

Updated October 2022

## Psychology Internship Program



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
West Palm Beach VA Medical Center

### West Palm Beach Veteran Affairs Medical Center

Psychology Training Director  
7305 North Military Trail  
West Palm Beach, FL 33410  
(561) 422-7250  
<http://www.westpalmbeach.va.gov/>

**MATCH Numbers:**  
**General Internship (3 positions): 217011**  
**Interprofessional Experience (1 position): 217012**

**Applications due: November 15, 2022**

### Accreditation Status

The Psychology Internship Program at the West Palm Beach Veteran Affairs Medical Center (WPB VAMC) was funded in 2011. We had our initial APA accreditation site visit in October 2013 and were awarded the APA accreditation. Our next scheduled site visit is anticipated in 2022. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st, NE  
Washington, DC 20002-4242  
Phone: (202) 336-5979  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: <http://www.apa.org/ed/accreditation>

The internship program is a member in the Association of Psychology Postdoctoral and Internship Centers (APPIC). The Internship Program will adhere to APPIC guidelines regarding intern recruitment, selection and the APPIC Match Policies. We will utilize the online APPIC Application for Psychology Internship (AAPI). A copy of the APPIC Match Policies is posted on the [APPIC](#) web page, along with a link to the online internship application. This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking related information from any intern applicant.

Should you have questions about the application process, or any aspect of the training program, please contact Regina Pavone, Ph.D. ABPP., Psychology Training Director at [regina.pavone@va.gov](mailto:regina.pavone@va.gov).

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

## **Application & Selection Procedures**

### **Equal Employment Opportunity (EEO)**

The WPB VAMC's Psychology Internship Program abides by the Department of Veterans Affairs commitment to ensuring equal employment opportunity, promoting diversity and inclusion, and all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the policy, the VA will not tolerate the discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability.

The WPB VAMC Psychology Section is committed to upholding an inclusive environment so that the associated stakeholders, (Veterans, supervised trainees, staff psychologists, technical and clerical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is essential for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans.

### **Criteria for Acceptance into the Program**

According to VA policy, internship funding can be provided only to students who are U.S. citizens and are enrolled in APA-accredited doctoral programs in clinical or counseling psychology. Please note males born after December 31, 1959 must have registered for the draft by age 26. Please refer to <http://www.psychologytraining.va.gov/> for a complete listing of VA eligibility requirements. In addition, we require that a prospective intern's university advisor or director of training verify that he or she approves and recommends that the student receive an internship at this facility as specified on the APPIC "Academic Program's Verification of Internship Eligibility and Readiness" form. Four 52-week, full-time internships are available. Applicants to our internship program must meet minimum requirement of 500 Intervention hours and 150 Assessment hours.

### **Application Process**

We rely on the APPIC website for all application materials. WPB VAMC does not ask for any other information than is requested by the APPIC Application for Psychology Internships (AAPI Online).

### **Training Director**

Regina Pavone, Ph.D., ABPP  
Director of Training, Psychology  
Phone: 561-422-7250  
Fax: 561-422-8992  
Email (preferred): [Regina.Pavone@va.gov](mailto:Regina.Pavone@va.gov)

### **Candidate Interviews**

All personal interviews are conducted individually and by invitation only. Candidates will be informed by e-mail by early December 2022 whether they have been invited for a personal interview. Interviews are held in January. The interview is a two-way process: a chance for us to meet and learn more about you, and an opportunity for you to meet us and get a better

understanding of our program. The interview will consist of a group format with other prospective interns with the training director and staff who will go over the internship program's goals and objectives and discuss the training rotations. Intern applicants will have two 30-minute interviews with staff from the training committee and will have a tour and opportunity for questions with the Training Director and Training Committee staff. For those who are invited for an interview and are unable to visit our program in person, we will be happy to conduct an interview and answer your questions by telephone. A personal interview is not required to match with our program. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

### **Match Process**

We will follow the match policies established by APPIC. Our program uses one match number for our three generalist intern positions (217011) and a second for our one interprofessional intern position (217012). Applicants are welcome to rank either or both of these tracks. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services.

### **COVID-19 Response and Adaptations**

Due to the COVID-19 pandemic, in accordance with medical center policy the internship program follows the current CDC guidelines.

### **Administrative Policies and Procedures**

**Stipends and Benefits:** The internship program's stipends and benefits are funded by Central Office's Office of Academic Affiliations (OAA) from a budget allocated through the U.S. Congress for VA training programs. Interns at our facility receive stipends of \$28,012.00. Benefits include 13 days of vacation and 13 days of sick leave, in addition to 11 Federal holidays. Interns have the option of receiving health and life insurance benefits. Interns are covered by the Federal Tort Claims Act, which provides professional liability coverage.

**Leave:** The WPB VAMC's policy on leave is consistent with the national standard. Intern applicants are welcome to discuss this with the Training Director.

**Due Process:** All trainees are afforded the right to due process in matters of problematic behavior and grievances. A copy of our due process policy is available on request.

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

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

## Psychology Setting



The Psychology Section is part of the Mental Health & Behavioral Science Service (MH&BS). The Psychology Section at the WPB VAMC consists of 18 full-time psychologists. Psychologists provide care in traditional mental health programs, including outpatient Mental Health Clinic, Post Traumatic Stress Disorder (PTSD) Recovery Program, and Substance Abuse Treatment Program and are also integrated into less traditional settings throughout the medical center including Primary Care, Community Living Center (CLC), and Blind Rehabilitation. The Chief of the MH&BS is Suresh P. Rajpara, M.D., Acting Chief of Psychology and the Director of Training is Regina Pavone, Ph.D. Assistant Training Directors are Sara Grabowski, Psy.D. and Delight Thompson, Psy.D., Ed.M.

### Training Model and Program Philosophy

The WPB VAMC Psychology Internship Program follows a practitioner-scholar model. Our primary goal is to expose predoctoral interns to a diversity of patient problems, many different intervention techniques, multiple theoretical viewpoints, and the relevant scientific literature. Based upon this philosophy, interns receive broad, comprehensive training in preparation for entry-level, generalist practice in professional psychology with an emphasis on evidenced-based psychotherapies. Although we believe that training in clinical and counseling psychology at the predoctoral level should be broadly based, the internship retains sufficient flexibility to allow for specialized training needs and interests of the intern to be met.

### Training Schedule and Rotations

During orientation week, interns meet with members of the Training Committee and other supervisors, to plan their training schedule for the entire year after hearing presentations from staff psychologists who will describe their rotations and what training experiences their rotations offer. The Training Director and interns will select those training experiences that best meet the intern's training needs and interests. Interns are expected to develop a well-balanced rotation schedule rather than one that is narrowly focused. Interns are given considerable latitude in their choice of specific rotations, providing sufficient attention is given to any training deficiencies. Two 6-month rotations are selected, which will serve as their primary training

during that 6-month period. Interns will also have additional training experience through a year-long minor rotation. The interprofessional intern will participate in this experience as his or her yearlong minor rotation.

### Sample Rotation Schedule

	July 25 <sup>th</sup> – January 20 <sup>th</sup>	January 23 <sup>rd</sup> – July 14 <sup>th</sup>	Minor
Intern 1 Interprofessional	SPC	TRP/PTSD	Interprofessional Thursdays
Intern 2 General	MHC	SATP	Pain Monday
Intern 3 General	C&L	PCMHI	PRRC Thursday
Intern 4 General	TRP/PTSD	MHC	PRRC Tuesday

### Program Goals and Objectives

The mission of the WPB VAMC psychology internship is to provide interns with the experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and highly skilled psychologists. The training model is practitioner-scholar with emphasis placed upon facilitating mastery of the skills and competencies required in daily practice by professional psychologists:

- (1) Research: Interns are expected to demonstrate the ability to formulate research or other scholarly activities (e.g., literature reviews, dissertation) that have potential to contribute to the psychological knowledge base. They will also be expected to critically evaluate and share research or other scholarly activity through educational presentations at the local level. Interns should demonstrate the ability to base clinical decisions on scientific literature, and to generate evidence-based principles to guide practice in areas that lack empirical literature. Interns should demonstrate knowledge of, and sensitivity to, ethical, legal, and cultural issues when applying scientific knowledge in clinical practice. Interns should demonstrate an awareness of the limitations and cautions in translating evidence-based practices to individual cases, as well as a willingness seek consultation from other professionals when indicated. Interns will demonstrate ability to perform a needs assessment in clinical or administrative settings, including factors that promote or detract from program effectiveness.
- (2) Ethical and Legal Standards: Interns will demonstrate knowledge of and adherence to the APA Ethical Principles of Psychologists and Code of Conduct and relevant laws at all organizational levels. Interns will respect and explain informed consent and limits of confidentiality to patients. They will recognize ethical dilemmas and apply ethical decision-making processes to resolve them. They will seek supervision/consultation as needed.
- (3) Individual and Cultural Diversity: Interns will consistently demonstrate advanced knowledge of diversity literature and relevant APA guidelines. They should be able to conceptualize cases taking into consideration various components of diversity and consistently adapt their professional behavior and interventions in a culturally sensitive manner. They should demonstrate self-awareness of potential biases and effects of oppression and privilege and should seek consultation and demonstrate openness to feedback about cultural diversity issues as needed. Assessment, intervention, and

consultation should be practiced in a culturally competent manner, and conducted with an awareness of current ethical and professional standards.

- (4) Professional Values and Attitudes: Interns will demonstrate continued growth in professional development and identity. In accordance with their level of training, interns should assume increasing professional responsibility for patient care and consultation. Their documentation of patient care should be accurate and timely, and they should interact collaboratively with patients and staff. They should demonstrate advanced knowledge in ethical, legal and cultural issues related to all learning objectives and conduct themselves in accordance with these principles. Interns should demonstrate commitment to continued self-assessment and reflection, including recognition of their limitations, and a willingness to be open to, and integrate, clinical and personal supervisory feedback.
- (5) Communication and Interpersonal Skills: Interns will demonstrate the ability to develop and maintain effective relationships with patients, colleagues, supervisors, and within interprofessional teams. They will be able to communicate effectively in written communications and verbally and nonverbally in interactions with patients and staff. They will demonstrate ability to manage difficult communications effectively.
- (6) Assessment: Interns will be able to consistently select and interpret assessment tools to address referral questions with consideration to empirical evidence. They should be able to develop comprehensive assessment reports, which address strengths and limitations of assessment measures, in a timely and accurate manner. They will be able to assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and complicated co-morbidities. Assessment will be practiced in a culturally competent manner, and conducted with an awareness of current ethical and professional standards.
- (7) Intervention: Interns will demonstrate the ability to use theoretical and evidence-based knowledge to conceptualize cases and formulate diagnoses in working with diverse populations. They will be able to develop rapport and work collaboratively with patients to develop relevant and measurable goals. They will be able to select appropriate interventions in response to a wide range of presenting problems and treatment concerns, taking into account diversity and other relevant issues. They will demonstrate skill in applying and/or adapting evidence-based interventions with specialized populations and will be able to evaluate the outcome of treatment interventions with patients in individual and group therapy settings. They will be able to monitor and utilize their own reactions during therapy and effectively address issues such as any crises that might arise, a patient's resistance to treatment, and termination of therapy. Intervention will be practiced in a culturally competent manner, and conducted with an awareness of current ethical and professional standards.
- (8) Consultation and Interprofessional/Interdisciplinary Skills: Interns should consistently demonstrate effective consultation skills with other professionals. They should be able to work with staff toward common goals and communicate effectively with individuals from other disciplines. They should be able to observe and understand staff dynamics and to intervene to help resolve potential conflicts. They may provide feedback regarding difficult clinical matters in areas of their expertise. They will recognize their scope of practice and seek input and guidance from other professionals as needed.

- (9) Peer Supervision: Interns will demonstrate knowledge of the Developmental Model of clinical supervision and the ability to provide effective peer feedback during group supervision. They will demonstrate the ability to provide guidance in an ethical and culturally competent manner about case formulation, intervention, progress, and disposition. They will promote an environment conducive to trust and learning.

## Program Structure

Each intern will have a year-long supervisor and a supervisor from each rotation who is responsible for their training experience during that specific rotation. Each rotation supervisor assists in developing a schedule, selecting patients, and representing Psychology with the intern in team meetings. At a minimum, interns receive: 2 hours of individual supervision on each major rotation; 1 hour for each minor rotation; 1 hour with their clinical year-long supervisor; and 1 hour for peer group supervision for a total of 4 hours of individual supervision and 1 hour of group supervision per week. Interns will receive supervision as part of the diversity training and assessment experience as needed. They also meet regularly with the Training Director for consultation/professional development. Informal supervision also occurs when the interns co-lead a group with a psychologist.

The program also includes educational opportunities such as lectures, seminars and case conferences. Interns may be granted authorized leave to attend community based didactics.

## Training Experiences

Below is a list of the **major** rotations that are currently available for psychology interns at the WPB VAMC. The specific program developed by an intern must involve the approval of the Training Director.

1. Mental Health Clinic (MHC)
2. Trauma Recovery Program (TRP/ PTSD)
3. Primary Care Mental Health Integration (PCMHI)
4. Substance Abuse Treatment Program (SATP)
5. Consultation-Liaison (C&L) Mental Health
6. Psychiatric Inpatient Unit (3C)
7. Suicide Prevention Team (SPC)

Interns will also select **year-long minor** rotation experiences available within the following areas:

1. Interprofessional Experience (IP)
2. Evidence Based Psychotherapy (EBP)
3. Comprehensive Chronic Pain Rehab Program (CCPRP)
4. Psychosocial Recovery Rehabilitation Center (PRRC)
5. Suicide Prevention Team
6. Outpatient Serious Mental Illness (SMI)
7. Primary Care Mental Health Integration (PCMHI)
8. Psychiatric Inpatient Unit (3C)



### **Mental Health Clinic:**

The Mental Health Clinic (MHC) is a traditional, outpatient program. Interns will work as part of a multidisciplinary treatment team and have responsibilities that include initial evaluations, psychological testing, treatment planning, and individual, couples and group psychotherapy. Interns will gain exposure to evidenced based treatment modalities in the treatment of anxiety, depression, Post Traumatic Stress Disorder, compliance management, and regulation of symptoms of chronic mental illness. The MHC will also serve as a site for clinical experience in long-term psychotherapy and triage for mental health crises including high risk assessment. Interns will participate in the weekly interdisciplinary treatment teams and will collaborate with professionals across disciplines in the provision of optimal quality care for our veterans.

### **Trauma Recovery Program (TRP/ PTSD):**

The Trauma Recovery Program (TRP/ PTSD) provides services to veterans diagnosed with PTSD related to combat and military sexual trauma, as well as other military and civilian traumas. Treatment focuses on time-limited models that promote recovery, emphasize the delivery of EBT's (PE, CPT, WET), and may also include psychoeducation and skills-based interventions to manage symptoms. Services are delivered through group and individual modalities, and treatment plans are tailored to meet individual patient needs. Interns will be involved in assessment, treatment planning, providing individual, group, and family therapy, and discharge planning.

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

The PCMHI program (also known as Primary Care Mental Health Integration within the VA system) provides psychological assessment and intervention to veterans seen at the WPB VAMC Primary Care Clinics which include general Primary Care and adjunct specialty care clinics (Infectious Disease/HIV Clinic, Pain Clinic, Post Deployment Clinic, Spinal Cord Injury Clinic, and Women's Clinic). PCMHI services are fully integrated into the primary care setting where the interns will work as part of the patient aligned care teams (PACT), and support PACT-based triage, evaluation, and treatment of a full range of mental health concerns (depression, anxiety, stress/adjustment issues, PTSD, cognitive screening, alcohol misuse, etc.). The program also includes a Behavioral Health component which offers interns potential experience with specialized psychological strategies for health promotion and disease prevention. These clinical services include pre-surgical psychological evaluations (i.e., organ transplant, bariatric surgery evaluation, etc.), smoking cessation, and behavior health interventions for sleep disorders, weight management, pain management, and various chronic medical conditions. Interns will also have the opportunity to participate in case conferences, staff meetings and providing services via clinical video conferencing.

PCMHI services are designed to attend to the mental health concerns of the broad population of veterans in primary care, not just those who are eventually seen in specialty mental health. Emphasis is placed on common mental health conditions, early problem-focused evidence based short term intervention, and behavioral health concerns/health promotion. Co-located PCMHI providers, including the interns, deliver services directly in the primary care clinic so that veterans have improved access to care and so that perceived stigma associated with receiving mental health services is reduced. Co-location also facilitates increased collaboration and communication among PACT and PCMHI providers not only to accomplish the goals of decision support and joint treatment planning, but also to increase the capacity of primary care providers to address common mental and behavioral health concerns. This close collaboration also engenders bi-directional learning between primary care and PCMHI staff.



## **Substance Abuse Treatment Program (SATP):**

The Substance Abuse Treatment Program (SATP) is an outpatient treatment program that ranges from Intensive Outpatient Program (IOP) to ongoing maintenance and Relapse Prevention. It serves Veterans with diagnoses of substance use disorders as well as dually diagnosed Veterans. Interns will perform initial assessments, use Motivational Interviewing and cognitive behavior techniques, and develop and guide treatment plans for both individual and group interventions. The development of treatment plan goals is a collaborative process between the intern and their patients, encouraging the development of individualized treatment goals to best suit the recovery goals of each Veteran. Interns may have the opportunity to complete assessments, based upon referrals from other SA providers, including referral questions of differential diagnosis/dual diagnosis, TBI, and other suspected cognitive disturbances (substance related decline, substance related dementia, etc.). Interns will participate in interprofessional team meetings where they will gain experience in consulting skills and will have the opportunity to further develop their professional identity and independence. SATP works very closely with several other services within the hospital; therefore, an intern will coordinate and consult with these services (vocational rehabilitation, homeless veteran programs, social work services, etc.) as needed to best meet the needs of the Veterans they serve. Interns will also have the opportunity to demonstrate their ability to identify a program or patient need within SATP and address that need through their use of program development skills. The SATP is a team consisting of many different disciplines and the intern on this rotation will immediately assume a role as a member of this team; where his or her professional opinions and contributions will be valued and respected.

## **Consultation-Liaison (C&L) Mental Health**

Consultation-liaison (CL) Mental Health is a specialized area of clinical health practice to deliver mental health care to medical patients in inpatient and outpatient settings. CL Psychology involves the medicine-psychology interface so those with interest in working with the medically ill gain the knowledge and skill base needed to work closely with physicians. The primary emphasis is to help the intern gain a keen sense of the effects of medical disorders and therapies on behavior and behavioral influences on symptoms and compliance so as to develop strong differential diagnostic skills when working with the medically ill. Learning to communicate effectively with physicians and other health care providers is another major goal.

The intern on the CL Mental Health will provide consultations for inpatients on the intensive care units, the general medical and specialty floors, the emergency department, and for outpatients referred from specialty medicine services. Brief follow-ups are often conducted while the patient remains in the hospital. Common reasons for consultation include depression, anxiety, suicidal ideation, behavioral changes, psychosis, delirium, cognitive impairment, substance abuse and decisional capacity. The intern will gain substantial knowledge in differentiating between medical and psychiatric illness and how these impact each other. Interns can also expect to learn general medicine, interpreting lab and imaging results, and pharmacology. Team meetings with attending staff, psychiatry and other disciplines occur daily and supervision occurs regularly throughout the day.

## **Psychiatric Inpatient Unit (3C)**

The 3C Inpatient unit is a 25 bed locked acute psychiatric unit at the West Palm Beach VA Medical Center. Veterans are admitted to the 3C unit for severe and persistent mental illness and substance abuse detox. Veterans admitted to 3C present with a wide range of mental health challenges that include but are not limited to symptoms of psychosis, depression,

suicidal ideation/suicide attempts, substance abuse, dementia, PTSD, and comorbid personality disorders. Veterans are diverse in age, gender, socioeconomic status, ethnicity and race. Each Veteran works with the 3C interdisciplinary treatment team with the average length of stay ranging from 3 to 7 days with some individuals benefitting from longer treatment for stability and safety. The interdisciplinary treatment team includes but is not limited to Psychiatrists, Pharmacists, Psychologists, Social Workers, Psychiatric Nurse Practitioners, Psychiatric Physician Assistants, Recreation Therapists, Chaplains, and Psychiatric Nurses. The treatment team provides an intensive therapeutic environment using multi-modal treatment through medication management, chaplain services, recreation, psychological interventions, social work services, daily group therapy, and 24 hr. nursing care. The unit offers six treatment groups per day that are facilitated by staff from various VA departments such as suicide prevention, nutrition, pharmacy, social work, psychology, substance abuse, art/music therapy, spirituality, peer specialist and leisure/recreation.

The Psychology Intern will be exposed to a collaborative interdisciplinary recovery model working closely as a team to assess, stabilize, support, and address veterans with psychosocial problems and mental health challenges while instilling hope to empower complex and often difficult psychiatric patients. Opportunities to provide assessments for diagnostic clarity, functional assessments and to inform and direct appropriate care. Interns will provide brief psychotherapy, mini-cognitive assessments, group therapy, develop treatment plans, and recommend clinically appropriate follow-up care. Program development, recovery planning and Unit needs assessment are also competent of the rotation.

### **Suicide Prevention (SPC) Team Rotation**

The West Palm Beach VA Health Care System (VAHCS) has an interdisciplinary team of Suicide Prevention Coordinators and affiliated professionals who are responsible for and committed to preventing suicide amongst Veterans within out catchment area. The Suicide Prevention Team (SPT) provides direct support to Veterans while fulfilling key outreach and training responsibilities as part of the VA's public health model.

Suicide Prevention staff are responsible for identifying, case managing, and supporting high risk Veterans, by ensuring that they are getting enhanced care during their crisis. Specifically, the SPT is responsible for tracking and reporting Veterans who are at high risk for suicide, responding to referrals from the Veterans Crisis Line (VCL), ensuring that all VA staff have received suicide prevention trainings, collaborating with community organizations and partners to increase awareness of suicide prevention best practices, providing consultation to providers about clinical measures to assess suicidality, and providing brief individual and group sessions to high risk flag Veterans. The SPT also has a Chaplain assigned to the team to provide individual and group spiritual care to high risk Veterans.

The Psychology Intern will have an opportunity to gain clinical and administrative experience in the daily operations of the Suicide Prevention Program to include responding to calls to the Veterans Crisis Line, initiating and monitoring High Risk Flags for suicide, providing suicide prevention and case management services for Veterans identified as high risk on the inpatient psychiatry unit and medical floors, monitoring non-VA hospitalizations, and consulting with staff from all clinics and programs on the identification and management of at risk Veterans. The intern will also have opportunities for learning unique administrative experience including management reporting, monitoring compliance to local and national suicide prevention policies, completing issue briefs, providing trainings to staff across the facility and CBOCs, participating in multiple committees across the medical center, and participating in online community outreach on suicide prevention. The Psychology Intern will function as a member of the interdisciplinary Suicide Prevention Team, which includes the Program Manager, Licensed

Psychologists, Licensed Clinical Social Workers and Licensed Mental Health Counselor serving in the capacity of Suicide Prevention Coordinators.

As a result of the rotation, the Psychology Intern will increase his/her knowledge of screening and monitoring procedures for the identification and management of at risk Veterans. The Psychology Intern will also gain clinical experience in providing brief, crisis interventions and case management services when responding to Veterans Crisis Line calls or monitoring Veterans who have been flagged at high risk. The Psychology Intern will also increase competencies in providing consultative services and trainings to all disciplines as the Suicide Prevention Team are considered subject matter experts for the facility.

The Psychology Intern will receive direct supervision from senior Licensed psychologists on the team, in addition to the opportunity to consult with all members of the interdisciplinary Suicide Prevention team.

### **Interprofessional Experience (IP) Minor Rotation**

An Interprofessional (IP) model or approach to training and treatment is one in which two or more professions learn with, from, and about each other to improve collaboration and quality of care. This is different from multi-professional models in which people from different professions learn common material side by side but do not necessarily engage in any shared activity or collaborative tasks. On this rotation you will spend 1 day a week operating the IP clinic with a team of other learners from the disciplines of pharmacy and social work. The clinic will run in the Mental Health Clinic (MHC) for the first 4-months and the Palliative Care clinic in our Community Living Center for the second 4-months. The rest of the interprofessional intern's training experience will be the same as the other psychology interns.

A large part of the focus of this training is on increasing interprofessional interactions. Trainees will engage in experiential learning focused on interprofessional communication and collaboration, and participate in exercises that focus on team building, trust, and communication strategies. Within the MHC trainees will interact with psychiatrists, pharmacists, mid-level prescribers, marriage/family therapist, SW therapists and case managers, LMHCs, peer support specialists, etc. Within the Palliative Care clinic trainees will interact with primary care providers, nurses, physical therapists, recreational therapists, etc. Trainees will create an Interprofessional group for patients with IP fellow learners. Trainees will run that group with patients on campus as well as possibly broadcast out to one of our satellite clinics via clinical video telehealth (CVT).

Trainees will primarily be providing individual therapy as well as group therapy. In some instances, co-therapy with another learner may be provided. There is the opportunity (based on need) to utilize evidenced-based interventions (e.g., ACT, CBT,). Trainees will engage in interprofessional meetings involving shared decision-making and goal-setting for treatment planning purposes. There is also the opportunity to utilize self-report measures (e.g., PHQ-9, BAI, BDI-II, GAD-7, PCL etc.) and brief cognitive assessments (e.g., MoCA, Cognistat). Additional responsibilities include participating and presenting in weekly interprofessional didactic seminars (1 hour a week), participating in interprofessional case presentations, and attending monthly treatment team meetings

### **Evidence Based Psychotherapy (EBP) Minor Rotation**

The EBP minor rotation will focus on developing the intern's ability to provide one or more EBPs of their choosing. These can include but are not limited to: Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cognitive Behavioral Therapy for Depression (CBT-D), and Behavioral Activation (BA). The EBP minor

will also focus on developing an understanding of psychopathology that is based on empirically supported, transdiagnostic behavioral principles. This will allow the intern to apply evidence-based case conceptualization and therapeutic intervention across a wider range of patient problems, regardless of whether they are providing a specific EBP or engaging in general psychotherapy. Specific skills that the intern will practice and ultimately demonstrate proficiency in will include: Assessing for appropriateness of EBP and/or matching EBPs with patients' treatment needs; Orienting patients to EBPs and presenting treatment rationale; Providing EBP protocols with fidelity and maintaining structure in sessions, while practicing flexibility when clinically appropriate; Addressing lack of attendance, participation, or commitment to treatment; Use of assessments in measuring the effectiveness of treatment; Lastly, effective termination of EBP when clinically appropriate. Training in the EBP rotation will involve the use of EBP manuals, research literature, and textbooks that pertain to the specific EBP being learned. Clinical requirements of the EBP minor rotation will include: At least 1-2 individual EBP patients seen on a weekly basis, at least 1 EBP-based treatment group and/or development of an EBP-based group of the interns' choosing.

### **Comprehensive Chronic Pain Rehab Program (CCPRP) Minor Rotation**

The chronic pain management minor will consist of one full day per week during which the intern will be engaged as an active member of the multidisciplinary treatment team in the Comprehensive Chronic Pain Rehab Program (CCPRP). The treatment team in this program consists of: a psychologist, a physical therapist, a clinical pharmacist, a program coordinator, a MD (physiatrist), and the patient. The CCPRP is an intensive outpatient program focused on functional rehabilitation and improving quality of life. Currently, patients who agree to participate in this program receive: 2-3 hours of PT 2x a week, evidence based psychotherapy- CBT- CP (1x/week), intermittent meetings with the clinical pharmacist for medication management, and interventional procedures (e.g., epidural injection) if necessary. The program also contains weekly team meetings at which all members of the treatment team (including the patient) are present for review of progress, goals, and other issues that come up in treatment. The aim of the program is to assist patients in developing a model of self-management and integrating coping strategies into their daily lives to reduce interference from pain. Improvement in quality of life, not pain reduction, is a major focus of the program.

Interns who select this minor will gain increased awareness of the role of psychology in pain management through literature review, direct observation and clinical practice. The intern will gain experience in conducting pain-focused psychological assessment and would be expected to become versed in the delivery of CBT for chronic pain patients through observation and eventual delivery of the EBP protocol (CBT-CP). Over time, the intern would serve as a member of the CCPRP treatment team- carrying his or her own cases and collaborating with other members of the treatment team. The intern would attend the team meetings and provide feedback to the team about the patient's progress and/or obstacles to progress/recovery. The intern would also have the opportunity to shadow other disciplines including physical therapy, pharmacy, physiatry and anesthesia to learn more about the physical conditions that cause pain as well as other approaches commonly utilized in pain management. The intern would be asked to present one didactic (to other rehab staff- PTs, OTs, MDs, Chiro, etc.) on a topic relevant to psychological aspects/approaches in pain management. There is opportunity within the minor to engage in some program evaluation and development.

### **Psychosocial Recovery Rehabilitation Center (PRRC) Minor Rotation**

The Psychosocial Rehabilitation and Recovery Center is an intensive, specialty, outpatient mental health center designed to support recovery and community integration for Veterans diagnosed with serious mental illness. PRRC provides evidenced based, psychiatric

rehabilitation services focused on psychiatric illness management and community integration in a recovery oriented therapeutic milieu. Primary services are curriculum based, psychoeducational and skills training groups, with individual recovery coaching, peer support, and psychotherapy services as adjunctive.

A minor rotation in PRRC consists of 1 full day a week. The psychology intern functions as a member of the PRRC core interdisciplinary treatment team, which includes a Program Coordinator/Licensed Psychologist, a Licensed PRRC Staff Psychologist, a Licensed Clinical Social Worker, and 2 Peer Specialists. The psychology intern may also work with additional allied professionals such as Recreation Therapists, Chaplains, and Clinical Dieticians. The intern is expected to attend the team meetings, including the morning meeting and afternoon treatment team meeting.

As a result of the rotation, the psychology intern will increase his/her knowledge of recovery oriented mental health care, recovery principles, and psychiatric rehabilitation services for veterans diagnosed with serious mental illness. The psychology intern will be assigned 1-2 individual veterans and will facilitate 2 groups. Groups will be co-led until the psychology intern demonstrates competency in group facilitation and recovery principles. The psychology intern will participate in PRRC-specific evidenced based therapies such as Social Skills Training or Illness Management and Recovery. The psychology intern is also expected to design his/her own skills training, psychoeducational group consistent with psychiatric rehabilitation and recovery principles. As part of the PRRC rotation, the Psychology Intern may also have opportunities to participate in ongoing professional development trainings and clinical supervision meetings with the Program Coordinator and Peer Specialists, collaborate with the inpatient psychiatry treatment team on consults to PRRC and current enrollees who may be hospitalized, and participate in administrative duties such as CARF preparation, program development for PRRC, and updating policies and procedures.

The psychology intern receives one hour of supervision per week from the Program Coordinator, in addition to the opportunity to consult with all members of the interdisciplinary team. The Licensed PRRC Staff Psychologist will provide supervisory coverage in the absence of the Program Coordinator.

### **Outpatient Serious Mental Illness (SMI) Minor Rotation**

The West Palm Beach VAHCS Mental Health Clinic (MHC) provides mental health services to Veterans with a variety of presenting problems, including serious mental illness. A minor rotation focused on serious mental illness consists of 1 full day a week in the outpatient Mental Health Clinic.

The Psychology Intern will complete initial evaluations and provide both group and individual therapies. The Psychology Intern may also provide services in the same day access clinic and post-hospitalization clinic for Veterans diagnosed with serious mental illness. Due to the focus on serious mental illness, there are also opportunities to provide services in conjunction with the Psychosocial Rehabilitation and Recovery Center (PRRC), especially for Veterans transitioning between MHC and PRRC. Psychological assessments may also be completed for differential diagnosis for serious mental illness. The Psychology Intern will work as part of an interdisciplinary treatment team in the MHC, especially with Psychiatry Residents and Peer Specialists assigned to the Mental Health Clinic, as well as the PRRC interdisciplinary treatment team.

As a result of the rotation, the Psychology Intern will increase his/her knowledge of recovery oriented mental health care, recovery principles, and evidence based practices for Veterans

diagnosed with serious mental illness. The Psychology Intern will be assigned individual Veterans and will facilitate 1-2 groups. Groups will be co-led until the Psychology Intern demonstrates competency in group facilitation and recovery principles.

The Psychology Intern receives one hour of supervision per week from the MHC Program Manager. The PRRC Coordinator, whom is also a Licensed Psychologist and member of the Training Committee, will provide supervisory coverage in the absence of the MHC Program Manager.

### **Psychological Assessment Experience**

Interns will receive training in psychological evaluation and assessment. The training program ensures that, prior to completion of the internship all interns have had experience in producing professional level evaluations relevant to their training goals and career directions. In addition to any routine evaluation and report writing completed in the course of patient care in many settings, interns are required to complete at least three comprehensive psychological evaluations during the year. These evaluations must result in an integrated report, which will demonstrate the intern's ability to synthesize complex evaluation information and to produce a professional-level product. Interns will also participate in a monthly Assessment Seminar.

### **Multicultural/Diversity Specialized Training**

Interns receive comprehensive diversity training which emphasizes increased personal and professional cultural awareness, sensitivity and competency. The diversity training program has three primary components:

1. Psychoeducation: Interns attend monthly diversity didactics to help increase their diversity knowledge base.
2. Clinical Application: Interns demonstrate proficiency in incorporating diversity/cultural factors in conceptualization of their clinical cases throughout the training year. At the end of the training year, interns demonstrate their knowledge by completing a cultural case presentation that incorporates the information and concepts that were covered in the monthly diversity didactics.
3. Program Development: Interns work together to create, develop, and implement a project that is aimed at improving the delivery of culturally competent services within the MH&BS at the WPB VAMC. In completing this project, interns gain experience on how large programs/systems influence diversity and how to improve the delivery of culturally informed service within a large program/system. Interns present their diversity project at the yearly WPB VAMC Scientific Fair. In addition to the project, interns are encouraged to attend all hospital-wide diversity trainings offered at the WPB VAMC and may serve as members of the medical center's Mental Health Diversity Committee, as long as they are meeting internship requirements. Interns on the MH Diversity Committee will assist other committee members in answering consults from staff to improve the delivery of culturally competent care and raise awareness and education across the facility.

### **Didactics Series** (partial list/subject to change)

The Intern Didactic series meets weekly for two hours. VA staff will provide seminars on a range of clinical and ethical issues consistent with the program's eight program goals and objectives. Prior topics include:

Military Culture  
Suicide Risk Assessment & Documentation  
Ethics  
Cultural Identity/Cultural Self-Assessment  
Mental Health Recovery I  
Post-Doc Preparation  
Diversity Overview, Health Disparities  
Neuropsychological Evaluation  
Psychology  
PTSD  
Use of Peer Specialist in the VA  
Acceptance and Commitment Therapy  
Crisis intervention and De-escalation Training:  
Family Systems & Genograms  
Identifying Privilege  
Interpersonal Process Group Therapy  
Different Layers of Cultural Influence  
Military Sexual Trauma (MST)  
Oppression, Power, Discrimination & Bias  
EBP for Substance Use Disorders  
Moral Injury  
Mental Health Recovery II  
Immigration & Acculturation  
Independence vs. Interdependence  
Program Evaluation  
An Integrative Psychotherapy Model  
Acceptance and Commitment Therapy II  
Kinetics, Mirroring, and Nonverbal Communication  
ADHD  
Emotionally Focused Couples Therapy  
Management of Bipolar Disorder  
Cultural Reflective Teams  
EPPP/Life After Internship  
Enhancing Exposure Therapy using 3rd Wave Behavioral Science:  
Acceptance and Commitment Therapy III (Difficult Cases):  
EBP for PTSD

## **Requirements for Completion**

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

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



Interns are expected to achieve satisfactory ratings on all evaluation forms throughout the year, indicating that they are performing in a manner consistent with their current level of training. This allows for some variability with respect to training in areas in which they have considerable past experience as well as new areas, in which they may have little or no experience. Interns are expected to abide by the APA ethical principles and relevant Florida Rules and Laws.

## **Facility and Training Resources**

All Interns are provided with office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services with entire text databases, as well as VA Intranet and Internet resources for clinical work and research. If staff or students need information not available in our library, there is a mechanism in place to locate the item(s) through electronic requests from other libraries. As a network member of the VA Library System (a consortium of medical libraries), it is rare that the Medical Library is unable to fulfill a requested item in a timely manner. The Psychology Department has access to a wide variety of psychological assessment instruments and test scoring programs.

## **Psychology Staff**

Our staff are highly trained in the below evidenced based psychotherapies appropriate with their assignment areas.

Acceptance and Commitment therapy for Depression (ACT-D)  
Cognitive Behavior Therapy for Depression (CBT-D)  
Cognitive Behavior Therapy for Insomnia (CBT-I)  
Cognitive Behavior Therapy for Chronic Pain (CBT-CP)  
Cognitive Behavior Therapy for Substance Use Disorders (CBT-SUD)  
Contingency Management for Substance Use Disorders (CM-SUD)  
Cognitive Processing Therapy (CPT)  
Interpersonal Therapy for Depression (IPT)  
Motivational Enhancement Therapy for Substance Use Disorders (MET)  
Motivational Interviewing (MI)  
Prolonged Exposure Therapy (PE)  
Seeking Safety for PTSD/SUD  
Social Skills Training for Seriously Mentally Ill (SST)  
Problem Solving Therapy (PST)  
Skills Training in Affective and Interpersonal Regulation (STAIR)  
Dialectical Behavior Therapy (DBT)  
Cognitive Behavioral Conjoint Therapy for PTSD (CBCT)  
Written Exposure Therapy (WET)

**Joseph J. Cimino**, Psy.D. Nova Southeastern University, 1991

Dr. Cimino is assigned to the Outpatient Mental Health Clinic (MHC) and serves as the MHC rotation supervisor and Assessment supervisor. Dr. Cimino presents the following didactics: An Integrative Psychotherapy Model: The Synthesis of Family Systems Theory, CBT and Insight-Oriented Psychotherapy for the Treatment of Mood Disorders. Areas of interest include: CBT & Insight-Oriented Psychotherapy, Depressive Disorders, Anxiety Disorders, PTSD, Existential Issues, Suicidal risk assessment, Marriage and Family Therapy. He is trained in EBTs that include; IPT-Depression, CBT-CP and MI.

**Katherine Fox-Ditty**, Psy.D. Pacific University, 2013

Dr. Fox is assigned to the Delray Beach Community-Based Outpatient Clinic. She serves as year-long supervisor. Areas of interest includes: trauma, anxiety, depressive disorders, addiction and recovery, co-occurring disorders. Dr. Fox is trained in PE and CPT.

**Myriam Glémaud**, Psy.D. Carlos Albizu University, Miami, 2010.

Dr. Glémaud is assigned to the Suicide Prevention Team as Acting Team Lead. She assists with the diversity didactics. Areas of Interest include: Suicide prevention, culturally sensitive mental health treatment to minority population, community partnership and clinical research.

**Sara Grabowski**, Psy.D. Nova Southeastern University, 2008.

Dr. Grabowski is assigned to the outpatient and intensive outpatient (IOP) substance abuse treatment program. Dr. Grabowski is a member of the Psychology Training Committee and serves as the Assistant Training Director. She supervises the substance abuse major rotation and has served as a yearlong supervisor. Dr. Grabowski facilitates the following didactics: Ethics, Substance Abuse Evidenced Based Practices, and Post-Doc Preparation. She is trained in MET and CM-SUD.

**Samara Grayson**, Psy.D. Nova Southeastern University, 2019.

Dr. Grayson is assigned to the Suicide Prevention Team and provides coverage to the Inpatient Psychiatric Unit and the Consultation & Liaison Team. She serves as the Internship Clinical Presentation Coordinator, facilitates EPPP/Life After Internship didactic and co-facilitated the Post-Doc Preparation didactic. Areas of interest include: Serious mental illness (schizophrenia, bipolar disorder, depression, chronic suicidal ideations, trauma, etc.), Suicidal risk assessment, Crisis intervention, Capacity evaluations, Working within an acute inpatient psychiatric setting, Recovery oriented mental health services, and CBT oriented psychotherapy.

**Billine Jourdan**, Psy.D. Florida Institute of Technology, 2017

Dr. Jourdan is assigned to the MHC. She serves as a year-long and assessment supervisor and co-facilitates a Program Evaluation didactic. Areas of Interests include: General Mental Health, PTSD. She is trained in EMDR.

**Renata Konecny**, Psy.D. La Salle University, 2005

Dr. Konecny is assigned to the Community Living Center. Areas of interest include Geropsychology , SMI and PTSD. She is a GRECC Geriatric Scholar and received training in REACH-VA, CPT, PE, WET, and IPT.

**Nanet M. Lopez-Cordova**, Psy.D. Carlos Albizu University, 2002.

Dr. Lopez-Cordova is assigned to the Community Living Center -CLC. Areas of interest include: Clinical health psychology, Psycho-Oncology, Trauma, Palliative care, End-of-life care/Thanatology and Cultural/diversity issues in mental health. She serves as a year-long supervisor and member of the Training Committee.

**Kayla J. McKain**, Psy.D. Nova Southeastern University, 2020

Dr. McKain is assigned to Primary Care Behavioral Health (PCBH) and is the Pain Psychologist for our facility. She serves as the primary supervisor for the Comprehensive Chronic Pain Rehab Program (CCPRP) Minor Rotation. Areas of interest include health psychology and the management of chronic pain. Dr. McKain is currently working on her certification in CBT-CP.

**Regina Pavone**, Ph.D., ABPP University of Miami, 1996, Board Certified in Clinical Health Psychology

Dr. Pavone is the Assistant Chief of Psychology and the Training Director of the Psychology Internship Program. Area of interest includes: clinical health psychology.

**T. Richard Peate**, Psy.D. Nova Southeastern University, 2004

Dr. Peate is the Local Recovery Coordinator assigned to the Acute Psychiatry Inpatient Unit and Psychosocial Recovery Program. Dr. Peate serves a yearlong and assessment supervisor and facilitates two didactics on Mental Health Recovery. Areas of interests include: cognitive assessment, PTSD, humanistic psychotherapies, community integration and PTSD. He is trained in CBT-I, CPT, PE, and IPT

**Heather Pleickhardt**, Ph.D., Hofstra University, 2014

Dr. Pleickhardt is assigned to the Acute Psychiatric Inpatient Unit. Areas of interest include: trauma, PTSD, anxiety, depression, and serious mental illness. Dr. Pleickhardt is trained in suicide prevention safety planning intervention. She is a certified IPSRT, TF-CBT, and telehealth provider.

**Roberta Roas**, Psy.D. Nova Southeastern University, 2020

Dr. Roas is assigned to Primary Care-Mental Health Integration (PCMHI) at the Fort Pierce Community Based Outpatient Clinic. She serves as a year-long supervisor. Areas of interest include: Clinical health psychology, psychoneuroimmunology, psychological adjustment to serious and chronic disease, consultation and liaison, integration of psychology into interdisciplinary teams, and rehabilitation psychology. Dr. Roas is currently completing training in prolonged exposure (PE).

**Maria Rocchio**, Psy.D. Nova Southeastern University, 2012

Dr. Rocchio is assigned to the PTSD Recovery Program. She is a member of the Psychology Training Committee and serves as the Diversity Supervisor and NSU practicum student supervisor. She has also served as PTSD rotation supervisor and year-long supervisor. Dr. Rocchio facilitates 10 diversity related didactics during the training year. Areas of interests include: PTSD, military sexual trauma, women's health, and multicultural competency. Dr. Rocchio is certified in PE, MI, STAIR, CPT, ACT and WET.

**Breinne Schlenke**, Psy. D. Nova Southeastern University, 2008

Dr. Schlenke is the Mental Health Clinic Program Manager. She previously served as the Suicide Prevention Team minor rotation supervisor and PRRC minor rotation supervisor. Areas of Interest include: suicide prevention, serious mental illness, recovery oriented mental health services, and psychiatric rehabilitation.

**Margaret Schutt**, Ph.D. Lehigh University, 2012.

Dr. Schutt is the coordinator of the Psychosocial Rehabilitation and Recovery Center and also provides treatment to Veterans in the ICMHR program. She serves as a PRRC minor rotation supervisor facilitates the psychology intern supervision didactic. She is co-chair of the VAMC Research and Development Committee and is on the Early Psychosis Intervention Coordination (EPIC) Team. Areas of interests include: SMI, Group Psychotherapy, Psychological Assessment, Research, Social Justice, & MH Advocacy and multicultural competence.

**Julia Stone**, Psy. D. Immaculata University, 2014

Dr. Stone is assigned to the PTSD Recovery Program. She serves as the PTSD rotation supervisor. Areas of Interest include PTSD and Evidence Based Practices for trauma. She is trained in PE, CPT, CBCT, ACT and WET.

**Delight Thompson**, Psy.D, Ed. M. Nova Southeastern University, 2003

Dr. Thompson is assigned to Home Based Primary Care (HBPC) . She serves as an Assessment Supervisor, facilitates the monthly Assessment Seminar and presents the didactic on Neuropsychological Evaluation. She is a REACH-VA Certified Coach, GRECC Geriatric Scholar, Biofeedback/HeartMath Provider, and Green Belt Systems Redesign trained. She is active on the EPRP Committee and the WPB VAMC & VISN8 Dementia Committees. She is on the Geriatric Scholars, HBPC-MH, and WPB VAMC Webinar and Education planning committees. Areas of interest includes: Neuropsychology, Health Psychology, Biofeedback, Marital Counseling, Psychotherapy. She is trained in CBT-D and PST-HBPC.

**Shan Wong**, Ph.D. University of Florida, 2017

Dr. Wong is the program manager of the Primary Care Mental Health Clinic. Her clinical specialization is in clinical health psychology. She completed competency trainings in PCMHI and CBT-CP. Her clinical and research areas of interest are in chronic pain and cancer survivorship.

## **Local Information**

The WPB VAMC is conveniently located near exits for I-95 and the Florida Turnpike affording not only a convenient commute but also numerous residential lifestyles, depending on your needs. A commute of less than 30 minutes is a reasonable expectation. West Palm Beach is centrally located in Palm Beach County and has the best of everything: beaches, a bustling, fun downtown, shopping and the arts. West Palm Beach and its surrounding areas offer an incredibly culturally diverse living experience in a tropical environment. While often considered an ideal venue for outdoor activities, the area also offers rich cultural events. For air travel, West Palm Beach, Fort Lauderdale, and Miami have major airports. Fort Lauderdale is 50 miles south, and Miami is 80 miles south.

<https://modernlivingre.com/reasons-to-move-west-palm-beach/>

<https://palmbeachrelocationguide.com/housing/urban-living-downtown-west-palm-life/>

<https://www.movoto.com/blog/opinions/move-to-west-palm-beach/>