychology technician) is required, and those with a strong clinical background in neuropsychology will be given highest priority. Previous coursework in neuropsychology is preferred but may be waived with sufficient practical experience.
Clinical Rotations

Below are descriptions of each available rotation within the General Psychology, Health Psychology, and Neuropsychology training tracks.

Note: The following clinical rotations and supervising staff are subject to change. However, please note that we will make every effort to inform prospective interns of any potential changes to our program as soon as they occur.

MENTAL HEALTH CLINIC (MHC)

A major or minor rotation in the MHC will consist of individual therapy, group psychotherapy, and psychological/personality evaluations of psychiatric outpatients. The clinic is comprised of an interdisciplinary team of more than 40 providers (i.e., psychologists, pharmacists, psychiatrists, social workers, and nursing staff) in addition to support personnel staff. An essential part of the rotation will be collaboration with other treatment providers, including providing feedback on psychological assessments to various disciplines of referring providers.

The MHC serves a diverse patient population, not only in terms of ethnicity, but also in terms of socioeconomic status, gender, age, and educational and occupational backgrounds. Our patients are also diverse in terms of diagnoses. Diagnoses of outpatients range from relatively mild problems (e.g., adjustment disorder) to more severe psychopathology such as schizophrenia, personality disorders, and dual diagnoses. Interns will be expected to gain experience in at least two evidence-based psychotherapies during their time on the rotation. Therapeutic approaches include, but are not limited to, Cognitive Behavioral Therapy, Cognitive Behavioral Treatment for Insomnia, Dialectical Behavior Therapy, and Interpersonal Psychotherapy.

Weekly supervision provides ongoing feedback on performance. Interns are evaluated on competencies in therapy and assessment through direct observation, supervision, audio recording, review of progress notes, and review of assessment reports. The rotation is designed to be flexible in meeting the training needs and interests of interns.

Supervisors: Drs. McCandless, Moseby, Schiele, and Swenskie
POSTTRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT)
The PTSD Clinical Team (PCT) accepts referrals from across the hospital system (in addition to interfacility requests) for Veterans and Active-Duty Service members who have been diagnosed with PTSD related to military service. Veterans receive services on an outpatient basis. All clinical services within the PCT are provided within a recovery framework and emphasize a whole-health approach to treatment, built upon a foundation of evidence-based practice and trauma-informed care. Within this framework, the focus of treatment extends beyond mere symptom reduction to also include improved overall quality of life and wellness.

Our services are delivered by a multidisciplinary team comprised primarily of psychologists, social workers, graduate and post-graduate trainees, and support staff (though we collaborate with professionals across disciplines in other hospital areas while coordinating care for our Veterans). Members of the PCT embrace living and working in valued ways. Team members routinely find support in work and in life from a group of colleagues that share much in common, yet are professionally, personally, and culturally diverse. The team is committed to providing the best professional care available to our Veterans while never neglecting to personally care for ourselves or one another. As a result, the PCT is generally a healthy and happy environment in which to train!

Trainees on this rotation will improve their understanding of factors that contribute to the development and maintenance of PTSD as well as how to effectively intervene with individuals living with this disorder. The overarching goal is to provide trainees with both breadth and depth of experiences, commensurate with their level of prior experience, current training needs, and future career goals. Our training utilizes a developmental model, with trainees being given greater levels of autonomy as competence and mastery of skills are demonstrated. Live observation and/or session recordings are routinely used to enhance the supervision and feedback provided. Though not guaranteed, whenever possible, trainees who have demonstrated competence with particular PTSD interventions may be given the opportunity to provide vertical supervision to other trainees with less experience in that area (e.g., if available, fellows may supervise interns, interns may supervise practicum students, etc.).

Depth of training in the PCT is achieved with a primary focus on the development and refinement of skills related to the delivery of evidence-based practices. Specifically, trainees will emphasize learning and delivering a manualized treatment (Cognitive Processing Therapy or Prolonged Exposure), with both fidelity and flexibility, and will learn to balance doing so while incorporating the other pillars of evidence-based practice that exist beyond the intervention itself. Breadth of training is achieved through exposure to multiple treatment modalities (psychoeducation, evidence-based treatments, and supplemental approaches), multiple formats for intervention (group vs. individual; in-person vs. tele-health; and outpatient vs. residential), assessment and measurement-based care, diversity of clients (with respect to cultural background, military service era, type of trauma, etc.), and more.

Specific treatment modalities offered through the PCT vary over time as the needs of our populations and skillsets of our practitioners’ change. Representative treatments currently utilized in the clinic, and which may be available as training opportunities, include: Prolonged Exposure (PE); Cognitive Processing Therapy (CPT); PTSD Intakes; Acceptance & Commitment Therapy (ACT); Seeking Safety; Couples Therapy (CBCT, IBCT); Whole Health Interventions; Mindfulness & Relaxation; Moral Injury / Adaptive Disclosure; Transitions (Re-adjustment services); Collaborative Assessment and Management of Suicidalty (CAMS); Motivational Interviewing; CBT for Post-Trauma Nightmares (CBT-TN); and others.

Interns are welcome to select this rotation as a minor rotation only at any point in their training year.

Supervisors: Drs. Brewer, Domino, Dykhuis, Fugitt, Griffin, Kitchens, Reeder, and Simoneaux
MILITARY SEXUAL TRAUMA (MST) PROGRAM
The Military Sexual Trauma (MST) Program offers specialized services to survivors of MST as well as survivors of non-military sexual trauma. Program participants undergo a sexual trauma assessment during which time appropriate treatment options are discussed. Veterans may elect to participate in MST-specific treatment options or request services available through other programs at CAVHS. Participating veterans vary widely in age and era of military service. Current participant ages range from 25 to 70 years of age, with the bulk being in their 40s to early 50s. Common diagnoses include PTSD, adjustment disorder, depression, substance use/abuse/dependency, bipolar disorder, and characterological problems. Treatment may occur in person, virtually, or via telephone. Thus, training in the provision of telehealth services will be provided as needed. Interns will work with veterans in individual therapy and will have the opportunity to work with other professionals from various disciplines. Clinical activities on this rotation include conducting sexual trauma assessment intakes; providing individual, evidence-based psychotherapy such as Cognitive Processing Therapy (CPT) for MST; providing supportive psychotherapy; and providing case management and consultation services. Additional training opportunities include participation in MST Committee Workgroups (as applicable); Sexual Assault Awareness Month; monthly National MST Training Webinars; and the National MST Support Team Annual Conference.

This rotation is available as a minor rotation on Mondays-Thursdays only, and space is limited to one intern per rotation.

Supervisor: Dr. Moseby

DIAGNOSTIC BEHAVIOR THERAPY (DBT) PROGRAM
Dialectical Behavior Therapy (DBT; Linehan, 1993) is an evidence-based psychotherapy (EBP) developed to treat suicidal behavior and emotion dysregulation. DBT includes four modes of treatment: individual therapy (1 hour/week), group skills training (90 minutes/week with two group leaders), therapist consultation team (1 hour/week), and phone coaching as needed to help generalize skills and address problems before they become crises. Treatment lasts one year. DBT’s efficacy and effectiveness have been demonstrated in 50+ randomized controlled trials. The VA/DOD clinical practice guideline recommends DBT for individuals with borderline personality disorder and recent self-directed violence.

Interns who select this rotation will attend a one-day DBT workshop, along with interns from the University of Arkansas for Medical Sciences (UAMS), at the beginning of the training year. Clinical experiences will include providing weekly individual psychotherapy, co-leading a weekly DBT skills group, participating on the therapist consultation team, and conducting skills coaching as needed. Interns will also receive one hour of individual supervision with a licensed psychologist and one hour of group supervision with the therapist consultation team each week.

This rotation is available as a minor rotation only, and space is limited to one intern per rotation.

Supervisors: Drs. Landes and Singh
SUBSTANCE USE DISORDER (SUD) TREATMENT PROGRAM
The Substance Use Disorder treatment program consists of a full spectrum of treatment, including Ambulatory Detox (3L), Residential Rehabilitation Treatment Program (RRTP), Intensive Outpatient Program (IOP), and outpatient treatment. The SUD program utilizes a Recovery Oriented approach to treatment, individualizing each Veteran’s treatment program based on their needs and goals. The intern will learn this philosophy of care and will engage in developing and applying Recovery-based approaches. The SUD team is multidisciplinary, consisting of Psychologists, Social Workers, Addiction Therapists, Psychiatrists, LPNs/APNs, and Peer Support Specialists, who engage in daily treatment team meetings. The intern will have the opportunity to work with each discipline and provide peer supervision/consultation.

Interns choosing this rotation will be actively involved in assessment, treatment planning, and delivery of treatment to a wide spectrum of Veterans with SUD and co-occurring disorders. Examples of treatment programming include Seeking Safety; DBT-Skills; CBT-SUD; Whole Health; Motivational Interviewing and Enhancement; Harm Reduction; Relapse Prevention; psychoeducational groups; and process groups. Treatment is conducted primarily in group format, but opportunities for individual therapy are present. Additionally, interns may have the opportunity to gain experience with cognitive screeners (e.g., MoCA), diagnostic interviewing (e.g., CAPS-5), and personality assessments (MMPI-2/MMPI-2-RF, MCMI, PAI, TAT, etc.), including scoring, interpretation, and report writing, as needed.

The SUD rotation tends to be fast paced. Work in this setting often requires interns and staff to ‘think on their feet.’ Interns may be involved in crisis intervention, in-the-moment team meetings to address program infractions and unplanned discharges, as well as unscheduled meetings to address Veterans’ emergent needs as they arise. These experiences provide ample opportunities for the intern to develop flexibility of clinical intervention and to function as part of an interdisciplinary team.

The SUD rotation is available as a major or minor rotation. Interns who select a minor rotation will individualize their rotation experience to include specific components of the larger SUD rotation, as suited to their schedules and interests.

Supervisor: Drs. Cox and Williams
GENERAL DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT PROGRAM (RRTP)

The General Domiciliary Residential Rehabilitation Treatment Program (RRTP) is a residential treatment program for veterans with a variety of psychosocial issues, including substance use disorders, mental health concerns, homelessness, and/or medical issues. Length of stay widely varies but typically ranges from 3-6 months, dependent on veteran needs. Common diagnoses include PTSD, MDD, substance use disorders, personality disorders, bipolar I/II, and schizophrenia. Unlike other RRTP programs, the General Domiciliary does not treat a particular disorder or subset of disorders. Often, veterans present with comorbid substance use and mental health disorders. Thus, this rotation is a good fit for interns interested in generalist training, who might want more clinical experience with a variety of mental health diagnoses as well as those interested in gaining experience in a residential setting.

This rotation is flexible and is tailored to the specific training needs of the intern, but interns can expect to be involved in the following:

- **Initial assessment:** Veterans undergo an initial assessment when they enter the program based on what they identify as primary concerns. Interns will be involved in administering mood and cognitive screeners and assisting with the write-up of a short initial diagnostic report for new admissions.

- **Group therapy:** There are a variety of groups available on the unit that interns would be invited to co-facilitate, including Seeking Safety, Smart Recovery, Acceptance and Commitment Therapy, Dialectical Behavior Therapy Skills Group, Brief Behavioral Treatment for Insomnia, Mindfulness-Based Relapse Prevention, Anger Management, and Ending Self-Stigma. If interested in program development, interns also have the option of creating their own weekly group to facilitate on the unit.

- **Individual therapy:** Interns will be expected to provide individual therapy on the unit. Due to the diversity of our patient population and their presenting problems, interns will likely be able to gain clinical experience with a variety of evidence-based psychotherapies (EBPs). Some commonly used individual treatments include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), and Cognitive Behavioral Therapy for Insomnia (CBT-I).

- **Team meetings:** Interns will be expected to serve as a member of the team by participating in daily team meetings (as often as schedule allows) as well as one weekly, formal interdisciplinary team meeting. During these meetings, the team and veteran discuss patient progress and problem-solve various unit issues. Typically, daily meetings consist of social workers and psychologists, and weekly meetings consist of the psychiatrist, social workers, psychologists, and the pharmacist.

Interns are welcome to select this rotation as either a major or minor rotation, and space is limited to one intern at any given time.

Supervisors: Drs. Neilson and Paschall
PTSD DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT PROGRAM (PTSD RRTP)

The PTSD Domiciliary Residential Rehabilitation Treatment Program (PTSD RRTP) is an intensive 8-week program designed to treat and address the specific issues related to veterans with PTSD. Emphasis is placed on improving quality of life, increasing management of PTSD symptoms, providing psychosocial rehabilitation, identifying and managing self-defeating behaviors, increasing awareness, and providing education on PTSD. Consistent with an RRTP focus, clinical services within the PTSD RRTP emphasize a whole-health approach within a recovery framework. Evidence-based treatment is focused on both the reduction of symptom severity and improvement of overall quality of life in all functional spheres. The program employs evidence-based therapies to reduce PTSD symptoms and utilizes occupational and recreation therapies aimed at improving socialization skills, time management abilities, and leisure activities.

The PTSD RRTP benefits from an active interdisciplinary team comprised of psychologists; social workers; occupational therapists; recreational therapists; medical staff, including psychiatrists, pharmacists, and advanced practice nursing staff; social services assistants; graduate and post-graduate trainees; and 24/7 support staff.

Trainees on this rotation should expect to improve their understanding of PTSD, including onset and maintenance, as well as gain exposure to a wide variety of intervention approaches. The PTSD RRTP aims to provide a training experience that will facilitate career goal fulfillment by working with the trainee to maximize breadth and depth of experience in a way that reinforces prior experience to address current training needs and prepare for future needs.

Specific PTSD RRTP training experiences involve individual assessment, treatment planning, and evidence-based therapy for PTSD, including Cognitive Processing Therapy and Prolonged Exposure. Programming also includes a wide range of supportive group-level interventions designed to address the many areas of life affected by trauma, such as Anger Management Therapy, Dialectical Behavior Therapy for emotion regulation, Values-Based Behavior Change Group (based on Acceptance & Commitment Therapy), and Moral Injury Group. Other experiences include EBT (CPT and PE) Process Groups, Whole Health Group, a Skills Practice Lab, and a series of elective group interventions, including art therapy, exercise, and mindfulness, as well as groups that target specific areas such as parenting, relationships, sleep hygiene, substance abuse, sexual trauma, transitioning back to civilian life, and other topics. The residential model also provides the opportunity to work with veterans individually to facilitate transition to independent community participation, including skill-building in the areas of housing, employment, health management, finance management, VA benefits management, and others.

The PTSD RRTP rotation can be challenging and is regularly rewarding in its demand for flexibility with a diverse population and dynamic interdisciplinary team, as well as the ability to adapt to fluid contextual factors. Daily interactions with veterans may involve crisis intervention and frequently involve impromptu treatment team consultation to address program infractions and unplanned discharges, and unscheduled meetings to address veterans’ emergent needs as they arise.

This rotation is available as a major or minor rotation, and space is limited to one intern at any given time. Interns who select it as a minor rotation will individualize their rotation experience to include specific components of the major rotation, as suited for their schedules and interests.

Supervisors: Drs. Bryant and Ray
HOMELESS RESIDENTIAL REHABILITATION TREATMENT PROGRAM (HOMELESS RRTP)

The Homeless Residential Rehabilitation Treatment Program (RRTP) is a 13- to 24-week residential program with emphasis on providing opportunities for veterans to achieve and maintain their highest level of independent community integration. This is accomplished through the provision of residential services designed to improve functional status, sustain rehabilitation gains, manage disability, promote recovery, and break the cycle of recidivism. The Homeless RRTP works to provide these opportunities by helping the veteran develop life and work-hardening skills and increase awareness. The Homeless RRTP also works from a recovery-oriented model, which helps the veteran to identify and manage self-defeating behaviors and improve quality of life. An interdisciplinary team composed of social workers, a recreational therapist, an occupational therapist, a vocational rehabilitation specialist, social service assistants, one staff psychologist, one staff psychiatrist, a peer support apprentice, and an advanced practice nurse (APN) provides services to the unit.

Interns choosing this rotation will be actively involved in the delivery of treatment which includes elements of cognitive behavioral therapy and mindfulness. Examples of treatment programming include Seeking Safety (i.e., an integrated group treatment for PTSD and substance use disorders), Face Everything and Recover (i.e., [F.E.A.R.]; designed to help veterans acknowledge and learn coping skills to deal with apprehensions or fears they may have with reintegrating into society), Wise Mind Group (i.e., Dialectical Behavioral Therapy [DBT] Skills Group), Healthy Relationships Group (i.e., Cognitive Behavioral Therapy [CBT] based curriculum), Brief Cognitive Behavioral Therapy for Pain Group, and individual Cognitive Processing Therapy (CPT) and Cognitive Behavioral Therapy (CBT) for appropriate patients. Interns may also be provided the opportunity to co-facilitate groups with other interdisciplinary team members (e.g., Conflict Management, Social Skills Training, Discharge Planning, and Community Reintegration).

A primary goal of the Homeless RRTP rotation is to provide the intern with a structured philosophy of treatment that focuses more on improved quality of life rather than mere symptom reduction. Furthermore, the skills learned on this rotation can be implemented readily to other patient populations with whom the intern may work. In addition to participating in program groups, interns will also be exposed to issues common to program development and gain increased understanding of the role of an interdisciplinary team. Although most therapeutic activities are group-oriented, there is an opportunity for structured, brief individual psychotherapy and integrative psychological assessments.

It is expected that the intern will become more autonomous as the rotation progresses and independently lead some of the groups in the program.

Interns are welcome to select this rotation as a **major or minor rotation** at any point in their training year, though space is limited to **one intern per rotation**.

**Supervisor: Dr. Gunn**
ACUTE INPATIENT PSYCHIATRY

The Acute Inpatient Psychiatry unit at CAVHS is a 26-bed unit located on unit 3K in North Little Rock. This is an excellent opportunity for interns who have not yet completed an inpatient experience to be able to learn more about serious mental illness, recovery, and the inpatient milieu. It is also a wonderful opportunity for those familiar with inpatient units and/or veterans with SMI, as it offers unparalleled flexibility in creating your own groups, training programs, and additions to the milieu. This rotation also offers the unique opportunity to follow veterans as they transition to less acute inpatient units.

Because of the flexible nature of the rotation, interns choose how to focus their time. For example, interns may wish to use group materials developed by past supervising psychologists and trainees or create their own program. All interns will provide group and individual services to veterans with a wide range of presenting problems. They will increase their skills in quickly developing rapport and instilling hope while working with veterans with significant personal, symptomatic, and environmental challenges. Interns also gain skills and confidence in developing safety plans with acutely suicidal and homicidal veterans, group management skills, and approaching inpatient treatment from a recovery orientation. Past trainees have identified that developing their group management skills during unit groups was both the most challenging and most rewarding aspect of the rotation. Additionally, interns will work closely with the interdisciplinary team made up of peer support, psychiatry, psychology, pharmacy, social work, recreational therapy, nursing, and students and residents from several disciplines.

As interns gain skill and confidence, they will have the opportunity for significant autonomy in selecting their areas of focus and specific work, with readily available supervision and consultation. It is important to note that this rotation is particularly flexible with only morning meeting and group times scheduled. All other encounters occur as needed for the veterans, and interns are able to work them in around their other duties. This may come naturally to you, or you may work with your supervisor on developing this professional skill during supervision; rest assured that all interns have been very successful in making this rotation their own. While specific activities will vary depending on each intern’s interests and needs, all interns will spend time:

- Attending morning meetings from 8:30-9:00 on as many days as they can fit into their schedules
- Facilitating and co-facilitating groups
- Meeting with veterans individually for time-limited therapy, safety planning, and discharge planning
- Developing and implementing staff education/training
- Working with the multidisciplinary team as well as outpatient providers to coordinate care
- Completing a thorough chart review of a veteran of their choice

Interns are welcome to select this rotation as a major or minor rotation at any point in their training year, though space is limited to one intern per rotation.

Supervisor: Dr. Viverito (Note: interns may receive vertical supervision from a Psychosocial Rehabilitation [PSR] fellow)
PSYCHOSOCIAL REHABILITATION RECOVERY CENTER (PRRC)

The PRRC is an outpatient transitional learning center that provides a person-centered and empowering environment to support the recovery of veterans living with serious mental illness (SMI). Recovery is a nonlinear process that involves enhancements in living, learning, working, and socializing that leads to meaningful self-determined community roles (e.g., student, worker, volunteer, etc.). As veterans progress in their recovery, they develop skills and resources that enhance their success in the community and decrease the need for psychiatric hospitalization.

PRRC veterans’ ages typically range from 30-65. Eligible veterans have been diagnosed with one of the following mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, or severe PTSD. All veterans in the PRRC have a psychiatric disability related to their diagnosis of SMI. PRRC staff work in partnership with veterans to help them identify and achieve recovery goals. While helping veterans develop or enhance skills and resources, staff instill hope and participate in activities that decrease the stigma individuals with SMI often face in society. The PRRC also educates veterans, family members, and community agencies about recovery and ways to support veterans in their recovery from SMI.

The PRRC program manager is Melissa Minor, LCSW, who also manages the MHICM and CRC programs. PRRC staff members include two social workers, one occupational therapist, and one full-time psychologist. Social work and occupational therapy pre-degree trainees also often train in the PRRC along with post-degree psychology, social work, and occupational therapy fellows. Of note, it is a small and friendly team, and we often receive feedback that the support offered by team members is particularly unique.

Interns training in the PRRC will gain experience and training in psychosocial rehabilitation and recovery principles and will work in partnership with veterans with SMI to help them achieve their mental health recovery goals. Interns will also gain experiences with screening and psychosocial assessments. There is significant flexibility in groups, and our schedule is always changing; interns often develop and facilitate their own unique groups on this rotation.

All interns training in the PRRC will:

▪ Provide recovery coaching (e.g., screening, assessment, development of recovery plan, ongoing recovery coaching meetings)
▪ Co-facilitate classes in the PRRC classroom (on campus), by VVC, and in the community
▪ Develop and implement their own class in the PRRC
▪ Participate in morning interdisciplinary treatment team meetings on Mondays and/or Wednesdays
▪ Complete one thorough chart review for a PRRC Veteran

Additional opportunities include:

▪ Individual therapy
▪ Psychological testing (e.g., diagnostic clarification)
▪ Development of workshops
▪ Development of new classes
▪ Outreach to the community
▪ Learning an EBP

Interns are welcome to select this rotation as a major or minor rotation at any point in their training year, though space is limited to one intern at a time.

Supervisor: Dr. Huston (Note: interns may receive vertical supervision from a Psychosocial Rehabilitation [PSR] fellow)
LOCAL RECOVERY COORDINATOR (LRC)

The 2003 Presidents New Freedom Commission on Mental Health emphasized the importance of recovery-oriented mental health care. VHA responded with the VA Mental Health Strategic Plan and later the Uniform Mental Health Services Handbook. These documents established the position of Local Recovery Coordinator (LRC) at each VA to facilitate a recovery-oriented cultural change and transformation in Mental Health and throughout the hospital. Dr. Kristen Viverito serves as the LRC at CAVHS with the goal of helping our service to continue growing our recovery orientation as we collaborate with veterans on their recovery journey, defined by SAMHSA as, "a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." Recovery is a nonlinear process that involves enhancements in living, learning, working, and socializing that leads to meaningful self-determined community roles (e.g., student, worker, volunteer, etc.).

Interns on the LRC rotation will focus their learning and practice on mental health recovery and the different duties of the LRC position, which is a 25% clinical/75% administrative position. Interns will also have the opportunity to work on several committees and integrate recovery-oriented practice into their daily work. For example, Dr. Viverito will include interested interns in her other duties as Program Officer for our hospital Integrated Ethics Board (aka Chair of the Ethics Committee), co-chair of the Education Committee of the End Harassment campaign (national mandate to address sexual harassment on VA campuses), and participation on the Mental Health Diversity Committee, CAVHS Health and Wellness Steering committee, LGBTQ Workgroup, and MST Workgroup.

More specifically, interns will learn more about and grow in their own recovery orientation; collaborate closely with Suicide Prevention on outreach and education efforts; work to increase collaboration with the community; facilitate and co-facilitate trainings on different aspects of mental health recovery; be involved in ethics consults, preventative ethics projects, and ethics education; and participate in other committee and workgroup initiatives as interested and available. The actual projects and duties will really be unique to each intern and based on his or her interests and goals.

Interns will have the opportunity to work directly with veterans in two ways. First, as part of the national duties of the LRC, interns will work with Dr. Viverito in reaching out to veterans with SMI who were previously seen at CAVHS, but have been lost to care, as well as reestablishing them in care when desired and reporting this progress to the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC). This often includes multiple calls with veterans and their families to both establish rapport and trust as well as help connect them with the resources they need. Second, interns will work directly with veterans in our Psychosocial Rehabilitation and Recovery Center (PRRC), Mental Health Intensive Case Management Program (MHICM), and Community Residential Care (CRC) program. All three are outpatient programs specific to the needs of veterans with psychiatric disabilities and diagnoses of serious mental illness and are known to be small, warm, and welcoming teams on which to work. Interns may also be consulted among the inpatient units, as needed. In our current contingency standard of care, outpatient work includes conducting groups and individual sessions via telehealth as well as virtual team meetings with the multidisciplinary team. Inpatient work occurs face-to-face and is limited, based on unit need and intern preference.
Although specific activities will vary depending on each intern's interests and needs, all will spend time:

- Receiving advanced training in recovery orientation
- Attending and participating in committee meetings, education, and projects promoting recovery at CAVHS
- Completing outreach to veterans with SMI who have been lost to care
- Attending and participating in committee meetings, education, and projects for other committees and workgroups based on intern interests and goals
- Collaborating with other special services
- Attending PRRC interdisciplinary team meetings on Wednesday mornings
- Creating, implementing, and training others in a manualized 2- to 3-session group on the topic area of their choice in the PRRC/MHICM/CRC
- Completing a thorough chart review of a PRRC/MHICM/CRC/inpatient veteran of their choice
- Meeting with veterans individually for time-limited therapy, safety planning, and/or recovery coaching
- Attending both scheduled and “on the fly” supervision

This rotation is available as a minor rotation and is limited to one intern per rotation.

Supervisor: Dr. Viverito
**SLEEP MEDICINE**

The CAVHS Sleep Center is staffed during the day by two board certified sleep medicine physicians, one advanced practice nurse, one psychologist, three sleep technicians, and two respiratory therapists. The CAVHS Sleep Center has over 12,000 patients on Positive Airway Pressure (PAP) for obstructive sleep apnea and treats other sleep disorders in this population, the most common of which is insomnia.

Psychology interns on the Sleep Medicine rotation will become competent to provide Cognitive Behavioral Therapy for Insomnia (CBT-I) and will have the opportunity to work individually with several patients. Interns will learn to incorporate treatment for PAP nonadherence and claustrophobia to the mask with insomnia treatment since our population often requires behavioral intervention in both areas. Insomnia is common in most patient populations, and CBT-I is considered the gold standard for treatment. Interns will spend time shadowing our sleep pulmonologist while they meet with patients, with the goal of learning broad concepts about sleep medicine including diagnosis and treatment options for breathing related and other sleep disorders. They will also shadow the respiratory therapists in the Continuous Positive Airway Pressure (CPAP) clinic as they work with veterans learning to use PAP, with the goal of gaining an understanding of PAP and mask fit.

This rotation is available as a *minor rotation*, and space is limited to one intern at a time. Additionally, this rotation is available only on Mondays and Tuesday mornings.

Supervisor: Dr. Milwee

**CLINICAL RESEARCH**

In addition to its robust clinical service lines, CAVHS also has active clinical and health services research programs dedicated to improving Veterans’ access to and engagement in evidence-based treatments for mental health and substance use disorders. Interns on this rotation will receive weekly individualized supervision from a CAVHS psychologist clinical researcher. Interns will also participate in activities such as developing and implementing a research project, analyzing and interpreting quantitative and qualitative data, preparing findings for presentation and publication, and attending educational research meetings. The rotation will be tailored to the intern’s career goals, existing research skills, and available projects. The ideal candidate for the rotation will be interested in applying for a research-focused post-doctoral fellowship (e.g., VA Mental Illness Research, Education, and Clinical Center [MIRECC] fellowship) and/or a career within a university or academic medical center.

This rotation is available as a *minor rotation*, and space is limited to one intern per rotation. Additionally, to be eligible to participate in this rotation, an intern must have already defended his/her dissertation.

Supervisors: Drs. Griffin, Landes, Singh, and Woodward
PRIMARY CARE BEHAVIORAL HEALTH (PCBH)

On the PCBH rotation, interns will work as a member of an integrated treatment team, including several psychologists, one of whom is board-certified in Clinical Health Psychology; psychiatrists; primary care physicians; social workers; RNs; APNs; pharmacists; and administrative assistants. PCBH seeks to bridge the gap between medical and mental health care outside of a specialty mental health clinic in order to improve access to behavioral health services within the primary care treatment environment. This rotation provides opportunities to work closely with Patient Aligned Care Team (PACT) providers, various specialty medical services, and psychiatry in order to coordinate care and provide brief, solution-focused mental health/behavioral medicine interventions. The goal is to enhance the delivery of holistic health services in primary care and to develop skills to address behavior change needs.

PCBH interns will learn to conduct brief assessments and problem-focused, solution-oriented individual and group interventions to address mild to moderate psychiatric and behavioral health issues, including depression, anxiety, PTSD, pain, insomnia, stress management, tobacco use, weight management, treatment adherence, and substance use disorders, in an integrated, patient-centered environment. Through brief assessments (30 minutes) and shorter duration treatment (not more than 4-6 sessions), interns will be able to learn or to refine skills in using motivational enhancement strategies to improve Veterans’ follow through with treatment recommendations and/or to make healthy lifestyle changes within the primary care setting. They will also be able to develop skills in succinctly communicating assessment findings and treatment plans to both Veterans and PACT providers. PCBH is a fast-paced, ever-changing work environment that can help to develop an intern’s ability to think on his/her feet, multitask, and conceptualize from a problem-focused perspective.

This rotation is available as a major rotation, and space is limited to one intern per rotation.

Supervisor: Drs. McLeod, Scott, and Woodward
GERIATRIC PATIENT ALIGNED CARE TEAM (GERI-PACT)

The Geri-PACT rotation provides an outpatient experience centered on older adults and cognitive functioning. Interns will develop specialized skills in intervention, caregiver support, psychoeducation regarding cognitive changes, interdisciplinary consultation, and administration of brief cognitive screeners. Interns will work as integrated members of the interdisciplinary team (i.e., geriatricians, nurse practitioners, pharmacists, dietitians, social workers, and medical support assistants).

Providing staff, veterans, and/or their caregivers with psychoeducation regarding cognitive changes is critical for this rotation. Interns will meet with veterans and/or their caregivers and administer cognitive screeners to assess potential cognitive changes and provide a mild or major neurocognitive disorder diagnosis, as appropriate. Interns will develop the ability to provide veterans and/or their caregivers with feedback and recommendations within the same session. The diagnosis of a mild or major neurocognitive disorder can compound psychosocial stressors within an individual’s life and social network. Providing caregiver support services and helping with the development of adaptive coping strategies for the spouses or identified caregivers of our veterans may also present as an option for interns. The initial focus will be on the understanding, assessment, and treatment of psychosocial factors associated with mild or major neurocognitive disorders.

There is no prerequisite experience or training required for this rotation, as skill development goals are specifically suited to the abilities of each intern. At a minimum, interns can expect to accomplish the following during this rotation: (1) gain a solid understanding of the aging process and the psychological needs of the elderly from both theoretical perspectives and clinical experiences; (2) obtain increased competence in interviewing and administering cognitive screeners to older adults; (3) experience working within an interdisciplinary treatment team for veteran-centered care; and (4) continued development of providing psychoeducational information to geriatric and medical populations in regards to cognitive changes and the aging process.

This rotation is available as a minor rotation only, and space is limited to one intern at a time.

Supervisor: Dr. Preston
HEALTH PROMOTION DISEASE PREVENTION (HPDP)

A psychology intern on the HPDP rotation will have the opportunity to be involved in providing health interventions to veterans and program development. Occasionally, there may be the opportunity for interns to assist with staff training (e.g., motivational interviewing training) and planning and implementing shared medical appointments focused on a variety of health issues (i.e., hypertension, diabetes, COPD, etc.). Individual and group interventions primarily focus on tobacco cessation counseling, weight management, and adjustment to blindness. There will be opportunities for interns to conduct pre-bariatric surgery psychological assessments and psychosocial evaluations for the inpatient blind rehabilitation program. In addition, interns will have the opportunity to be involved in developing new programs and initiatives to address the health needs of veterans. On this rotation, interns will have opportunities to work with a variety of healthcare professionals (e.g., dietitians, pharmacists, etc.).

This rotation is available as a minor rotation and is available during the second six-month rotation only, which means that the intern will spend one-and-a-half days per week on this rotation during the months of February-July. This rotation is limited to one intern at any given time and will be offered on Wednesdays and Thursdays only.

Supervisor: Dr. Mesidor

WHOLE HEALTH

The health and wellness department at CAVHS is comprised of a unique interdisciplinary team that offers complementary and integrative services to veterans searching for more holistic approaches to their overall healthcare. These services are directly tied to the Whole Health Circle and include tai chi, yoga, aromatherapy, massage therapy, acupuncture, nutrition, health coaching, peer support, mindfulness, biofeedback, and clinical hypnosis. Whole Health is a VHA national movement aimed to shift the culture of care from episodic points of clinical care, which is primarily focused on disease management, to one that is based in a partnership across the lifespan and encourages self-empowerment, self-healing, and self-care. Not only has this “new” wave of healthcare been rolled out across VAs nationwide, but this approach is growing in the private sector too. Thus, learning more about this treatment approach will help interns become more well-rounded clinicians who are knowledgeable in the many holistic healthcare services that are growing in demand. This is an excellent rotation for those with a health psychology orientation and/or an interest in working in an integrated healthcare system of the future.

The Whole Health rotation will provide training in the whole health functional medicine management of health and wellness. Clinical opportunities include conducting psychological assessments; learning about mind-body interventions like biofeedback and clinical hypnosis for the management of chronic pain and other co-morbid physical and mental health conditions; providing evidence-based psychotherapy such as Cognitive Behavioral Therapy for Chronic Pain (CBT-CP); and co-leading an introduction to relaxation skills group as well as a sleep hygiene class. There are also many opportunities for program development on this rotation (e.g., creating a whole health group designed for a particular population of interest).

This rotation is available as a minor rotation only, and space is limited to one intern per rotation.

Supervisor: Dr. Croes-Orf
CONSULTATION AND LIAISON (C&L)
Intens who select the Consultation and Liaison (C&L) rotation will primarily work as a consultant to various inpatient medical services/teams that provide care to veterans who are experiencing adjustment difficulties/psychological distress related to their medical condition(s) and/or issues surrounding end of life. Frequently, these veterans also have comorbid mental health diagnoses. Interns will have exposure to patients with a variety of medical and mental health diagnoses, and attention will be paid to helping them understand the interaction of these patients with the medical system. Consultation services are primarily provided to veterans within the Hematology/Oncology, Medical/Surgical, Nephrology, and Pulmonary teams. While most clinical services will be provided to inpatients, there are also opportunities to work with outpatient veterans.

Intens who select this rotation will work as a consultant to each interdisciplinary team, playing an active role in the comprehensive care of each veteran, collaborating with various team members, and providing education and recommendations as needed. This rotation includes opportunities to work closely with attending physicians, medical fellows and residents who rotate on each team, nursing staff, social workers, and other healthcare providers. Thus, it offers interns additional exposure to various diagnostic, medical treatment, psychosocial, and systemic issues that arise when caring for veterans with complex medical and mental health conditions.

Clinical and training opportunities of the rotation include conducting focused, bedside assessments, as warranted by the referral question, to inpatient veterans with a variety of chronic medical conditions, as well as conducting pre-transplant (e.g., bone marrow, organ) and pre-surgical (e.g., liver, kidney, and stem cell transplants) evaluations.

This rotation is available as a major or minor rotation but is limited to one intern at any given time.

Supervisor: Dr. Barber

HOSPICE AND PALLIATIVE CARE (HPC)
The Hospice and Palliative Care (HPC) rotation focuses on the development of skills to compassionately and comprehensively care for veterans and their families who are coping with chronic illness, terminal illness, and end-of-life concerns. An intern who selects this rotation will function as an integral member of the HPC interdisciplinary care team and gain exposure to a variety of medical and psychiatric diagnoses. Special attention will be paid to facilitating self-reflection about the intern’s personal views of the dying process and death as well as any explicit and/or implicit biases about chronic illness and terminal illness. While most clinical services will be conducted in the inpatient setting, there may also be opportunities to work with veterans receiving outpatient care. Depending on the intern’s interests, clinical and training opportunities on the rotation may include 1) therapy, assessment, and consultation with veterans facing serious and/or life-threatening illness, their families, and medical staff; 2) complicated grief and bereavement support; 3) spiritual exploration and meaning-centered therapy; 4) animal-assisted interventions; and 5) holistic, alternative, and complementary healthcare approaches.

This rotation is available as a major rotation and is limited to one intern per rotation.

Supervisor: Dr. Brisson
ACUTE REHAB

The Physical Medicine and Rehabilitation Service (PM&RS) operates a 15-bed, inpatient, CARF-accredited, acute medical rehabilitation program. The unit serves a large veteran population, and individualized programs are available to provide targeted interventions for individuals with a variety of complex medical and rehabilitation needs. Veterans served on this unit are typically recovering from or improving their level of function as a result of various acute or chronic traumatic, progressive, or congenital injuries and illnesses that may result in a wide variety of physical, sensory, neurocognitive, behavioral, and/or emotional disturbances. Veterans typically served on this unit include individuals who have experienced cerebrovascular accidents, traumatic or other acquired brain injuries, spinal cord injuries or disorders, limb amputations, neuromuscular disorders, brain tumors, cardiac arrest, cancer, orthopedic problems, burns and/or disfigurement, chronic pain, deconditioning, and other medical conditions that limit functioning or participation in valued life activities.

Treatment programs are designed and implemented by an interdisciplinary team of professionals with the goals of broadening patient opportunities as well as facilitating maximal individual functioning and participation in social relationships and activities, recreation, education, employment, and the community in general. This team includes the veteran and his/her family, attending physiatrist, advanced practice registered nurse, rehabilitation nurses, physical therapists, occupational therapists, kinesio therapist, speech-language pathologists, social worker, rehabilitation psychologist, dietitian, recreational therapist, pharmacist, and other consultants. The interdisciplinary team meets bi-weekly to discuss each veteran's progress and prognosis for recovery, rehabilitation goals, participation in his or her therapies, and plans for discharge.

Interns who choose this rotation will provide brief, focused, and time-limited assessment and intervention services to assist veterans living with disability, activity limitations, and/or societal participation restrictions as well as their significant others in coping with and adapting to the effects of the injury or illness, with the primary goals of increasing overall function and quality of life. The intern will function as an integral team member, providing consultation, assessment, and intervention services to assist veterans and the team with managing various emotional, cognitive, and behavioral barriers to participation and recovery, including but not limited to poor adjustment to disability, depression, anxiety, cognitive impairment, questions of capacity, substance use, treatment adherence issues, acute and chronic pain, family conflict, and psychosocial issues.

This rotation is available as a major rotation, and space is limited to one intern per rotation.

Supervisor: Dr. Kolb (Note: interns may receive vertical supervision from a neuropsychology fellow)
HOME-BASED PRIMARY CARE (HBPC)

The Home-Based Primary Care (HBPC) rotation provides in-depth training in geropsychology and the opportunity for interns to gain experience as an integral part of an interdisciplinary primary care team. HBPC utilizes an interdisciplinary approach in the provision of services to homebound veterans with chronic and disabling medical illnesses. The intern has the opportunity to work with various specialties, including medicine, nursing, occupational therapy, social work, dietetics, and pharmacy. The average age of our veteran population is approximately 80 years old; therefore, the rotation provides expansive opportunities for those interested in working with older adults. The rotation also offers the unique experience of providing a wide range of mental health services to our patient group in their home environments, which may be the veteran's personal home, an Assisted Living Facility, or VA Medical Foster Home. Training opportunities available to interns include the following:

- Neuropsychological screenings and behavioral health assessments to identify level of functioning, inform treatment planning, and facilitate patient care.
- Individual and family therapy for depression, anxiety, end-of-life issues, and other forms of emotional distress.
- Providing support to caregivers of patients diagnosed with dementia utilizing the REACH (Resources for Enhancing All Caregivers Health) model. Formal certification in REACH, which is an empirically based treatment, is available to the intern if desired.
- Training in behavioral interventions and environmental modifications focused on the management of psychological problems in patients with varying levels of cognitive impairment.
- Conduct capacity evaluations.
- Provide crisis management, stabilization, and coordination of care for veterans at risk for suicide.
- Implementation of behavioral medicine interventions (i.e., behavioral sleep management, pain management, weight management, smoking cessation) with a medically complex patient population.
- Participate in reporting of suspected elder abuse and neglect as a mandated reporter.
- Consultation with other program staff about the role of psychological issues in the day-to-day management of patient care.
- Interns have the opportunity to serve as the key mental health provider for a primary care team, to coordinate care with other team members, to participate in team meetings, and to manage the mental health needs of geriatric veterans.

All home visits by the intern are made with the supervising psychologist. Supervision includes 1–2 hours of formal individual supervision per week, with additional opportunities for informal discussion throughout the training day. Training and supervision about health care team dynamics, as well as Psychology’s role in facilitating the overall functioning of interdisciplinary teams, is included as part of the supervision process.

Interns are welcome to select this rotation as a major or minor rotation at any point in their training year, though space is limited to one intern per rotation.

Supervisors: Drs. Abram and Henderson
OUTPATIENT NEUROPSYCHOLOGY

This rotation provides training in neuropsychology, under the supervision of a board-certified neuropsychologist, with extensive experience in the administration and interpretation of a flexible battery approach, including training in empirically based neuropsychological procedures for diagnostic and treatment purposes. Neuropsychological assessment will be utilized to increase the understanding of behavioral expression of brain dysfunction, assist in diagnostic clarification, and provide recommendations for treatment and recovery-oriented interventions. Patients are seen on a referral basis for neuropsychological evaluation. Referrals are received from Primary Care, Neurology/Neurosurgery, the Physical Medicine and Rehabilitation Service (PM&RS), Community Living Center (CLC), Mental Health Service (MHS) programs (e.g., Mental Health Clinic [MHC], Substance Use Disorder [SUD] program, PTSD Clinical Team [PCT]), and active-duty military bases.

Interns are welcome to select this rotation as a major or minor rotation at any point in their training year, though space is limited to one intern per rotation.

Supervisor: Dr. Clement (Note: interns may receive vertical supervision from a neuropsychology fellow)

GERIATRIC NEUROPSYCHOLOGY

This rotation provides wide-ranging training in neuropsychological evaluation, under the supervision of a board-certified neuropsychologist, of geriatric patients with extensive experience in the administration and interpretation of neuropsychological procedures, including training in validated standardized psychometric testing and other neurobehavioral approaches for diagnostic, treatment, and disposition planning purposes. Interns on this rotation will develop skills necessary for differential diagnosis of normal aging and disease states that impact cognition and function in the aged. Interns will gain skills in making treatment recommendations and providing feedback to patients and their families. Interns on this rotation can expect to accomplish the following: (1) enhance foundational knowledge to include pertinent biomedical considerations in the aged; (2) obtain increased competence in interviewing, neuropsychological assessment, and treatment/disposition planning relevant to geriatric and medical populations; and (3) learn neuropsychological case formulation and differential diagnostic skills.

Interns are welcome to select this rotation as a major or minor rotation at any point in their training year, though space is limited to two major rotation interns and two minor rotation interns at any given time.

Supervisor: Dr. Mooney (Note: interns may receive vertical supervision from a neuropsychology fellow)
CONSULTATION NEUROPSYCHOLOGY

This rotation offers widespread training in neuropsychological assessment, under the supervision of a board-certified neuropsychologist, of adults and geriatric veterans, with extensive experience in the administration and interpretation of a flexible battery approach, including training in empirically based neuropsychological procedures for diagnostic, treatment, and rehabilitation purposes. Interns on this rotation will develop skills necessary for differential diagnosis, making practical treatment recommendations, and providing feedback to veterans, their families, and referral sources.

Consultative services, such as involvement with the ADHD Clinic, neurocognitive rehabilitation services, and Polytrauma Clinic, are also available for interested interns. The ADHD Clinic specializes in providing comprehensive assessment and compensatory interventions for ADHD/attention difficulties, often working closely with psychiatry. If an intern chooses to do so, the opportunity to develop skills in neurocognitive rehabilitation approaches, including facilitating/co-facilitating a neurocognitive rehabilitation group and/or completing individual neurocognitive rehabilitation sessions is available. The Polytrauma Clinic, housed within the Physical Medicine and Rehabilitation Service (PM&RS), is comprised of a multidisciplinary team responsible for providing comprehensive assessment, formal diagnostic, and triage services to veterans who have previously screened positive for a potential traumatic brain injury (TBI). Following initial evaluation by a physiatrist, veterans are often referred for comprehensive neuropsychological evaluations to aid in differential diagnosis and/or neurocognitive rehabilitation interventions, if deemed appropriate.

Interns are welcome to select this rotation as a major or minor rotation at any point in their training year, though space is limited to up to three interns at any given time (e.g., two interns at one time if both select the major rotation; three interns at one time if one selects the major rotation while the other two select the minor rotation).

Supervisor: Dr. Mathis (Note: interns may receive vertical supervision from a neuropsychology fellow)

Note: There is no prerequisite experience or training required for any of the above neuropsychology rotations, as skill development goals are specifically suited to the abilities of each intern. Interns who select any of the above rotations are required to attend the Neuropsychology Track didactics and Neuropsychology Case Conference and are encouraged to attend the weekly team meeting, Neuropsychology/GRECC Journal Club, morgue brain cuttings, and Grand Rounds in neurology, psychology, and neuroradiology. Additionally, participation in neuropsychological research for publication or presentation at national conferences will be supported on any of the above rotations through time allowance, statistical support, manuscript editing, and/or mentoring, if granted approval from the Director of Training.
Former Interns

Our interns come to CAVHS from clinical and counseling Ph.D. and Psy.D. graduate programs across the county. They are a diverse group, bringing with them a wide range of life experiences and clinical and research interests. Our training leadership and supervisors work closely with our interns, providing guidance and mentorship to help them achieve their career goals and secure placement following the internship year.

Over the years, most of our interns have gone on to secure postdoctoral fellowships in specialty areas such as Clinical Health Psychology, Neuropsychology, Trauma/PSTD, Rehabilitation Psychology, Geropsychology, and research. These fellowships have been in a variety of settings, including VA medical centers, private hospitals, university medical centers, and rehabilitation centers. Some of our interns choose to pursue employment after internship, taking positions at VA medical centers, private hospitals, academic institutions, and private practices. Our interns have become directors of clinical programs, faculty in medical schools and psychology departments, training directors, and administrators of hospital-based programs across the United States. More specifically, they serve as neuropsychologists, psychotherapists, diagnosticians, administrators, consultants, teaching faculty, researchers, and authors.
Needless to say, they are an impressive group! We are proud of the excellent work they do, their contributions to the field of Psychology, and the positive impact they continue to have on society at large. See below for photos of our most recent intern cohorts as well as a table including the various settings in which they have secured fellowship and employment positions following their internship training year at CAVHS.
INTERN COHORTS BY YEAR

Intern Cohort (2021-2022)

(L-R): Chris Corbin, Jenny Jones-Medina, Annie Fox, Jenniffer Laverdure, Sarah Letang, Sydney Skaggs, and Lina Vartan

Intern Cohort (2020-2021)

Back Row (L-R): Abdel Farraj, Keith Johnson, Ana Martinez-Garcia, Steven Schiele, and Kameron Sheikh
Front Row (L-R): Jessica Cooling, Meredith Blackburn, and Anandi Ehman

Intern Cohort (2019-2020)

(L-R): Rachel Joseph, Lauren Blake, Becky Stanek, Eileen Croes-Orf, and Megan Dorenkamp
Not pictured: Jeff Swenskie

Intern Cohort (2018-2019)

Back Row (L-R): Alexis Elmore, Arielle Marston, Judie Lomax, and RoShunna Lea
Front Row (L-R): Maya Pinjala, Sarah Scott, Courtney Ghormley (former Director of Training), and Sara Tolleson

Intern Cohort (2017-2018)

Back Row (L-R): Adam Fishe, Christina DiMarco, Stephen Snider, Niki Knight, and Garrett Pollert
Front Row (L-R): Hilary Hayhurst, Sarah Henderson, and Roman Carrasco

Intern Cohort (2016-2017)

Back Row (L-R): Susan Drevo, Kristi Wall, Mitch VanSumeren, and Melissa Pulcini
Front Row: (L-R): Sarah Sadler, Johanna Messerly, Megan Gray, and Gabby Pugliese
## INTERN PLACEMENT BY COHORT

### 2021-2022 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
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<tbody>
<tr>
<td>Arkansas Neuropsychology and Behavioral Health</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
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<tr>
<td>Spectrum Health Medical Center</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>McLaren Hospital</td>
<td>Postdoctoral Fellow (Clinical Health Psychology Emphasis)</td>
</tr>
<tr>
<td>University of Utah Medical Center</td>
<td>Postdoctoral Fellow (Rehabilitation Psychology Emphasis)</td>
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<tr>
<td>VA Long Beach Healthcare System</td>
<td>Postdoctoral Fellow (Rehabilitation Psychology Emphasis)</td>
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<tr>
<td>VA Maine Healthcare System</td>
<td>Postdoctoral Fellow (PTSD Emphasis)</td>
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<tr>
<td>VA Pacific Islands Healthcare System</td>
<td>Postdoctoral Fellow (MST/Women’s Health Emphasis)</td>
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### 2020-2021 Intern Cohort

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<thead>
<tr>
<th>Placement</th>
<th>Position</th>
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<tbody>
<tr>
<td>Central Western Massachusetts VA Healthcare System</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>University of Kansas School of Medicine – Wichita Campus</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Memphis VA Medical Center</td>
<td>Postdoctoral Fellow (Clinical Health Psychology Emphasis)</td>
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<tr>
<td>New Mexico Veterans Administration Health Care System</td>
<td>Postdoctoral Fellow (Clinical Health Psychology Emphasis)</td>
</tr>
<tr>
<td>Stanford University School of Medicine</td>
<td>Postdoctoral Fellow (Behavioral Sleep Medicine Emphasis)</td>
</tr>
<tr>
<td>St. Mary’s College of Maryland</td>
<td>Assistant Professor</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Psychologist</td>
</tr>
<tr>
<td>ABD</td>
<td>ABD</td>
</tr>
</tbody>
</table>

### 2019-2020 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Institute of Michigan</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>New Mexico Veterans Administration Health Care System</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Miami VA Healthcare System</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Postdoctoral Fellow (PSR Emphasis)</td>
</tr>
<tr>
<td>Gundersen Health System</td>
<td>Postdoctoral Fellow (Health/Rehabilitation Psychology Emphasis)</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Psychologist</td>
</tr>
</tbody>
</table>

### 2018-2019 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Ford</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Baylor, Scott, and White Medical Center</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Private Practice</td>
<td>Psychologist</td>
</tr>
</tbody>
</table>
### 2017-2018 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital Medical Group</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Geisinger Medical Center</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Kansas City VA Medical Center</td>
<td>Postdoctoral Fellow (SMI Emphasis)</td>
</tr>
<tr>
<td>Oklahoma University Health Sciences Center/Oklahoma City VA</td>
<td>Postdoctoral Fellow (Chronic Mental Illness Emphasis)</td>
</tr>
<tr>
<td>VA Pacific Islands Health Care System</td>
<td>Postdoctoral Fellow (PCMHI Emphasis)</td>
</tr>
<tr>
<td>University of Florida, Department of Psychiatry</td>
<td>Postdoctoral Fellow</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Western Illinois University</td>
<td>Assistant Professor</td>
</tr>
</tbody>
</table>

### 2016-2017 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Texas Veterans Health Care System</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Indiana University School of Medicine</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Oklahoma City Consortium</td>
<td>Postdoctoral Fellow (Neuropsychology/Geropsychology Emphasis)</td>
</tr>
<tr>
<td>Houston VA Medical Center</td>
<td>Postdoctoral Fellow (PTSD Emphasis)</td>
</tr>
<tr>
<td>Memphis VA Medical Center</td>
<td>Postdoctoral Fellow (Health Emphasis)</td>
</tr>
<tr>
<td>The VHA National Center for Organization Development</td>
<td>Postdoctoral Fellow</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Psychologist</td>
</tr>
<tr>
<td>ABD</td>
<td>ABD</td>
</tr>
</tbody>
</table>

### 2015-2016 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford VA Medical Center</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>JFK Rehab</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Postdoctoral Fellow (PTSD Emphasis)</td>
</tr>
<tr>
<td>Bay Pines VA Healthcare System</td>
<td>Postdoctoral Fellow (PTSD and Women's Health Emphasis)</td>
</tr>
<tr>
<td>Jackson VA Medical Center</td>
<td>Postdoctoral Fellow (Geriatric Mental Health Emphasis)</td>
</tr>
<tr>
<td>Private Practice</td>
<td>Psychologist</td>
</tr>
</tbody>
</table>

### 2014-2015 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dartmouth</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Northern California VA</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Palo Alto VA</td>
<td>Postdoctoral Fellow (General/PSR Emphasis)</td>
</tr>
<tr>
<td>Puget Sound VA</td>
<td>Postdoctoral Fellow (General/Geropsychology Emphasis)</td>
</tr>
<tr>
<td>Phoenix VA</td>
<td>Postdoctoral Fellow (Health/Pain Emphasis)</td>
</tr>
<tr>
<td>Henry Ford</td>
<td>Postdoctoral Fellow (Health/Behavioral Medicine Emphasis)</td>
</tr>
</tbody>
</table>
### 2013-2014 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shepard Center</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Henry Ford</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>San Diego VA</td>
<td>Postdoctoral Fellow (PTSD/TBI Emphasis)</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Postdoctoral Fellow (PTSD Emphasis)</td>
</tr>
<tr>
<td>Jackson Medical Center</td>
<td>Postdoctoral Fellow (Health Emphasis)</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System</td>
<td>Postdoctoral Fellow (PSR Emphasis)</td>
</tr>
</tbody>
</table>

### 2012-2013 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuquerque VA</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>Duke</td>
<td>Postdoctoral Fellow (Neuropsychology Emphasis)</td>
</tr>
<tr>
<td>North Florida/South Georgia VA</td>
<td>Postdoctoral Fellow (Geropsychology Emphasis)</td>
</tr>
<tr>
<td>Memphis VA Medical Center</td>
<td>Postdoctoral Fellow (Health Emphasis)</td>
</tr>
<tr>
<td>Tampa VA</td>
<td>Postdoctoral Fellow (Health/Pain Emphasis)</td>
</tr>
<tr>
<td>Los Angeles VA</td>
<td>Psychologist</td>
</tr>
</tbody>
</table>
# Internship Admissions, Support, and Initial Placement Data

## Internship Program Tables

**Date Program Tables Were Updated:** July 1, 2022

### Program Disclosures

<table>
<thead>
<tr>
<th>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.</th>
<th>Yes</th>
</tr>
</thead>
</table>

If yes, provide website link (or content from brochure) where this specific information is presented:

- [www.va.gov/OAA/docs/2021HPTInstructionsv4_1.pdf](http://www.va.gov/OAA/docs/2021HPTInstructionsv4_1.pdf)
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 is a clinical internship, and we follow the practitioner-scholar model of training. Candidates must be actively enrolled in pursuing a Ph.D. or Psy.D. degree from an APA-accredited program in Clinical or Counseling Psychology or must be a respecialization candidate currently associated with such a program. Please refer to the “Eligibility and Requirements” section listed in this internship brochure for more information (pages 61-62). All applicants must have approval from their program director to begin internship. Applicants who have prior experience working with adults from diverse backgrounds as well as with complex medical and psychiatric comorbidities are preferred. A history of robust clinical and scholarly training experiences, coupled with strong interpersonal skills, openness to receiving constructive feedback, and sound character, are among many of the desirable qualities that contribute to overall goodness of fit and make applicants especially well-suited for our internship program.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If yes, include how many:

| Total Direct Contact Intervention Hours: | Yes | Amount: 250 |
| Total Direct Contact Assessment Hours:   | Yes | Amount: 250 |

Describe any other required minimum criteria used to screen applicants:

Please refer to the “Eligibility and Requirements” section listed in this internship brochure for more information (pages 61-62).
### Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Stipend / Salary for Full-time Interns</strong></td>
<td>$26,297</td>
</tr>
<tr>
<td><strong>Annual Stipend / Salary for Half-time Interns</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Program provides access to medical insurance for intern?</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>No</td>
</tr>
<tr>
<td><strong>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</strong></td>
<td>104</td>
</tr>
<tr>
<td><strong>Hours of Annual Paid Sick Leave</strong></td>
<td>104</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to intern/residents in excess of personal time off and sick leave?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Other benefits (please describe):**

In addition to paid annual and sick leave, interns may be eligible for additional paid administrative leave to support engagement in various approved scholarly activities (e.g., dissertation defense, presenting at professional conferences, interviewing for a fellowship or job at another VA facility, etc.). Of note, this program follows the Family Friendly Medical Leave guidelines for extended leave without pay. Extended leave beyond that which is listed above will require an extension of internship.

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.*
Initial Post-Internship Positions  
(Provide an Aggregated Tally for the Preceding Three Cohorts)

<table>
<thead>
<tr>
<th>Position</th>
<th>2019-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of interns who were in the three cohorts:</td>
<td>21</td>
</tr>
<tr>
<td>Total number of interns who did not seek employment because they returned to their doctoral program/were completing doctoral degree:</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Teaching</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Community Mental Health Center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Consortium</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>University Counseling Center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hospital/Medical Center</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs Health Care System</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric Facility</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Maintenance Organization</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School District/System</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent Practice Setting</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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.
Application and Selection

AVAILABLE POSITIONS

Our training program currently maintains seven (7) internship slots, including three (3) General Psychology Track, two (2) Health Psychology Track, and two (2) Neuropsychology Track interns. These positions may be filled by either Clinical or Counseling psychology students. No positions are dedicated to any one university, and our interns come from all over the United States.

ELIGIBILITY AND REQUIREMENTS

1. Applicants must: (1) be actively involved in pursuing a Ph.D. or Psy.D. degree from an APA-accredited program in Clinical or Counseling Psychology, or (2) must be a respecialization candidate currently associated with such a program. All applicants must have the approval of his/her program director to begin internship.

2. Applicants should have completed at least 900 total hours of practicum experience, which includes face-to-face delivery of professional psychology services that are relevant to the applicant’s goals for internship. Applicants should also have completed a minimum of 250 assessment and 250 intervention hours to be considered for this internship program.

3. Applicants are expected to have at least minimal proficiency in the administration, scoring, and interpretation of the more common psychological testing instruments and to have had some experience with psychotherapeutic interventions with adults.

4. Applicants must meet all eligibility criteria set forth by the VA Office of Academic Affairs (OAA). Please refer to the following document for more details: www.va.gov/OAA/docs/2021HPTInstructionsv4_1.pdf

5. Once matched to our program, all applicants must first be listed on a Trainee Qualifications and Credentials Verification Letter (TQCVL). A TQCVL from the director of the sponsoring (VA or non-VA) program must be submitted to the VA Facility Director through the VA Designated Education Officer (DEO) prior to onboarding. If you match to our program, you will need to visit https://www.va.gov/OAA/TQCVL/TQCVL_Guide2018FINAL.pdf for comprehensive instructions, including approved samples and templates, for completing a TQCVL.

6. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.

7. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
8. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

9. Training occurs in a health care setting. Some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at VA or other hospitals. Securing a statement from your university student health center, regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training year (or taking additional preventative measures to limit patient exposure to the flu) will be required. Please discuss this with the Director of Training after you have matched and well before your start date to facilitate your onboarding.

10. It is VHA policy that all VHA Health Care Personnel (HCP) are required to be fully vaccinated against COVID-19 or obtain an approved accommodation for medical, pregnancy, or religious reasons, when required by law. All VHA entities will implement a mandatory COVID-19 vaccination program by requiring all VHA HCP to be fully vaccinated or obtain an accommodation. Compliance with this directive is a requirement. Interns in violation of this directive may be removed from the program. Please discuss this with the Director of Training after you have matched and well before your start date to facilitate your onboarding.

11. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work; however, once selected, they are subject to random selection for testing as are other employees.

ACCREDITATION

The CAVHS Psychology Internship Program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). Following our last site visit, our program was re-accredited for a full 10 years, with our next site visit scheduled to be held in 2027. This program is also a member of the Association of Psychology Predoctoral and Internship Centers (APPIC). The program adheres to APPIC policy regarding offers and acceptances for training.

For further information regarding APA accreditation of this or other accredited internships, prospective applicants are also encouraged to contact:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, D.C. 20002-4242
Phone: (202) 336-5979
APPLICATION PROCEDURES

Note: This program meets criteria of Equal Employment Opportunity (EEO). In accordance with the membership guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC), recruitment and selection procedures are designed to protect and preserve applicants’ rights to make a free choice among internship offers.

Please visit [www.appic.org](http://www.appic.org) to review instructions for submitting your application and to complete the online APPIC Application for Psychology Internships (AAPI). The standard application packet, including cover letter, CV, letters of recommendation, Direct or of Clinical Training verification of AAPI, graduate transcripts, and supplemental information, will be submitted through the online application portal. Below is a list of application materials needed to apply to the Central Arkansas Veterans Healthcare System (CAVHS) psychology internship program:

| **COVER LETTER** | • We are happy you have decided to apply to our program! Please include a cover letter listing your specific clinical interests and any rotations of interest to you. Please include, in the first paragraph and in bold, the one (1) track to which you are applying. |
| **CURRICULUM VITAE** | |
| **AAPI ONLINE (WWW.APPIC.ORG)** | • Include verification by your Director of Clinical Training (replaces the APPIC Academic Program’s Verification of Internship Eligibility and Readiness Form) |
| **OFFICIAL COPIES OF ALL GRADUATE TRANSCRIPTS** | |
| **THREE (3) LETTERS OF RECOMMENDATION** | • These should be provided by clinical supervisors and/or faculty who can speak to your clinical and academic skills |
| **DEADLINE FOR APPLICATION:** | NOVEMBER 7TH, 2022 @ 11:59PM (PST) |
| **APPIC MATCH NUMBERS:** | • General Psychology - 110511  
• Neuropsychology - 110512  
• Health Psychology - 110513 |
INTERVIEWS
All interviews will be conducted by invitation only. All applicants will be notified by December 9th, 2022 as to whether they are invited to interview. If invited to interview, specific details about the interview process will be provided at that time. The cutoff date for invited applicants to confirm their interview is December 21st, 2022. Unconfirmed slots will be offered to waitlisted candidates. All interviews will be conducted virtually and will occur Monday-Friday, January 9th-13th, 2023.

SELECTION AND NOTIFICATION
The Training Committee will meet in February 2023 to make selections and rank candidates. The final decision will be made by the Director of Training, and selection notification will be implemented in accordance with APPIC guidelines. Acceptance letters will be sent to selected interns and to their directors of training within 72 hours of Intern Notification Day.

FINAL APPOINTMENT
Appointment is made for a 12-month period, and the intern is expected to complete a total of 2,080 hours over the course of the internship year. The internship year is divided into one week of orientation; three, four-month major rotations; and two, six-month minor rotations. Interns are expected to be on duty five days per week, with a tour of duty from 8:00 a.m. to 4:30 p.m.

STIPEND
The VA stipend is set nationally at $26,297 with pay distributed every two weeks. Intern benefits include health insurance, accrued sick and annual (personal) leave, 11 paid federal holidays, and authorized absence for approved conferences.

QUESTIONS?
Please contact Dr. Alissa Kolb, Director of Training, by phone at (501) 257-2870 or via email at Alissa.Kolb@va.gov.

RELATED RESOURCES
For information on the CAVHS Clinical Psychology Postdoctoral and Interprofessional Fellowship Program, please visit:


For information on the CAVHS Clinical Neuropsychology Postdoctoral Fellowship Program, please visit:

Breanna Abram, Ph.D. is a psychologist in the Home-Based Primary Care (HBPC) program. She received her doctorate from Fuller Seminary’s Graduate School of Psychology & Marriage and Family Therapy in 2022. She completed her internship at Veterans Health Care System of the Ozarks (General Mental Health track). Licensure is currently in process. Her preferred theoretical orientation is integrative, drawing from attachment, psychodynamic (object relations), and acceptance and commitment therapy approaches. Clinical and teaching interests include geropsychology, caregiver stress, attachment theory, and the role of spirituality/religion in maintaining mental health. Her research interests include the impact of community violence on mental health and emotion regulation. She is a member of the Society of Behavioral Medicine.

Email: Breanna.Abram@va.gov

Cindy Barber, Ph.D. is a psychologist in the Consultation and Liaison (C&L) inpatient program. She earned her doctorate from Jackson State University in 2009. She completed her internship at the VA Sierra Nevada Health Care System, followed by a fellowship at Deer Oaks Behavioral Health with an emphasis in geropsychology. She is licensed in Nevada and currently pursuing dual licensure in Arkansas. Her preferred theoretical orientation is eclectic, with influences from cognitive-behavioral, behavioral, and systems theories. Clinical and teaching interests include health psychology, geropsychology, and administration. Research interests include health psychology and geropsychology.

Email: Cindy.Barber@va.gov

Linda Brewer, Ph.D. is a psychologist on the PTSD Clinical Team (PCT). She earned her doctorate from Central Michigan University in 2007 and is licensed in Arkansas. Her preferred theoretical orientation is cognitive-behavioral. Her clinical and teaching interests include PTSD, sleep disturbance, acceptance and commitment therapy (ACT), cognitive processing therapy (CPT), military sexual trauma (MST), developmental psychology, and learning theory. Research areas include pupil dilation as an index of emotional reactivity in psychosis-prone individuals (schizotypal PD) and the impact of schizotypal traits on interpersonal functioning. Dr. Brewer is a member of the Arkansas Psychological Association, American Psychological Association, and Arkansas Association of Black Psychology Professionals.

Email: Linda.Brewer@va.gov
Sara M. Brisson, Psy.D. is a psychologist in Hospice and Palliative Care (HPC). She received her doctorate from the University of Hartford in 2022 and completed her internship at the James H. Quillen VAMC in Johnson City, TN. She is pursuing licensure in Arkansas. Her preferred theoretical orientation is integrative with primarily acceptance, existential, and relational approaches. Clinical and teaching interests include animal-assisted interventions, end-of-life care and ethical considerations, bereavement therapy, pre-transplant evaluation, cognitive assessment, holistic health approaches, and the intersection of psychology and spirituality. Research interests include the impact of therapy animals and service animals on humans. In addition, Dr. Brisson incorporates her therapy dog, “Dog-tor” Hodges, into treatment of veterans and their families. He is a 9-year-old yellow Labrador Retriever who is a retired guide dog. She is also a member of Section 2 of Division 12 (The Society of Clinical Geropsychology), Section 13 of Division 17 (Human-Animal Interaction), Division 18 (Psychologists in Public Service), Division 19 (Society for Military Psychology), and Division 38 (Health Psychology) of the American Psychological Association. Outside of work, she greatly enjoys nature, hiking, biking, skiing, photography, true crime, and Dolly Parton.

Email: Sara.Brisson@va.gov

Jessica Bryant, Ph.D. is a psychologist in the PTSD Domiciliary Residential Rehabilitation Treatment Program (PTSD RRTP). Dr. Bryant received her doctorate from Mississippi State University in 2018. She completed her internship at Mississippi State Hospital with an emphasis in Adult Psychopathology. She completed her fellowship at CAVHS with an emphasis in Psychosocial Rehabilitation. She is licensed in Arkansas. Her preferred theoretical orientation is eclectic, with a cognitive-behavioral lean. Her clinical and teaching interests include individual and group psychotherapy, adult psychopathology, serious mental illness, substance use disorders, PTSD, CBT, and ACT.

Email: Jessica.Bryant4@va.gov

Veronica Clement, Ph.D., ABPP is a board-certified neuropsychologist in the outpatient neuropsychology clinic. She also serves as the Education Coordinator for the Neuropsychology Postdoctoral Fellowship program. She received her doctorate from the University of South Florida in 1993. She completed her internship at the University of Oklahoma followed by a two-year postdoctoral fellowship in clinical neuropsychology at Baylor College of Medicine. She is a lifespan neuropsychologist who has expertise with a range of neurological and developmental diagnoses such as dementia, MS, brain tumor, cerebral hemorrhage, anosia, hydrocephalus, learning disabilities and others. On a personal note, she is a foodie who loves cooking, shopping at specialty markets, kayaking, and spending time outdoors. She is also bilingual with proficiencies in English and French.

Email: Veronica.Clement@va.gov
Gabrielle N. Cox, Psy.D. is a psychologist in the substance use disorders (SUD) program. She also serves as the Selection Chair for the psychology internship program. She received her doctorate from the California School of Professional Psychology at Alliant International University in 2017. She completed her internship at CAVHS (general psychology track). She is licensed in Arkansas. Her preferred theoretical orientation is integrative with a primary emphasis in psychodynamic approaches. Clinical and teaching interests include substance use disorders, PTSD, MST, personality assessment, and process-oriented groups. Research areas include the effects of PTSD on active duty military/veteran spouses, vicarious traumatization, and military/veteran couples therapy. Dr. Cox is a member of divisions 19 (Military Psychology) and 56 (Trauma Psychology) of the American Psychological Association and the Western Psychological Association.

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