Updated September 20, 2022

2023-2024 Psychology Predoctoral Internship Program

W.G. (Bill) Hefner Veterans Affairs Medical Center
Director of Training in Psychology
1601 Brenner Avenue
Salisbury, NC 28144
(704) 638-9000 ext. 13175 or 14570
www.salisbury.va.gov/services/psychology.asp

Applications Due: November 15
Clinical Psychology APPIC Match Number: 175611
Health Psychology APPIC Match Number: 175612
Neuropsychology APPIC Match Number: 175613

WHY CHOOSE THE INTERNSHIP AT HEFNER VA

The Psychology Predoctoral Internship at the W.G. Bill Hefner Veterans Affairs Medical Center is a hidden gem. The bottom line on what we offer:

- Three tracks: clinical psychology, health psychology, and neuropsychology;
- Phenominal breadth of training rotations across assessment, specialty clinics, geropsychology, health psychology, neuropsychology and cognitive rehab, and general psychology;
- Focus on EBP training and implementation. Interns select which EBPs they want to learn;
- Optional experiences in biofeedback, hypnosis, research, and marriage and family therapy;
- Individualized training approach to meet your goals, not productivity standards;
- Strong emphasis on creating an atmosphere where all are valued, supported, heard, and seen. About 1/3 of our current staff trained here and stayed here;
- Strong focus on intergration of diversity in our training program and our department at large;
- Training in recovery focused and strength based treatment approaches;
- Excellent telehealth opportunities including some telework possibilities;
- Expertise of staff with 9 board certified psychologists/neuropsychologists and 3 psychologists who are National Trainers for EBPs in the VA system;
- Home of 1 of 10 national MIRECCs, VA centers focused on translational research. Our MIRECC partners with Wake Forest School of Medicine and has landed multimillion dollar grant funding. Trainees have completed publications, posters, and conference presentations;
- And location, seriously! Trainees can be in Salisbury, Charlotte, or Kernersville.
    - Charlotte, NC, is 45 minutes south, is the largest city in NC, the second largest in the Southeastern US, and the 14th largest city in the US; Charlotte is demographically diverse
    - Winston-Salem, NC, is 45 minutes north, the 5th largest city in NC, and is also a demographically diverse city with numerous amenities
    - Capital city Raleigh, NC, and Durham, NC, are an easy 1.75 to 2 hours away
    - The scenic Blue Ridge Mountains are less than 2 hours away and the East Coast is about 4 hours away.
    - Driving distance to other popular cities: the charm of Charleston, SC (4 hours), or the bustle of Atlanta, GA (4.5 hours)

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REQUIREMENTS FOR COMPLETION

Interns must meet minimum performance standards for completion of the Psychology Predoctoral Internship at the W.G. Bill Hefner Veterans Affairs Medical Center. These include:

For all Interns:

- A 2,080 hour internship year, including federal holidays, administrative leave, and no more than 208 hours of approved annual/sick leave.
- A rating of at least “Fully Successful” in all core competencies including: (i) Research, (ii) Ethics and Legal Standards, (iii) Individual and Cultural Diversity, (iv) Professional Values, Attitudes, and Behaviors, (v) Communication and Interpersonal Skills, (vi) Assessment, (vii) Intervention, (viii) Supervision, and (ix) Consultation and Interprofessional/Interdisciplinary Skills.
- Resolution of any Performance Improvement Plans (PIP) or Probationary status.
- Completion of at least two hours of individual supervision per week, plus at least two additional hours of supervision per week for a total of four hours per week.
- Completion of at least one hour of direct therapy/assessment observation (live, co-led, or recorded) by each supervisor each semester.
- Submission of all supervision records and evaluations.
- Satisfactory presentation of a didactic training and journal club to the Psychology Department.
- Attendance to at least 75% of all scheduled didactic activities.

For Clinical Psychology Interns:

- Completion of two 6-month Behavioral Health Interdisciplinary Program (BHIP) team rotations.
- Completion of at least two EBP protocols (individual or group).
- Maintain at least one couples or family therapy case as part of the outpatient caseload.
- Satisfactory completion of at least 10 integrated psychological assessments.
- Satisfactory completion of one assessment and one therapy case presentation to the Psychology Department.
- Completion of a telehealth experience in either individual or group format.

For Health Psychology Interns:

- Completion of a 6-month Whole Health and a 6-month Home Based Primary Care rotation.
- Completion of at least two EBP protocols (individual or group).
- Satisfactory completion of at least 10 integrated psychological assessments.
- Satisfactory completion of one assessment and one therapy case presentation to the Psychology Department.
- Completion of a telehealth experience in either individual or group format.

For the Neuropsychology Intern:

- Completion of two 6-month Neuropsychology rotations.
- Completion of at least one EBP protocol (individual or group).
- Satisfactory completion of at least 15 integrated neuropsychological assessments.
- Satisfactory completion of two assessment case presentations to the Psychology Department.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

PROGRAM FIT

Applicants who are competitive and a good fit for our program should be grounded in a clear theoritical approach; have a diversity of experiences in individual, group, and couples interventions; and have a practical working knowledge of the major psychological assessment instruments. They should be prepared to work independently and have a dedication to serving our nation's Veterans.

Minimum Total Direct Contact Intervention Hours:	No
Minimum Total Direct Contact Assessment Hours:	No

Other required minimum criteria used to screen predoctoral intern applicants as Health Professions Trainees (HPT):

- Be a U.S. citizen.
- US Selective Service System Registration, if applicable (see www.sss.gov).
- Be enrolled in an APA-accredited clinical or counseling psychology program.
- Be approved by their Director of Training as ready for internship and preferably have only minor dissertation requirements remaining.
- Prefer to have completed at least 10 integrated adult assessment reports (at least one personality measure and one measure of cognitive functioning).
- For the clinical and health psychology tracks, highly regarded candidates have supervised experience with clinical interviewing, objective psychological assessment, and brief/long-term psychotherapy with a number of populations.
- For the neuropsychology track, highly regarded candidates have supervised experience with clinical interviewing, cognitive and psychological assessment, report writing, and feedback with diverse populations or referral questions.
- Health Professions Trainees (HPT), including interns, may be subject to random drug testing. VA will initiate dismissal against any trainee who is found to use illegal drugs, including marijuana, on the basis of a verified positive drug test. Dismissal will be initiated against any trainee who refuses to be tested.
- The Office of Academic Affiliation (OAA) sets eligibility requirements for HPTs in VA settings (Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations). Please confirm that you meet these requirements (Am I Eligible? Checklist for VA HPTs) including the CDC guidelines for healthcare workers. At the time of writing, the CDC list of vaccinations included COVID-19 vaccination. For a current listing of these requirements, please check the CDC's website: Recommended Vaccines for Healthcare Workers | CDC
- Additional eligibility requirements: www.psychologytraining.va.gov/eligibility.asp
- HPTs are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner

INITIAL POST-INTERNSHIP POSITIONS

Total number of interns who were in the 3 cohorts 2018-2021	18
Total number of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1

Primary Setting	Post-doctoral residency position	Employed position
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	4	10
Military health center		
Academic health center	1	
Other medical center or hospital		
Psychiatry hospital	1	
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	1	
Not currently employed		
Changed to another field		
Other		
Unknown		

FINANCIAL AND OTHER BENEFIT SUPPORT

Annual Stipend/Salary for Full-Time Interns	$26,635
Annual Stipend/Salary for Half-Time Interns	N/A
Access to medical insurance?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of annual paid personal time off?	104
Hours of annual paid sick leave?	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave?	Yes
Other Benefits: 10 Federal holidays. Vision and Dental Insurance.	

ACCREDITATION STATUS

The psychology predoctoral internship at the **W.G. (Bill) Hefner Veterans Affairs Medical Center (VAMC)** has been fully accredited by the Commission on Accreditation of the American Psychological Association (APA) since 2000. The last site visit was in 2022 and the final results are pending. The Salisbury VAMC abides by all APA guidelines and requirements in the selection and administration of predoctoral interns. APA can be contacted at:

American Psychological Association
750 First Street NE
Washington, DC 20002-4242.
(202) 336-5979 or (202) 336-5500

SELECTION PROCEDURES

APPLICATION

Interested individuals who meet eligibility criteria should submit the following application materials using the online AAPI application process. All application materials are **due by November 15.**

- The APPIC Application for Psychology Internship (AAPI).
- A cover letter indicating intent to apply to the internship program and internship training interests, including track(s) of interest (e.g., clinical, health, neuropsychology). Applicants may indicate more than one track of interest.
- A Curriculum Vitae.
- Official graduate transcript(s).
- A minimum of three letters of reference (not including the letter of verification from the Training Director).

INTERVIEWS

Applicants are advised by December 15 as to their interview status. Interviews are only conducted virtually or by phone in January. We offer opportunities to meet additional staff and speak with our current interns. We will offer at least one optional Open House for applicants to physically tour our site. Open House attendance will not affect rankings. Please be sure to indicate a daytime telephone number in your application materials so you can be reached to schedule an interview. The Co-Training Directors' may be reached by telephone at (704) 638-9000 extension 13175 for Dr. Brandon Bryan and extension 14570 for Dr. Holly Miskey. Inquiries may also be made via e-mail to either of the Co-Training Directors at: Brandon.Bryan@va.gov or Holly.Miskey@va.gov

SELECTION

The Salisbury VA Medical Center Psychology Internship Program complies with all APPIC guidelines in the recruitment and selection of interns and participates in the computerized match program. The program agrees to abide by the APPIC policy that no person at this training program solicits, accepts, or uses any ranking-related information from any intern applicant. A complete copy of APPIC policies can be found at the APPIC website at www.appic.org. Those accepted are contacted by email regarding rotation assignments and begin the internship program by August 20th.

THE SALISBURY VAMC PSYCHOLOGY SETTING

The Salisbury VAMC continues to see Veteran enrollment growth each year. In FY 2021, the medical center provided over 800,000 outpatient visits to over 90,000 unique Veterans. This is a 21% increase in the number of outpatient visits and greater than 10% increase in number of unique Veterans from the prior year. Patient demographics are reflective of the areas served, including Charlotte, Salisbury, and Kernersville, NC. North Carolina Census data (2017) revealed that the approximate population diversity by race is 21 percent African American/Black, 1 percent American Indian, 2 percent Asian, 8 percent Hispanic or Latinx, and 68 percent White. Current SVAHCS Veteran demographics reveal that the population served is approximately 30 percent African American/Black, 0.4 percent American Indian, 0.3 percent Asian, 0.4 percent Pacific Islander/ Hawaiian, 6 percent unknown/declined and 63 percent White. The majority of Veterans served are male, but the female patient population is growing rapidly at 11% of new enrollees.

The Salisbury VAHCS is a designated "Mental Health Center of Excellence" and "Center of Excellence for Geriatrics." This resulted in over $18 million for additional outpatient and inpatient mental health services. Outpatient services include a general Mental Health Clinic and specialized programs for Primary Care Mental Health Integration (PCMHI), Home-Based Primary Care (HBPC), Military Sexual Trauma (MST), combat trauma, neuropsychology, cognitive rehabilitation, marriage and couples therapy, Clinical Video Telehealth (CVT), suicide prevention, and psychosocial rehabilitation. Inpatient services include acute (21 bed) and chronic (20 bed) psychiatry, long- and short-term care for elderly and disabled (120 bed), hospice (12 bed), a residential combat PTSD program (23 beds), and a residential substance abuse treatment (35 beds). Our services have greatly expanded in recent years with the construction of the pallative care center in 2013 and inpatient psychiatric facility in 2014 and the ongoing renovations for our outpatient facilities. Two new HCCs (Health Care Centers) have been constructed in Charlotte and Kernersville. The Psychological Testing Center includes computerized assessment packages, remote test administration options, statistical software, PC-based assessment and interpretive programs, and a wide assortment of state-of-the-art psychological and neuropsychological testing equipment.

The Salisbury VAHCS employs over 3,000 persons of various disciplines. The Mental Health and Behavioral Sciences (MH&BS) department currently consists of over 200 total staff including over seventy doctoral level psychologists, two psychometrists, and one secretarial support staff. Despite the immense size, the department promotes a collegial atmosphere through social events, kudos at monthly staff meetings, and peer-nominated awards and recognition. Our trainees regularly mention that it was the genuinely warm and supportive environment that attracted them to Salisbury and many decide to stay; approximately 1/3 of our staff are former trainees.

The Salisbury VAHCS places a heavy emphasis on training and research for future health care providers. We have had an academic affiliation with Wake Forest School of Medicine since 2005 and with the Edward Via College of Osteopathic Medicine (at Virginia Tech University) since 2006. Each year, hundreds of psychologists, psychiatrists, social workers, nurses, and other disciplines receive training at our facility. In addition to our six psychology predoctoral interns, we have four psychology practicum students and four post-doctoral fellows; two in our APA accredited Clinical Psychology Post-Doctoral Fellowship and two in our two-year MIRECC Post-Doctoral Fellowship with a Neuropsychology focus. Abundant resources exist to support training at the Salisbury VAHCS. Shared, comfortable office space and individual workstations with dual monitors are available for each intern. To protect our trainees during the COVID-19 outbreak, VA-issued laptops and individual workspaces or telework options have been provided.

The Research and Academic Affairs Service Line (R&AA) is a vital resource for the medical center. The Medical Library provides access to a wide variety of healthcare related periodicals utilizing online databases such as PubMed, PsychARTICLES, PsycBOOKS, PsychiatryOnline.org, PsychINFO, PsycTESTS, PILOTS, VA Library Network (VALNET), and others. Hundreds of digital textbooks, including the DSM-5 are available from each desktop. Additional resources are available through interlibrary loan programs. R&AA provides live satellite programs daily via closed circuit monitors throughout the medical center, making access extremely convenient. Programs are also recorded for those unable to attend. Borrowing privileges and extensive use of computerized library search services are available from the Salisbury VAHCS and Wake Forest Libraries.

Training Model and Program Philosophy

The Predoctoral Psychology Internship Program at the Salisbury VAMC is committed to providing comprehensive training in an intellectually challenging and professionally nurturing environment. Our philosophy is that recovery-oriented, comprehensive, generalist skills form the foundation for competent, independent, professional practitioners in psychology. This generalist emphasis does not preclude developing a focus area. Specialized clinical opportunities are available for interested interns. In addition, the neuropsychology track intern's experience is more focused on assessment and related interventions than on generalist training.

As practitioner-scholars, interns are expected to develop a theoretical framework for their clinical work and to demonstrate competence in utilizing evidenced-based interventions and assessment approaches. Interns are expected to recognize diversity issues and provide services in a culturally competent manner. They are also expected to demonstrate knowledge of empirical support for the psychological interventions they apply. Core competencies for the internship year include: (i) Research, (ii) Ethics and Legal Standards, (iii) Individual and Cultural Diversity, (iv) Professional Values, Attitudes, and Behaviors, (v) Communication and Interpersonal Skills, (vi) Assessment, (vii) Intervention, (viii) Supervision, and (ix) Consultation and Interprofessional/Interdisciplinary Skills. Interns are evaluated on the core competencies.

PROGRAM AIMS & COMPETENCIES

We believe that the following focus areas of our training program are congruent with the core competencies and prepare our interns to become competent, scientifically grounded practicing psychologists. Interns are provided feedback on these competencies at least quarterly.

1) RESEARCH:

Element 1: Acquisition and Evaluation of Literature
The intern demonstrates competency identifying, obtaining, and critically evaluating literature on how research informs practice with regard to therapy and assessment.

Element 2: Application of Literature
The intern reviews and comprehends the literature in preparation for supervision discussions, seminars, didactics, and case presentations. The intern demonstrates sound knowledge of theoretical orientation(s) and supports case conceptualizations with relevant literature. The intern demonstrates knowledge of formal diagnostic categories (i.e., DSM 5) and the ability to apply the schema to individual patients.

Element 3: Dissemination of Scholarly Work
The intern demonstrates the ability to effectively disseminate research or other scholarly work at the local, regional, or national level (e.g., through case presentations, in individual and group supervision, in treatment team meetings, and in didactics as facilitators or active participants).

Relevant Training Activities
Interns are required to complete 2 case presentations to other psychology trainees and training committee staff. These case presentations include discussion of the intern's acquired and applied literature related to the case. Interns also provide a minimum of one didactic for trainees and staff per year on a topic of their choosing to be approved by their supervisor. Interns are expected to acquire and apply literature to therapy and case discussions in clinical supervision throughout the year and this particular activity is evaluated by supervisors quarterly.

2) ETHICAL AND LEGAL STANDARDS:

Element 1: Ethical, Legal, and Professional Knowledge
The intern demonstrates knowledge consistent with the APA Ethical Principles of Psychologists and Code of Conduct. The intern is knowledgeable of local, state, and federal statutes and guidelines that govern health service psychology as well as VA policies that are covered during the orientation period.

Element 2: Ethical Awareness
The intern maintains awareness of their own limits of competency and seeks consultation as needed. The intern demonstrates independence with regard to recognition of ethical concerns that may arise while providing clinical services and discusses matters as they arise in clinical supervision.

Element 3: Ethical Manner
The intern conducts themself in an ethical manner in all professional activities and maintains appropriate relationships with supervisors, peers, staff, and Veterans. They maintain timely and appropriate records and documentation consistent with professional and organizational standards.

Relevant Training Activities
Interns participate in weekly consultation (or more often if needed) with clinical supervisors regarding any ethical or legal issues related to patients or other ethical dilemmas with colleagues, supervisors, or other staff. Attendance at didactics regarding ethical and legal issues for a minimum of four hours each semester is also required.

3) INDIVIDUAL AND CULTURAL DIVERSITY

Element 1: Personal and Other Awareness
The intern demonstrates awareness of their own individual and cultural diversity as well as their own beliefs, attitudes, and biases related to other cultures and topics of diversity including age, race, ethnicity, religion, sexual orientation, gender identity, disability, and other potential differences and similarities that can affect how the intern interacts with others.

Element 2: Knowledge of Diversity Standards
The intern demonstrates knowledge of current research and theory as related to areas of diversity through all professional activities including research, training, supervision/consultation, and service.

Element 3: Integration of Diversity Knowledge in Conduct
The intern applies this knowledge in a variety of activities and roles throughout the internship including therapy, assessment, supervision, and staff interactions. This includes application of knowledge in a way that helps the intern further develop effectiveness with others that differ from themselves, or whose identities or beliefs may conflict with their own.

Relevant Training Activities
Interns participate in a Diversity Series led by staff members including members of the Diversity Committee. Interns address diversity issues in the context of their work on the clinical rotations, psychotherapy cases, and assessment cases. The intern integrates discussion of diversity in both of their case presentations and addresses issues of diversity in supervision through all rotations. Additional diversity related opportunities are available to interested interns (see "Diversity Programming at Salisbury").

4) PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Element 1: Professional Behavior
The intern demonstrates behavior that reflects professional values and attitudes including honesty, integrity, professional identity, seeking accountability, continuity in learning/developing, and genuine concern for the welfare of others.

Element 2: Self-Awareness and Reflection
The intern works to develop strong self-awareness and engages in self-reflection regarding their personal and professional functioning. The intern engages in various learning and professional activities to improve performance, maintain self-care, and become more professionally effective.

Element 3: Reception of Feedback
The intern receives feedback from supervisors and training staff with a sense of openness and responds to requests for adjustments in practice and behavior as determined appropriate in supervisory relationships.

Element 4: Development of Independence
The intern responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Relevant Training Activities
Interns receive education in professional values, attitudes, and behaviors throughout the year in various didactics. Interns are expected to demonstrate professional behavior, practice self-awareness and reflection, and maintain a positive, professional attitude in all training activities. Supervisors and training staff shall also model this behavior.

5) COMMUNICATION AND INTERPERSONAL SKILLS

Element 1: Maintaining Effective Relationships
The intern develops and maintains effective relationships with all Veterans, training staff, support staff, as well as communities and organizations.

Element 2: Communication
The intern communicates appropriately and professionally through all verbal, nonverbal, written, and typed communication. The intern also comprehends all communication or seeks supervision or consultation when clarification is necessary. The intern demonstrates a depth of knowledge regarding professional language and concepts.

Element 3: Interpersonal Effectiveness
The intern demonstrates effective interpersonal skills and the ability to manage challenges in communication in a professional manner.

Relevant Training Activities
Activities meeting these elements are integrated throughout the training year as communication and interpersonal skills are observed and evaluated through all supervisory experiences and interns' communication with multidisciplinary staff throughout rotations and clinical duties. Didactics on understanding the culture and expectations of interns' communication are provided. Supervisors and training staff model this area of competency for trainees at all times.

6) ASSESSMENT

Element 1: Knowledge of Diagnostic Systems and Understanding Human Behavior from a Holistic Recovery Perspective
The intern demonstrates understanding of the DSM-5 categories and diagnoses as well as the ability to incorporate observational data. The intern applies knowledge of the recovery model of the Veteran's Health Administration to include acknowledgment of Veterans' strengths.

Element 2: Interviewing
The intern demonstrates the ability to complete comprehensive diagnostic interviews, including appropriate history and the ability to understand human behavior within context.

Element 3: Test Selection and Administration
The intern demonstrates the ability to select appropriate tests, techniques, and methods for assessment, taking into account relevant empirical literature and issues of diversity for each Veteran assessed. The intern demonstrates the ability to administer assessments appropriately.

Element 4: Interpretation and Report Writing
The intern demonstrates independence in scoring and interpretation of assessments accurately and consults with specialty providers and supervisors as needed with the expectation that less consultation is necessary as the year progresses depending on the type of assessment and the intern's respective level of experience.

Element 5: Communication of Findings
The intern communicates findings effectively in both written and oral format to the supervisor and to the Veteran. Clear and concise recommendations are provided to the requesting provider in a timely manner.

Relevant Training Activities
Interns are required to demonstrate competence in a specified list of common assessments during the orientation period and this competence is evaluated by psychometrists and neuropsychologists. The intern demonstrates competence by successfully completing at least 10 comprehensive psychological assessments during the training year. They also complete an assessment presentation that includes all elements of this competency mentioned above. Interns complete various clinical rotations that offer additional opportunities for diagnostic interviewing and assessment skill building that is evaluated throughout the year.

7) INTERVENTION

Element 1: Therapeutic Rapport
The intern demonstrates the ability to establish and maintain therapeutic rapport with Veterans and maintains awareness of and utilization of process and interactional factors in the relationship.

Element 2: Case Conceptualization
The intern develops case conceptualizations informed by psychological theory and research and reviews case conceptualizations in weekly individual and group supervision as appropriate.

Element 3: Treatment Planning
The intern formulates appropriate treatment plans in collaboration with Veterans that include evidence-based interventions.

Element 4: Intervention
The intern implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

Element 5: Clinical Decision Making and Modification
The intern applies relevant research with regard to making clinical decisions and modifies and adapts evidence-based approaches as necessary with respect for diversity and when a clear evidence-base is lacking. The intern manages crises appropriately with supervisor involvement as necessary.

Element 6: Evaluation of Intervention
The intern evaluates the effectiveness of intervention through the course of therapy and adapts goals and methods appropriately.

Relevant Training Experiences
Clinical and health interns maintain a psychotherapy caseload including individuals and couples (a minimum of 5-7 Veterans at any given time depending on frequency and type of treatment as well as the intern's other clinical experience during any particular quarter). They also facilitate group psychotherapy. The structure and requirements regarding psychotherapy differ among rotations and are more clearly defined by the rotational supervisors and explained in the intern's quarterly evaluations. The neuropsychology intern completes evaluations (number/week vary based on the rotation setting) and has the opportunity to be involved in cognitive rehabilitation groups.

8) SUPERVISION SKILLS

Element 1: Knowledge of Supervision Practices
The intern demonstrates and develops further knowledge of clinical supervision including supervision models and practices acquired through training in didactic activities and supervision experiences on internship (individual, group, and peer supervision). The intern demonstrates the ability to compare their supervisors' approaches to supervision with other models experienced in past supervision relationships and the ability to discuss models and expectations of supervision.

Element 2: Rapport and Effective Supervision
The intern demonstrates the ability to develop and maintain appropriate relationships with psychology trainees and demonstrates the ability to provide productive feedback to other trainees in the supervision settings (peer supervision, group supervision, consultation, and potentially layered supervision of a practicum student).

Relevant Training Experiences
At minimum, the intern is required to participate in weekly group supervision with fellow trainees where they have opportunities to lead this experience in the second semester which includes discussing cases and overall issues related to training. The intern provides consultation services to other disciplines as appropriate on some rotations. The intern also participates in monthly peer supervision to discuss developmental or program issues as well as clinical issues under supervision of psychology residents. Although not required, the intern may also participate in the individual supervision of a practicum student. The intern also participates in several didactics focused on the development of supervision skills.

9) CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Element 1: Knowledge of and Respect for Roles and Other Perspectives
The intern demonstrates knowledge and respect for the roles and perspectives of other professions involved in treatment teams including psychiatry, social work, nursing, primary care, peer support, as well as other specialties and support staff throughout the medical center.

Element 2: Communication with Veterans and Families
The intern communicates effectively with Veterans and their families through verbal, written and electronic means.

Element 3: Interdisciplinary Communication and Collaboration
The intern works effectively with interdisciplinary professionals to address referral questions, offer treatment recommendations, and coordinate patient care. The intern seeks input from other disciplines when needed and utilizes treatment teams appropriately.

Relevant Training Experiences
Interns are required to participate in treatment team meetings across various rotations and collaborate with various disciplines in planning for Veteran care.

PROGRAM STRUCTURE

The Salisbury VAHCS Predoctoral internship year is designed to be sequential, cumulative, and graded in complexity. As the year progresses, there are increasing expectations for the interns' performance in the core competencies as they develop knowledge, experience, and expertise. Developing a professional identity and confidence are important aspects of preparing for independent professional practice. Upon successful completion of the program, the intern is able to function effectively as an independent professional psychologist in today's healthcare environment.

ROTATIONS
One half of the intern's clinical time (approxmiately 16 hours per week) is spent providing care and consultation in their primary rotation as a clinical, health, or neuropsychology intern. The second half of the intern's clinical time is spent in elective rotations. Each semester, these experiences can be selected as one major (16-hours per week, one semester), two minor (16-hours per week, one quarter), or two half-time (8-hours per week, one semester) rotations. Please note, not all training opportunties are available in all of these combinations and not all rotations are available at all three sites. See the table below for further information.

Secondary rotations are selected according to the intern's interests and training needs. In all settings, full participation in the interdisciplinary team process, as an ongoing member or as a consultant, is an integral part of training. Supervision is provided by supervisors within each rotation.

This design provides ample opportunity to develop skills in psychological assessment and evidenced-based individual and group psychotherapy treatment; develop, co-facilitate, and/or lead programming; recognize, understand and deliver culturally sensitive interventions; and to provide clinical consultation to various populations.

Rotation Availabilities

Training Rotation	Major 16 Hrs/Wk 1 Semester	Minor 16 Hrs/Wk 1 Quarter	Half-Time 8 Hrs/Wk 1 Semester	SBY	CVC	KER
Behavioral Health Interdisciplinary Program	Yes	Yes	Yes	Yes	Yes	Yes
Home-based Primary Care	Yes	Yes	No	Yes	Yes	Yes
Whole Health	Yes	Yes	Yes	Yes	Yes*	Yes
Neuropsychology	Yes	No	No	Yes	Yes	Yes
Cognitive Rehabilitation	No	No	Yes	Yes	No	No
Geropsychology	Yes	Yes	Yes	Yes	No	No
Primary Care Mental Health Integration	Yes	Yes	No	No	Yes	Yes
Acute/Chronic Psychiatry	Yes	Yes	Yes	Yes	No	No
Psychosocial Rehabilitation Recovery Center	Yes	No	No	Yes	No	No
Trauma Services						
PTSD Clinical Team	Yes	No	Yes	Yes	Yes	Yes
Military Sexual Trauma	Yes	No	Yes	Yes	Yes	No
Virtual IOP for PTSD	Yes	Yes	No	Yes	No	No
PTSD Residential	Yes	No	No	Yes	No	No
Addiction and Recovery						
Substance Abuse Services	Yes	Yes	Yes	Yes	Yes	Yes
Substance Abuse Residential	Yes	Yes	Yes	Yes	No	No
Telemental Health Hub Program	No	No	Yes	No	Yes	No
Suicide Prevention	No	Yes	Yes	Yes	Yes	Yes
Psychological Assessment	Yes	No	Yes	Yes	Yes	Yes

Note. SBY = Salisbury main campus; CVC = South Charlotte Health Care Center; KER = Kernersville Health Care Center.
*WH is available at the Charlotte Community Based Outpatient Clinic.

Internship Option #1
2 Major Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Clinical Psych	**Behavioral Health Interdisciplinary Program (BHIP)** **General Mental Health Clinic Outpatient Care and Consultation** (~14-16 hrs/wk, including 90 minutes of individual supervision)											
Health Psych	**Whole Health and Home-Based Primary Care (HBPC)** (~14-16 hrs/wk, including 90 minutes of individual supervision)											
Neuro	**Neuropsych Outpatient** (~14-16 hrs/wk, including 1.5 hrs of neuropsych and neuroanatomy seminars, 90 minutes of individual supervision, and optional research activities)											
All interns	**Major Secondary Rotation #1** (~14-16 hrs/wk)						**Major Secondary Rotation #2** (~14-16 hrs/wk)					
	Didactics (~4hrs/wk); **Group Supervision** (1 hr/wk);											

Internship Option #2
1 Major and 2 Minor Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Clinical Psych	**Behavioral Health Interdisciplinary Program (BHIP)** **General Mental Health Clinic Outpatient Care and Consultation** (~14-16 hrs/wk, including 90 minutes of individual supervision)											
Health Psych	**Whole Health and Home-Based Primary Care (HBPC)** (~14-16 hrs/wk, including 90 minutes of individual supervision)											
Neuro	**Neuropsych Outpatient** (~14-16 hrs/wk, including 1.5 hrs of neuropsych and neuroanatomy seminars, 90 minutes of individual supervision, and optional research activities)											
All interns	**Major Secondary Rotation #1** (~14-16 hrs/wk)						**Minor Secondary Rotation #2** (~14-16 hrs/wk)			**Minor Secondary Rotation #3** (~14-16 hrs/wk)		
	Didactics (~4hrs/wk); **Group Supervision** (1 hr/wk);											

Internship Option #3
1 Major and 2 Minor Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Clinical Psych	**Behavioral Health Interdisciplinary Program (BHIP)** **General Mental Health Clinic Outpatient Care and Consultation** (~14-16 hrs/wk, including 90 minutes of individual supervision)											
Health Psych	**Whole Health and Home-Based Primary Care (HBPC)** (~14-16 hrs/wk, including 90 minutes of individual supervision)											
Neuro	**Neuropsych Outpatient** (~14-16 hrs/wk, including 1.5 hrs of neuropsych and neuroanatomy seminars, 90 minutes of individual supervision, and optional research activities)											
All interns	**Major Secondary Rotation #1** (~14-16 hrs/wk)						**Half-Time Secondary Rotation #2** (~7-8 hrs/wk)					
							Half-Time Secondary Rotation #3 (~7-8 hrs/wk)					
	Didactics (~4hrs/wk); **Group Supervision** (1 hr/wk);											

SUPERVISION

Over seventy psychologists comprise the core faculty and supervisory staff of the internship program (see section on Training Faculty). Interns are assigned a primary supervisor for their primary rotation for the first six months. Another faculty member serves as their primary supervisor for the second six months. A secondary supervisor supervises the intern's secondary rotation each semester. Interns receive at least ninety minutes of individual supervision from each supervisor each week. Interns also receive weekly group supervision with the Training Directors and Clinical Psychology Residents to discuss clinical issues, particularly the implementation of evidenced-based practices. Peer supervision is provided monthly by the Clinical Psychology Residents to offer non-clinical peer support as interns progress through their training year. Thus, interns receive at least 4 hours of formal supervision each week and supervisors are also available for emergent consultation as needed.

Supervisors assist the intern in establishing a caseload, adjusting to work in the clinical arena, and acquiring the types of experiences necessary for that particular individual to grow in the role of psychologist or neuropsychologist. Live observations rooms, audiotapes, videotapes, and telehealth platforms may be used in the supervision process. Supervisors mentor the intern via modeling (teaching and supervising the skills and professional demeanor appropriate to that particular setting). Supervision transitions from directive to a more collegial style as the intern progresses toward independent practice. Supervisors ensure that the intern's objectives are met and write midterm and final evaluations of intern performance, incorporating the feedback of any psychologists who provide additional supervision.

TRAINING EXPERIENCES

REQUIRED YEAR-LONG ROTATIONS

Clinical psychology interns are required to complete a 12-month rotation with a Behavioral Health Interdisciplinary Program (BHIP) team. Health psychology interns are required to complete Whole Health and HBPC rotations. The neuropsychology intern completes a 12-month rotation in outpatient neuropsychology.

Behavioral Health Interdisciplinary Program (BHIP)

- Required for the clinical psychology interns, two 6 month rotations. Health and Neuropsychology interns may select this rotation as a secondary rotation.
- Available at the main Salisbury campus or in either of our large Health Care Centers (HCCs) in Charlotte or Kernersville.
- Interns function as part of a BHIP team, meeting with Veterans to determine treatment needs and providing consultative services.
- A full range of evaluation, psychotherapy, and consultative services are available.
- Assessment services include cognitive evaluations, personality assessment, and capacity evaluations.
- Individual, marital/couples, family, and group therapies are available, based on clinical indications. Some of the current therapy groups include: Cognitive Processing Therapy, Seeking Safety, Dialectical Behavioral Thearpy, Anger Management, Grief, Interpersonal, and various psychoeducational groups.
- The goal of the internship is for each intern to have a highly varied caseload, not only in terms of population and psychopathology, but also in terms of the psychological knowledge and skills required to meet the Veteran's needs.

Whole Health and Home-Based Primary Care (HBPC)

- Required for the health psychology interns, 6 months each, Clinical and Neuropsychology interns may select either of these rotations as a secondary rotation.

- **Whole Health**
    - Interns collaborate with a Health Psychologist with clinical emphasis on health coaching in service of health promotion and disease prevention.
    - A variety of health programs are available including the MOVE! Program focusing on diet/nutrition education and healthy weight management, Tobacco Cessation, Chronic Pain Management, Sleep, Mindfulness and Meditation, and Tinnitus Management. Services may be provided in individual and group contexts.
    - Assessment opportunities are available including pre-spinal cord stimulator, pre-organ transplant, and pre-bariatric surgery evaluations.
    - Additional opportunities through Whole Health include staff education about health and wellness as well as some potential services through Primary Care Mental Health Integration (PCMHI).
    - An optional experience is to complete heartrate variability biofeedback (HeartMath) and complete cases under supervision.

- **Home-Based Primary Care (HBPC)**
    - The HBPC team operates similarly to a primary care clinic, but provides all needed services in the Veterans' homes. The team is a multidisciplinary group that includes a Nurse Practitioner, a Nurse Case Manager, an Occupational Therapist, a Physical Therapist, a Dietician, a Social Worker, and a Psychologist.
    - Enrolled Veterans must be home-bound, meaning that the Veteran has functional deficits, such as mobility or sensory impairments, that make it difficult or impossible for the Veteran to leave the home without significant assistance. In addition, the Veteran must have a primary diagnosis that is medical in nature.
    - Common medical problems include Chronic Obstructive Pulmonary Disease (COPD), Parkinson's Disease, metastatic cancer, stroke, severe brain injury, Diabetes, and dementia, to name a few. Interns also work with Veterans suffering from less commonly seen diseases such as Huntington's Chorea and Amyotrophic Lateral Sclerosis (ALS).
    - Many Veterans have concurrent mental health issues, most often mood disorders, panic, PTSD, and anxiety. Common treatment interventions consist of helping Veterans cope with chronic illness and lifestyle changes, assisting Veterans in understanding and being an active participant in their treatment plan, and providing stress management skills training to caregivers.
    - Opportunities exist for interns to utilize evidence-based practices, such as Cognitive Processing Therapy for PTSD (CPT) and Acceptance and Commitment Therapy for depression (ACT), in accordance with internship program training requirements. Additionally, the intern is called upon to provide the behavioral health treatment of chronic pain, tobacco use, and tinnitus.
    - Interns perform decisional capacity evaluations to assess the capability of Veteran to make informed decisions about health care, finances, and independent living.
    - This training opportunity focuses upon the provision of empirically supported mental health interventions, as well as the role of a psychologist in an integrated approach between primary care providers and mental health providers.

<u>Outpatient Neuropsychology</u>

- Required for the neuropsychology intern, two 6 month rotations. Clinical and Health interns may select this rotation as a secondary rotation.
- The Neuropsychology department includes six neuropsychologists (three of whom are board certified), two psychometrists, and one support staff.
- Rotations occur at the main Salisbury campus or in either of our large Health Care Centers (HCCs) in Charlotte or Kernersville.
- Assessent services include evalulations for ADHD, differential diagnosis (type of dementia, dementia vs. mental health etiology), cognitive impairment secondary to neurological condition (Parkinson's, multiple sclerosis, post-stroke), head injury and blast exposure, pre-surgery (DBS, organ transplant), and capacity evaluations. On occasion, Polytrauma evaluations are available.
- Veterans served range in age from 20s through 90s with most presenting as medically complex with numerous comorbidities.
- Cases are specifically selected based on the intern's training goals; they are NOT assigned based on clinic need. The intern works with the supervisor to identify the types of cases and training experiences that best benefit their development.
- Participation in the MIRECC Functional Neuroanatomy and Advanced Neuropsychology seminars is required.

Cognitive Rehabilitation

- Provides experience implementing cognitive rehabilitation techniques with Veterans in individual and group formats. Cognitive Rehabilitation focuses on teaching and implementing compensatory strategies to improve daily functioning. Groups meet weekly and are designed to provide psychoeducation about cognition, instruction on compensatory strategies, and homework to reinforce skills. Individual session focus on tailoring strategies and techniques to target weaknesses.
- Veterans range in age and present with a variety of conditions including mild/major neurocognitive disorder, TBI/PTSD, and ADHD, and older Veterans who would like to learn more about the cognitive aging process and strategies for successful aging.
- This is offered as a 6-month mini-rotation (7-8 hours/week) only. The intern selects the programs of interest including FACT, SmartThink, a Managing ADHD in Adulthood group, and individual patients as available.
- FACT (Functional Adaptation and Cognitive re-Training) is a multidisciplinary team intervention designed for Veterans with a concussion or mild/moderate brain injury who continue to have cognitive complaints. Small groups focus on compensatory strategies, psychoeducation, social comprehension and skill development, and vocational skills.
- SmartThink is a group available to any Veteran who would like to improve memory, attention, or other cognitive function. It covers 6 modules including Healthy Brain, Sleep, Attention, How Memory Works, How to Improve Memory, and Problem Solving.
- Attendance at MIRECC Functional Neuroanatomy and Advanced Neuropsychology seminars is required.

ELECTIVE ROTATIONS:

Primary Care - Mental Health Integration (PCMHI)

- PCMHI is a mental health team embedded in the primary care setting to receive warm hand-offs from primary care staff. The team includes health psychologists, clinical social workers, and a psychiatrist working collaboratively with medical staff in a fast-paced environment.
- Patients are seen within minutes of referral (unless the patient opts for a later scheduled appointment).
- PCMHI staff offer treatment in the primary care setting for multiple concerns, such as anxiety, depression, bereavement, adjustment disorder, stress, chronic pain, coping with illness, and lifestyle issues affecting mood and health.
- The Primary Care-Mental Health Integration rotation emphasizes quick delivery of mental health services, effective communication among interdisciplinary staff, and attention to medical conditions and medication effects as they relate to psychological functioning. Interns in PCMHI have opportunities for rapid assessment, co-facilitation of small groups and classes, consultation with medical providers, crisis intervention, and short-term therapy.

Geropsychology

- Geropsychology training opportunities are available in several settings, including the outpatient rotation, long-term care (the Community Living Center), and Hospice/Palliative Care.
- The Community Living Center (CLC) is a 120-bed inpatient facility which provides long-term care for elderly and disabled Veterans, short-term rehabilitation services for Veterans recovering from illness or injury, and specialized care for Veterans with dementia. The CLC offers a unique opportunity for interns to work with older adults with complex medical, social, cognitive, and psychiatric conditions.
- The Hospice/Palliative Care program is a 12-bed inpatient hospice unit which affords interns the opportunity to obtain experience in addressing psychological issues faced by Veterans and their families at the end-of-life.
- The geropsychology training experiences emphasize the opportunity to collaborate with interdisciplinary teams and aim to help interns develop specialized knowledge and skill competencies in the psychological assessment and treatment of older adults.
- This rotation can also be tailored for the neuropsychology intern to complete bedside cognitive and capacity evaluations, to provide consultation to the interdisciplinary treatment team, and to assist in the development of behavioral modification plans for cognitively impaired Veterans through STAR VA.

Acute/Chronic Psychiatric Units

- A 23-bed acute unit provides short-term inpatient treatment for a variety of mental health problems (e.g., severe depression, relapsing psychotic disorders, acute PTSD episodes, detoxification of substance abuse disorders, and severe adjustment disorders, among others). The primary treatment goal is stabilization and discharge into continuing outpatient care or transfer to more specialized residential care as needed.
- A 23-bed chronic unit is for Veterans requiring longer-term psychiatric hospitalization including Veterans with severe psychiatric and behavioral problems that interfere with community placement and Veterans needing additional stabilization and treatment.
- Interns provide short-term/problem-focused individual and group psychotherapy. Interns conduct psychological evaluations (e.g., diagnostic, cognitive screening, capacity, etc.). Interns participate in interdisciplinary treatment team meetings, participate in family sessions, and provide consultation to the treatment team as appropriate.
- Opportunities exist for unit programming and didactic participation based on length of rotation and individualized training goals.

Psychosocial Rehabilitation Recovery Center (PRRC)

- The PRRC assists Veterans with serious mental illness and significant functional impairment in their recovery journeys. PRRC programs seek to help Veterans integrate more fully into the community, make progress towards self-determined goals, and participate in meaningful life roles.
- The PRRC is an outpatient transitional learning center where Veterans can learn skills that aid them in this process and in promoting personal wellness.
- The PRRC offers classes on a variety of topics, such as Social Skills Training, Illness Management and Recovery, Seeking Safety, Wellness Recovery Action Planning, Get Moving! Get Well!, and Coping Skills.
- Additional services offered by the PRRC include peer support services, psychotherapy, nursing consultation, care coordination, and Veteran-centered recovery planning.
- Interns completing a rotation in the PRRC have the opportunity to become a member of a multidisciplinary treatment team, to facilitate or co-facilitate PRRC classes, to serve as a program Recovery Coach for Veterans, and to provide psychotherapy. Interns may also have the opportunity to engage in program development and evaluation.

Trauma Services

The Salisbury VAMC has several programs to address trauma using evidenced based practices (EBPs).

- **Posttraumatic Stress Disorder Clinical Team (PCT)**
  - The PCT is devoted to the treatment of Veterans, active duty, national guard, and reservists presenting with PTSD due to combat, childhood abuse, accidents/disasters, and other traumatic events.
  - The clinic offers a range of services including psychoeducational groups, coping-based therapies, and trauma-focused evidenced-based practices.
  - Interns develop specialized skills to assess and differentiate trauma sequalae; co-faciliate and/or lead psychoeducational and trauma-focused group therapies including CPT; and provide individual CPT, WET, or PE to appropriate Veterans.

- **Military Sexual Trauma (MST)**
  - The Military Sexual Trauma (MST) is a recovery-based program with utilization of evidenced-based treatments to assist both male and female Veterans with MST in their recovery process.
  - Interns in this rotation participate in all stages of treatment, including conducting MST intakes, doing individual therapy, and co-facilitating a wide variety of groups (MST Education, Seeking Safety, DBT skills, Shame Resilience, ACT, and CPT). Interns may also assist with various outreach events across the hospital.

- **Posttraumatic Stress Disorder-Residential Rehabilitation Treatment Program (PTSD-RRTP)**
    - The PTSD-RRTP offers a 23-bed, 6-week, residential program for the treatment of male and female combat Veterans with combat-related PTSD.
    - The multidisciplinary team is comprised of staff from psychology, psychiatry, social work, nursing, medicine, and support services.
    - Interns co-facilitate an extended CPT group several times per week and provide psycho-educational groups or classes. Interns go on therapeutic exposure outings in the community and participate in weekly interdisciplinary staff meetings.
    - Additional opportunities, including exposure to non-traditional treatment approachs such as tai chi, yoga, and acupuncture, are available according to interns' training needs and time considerations.

- **Virtual Intensive Outpatient Program for PTSD (VIOPP)**
    - The VIOPP is an intensive, 6-week virtual program for Veterans with PTSD modeled on the residential program. Veterans select from an ACT or CPT track.
    - Veterans attend two individual sessions, two small group sessions, and several psychoeducational classes each week.
    - Interns may lead and/or co-facilitate all of these services.

<u>Addiction and Recovery</u>

Interns selecting the Addiction and Recovery rotation gain clinical experience in outpatient and residential environments. Both programs follow a combined psychotherapy, psychoeducation, and aftercare approach to treatment.

- **Substance Abuse-Residential Rehabilitation Treatment Program (SA-RRTP)**
    - SA-RRTP is a 35-bed residential treatment unit for Veterans with substance use disorders. The interdisciplinary team includes psychology, psychiatry, social work, nursing, substance abuse counseling, vocational rehabilitation, and support services. The SA-RRTP program utilizes cognitive-behavioral relapse prevention techniques, motivational interviewing, and other evidenced-based interventions for Veterans with primary substance abuse and dual diagnoses.
    - Interns are involved in participation in the multidisciplinary team process, individual and group psychotherapy, screenings for SA-RRTP, psychodiagnostic interviews, and

participation in psychoeducational programming. Interns may also have the opportunity to participate in program development and in-service training.

- **Substance Abuse Services (SAS**)
    - SAS is an outpatient service that includes Early Skills Training for those who are new to recovery, Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Seeking Safety, Relapse Prevention, Intensive Outpatient Programming (IOP), and Recovery Support.

VISN 6 Clinical Resource Telemental Health Hub Program

- The Telemental Health Hub was created to provide psychological services for Veterans living in rural areas and/or in locations within VISN 6 where local barriers exist.
- Interns will have the opportunity to provide treatment planning, individual psychotherapy, and groups such as Seeking Safety, CBT for Chronic Pain, Race-Based Stress and Trauma, and Military Sexual Trauma groups.
- Interns may also co-facilitate virtual DBT groups as part of the VISN 6 Suicide Prevention National Telehealth Program.
- Interns will function as a part of a virtual BHIP team within one of the VISN 6 sites. These BHIP teams coordinate care and conduct clinical meetings/treatment planning, all virtually, from points across the VISN. Recent site locations include the Fayetteville, Durham, and Salisbury VA health care systems.
- Supervision will be provided virtually and will include live observation and/or co-therapy.
- Interns will participate in monthly Hub therapist and staff meetings.
- Training experiences include evidence-based treatments (CPT, PE, CBT-I, IPT-D, CBT-CP, CBT-D, or CBCT-PTSD) and integrated approaches to psychotherapy through VVC.
- Interns may have the opportunity to participate in case management and program development and evaluation.

Suicide Prevention (SP)

- The rotation focuses broadly on increasing understanding of VA SP resources and the functions of the SP team, and on improving suicide risk assessment and management skills.
- Interns attend weekly team meetings, manage Veterans with a High Risk Flag (HRF), respond to Veterans Crisis Line (VCL) calls, and review records to provide recommendations about the assignment, renewal, or discontinuation of a HRF.
- Interns may be called upon to act as a liaison between trainees and SP staff to best coordinate information and training, and are in an excellent position to provide consultation to other teams and providers about SP services.
- Attendance at an Applied Suicide Intervention Skills Training (ASIST) workshop, as well as monthly Morbidity and Mortality (M&M) presentations are expected.
- This rotation offers a unique opportunity for program development and related small research projects to be completed over the course of the rotation. Interns are encouraged to select a question or topic of interest to them and that addresses a need within the SP program. Possible topics might include:
    - Developing a protocol for managing high frequency VCL callers.
    - Hospital-wide training for staff (recognizing and assessing for risk, appropriate documentation, when and how to submit a consult to the SP team, etc.).
    - Researching and disseminating information about suicide risk within special populations.

    - Developing an “FAQ” or resource folder for providers to assist in responding to questions about suicide risk, documentation, contacts and resources, etc.
- Optional activities may include participation in SP outreach events, helping to develop materials for a monthly SP mailing, responding to consultative requests for unique cases, and assisting in the development and facilitation of staff trainings.
- Several training opportunities are available. Examples have included Veterans in Pain training by American Chronic Pain Association and online teleconferences relating to suicide and/or management of risk factors.

Psychological Assessment

- The Psychological Assessment rotation (only available as a minor rotation) provides a deeper assessment experience without electing for a full neuropsychology rotation.
- A key component to the rotation is increasing knowledge and clinical skill with a core set of common measures (MMPI-2/RF, RBANS, PAI, Rorschach, etc.) across a number of referral contexts. The goal is to deepen assessment knowledge and skill through an increased and focused assessment experience based on the intern's training goals.
- Areas of focus could include health psychology evaluations (pre-surgery evaluations, transplant assessments), brief cognitive evaluations, psychiatric diagnostic clarity assessments, ADHD assessments, use of MMPI-3, and capacity evaluations.
- Trainees on this rotation learn to accurately administer, score, and interpret various instruments and generate reports using precise language. Evidence-based assessment and advanced interpretive knowledge are stressed.
- At least 8 evaluations are expected to be completed. Assessment type and tests used will be based on interests and training needs of individual intern.

DIDACTICS and ADDITIONAL TRAINING EXPERIENCES

Interns spend an average of 4 hours per week in seminars and didactic activities, usually on Fridays; the neuropsychology intern has an additional 1.5 hours of relevant didactics on Wednesday afternoons. All seminars and didactic activities support the program's efforts to produce practitioner-scholars capable of translating theory, knowledge, and scientific inquiry into practice. Didactic offerings incorporate the application of an empirical knowledge base to case formulation, including awareness of multicultural and diversity issues, treatment planning, and treatment implementation.

Didactics

- Interns choose from a series of Evidenced Based Practices (EBP) trainings at the beginning of the year. Other EBP overviews and trainings are provided throughout the year to ensure familiarity with a wide variety of interventions. These therapies may include but are not limited to:
    - Cognitive Processing Therapy (CPT)
    - Prolonged Exposure (PE)
    - Eye Movement Densensitization and Reprocessing (EMDR)
    - Cognitive Behavioral Therapy for Depression (CBT-D)
    - Acceptance and Commitment Therapy (ACT)
    - Interpersonal Psychotherapy (IPT)
    - Cognitive Behavioral Therapy for Insomnia (CBT-I)
    - Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
    - Problem Solving Therapy (PST)
    - Motivational Interviewing and Motivational Engagment Therapy (MI/MET)

    - Social Skills Training (SST)
    - Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD)
- The **Core Psychology Seminar Series** forms the heart of the internship's didactic program. The seminar series is taught by doctoral-level psychology staff, supplemented occasionally by other relevant disciplines (e.g., pharmacy, psychiatry). Initial seminars focus on psychology-specific content such as assessment, clinical conceptualization, and treatment of psychopathology frequently encountered within the Veteran population. Interns are oriented to the military and other aspects of diversity represented in the Veteran population. Psychology interns also select other topics based on their interests and identified needs.

- The **Professional Issues Seminar Series** provides a supportive forum for the review and exploration of issues relevant to the professional and ethical practice of psychology. Among the topics to be highlighted are interprofessional team functioning, models of consultation, boundary issues, cultural diversity, use of the relationship within psychotherapy, legal and ethical issues, recognition of one's personal and professional limitations, and career development. Interns are exposed to varying approaches to the conceptualization and treatment of a broad range of presenting psychological disorders through attendance at regular Journal Clubs and Case Conferences. These are presented by psychology staff (including interns) on the first Friday of every month.

- Interns attend **Continuing Education Workshops** organized by the Northwest Area Health Education Center (NW AHEC) of Wake Forest University's School of Medicine. These monthly workshops are presented by visiting mental health professionals for three to eight hours depending on the topic. These seminars cover topics specifically requested by Mental Health and Behavioral Sciences staff.

- On Wednesdays from 3:00-4:30 PM, trainees with a interest in neuropsychology may participate in the MIRECC Fellowship Seminars which were created to meet Houston Conference Guidelines for postdoctoral training in neuropsychology. Recently, these seminars have become nationally attended using video teleconferencing by interns, post-docs, and psychologists from several VAMCs across the nation as well as from Wake Forest School of Medicine.
    - Advanced Neuropsychology Seminar: meets twice monthly to cover an array of clinical neuropsychology topics. MIRECC neuropsychology fellows, other postdoctoral residents (clinical psychology), medical residents (neurology, psychiatry, pharmacology, and rehab), and predoctoral interns are invited to attend. Seminars involve a mix of guest speakers, didactics, and board certification mock exams.
    - Functional Neuroanatomy Series: meets monthly to cover an array of functional neuroanatomy topics. The seminar series is led by a research neurobiologist. Other postdoctoral fellows/residents as well as predoctoral interns are invited.

Additional Training Experiences

- Additional opportunities are available for interns to gain specialized experience in clinical hypnosis, biofeedback, family therapy, and research. The time commitment for these options must be negotiated out of the other rotations.

- The **Clinical Hypnosis Seminar** is a full-year commitment which meets 90 minutes a week. During the first half of the year, participants are exposed to the history, theory, phenomena, and controversies of contemporary hypnotic practice. Various inductions and the uses of clinical hypnosis are learned through didactic, observational, small group experiential, and clinical practice. During the second half of the year, seminar participants see Veterans for clinical hypnosis, as appropriate to participant skill level and interests. Supervision and instruction are provided by the Clinical Hypnosis Consultation Team, led by Dr. John Hall.

- **Biofeedback** gives the intern experience implementing Heart Rate Variability Biofeedback (HRV Biofeedback). HRV Biofeedback is a non-pharmaceutical intervention that is an adjunctive treatment for a variety of conditions including PTSD, anxiety disorders, chronic pain, insomnia, and stress management. The intern will undergo 20 hours of training in the proper implementation of HRV biofeedback, and will primarily utilize biofeedback tools and techniques in Whole Health and BHIP rotations

- The **Marriage, Couples, Family Therapy (MCFT)** provides experience co-facilitating therapy with a staff psychologist as well as receiving live supervision and feedback. As the training year progresses, interns may be paired with other trainees. Feedback is provided to the therapists by the observation team and provided to the couple/families by the therapists. Interns have the opportunity to be a co-therapist or observer for a variety of cases, including a multi-family group.

- A **research experience** is available through the Salisbury Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC). The MIRECC focuses on neuropsychology and neuroimaging of post-deployment conditions. Research options are based on available projects in the MIRECC, number of interns interested, and individual intern goals and interests. A variety of possible projects are identified, and the intern selects a project to join. A typical experience includes attendance at monthly lab meetings, participation in writing meetings, contribution to a manuscript to earn co-authorship, and/or presentation at a conference or meeting. Time expectation is 2 hours per week, lasting through the completion of the project which may occur outside of the standard 40 hour/week tour.

MID ★ ATLANTIC
MIRECC
POST DEPLOYMENT MENTAL HEALTH

DIVERSITY PROGRAMMING AT SALISBURY

The Salisbury VAHCS strives to be a welcoming and supporting environment for all staff, trainees, Veterans, and families. We adopt a broad definition of diversity in an effort to be inclusive of all people. We encourage our trainees to explore not only their patients' identities, but also their own in an effort to grow in understanding.

Diversity Mentoring Program

The purpose of the Diversity Mentoring Program is to provide an opoprtunity for interns to discuss elements of diversity, equity, and inclusion with a mentor in a non-evaluative context. Interns might explore personal experiences related to diversity, discuss how to navigate professional or training environments, examine diversity in relation to Veterans or colleagues, unpack current events, or explore other aspects of personal and professional development. We believe it is our responsibilty to create an environment where our interns have the space and support to grow.

Diversity, Equity and Inclusion (DE&I) Committee

The purpose of this group is to identify and address issues of equity and inclusion within the organization, develop strategies and recommendations for facility leadership and provide resources with the goal of fostering an affirming and supportive workplace for all. The committee will help develop strategies to help build inclusive, psychologically safe and culturally sensitive teams. DE&I may also identify issues relevant to inclusive patient care. The committee meets monthly; interested interns may attend meetings and become involved as interest and time permits.

Cultural Conversations

The Mental Health department hosts virtual discussions each month that encourage staff to engage in candid conversations in an effort to build communication and a sense of community. A psychologist moderates the conversations and each week, a different question or issue is explored together. The meetings are voluntary and include psychologists, psychiatrists, administrative staff, trainees, social workers, peer specialists, and support staff.

LGBTQ+ Care

Salisbury VAMC is dedicated to serving the needs of our LGBTQ+ Veterans and is rated a "Top Performer" by the Healthcare Equality Index. We have an LGBTQ+ consultation team that meets bi-monthly to educate, consult, support, build networks, and create a welcoming environment at our VA for all Veterans. Every campus has an LGBTQ+ Point of Contact to increase our presence as clinical advocates and increase our accessibility to Veterans. A Veteran Care Coordinator liaises with the VISN and National LGBTQ+ administrations. We participate in Pride Celebrations in multiple cities in our catchment area to let LGBTQ+ Veterans know that they are very welcome at our VA. We also run clinical/support groups for transgender and LGB Veterans. Of note, the VA is in the process of a system-wide change in healthcare policy that would allow Veterans diagnosed with Gender Dysphoria to have the gender affirming surgeries as part of their healthcare at VA. Interns and residents are welcome to contribute to the consultation team, participate in Pride events, or co-facilitate groups.

ADMINISTRATIVE POLICIES AND PROCEDURES

At the time of this publication, funding is available for six interns (three clinical, two health psychology, and one neuropsychology). The stipend for the year is $26,635 with full health benefits. No unfunded or part-time positions are available. Interns receive 11 federal holidays and 15 days of leave for illness, vacation, or personal time. Interns may also receive up to 5 days of administrative leave for continuing education or conference attendance.

The Salisbury VAHCS Psychology Internship program has established due process procedures for the training program (these are detailed in our Psychology Training Program, MH & BS Service Line Memorandum 11M-2-00-6). Our program does not require self-disclosure as part of the training year application process or training year activities. We collect no personal information about you when you visit our website.

Local Information

The W.G. (Bill) Hefner Veterans Affairs Medical Center is located in Salisbury, North Carolina. Salisbury is nestled in the rolling hills of the Central Piedmont region and is a small city of approximately 34,000 with significant historical and natural attractions. The larger metropolitan areas of Charlotte, Winston-Salem, and Greensboro are all within a 45-minute drive. Beach and mountain resort areas are easy weekend trips with lakes and many fine golf courses in close proximity. The pleasant climate and relatively affordable cost of living make the area a popular relocation or retirement area.

While providing all the attractions of a small town, Salisbury also offers many big city amenities including a symphony, an art gallery, local live theater, children's theater, historic museums, and opportunities for dining and entertainment. The nearby metropolitan areas offer many additional cultural opportunities including theater, opera, regional fairs and festivals, and professional sports. Carowinds and the National Whitewater Center are both located in Charlotte. For sports enthusiasts, Charlotte is home to the Carolina Panthers NFL team and the Charlotte Hornets NBA team. Kannapolis, NC is home to the Chicago White Sox Single A minor league team, the Intimidators, and downtown Charlotte is the home of the White Sox AAA team, the Charlotte Knights, and the minor league AHL hockey team, the Charlotte Checkers. Many well known collegiate teams, including UNC-Chapel Hill and Duke, are also found in the Carolinas. Concord, NC is home to Charlotte Motor Speedway, where two major NASCAR races are held yearly. Concord also has a historical downtown area and Concord Mills, a popular shopping mall, and Great Wolf Lodge and Water Park which attracts vistors from throughout the southeast. The Charlotte area has consistently ranked in recent top 10 lists of popular moving destinations for millenials.

Salisbury is easily accessible from Interstate 85. Air travel is convenient through either of two major airports (the Charlotte-Douglas International Airport or the Piedmont Triad Airport). Amtrak train service and bus lines are also available.

PSYCHOLOGY STAFF

Locations: VAMC = Veterans Administration Medical Center; HCC = Health Care Center.
Programs: BHIP = Behavioral Health Interdisciplinary Program; HBPC = Home-Based Primary Care; MST = Military Sexual Trauma; PCMHI = Primary Care-Mental Health Integration; PRRC = Psychosocial Rehabilitation and Recovery Center; PCT = PTSD Clinical Team; SA-RRTP = Substance Abuse Residential Rehabilitation Treatment Program.
Interests: ACT = Acceptance and Commitment Therapy; CPT = Cognitive Processing Therapy; DBT = Dialectical Behavioral Therapy; IPT = Interpersonal Therapy; PE = Prolonged Exposure; TBI = Traumatic Brain Injury.

Name	Title	Degree (Date)	Interests
Laura M. Abood, Ph.D.	PCMHI, Charlotte HCC	University of New York at Binghamton (1993)	Health Psychology; Interdisciplinary team work; Whole Health; Program development; Training; Geropsychology
John Allmond, Psy.D.	Suicide Prevention and Substance Abuse Services, Salisbury VAMC	Regent University (2009)	Health psychology; Suicide Prevention; Marriage and Family; Integration of Faith/Spirituality; CBT for Depression, Insomnia, and Chronic Pain
Patricia P. Ansbro, Psy.D.	BHIP, Salisbury VAMC; Marriage, Couples, and Family Therapy	Baylor University (1991)	IPT; Couples and family therapy; Anger Management; Interdisciplinary Team Functioning; ACT
Cheri Anthony, Ph.D.	Suicide Prevention Program Manager	University of Southern California (1989)	Suicide Prevention; Psychology Administration; Gerontology
Jacky Aron, Ph.D.	C&P, Kernersville HCC	Auburn University (1990)	Individual and group psychotherapy; PTSD and Anxiety disorders; CBT; CPT; PE; ACT
Shanyn Aysta, Psy.D., ABBP	Local Recovery Coordinator	Rosemead School of Psychology, Biola University (2001)	Recovery; Leadership Development; Object-relations psychotherapy; Integration of faith systems and psychotherapy; Supervision; Whole Health Coaching
Karen Benson, Ph.D.	HBPC, Kernersville HCC	University of North Texas (2014)	Assessment and treatment of older adults; interdisciplinary collaboration; team-based behavioral interventions for dementia related behaviors; caregiver support; interventions for individuals with cognitive impairment
Frank Bettoli, Ph.D.	HBPC, Salisbury VAMC	University of Kentucky (1997)	Humanistic, Existential, and Interpersonal Therapy; Geropsychology; Trauma
Natalie Brescian, Ph.D.	Caregiver Support Program	Colorado State University (2010)	Geropsychology; Cognitive and capacity evaluation; Dementia; End-of-life issues; Interprofessional team development; Teaching; Medico-legal issues
Brandon Bryan, Psy.D.	Coordinator, PCT and PTSD-RRTP; Co-Training Director	Virginia Consortium Program in Clinical Psychology (2008)	Humanistic and CBT; Trauma and Resilience; Moral Injury
David L. Butler, Ph.D., ABN	Clinical Neuropsychologist, FACT and SmartThink Coordinator	Virginia Tech University (1982)	Neuropsychology; Cognitive rehabilitation; Sleep
Alexa Casey, Psy.D.	BHIP, Salisbury VAMC	SOPP – Wright State University (1994)	Emotional Resilience (STAIR); Trauma Focused Treatment; EMDR; DBT; Family and Couples Work; Virtual Reality Therapy; EAGALA Trained Therapist
Jessica Cloer, Psy.D.	HBPC, Charlotte HCC	Argosy University, Atlanta (2005)	Health Psychology; Geropsychology; Caregiver support; Trauma and Resilience
Meghan Cody, Ph.D.	Whole Health, Kernersville HCC	University of Virginia (2012)	Evidence-Based Practices; CBT; Integrated Care; Psychosocial Oncology; Health Psychology/Behavioral Medicine

Name	Title	Degree (Date)	Interests
Megan Constance, Psy.D.	BHIP/PCT, Charlotte HCC	Midwestern University (2019)	ACT; Mindfulness Based Interventions; PTSD/MST; Clinical Supervision
Lynda Cox, Psy.D.	BHIP, Kernersville HCC	Nova Southeastern University (1994)	Trauma; Substance abuse
Candace DeCaires-McCarthy, Psy.D.	PCT, Kernersville HCC; LGBT Point of Contact	Rutgers University (2014)	PTSD Recovery; Evidence Based Treatments; Couples Psychotherapy; LGBT issues and Telehealth
Ryan A. DeHaas, Ph.D.	BHIP, Salisbury VAMC; SA-RRTP	Rosalind Franklin University of Medicine and Science (2002)	Assessment and treatment of substance abuse and dual-diagnosis; Anxiety sensitivity and substance abuse; Health psych and B Med; Psychological adjustment to acute and chronic medical conditions
Sandra I. Dias, Ph.D.	VISN 6 Telemental Health Hub	New York University (2014)	Trauma; Adjustment to civilian world; CBT; ACT-D; Couple's therapy; Health psychology (i.e. chronic pain); Diversity and multicultural perspective; Working with female veterans
Herman Diggs, Ph.D.	HBPC, Kernersville HCC	Southern Illinois University at Carbondale (2014)	Assessment and treatment of older adults; PTSD; Substance Use Disorders; Motivational Interviewing
Kristie Earnheart, Ph.D.	HBPC, Charlotte HCC	University of North Texas/University of North Texas Health Science Center Consortium (2006)	Geropsychology; Medical Psychology; Death and Dying/End of Life Issues
Aaron Farley, Psy.D.	PCMHI, Salisbury VAMC	Regent University (2010)	CBT; Health psych; Marriage and Family; Solution Focused Therapy; Brief Treatments
Kara Felton, Psy.D.	BHIP, Charlotte HCC	Marywood University (2017)	Recovery-Oriented Treatment; Trauma and Resilience; Dual Diagnosis; STAIR; EBPs (e.g., CBT-SUD, CBT-CP, CPT, PE); SMI; Issues of Sexuality; Supervision
Nicole Freeman-Favia, Psy.D.	BHIP, Charlotte HCC	Wright State University School of Professional Psychology (2020)	DBT; Couples therapy; Mind Body Medicine; Insomnia; Whole Health; Older Adults
Megan Freese, Ph.D.	PCT, Salisbury VAMC; Telehealth Specialist	Illinois Institute of Technology (2009)	EBPs for PTSD (e.g., CPT, PE, CBCT); ACT; EBPs via telehealth technology; Parenting.
Elyse Freilich, Ph.D.	PCMHI, Charlotte HCC	Georgia State University (1992)	Process Oriented Therapies, specifically Family Systems; CBT; Brief Interventions; Case Conceptualization training; Treatment of Complex Trauma; PTSD; Sleep
Nancy Furst, Psy.D.	PCT, Charlotte HCC; Facility LGBT Coordinator; Telemental Health Coordinator	American School of Professional Psychology; D.C. (2013)	Trauma & PTSD; CBT; Mindfulness; ACT; Supervision and Training; Telemental Health; Transgender Health Care; Couples Therapy; EBPs
Angela Gonzalez-Gonyer, Psy.D.	PCT, Charlotte HCC	American School of Professional Psychology at Argosy University; Hawaii (2010)	CBT; Interpersonal process; Certified in EMDR, PE, CPT

Name	Title	Degree (Date)	Interests
Jennifer Haist, Ph.D.	PTSD/SUD Psychologist, Salisbury VAMC	West Virginia University (2014)	Evidence-based practices with emphasis on PTSD and SUD treatment; ACT; Mindfulness; Telemental health; Training and Supervision
John Hall, Ph.D., ABPP	WH Pain Psychologist, Charlotte CBOC	University of Louisville Clinical (1995)	Chronic and Acute Pain; Disability Mitigation; Clinical Hypnosis; Sexual Orientation and Gender Identity
Elizabeth Howarth, Ph.D., ABPP	PRRC Coordinator, Salisbury VAMC	Southern Illinois University Carbondale (2012)	SMI; Psychosocial Rehabilitation and Recovery; Diversity Issues
Cassie Hudson, Ph.D.	BHIP, Charlotte HCC; Employee Health Coordinator	University of North Carolina at Charlotte (2014)	Patient-Centered Care; Posttraumatic Growth (PTG); Recovery; Trauma; Health Psych; Interdisciplinary Teams; Training, Education & Supervision; Program/Systems Evaluation & Improvement; TBI
Christopher Hummel, Psy.D.	VISN 6 Telemental Health Hub		
Kristin Humphrey, Ph.D., ABPP	Assistant ACOS, Mental Health	Michigan State University (2007)	EBPs; PTSD; MST; Insomnia
Holly Hunley, Ph.D.	Psychology Program Manager; VISN 6 Telemental Health Hub	Loyolya University – Chicago (2008)	PTSD/SUD; EBPs for PTSD, CPT and PE; CBT; Telemental Health, Virtual Care, and Technology in Care; Administration and Leadership; Treatment Outcomes; Program Evaluation
Lyssa Israel, Ph.D.	BHIP, Salisbury VAMC	Fairleigh Dickinson University (1996)	CBT; Trauma; LGBTQ; Mindfulness and Mindful Living
Alex Jadidian, Ph.D., ABPP	BHIP, Charlotte HCC	University of Florida (2014)	Cognitive Behavioral and Integrated Therapy; EBPs; ADHD
Sita "Chandana" Kanithi, Psy.D.	VISN 6 Telemental Health Hub	California Institute of Integral Studies (2007)	Recovery-Oriented Therapy; Mindfulness and Compassion; Whole Health and Integrative approaches to care; CBT
Rachael Kelleher, Ph.D.	BHIP, Kernersville HCC	University of North Carolina at Greensboro (2018)	Integrative approaches to clinical practice using a biopsychosocial perspective; CBT; ACT; DBT; Strength-based therapies; Compassion-focused Therapy
Richard Kennerly, Ph.D.	Coordinator, Neuropsychology	University of North Texas (2006)	Neuropsychological Assessment; Alzheimer's Disease; TBI; ADHD; Cognitive Rehab; CES; Biofeedback
Matthew Konst, Ph.D.	Director, VISN 6 Telemental Health Hub	Louisiana State University (2008)	Autism; Intellectual Disabilities; Research on comorbid conditions; Trauma; Sleep disorders; TBI; CBT; dementia; Beekeeping
Seth S. Labovitz, Ph.D., CGP	BHIP, Salisbury VAMC	Ohio State University (1992)	Group Psychotherapy; Humanistic and Experiential Psychotherapy; Psychological Assessment
Amanda Landwehr, Psy.D.	PCT, Charlotte HCC	Nova Southeastern University (2021)	CBT; EBPs; Trauma and Resilience
Jennifer Luescher, Ph.D.	BHIP, Charlotte HCC	University of Florida (2004)	EBPs; Mindfulness; Resilience; Diversity and Inclusion

Name	Title	Degree (Date)	Interests
Carrie May, Psy.D.	WH Pain Psychologist, Kernersville HCC	Marshall University (2020)	Chronic Pain; B Med; Pain Management and Opioid Use; Biofeedback; CBT; Complimentary and Integrative Approaches to Health/ Wellbeing; Consultation and Liaison Psychiatry
Emelie McFarland, Psy.D.	Community Living Center (CLC), Salisbury VAMC; STAR-VA Behavioral Coordinator	Chestnut Hill College (2019)	Behavioral interventions for dementia; Aging and intersectionality; Care-partner support; Trauma and aging; Reminiscence and Life Review; ACT; Psychodynamic psychotherapy; Assessment
Holly Miskey, Ph.D., ABPP-CN	Neuropsychologist; Co-Director MIRECC Postdoctoral Fellowship; Co-Training Director	University of North Carolina at Greensboro (2013)	Executive functions; Prefrontal lobe functioning; PTSD and cognitive functioning; TBI; blast exposure
Kristina Nagy, Psy.D.	BHIP, Kernersville HCC	Wisconsin School of Professional Psychology (2020)	Health psychology; Chronic pain and sleep issues; Death and dying/end of life; CBT and Psychodynamic therapies; Assessment
Leah Powell, Ph.D.	BHIP, Charlotte HCC	Indiana State University (2006)	CBT; Trauma Focused Therapies; EMDR; Marital Therapy
Devon Redmond, Ph.D.	BHIP, Charlotte HCC	University of North Carolina at Chapel Hill (2010)	Cognitive behavioral therapy; Interpersonal psychotherapy; Depression; Anxiety; Autism Spectrum Disorder; ADHD; Learning Disorders; Anger management; CES; Biofeedback
Rebecca Resavy, Psy.D.	Neuropsychologist, Charlotte HCC	American School of Professional Psychology; D.C. (2013)	Dementia; Cultural intersectionality with aging; Capacity evaluations; Caregiver inclusion and support; Ethical considerations; Recovery oriented feedback; Disaster response
Julianne Y. Richard, Ph.D.	Acute/Chronic Inpatient Unit	Oklahoma State University (2018)	SPMI; Solution Focused Brief Therapy Interventions; MI; EBPs (PTSD, Schizophrenia, Social Skills Training, etc.); Training, Education, and Supervision; Psychological Assessment
Kevin Richard, Ph.D.	PTSD-RRTP	Oklahoma State University (2018)	Humanistic and CBT; Motivation and Emotion; Narrative Therapy; Cognitive Therapy; Solution Focused Therapy
Ashley Rose, Psy.D.	BHIP, Salisbury VAMC	Marshall University (2013)	Sleep intervention (IRT/CBT-I); CBT; Personality disorders; Trauma and Resilience; Rural health
Ramona Rostami, Ph.D.	Neuropsychologist, Salisbury VAMC	Fuller Graduate School of Psychology (2018)	Dementia; Cognitive Rehabilitation; Neuroanatomy
Meredith Rowland, Ph.D.	Coordinator, Transitional Residence House	Binghamton University (2009)	Substance abuse treatment; Exposure therapy; Behavioral psychology; Group psychotherapy; Psych assessment
Stephen Russell, Psy.D.	Psychology Program Manager, Salisbury VAMC	Regent University (2005)	Serious Mental Illness; Psychosocial Rehabilitation; Family/Marital Therapy; Religious/Spiritual Diversity
Ashley Sansone, Psy.D.	PRRC, Salisbury VAMC	Marshall University (2020)	SMI; Dual Diagnosis; Recovery-Oriented Treatment; Positive Psychology; Housing Concerns

Name	Title	Degree (Date)	Interests
Tamara Scott, Ph.D., MPH	Whole Health; Health Behavior Coordinator; Health Promotion Disease Prevention Program Manager; Charlotte HCC	University of North Carolina at Charlotte (2016)	Health Psych and B Med; CBT; Cultural adaptation of evidenced based interventions; Public Health; Program development
Chantal Seshadri, PsyD	VISN 6 Telemental Health Hub	Loyola College in Maryland in Clinical Psychology (2008)	Trauma; Early Childhood Mental Health; Fetal Alcohol Spectrum Disorders; CBT
Kossi Sevon, Psy.D.	BHIP, Kernersville HCC	Illinois School of Professional Psychology, Chicago (2017)	EBPs (CBT-D, PE, CPT, & DBT); Psych assessment; Anger management; Trauma/Stressor-related disorders; Anxiety & Depressive disorders; International psychology; Supervision
Robert Shura, Psy.D., ABPP-CN	Co-Director MIRECC Postdoctoral Fellowship; Polytrauma Neuropsychologist	Marshall University (2013)	Performance and Symptom Validity; TBI; ADHD; Psychometrics; Neuroanatomy
Amy Smith, Psy.D.	MST Coordinator; VISN 6 MST Point of Contact	Regent University (2010)	Treatment of PTSD including MST-related issues; Women's issues; ACT
J. David Spriggs, Psy.D.	BHIP, Kernersville HCC	Wheaton College (2001)	Couples therapy; Christian Counseling; Treatment of older adults; Cognitive Therapy
Raphael D. Thigpen, Psy.D.	BHIP, Charlotte HCC	Wright State University School of Professional Psychology (2002)	CBT; Health Psych; PTSD; Diversity/Multicultural Issues
Christina L. Vair, Ph.D.	Clinical Director, Whole Health	University of Colorado at Colorado Springs (2012)	Health psych; B Med; Complementary and Integrative modalities; MI; Clinician coaching/ interdisciplinary team facilitation; Program development; Implementation science; Health equity
Beth Broj Ward, Psy.D.	BHIP, Charlotte HCC	Nova Southeastern University in Clinical Psychology (2020)	ACT; DBT; CPT; Trauma Related Disorders
Ann Williams, Ph.D., ABPP	VISN 6 Telemental Health Hub	University of North Carolina at Greensboro (2012)	Assessment and treatment of PTSD; Evidence-Based Practices; Telemental Health; Multicultural Considerations; Resilience
Nicolas Wilson, Psy.D.	BHIP, Kernersville HCC	Forest Institute of Professional Psychology (2015)	PTSD; Substance abuse; OCD; Depression; Person-centered therapy; Motivational interviewing; Internal family systems; CPT, WET, CBT-I, DBT; Interpersonal psychotherapy
Yoshiko Yamamoto, Ph.D.	BHIP, Kernersville HCC	Fielding Graduate University (2009)	EBPs and Hypnosis for PTSD/Traumas, Anxiety, Depression, and smoking cessation; Mindfulness
Julia D. Yearwood, Psy.D.	BHIP, Charlotte HCC; Evidence Based Psychotherapy Coordinator	Florida Institute of Technology (2015)	EBPs; Chronic pain; Sexual orientation and gender identity; Program evaluation
Michael Zande, Ph.D.	VISN 6 Telemental Health Hub	Nova Southeastern Univeristy (1988)	CBT; IPT for Depression; Cognitive Treatment for Anxiety Disorders; Couples Therapy

PREVIOUS TRAINEES' GRADUATE SCHOOLS

2022 – 2023
University of North Texas
Regent University
Texas Tech University
Radford University
Fielding Graduate University
Azusa Pacific University

2021 – 2022
Regent University
University of Akron
Ball State University
Regent University
University of North Carolina at Charlotte
Wright Institute

2020 – 2021
Marshall University
Nova Southeastern University
Palo Alto University
Regent University
University of North Carolina at Greensboro
Wright State University

2019 – 2020
Marshall University
Midwestern University
Nova Southeastern University
Spalding University
Wisconsin School of Professional Psychology
Wright State University

2018 – 2019
Georgia School of Professional Psychology
Midwestern University
Regent University (3 interns)
University of Buffalo

2017 – 2018
Argosy University, Chicago
Carlos Albizu University – San Juan
Fuller Graduate School of Psychology
Nova Southeastern University
Oklahoma State University
PGSP – Palo Alto University

2016 – 2017
Argosy University, Chicago
Carlos Albizu University – Miami
Georgia Southern University
James Madison University
Marywood University
PGSP – Palo Alto University
Regent University

2015 – 2016
Carlos Albizu University - Miami
Pacific Graduate School of Psychology – Stanford
PGSP – Palo Alto University
University of Akron
University of Southern Mississippi
Xavier University

2014 – 2015
Argosy University, Hawaii
Argosy University, Atlanta
Carlos Albizu University
Florida Institute of Technology
James Madison University
University of Indianapolis

2013 – 2014
Argosy University, Chicago
Immaculata University
Nova Southeastern University
Radford University
Spalding University
University of Florida

2012 – 2013
Argosy University, D.C. (2 interns)
Regent University
University of Central Florida

2011 – 2012
Argosy University, Atlanta
Regent University (2 interns)
Wright Institute

2010 – 2011
Indiana University of Pennsylvania (2 interns)
Nova Southeastern University
Regent University

2009 – 2010
Argosy University, Atlanta
Argosy University, Hawaii
University of Iowa
Virginia Consortium Program in Clinical Psychology

2008 – 2009
Argosy University, Atlanta
Illinois Institute of Technology
Marshall University
Pepperdine University

2007 – 2008
Indiana University of Pennsylvania
Wright Institute

2006 – 2007
Michigan State University
Nova Southeastern University

2005 – 2006
Argosy University, Washington, DC
Rosemead School of Psychology

2004 – 2005
Argosy University, Atlanta
University of Virginia

2003 – 2004
Nova Southeastern University
University of South Carolina

2002 – 2003
Argosy University, Chicago
Nova Southeastern University

2001 – 2002
Massachusetts School of Professional Psychology
University of Virginia & Cornell Law School

2000 – 2001
University of Connecticut
Wheaton College