



Memphis VA Medical Center

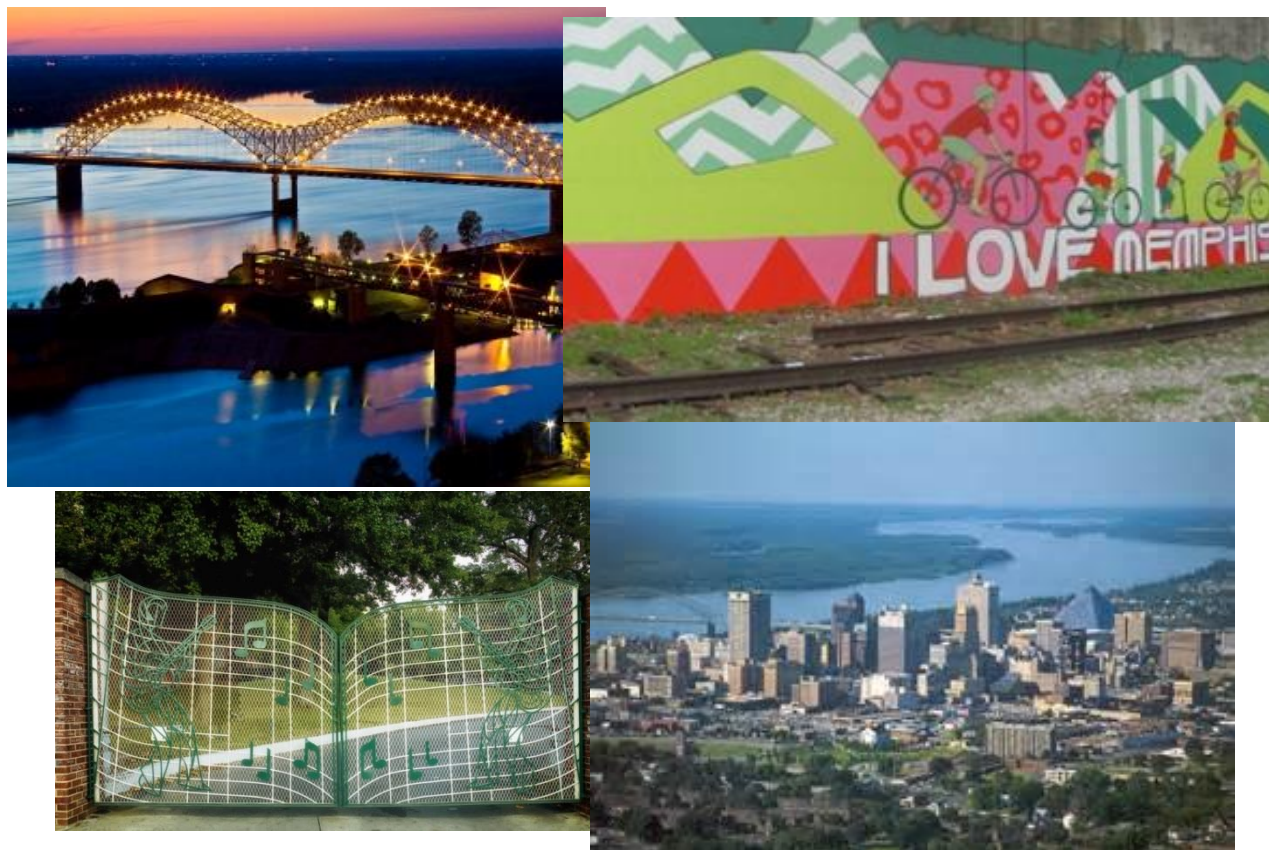
CLINICAL HEALTH PSYCHOLOGY FELLOWSHIP PROGRAM

2023-2024



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Welcome!

The supervisors and staff at the Memphis VA Medical Center are happy that you are interested in our Clinical Health Psychology Fellowship Program. We come from varied backgrounds and all four corners of the country, and we are proud to provide training at the Memphis VAMC and to call Memphis and the mid-south our home. In addition to reviewing the program-specific information, we hope you will take a few minutes to look through the [Living in Memphis](#) section of the brochure to give you a better understanding of what makes Memphis a unique and enjoyable place to live and work.

Fellowship Setting

The Memphis VA Medical Center provides health care services to more than 206,000 Veterans of United States military service living in a 53-county tristate area (West Tennessee, East Arkansas, and North Mississippi). The facility has over 2000 employees and over 150 inpatient and residential beds. The Memphis VA is classified as a Clinical Referral Level I facility and offers a complex range of outpatient and inpatient care. It is also a Dean's Hospital that has a strong teaching affiliation with the University of Tennessee (UT) Health Sciences Center, providing a full range of state-of-the-art patient care services, extensive education, and cutting-edge research. Comprehensive primary, secondary, and tertiary healthcare is provided in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, spinal cord injury, neurology, oncology, dentistry, geriatrics, and palliative care. Specialized outpatient services are provided through general, specialty, and subspecialty outpatient clinics.

The Mental Health Service includes over 40 doctoral-level psychologists, in addition to a range of other mental health care providers and administrative staff. The Psychology Training Programs offer training opportunities at the practicum level, internship level, and postdoctoral fellowship level. At the postdoctoral fellowship level, three APA-accredited programs are available: Clinical Psychology Fellowship, Clinical Health Psychology Fellowship, and Clinical Neuropsychology Fellowship.

Training supervisors from all programs at the Memphis VAMC are committed to excellence in clinical service, training, program development, and research. The staff is heterogeneous in terms of educational and theoretical backgrounds, which makes possible a wide range of orientations for instruction, observation, role modeling, and professional development. Professional psychologists function as clinicians, delivering care as independent practitioners within the range of their clinical privileges; as administrators, leading various programs throughout the Medical Center; program developers, enhancing patient care and contributing to the overall functioning of the medical center; and as researchers, exploring clinically and theoretically relevant areas. Training staff contribute to the larger community by donation of personal and professional services to community groups, participation in university activities, and consultation/private practice outside the Medical Center. Our psychologists have held and currently

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Program website:

<https://www.va.gov/memphis-health-care/work-with-us/internships-and-fellowships/psychology-training/>

Applications Due: December 13, 2022

In addition to the Clinical Health Psychology Fellowship, the Memphis VAMC offers training in Clinical Psychology (APA accredited one-year program) and Clinical Neuropsychology (APA accredited two-year program). Please refer to the brochures for these specific programs for additional information.

hold elected and appointed leadership positions in local, state, and national professional associations and groups, and are hold key leadership positions within VA related to local, regional, and national initiatives.

Our Clinical Health Psychology staff are well integrated throughout the medical center, providing services in a range of settings along the continuum of care from prevention to disease management. Clinical health psychologists provide services in general primary care clinics located at the main medical center and in the community as well as in specialty primary care for women, homebound, and spinal cord injured veterans. Clinical health psychologists also serve specialty medical care in inpatient and outpatient rehabilitation settings (Geriatrics and Spinal Cord Injury), Palliative Care, Memory Clinic, and Hematology/Oncology.

All Clinical Health Psychology staff work alongside other healthcare professionals serving as consultants and/or functioning as integral members of treatment teams. Key leadership positions within the Memphis VA are held by clinical health psychologists. These include the Program Director for Palliative Care, the facility lead for the Life Sustaining Treatment Decisions initiative, and the Program Director for the transdisciplinary Memory Clinic. These psychologists have been instrumental in developing and implementing policies and programs that promote national VA initiatives at the local and VISN levels. Our fellows have an opportunity to work closely with our clinical health psychology staff in a range of clinical, research, teaching, program development and administrative activities.

Our training program is sensitive to individual differences and diversity and is committed to training culturally aware and competent psychologists. To that end, the Diversity, Equity, and Inclusion (DEI) Committee, locally known as the Diversity in Psychology Training (DiPT) Committee, was formed. The committee is comprised of both faculty and trainees. A fundamental goal of the DiPT committee is to more proactively cultivate a culture that includes ongoing and multi-faceted training in diversity, multi-culturalism, cultural humility, and cultural self-awareness. Our program integrates a focus on diversity, equity, and inclusion throughout clinical supervision, didactic seminars, clinical case conferences, and events and trainings. Sample topics from our cultural diversity series in recent training years have included: racial trauma, the culture of poverty, Jewish cultural considerations, working with LGBTQIA+ patients, and working with patients with physical disabilities. During the 2021-2022 training year, trainees were able to visit the Stax Museum of American Soul Music as part of orientation week and a visit to the National Civil Rights Museum is being planned for later in the training year.

Administration and Resources

Sarah Ramsey, Ph.D.

Training Director, Psychology Training Programs

Jennifer Vandergriff, Ph.D., ABPP

Director, Clinical Health Psychology Fellowship Program

The Clinical Health Psychology Fellowship Program is integrated within the overall psychology training infrastructure at the Memphis VAMC, which involves fellows, interns, and clinical practicum students. Dr. Ramsey is responsible for the administration of the overall Psychology Training Program. Dr. Vandergriff holds administrative authority over the Clinical Health Psychology Fellowship Training Program, with input from supervisory clinical health psychologists and regular communication with Dr. Ramsey and the Executive Training Committee (see below) to coordinate allocation of resources and to develop strategic plans and related policies. Dr. Vandergriff receives scheduled feedback from VA supervisory clinical health psychologists regarding fellows' duties and performance. Likewise, Dr. Vandergriff actively seeks

feedback from fellows regarding their training needs, the quality of their training experiences, and any other issues that may influence their training.

The Psychology Training Committee formulates and oversees the policies and procedures concerning psychology training in the Medical Center and maintains responsibility for addressing trainee problems in the areas of conduct and/or performance brought before the committee. The Executive Training Committee, chaired by the Acting Director of Training and consisting of representatives from all psychology training areas, meets at least quarterly to coordinate aspects of the overall training program, coordinate allocation of resources, and to develop strategic plans and related policies. A monthly Training Supervisors Committee meeting, attended by all current training supervisors, is held to discuss the progress of trainees and assure continuity of training across various rotations and training settings.

Facility and Training Resources

Clinical Health Psychology Fellows are provided office space located in the same area as the other psychology fellows. Office space is equipped with networked personal computer, providing ready access to patients' computerized medical records, e-mail, and internet, in addition to facilitating report and note writing. Webcams are also available, with capability for telehealth sessions and for recording patient care episodes that can be saved directly to a secure designated computer drive. Fellows also have access to conference room(s) equipped with A/V presentation and telehealth systems, and clerical support is available.

Library facilities available to fellows include the Medical Center's professional library and the library of the University of Tennessee's Health Science Center, as well as a number of online resources. Assistance with literature retrieval is provided through the Medical Center's professional library and UT library. Key materials/readings related to practice and professional issues are maintained in easily accessible online folders.

Salary and Benefits

VA-funded Clinical Health Psychology Fellows are paid a full-time stipend of \$46,334 provided via direct deposit in biweekly payments. Benefits include the opportunity for group health insurance and paid time off for federal holidays. Additionally, we offer up to five days of authorized absence for professional development activities such as attending or presenting at conferences. In evaluating fellows' performance and progress, applicable statutes and policies concerning due process and fair treatment are followed.

Note: Our privacy policy prohibits collection of personal information about you when you visit our website.

Training Model and Philosophy

The mission of the Memphis VA Medical Center is “To honor America’s veterans in all that we do by providing timely, quality care; outstanding customer service; education of tomorrow’s health care providers, and improvement in health care outcomes through research.”

The overarching purpose of the Memphis VA Clinical Health Psychology fellowship program is to produce psychologists with advanced competencies in Clinical Health Psychology. Consistent with the Memphis VA’s mission, graduates of the program will, therefore, be competent to 1) independently provide a range of direct clinical services that are informed by science and best clinical practice in a medical center setting; 2) work effectively in interprofessional settings along the continuum of collaboration from consultation to team-based models of care; 3) develop and evaluate programs in order to enhance patient care and outcomes; and 4) participate in the training of future clinical health psychologists and other healthcare professionals.

To this end, Clinical Health Psychology fellows are integrally involved in the direct provision of clinical services to veterans and their families throughout the training year.

As the model of the program is decidedly scholar-practitioner (Hoshmand & Polkinghorne, 1992), it is expected that scholarly inquiry inform all aspects of clinical practice. Fellows develop the ability to critically review the relevant medical and psychological literature, apply findings to specific clinical issues, understand the implications of gaps in empirical knowledge, and judiciously apply best clinical practices. Fellows are encouraged to participate in ongoing research conducted by Clinical Health Psychology staff, present at local, regional, and national conferences, and to prepare manuscripts for publication.

The program assumes an overarching developmental model of training in which fellows enter the fellowship with an overall basic level of competence in Clinical Health Psychology and progress predictably over the course of the training year to an advanced level of competence by year’s end. During the first week of training, Dr. Vandergriff reviews each fellow’s application materials and meets with them to collaboratively develop an individualized training plan which fosters the development of Clinical Health Psychology competencies while taking into account the fellow’s specific interests and early career goals.

SUPERVISED CLINICAL EXPERIENCE

The program focuses on education and training via supervised clinical experience, placing a priority on training above generation of clinical workload. Fellows receive intensive training within clinical health psychology, which constitutes most of their supervised clinical experience. Fellows selected to participate in the Memphis VAMC’s Psychology Training Program are encouraged to choose and develop training

Accreditation:

The Clinical Health Psychology Fellowship at the Memphis VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit was initially due in 2020, but delayed due to COVID impact on in-person visits. Site visit anticipated to occur during 2022-2023 training year.

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 Street, NE
Washington, DC 20002

experiences that are consistent with their academic preparation and their professional interests and goals.

We take supervision very seriously at the Memphis VAMC, providing a minimum of two hours of individual supervision per week for each fellow, supplemented by group supervision on a number of rotations and additional time with supervisory staff as they provide structured learning activities for the fellows. A wide array of didactic offerings is available, with fellows attending a minimum of two hours of didactic presentations per week. (Please see the Didactics section below for a listing of these offerings.) As fellows progress in the program and their professional skills and duties develop and expand, they assume greater responsibility in the clinical setting and for those patients with whom they are involved. However, it should be noted that adequate supervision, based upon a premise of collegiality, continues throughout the process. We consider fellows' opportunity to observe and experience various staff role models as an essential experience with a focus on developing more independence and professional autonomy as the year progresses.

TEACHING AND PROVIDING SUPERVISION

The primary goals of teaching experiences are to further increase fellows' expository knowledge base, to give them greater comfort as psychology's ambassadors to various healthcare settings, and to assist them in negotiating the transition to independent practice through fostering leadership experiences. Fellows gain experience in teaching through their formal case presentations in Psychology Case Conferences, and through their scheduled presentations on topics of interest in the Clinical Health Psychology Seminar.

As providing supervision is a requirement of the program, clinical health psychology fellows supervise other trainees on clinical health psychology rotations, including interns and practicum students. Providing supervision helps fellows develop their own supervision style and foster confidence in their ability to train others. Fellows attend a 12-session Supervision Seminar series which assists them in developing a working competence-based model of supervision which is grounded in developmental theory. In supervising the supervision of fellows, the psychology training supervisors serve as mentors to future psychologists who will later serve the profession by training others, whether in formal training programs or less formalized training settings.

Fellows may also contribute to the clinical education of trainees from other healthcare disciplines (e.g., medical students and residents, social work students, pharmacy residents, chaplaincy interns) within the context of the interprofessional team approach employed in many of the clinical settings in the medical center. By exposing these trainees to psychological assessment and intervention techniques, fellows gain experience in cross-disciplinary training and demonstrate to future physicians and other healthcare providers the broad contributions that psychologists routinely make to healthcare.

References:

Hoshmand, L.T., & Polkinghorne, D.E. (1992). Redefining the science-practice relationship and professional training. *American Psychologist*, 47, 55-66.

Training Considerations During the COVID-19 Pandemic

Memphis and Shelby County declared a state of emergency in the middle of March 2020 in response to the COVID-19 crisis and since then have instituted a range of restrictions to limit the spread of the virus. At various times, these restrictions have included the closure of restaurants, bars, and other entertainment venues; closure of other businesses considered to pose a high risk of transmission (e.g.,

nail salons); stay-at-home orders for nonessential workers; and shifting of the majority of classes for school-age children and college students to online modalities. Additionally, at times it has been required that everyone wear a face mask when outside of their homes. While some of these local restrictions have been lifted over the course of this past year, it is unclear when and at what pace restrictions may be additionally needed or altered to slow the spread of the virus in our community. Changes will be based on national guidelines and local considerations. Additional updates regarding COVID-19 updates can be accessed here: <https://insight.livestories.com/s/v2/covid-19-resource-center-%7C-shelby-county-tn/f8b36caa-950f-43b0-99bb-4ce4b39bbb41>

As essential workers, the staff of the Memphis VA Medical Center (including psychologists and psychology trainees) continued to work on campus, taking in stride the new precautions put in place to reduce the risk of contracting and spreading the virus.

Memphis VA Medical center precautions have included the following:

- Access to the medical center is tightly controlled to provide for more effective identification of symptomatic individuals and to enforce use of face coverings.
- Implementation of universal masking—everyone on campus is required to wear a mask, including patients.
- Surgical masks are provided to staff and trainees.
- Face shields are also provided for use by staff and trainees.
- Everyone is instructed to follow social distancing guidelines
- Cleaning supplies are provided for use in sanitizing work areas.
- Visitation is strictly regulated and visitors are also required to mask.
- COVID-19 testing is available to staff and trainees. Appointments can be made as often as once each week for testing, with results usually available within 48 hours.
- Outpatient services have the option to be delivered via telehealth or in-person, with patient preference as the determining factor.
- Most inpatient services continue to be provided with use of appropriate PPE. Please see the rotation descriptions below for information regarding specific units.

Given the dynamic nature of the COVID-19 pandemic, it is uncertain how the 2023-2024 training year will be impacted. Noted below are adjustments we have made in the training program this year to maximize the safety of our trainees and training staff, while maintaining the structure and content necessary to meet trainee' goals and required competencies.

All fellows receive the required hours of weekly individual supervision in each clinical area (a mix of in person and remote options are used currently). Psychology trainees should expect routine supervisory observation using in-person or virtual modalities, as well as co-treatment with training supervisors and other licensed mental health staff in some rotations.

All didactics have had the option of meeting virtually. Those that are held in person are scheduled in settings that allow enough space for appropriate distancing, and masking is required.

Team meetings and group supervision have the option of being held remotely. In-person team meetings or group supervision may be held if in a space that allows appropriate distancing.

All psychology trainees are expected to communicate with their training supervisors and program management regularly regarding health and safety concerns and issues. Trainees experiencing potential COVID symptoms should not report to work and should follow CDC guidelines for self-quarantine or self-

isolation. All trainees should inform Occupational Health if they are diagnosed or test positive for COVID-19 to allow for contact tracing of all potentially exposed staff and patients at VA.

Program Purpose, Aims & Competencies

The overarching **purpose** of the Memphis VA Clinical Health Psychology fellowship program is to produce psychologists with advanced competencies in clinical health psychology with diverse adult populations. To that end, the **aims** and desired outcomes of the program are as follows:

- 1) **Advanced CHP Practice:** By the end of the training year, fellows will independently provide a range of direct clinical services that are informed by science, and understanding of the medical foundations of CHP, and best clinical practice in a medical center setting.
- 2) **Interprofessional Care:** Fellows will work effectively in interprofessional settings along the continuum of collaboration from consultation to team-based models of care.
- 3) **Program Development:** Fellows will develop and evaluate programs in order to enhance patient care and outcomes.
- 4) **Supervision and Teaching:** Fellows will have the necessary knowledge, skills, and values needed to participate in the training of future clinical health psychologists and other healthcare professionals.

The program aims are realized by the attainment of advanced competencies across three levels: 1) profession-wide competencies (Level 1) expected of all fellowship training programs; 2) program-specific competencies (Level 2) defined by the training program as being integral to achieving the program's aims; and 3) specialty competencies (Level 3) that are consistent with the specialty practice area of clinical health psychology as set forth in the training and education guidelines by the Clinical Health Psychology Specialty Council. Our program has recently integrated the APA Commission on Accreditation (CoA) guidance regarding "Level 3 Specialty Competencies" that are specific to each specialty practice area, including Clinical Health Psychology; updated competencies are available below.

Integration of Science and Practice:

The fellow:

- Demonstrates the ability to critically evaluate foundational and current research that is consistent with clinical health psychology
- Integrates knowledge of foundational and current research consistent with clinical health psychology in the conduct of professional roles (e.g. research, service, and other professional activities).
- Demonstrates knowledge of common research methodologies used in the study of clinical health psychology and the implications of the use of the methodologies for practice.
- Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and clinical settings within which the fellow works.

Ethical and Legal Standards:

The fellow:

- Be knowledgeable of and acts in accordance with each of the following:
 - The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels;
 - Relevant professional standards and guidelines.
- Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas as they pertain to clinical health psychology.
- Conducts self in an ethical manner in all professional activities.
- Recognizes and manages conflicts when they arise between the ethical code for a clinical health psychologist (per the APA Ethical Principles of Psychologists and Code of Conduct) and ethical codes of other healthcare team members.

Individual and Cultural Diversity:

The fellow:

- Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to clinical health psychology including research, training, supervision/consultation, and service.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrates the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

Professional Values, Attitudes, and Behaviors:

The fellow:

- Behaves in ways that reflect the values and attitudes of psychology and Clinical Health Psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with a greater degree of independence.
- Applies scientific knowledge and skills in Clinical Health Psychology to advocate for equity and access to quality care.
- Demonstrates an emerging professional identity consistent with the Clinical Health Psychology specialty.

Clinical Health Psychology Research:

The fellow:

- Engages in Clinical Health Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry.

- Applies scientific methods in Clinical Health Psychology activities.

Clinical Health Psychology Assessment:

The fellow:

- Selects and applies evidence-based biopsychosocial assessment methods appropriate for the patient's physical illness, injury, or chronic health condition/disability and collects relevant data using multiple sources and methods appropriate for identified presenting problems and assessment question.
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- Assesses factors that facilitate or inhibit knowledge, values, attitudes, or behaviors affecting health functioning, treatment and treatment adherence and healthcare utilization of patients, and when applicable, populations.
- Assesses the biopsychosocial impact of undergoing medical procedures (e.g., screening, diagnostic, and intervention/prevention procedures).

Clinical Health Psychology Intervention:

The fellow:

- Implements evidence-based biopsychosocial interventions to treat or prevent health and behavioral health-related issues of patients and, when applicable, populations.
- Evaluates, selects, and administers appropriate biopsychosocial assessments to monitor and evaluate the process and outcomes of treatment for patients and, when applicable, populations.
- Monitors adherence to medical treatment and psychological interventions and demonstrates skill in addressing health behaviors to improve adherence.

Clinical Health Psychology Teaching/Supervision:

The fellow:

- Demonstrates knowledge of supervision models and practices related to Clinical Health Psychology
- Teaches and supervises others by accurately, effectively, and appropriately presenting information related to Clinical Health Psychology.

Consultation and Interprofessional/Interdisciplinary Skills:

The fellow:

- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Conceptualizes referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- Applies knowledge of consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Engages interprofessional individuals and teams to increase the likelihood of appropriate early referrals to clinical health psychologists.
- Provides education about health psychology concepts and practices or methods and procedures to other professionals and/or trainees.

Clinical Health Psychology Leadership:

The fellow:

- Demonstrates leadership within an interprofessional team or organization related to the practice of Clinical Health Psychology.
- Demonstrates the ability to develop or enhance a clinical health psychology practice, educational program, or program of research.

Medical Foundations for Clinical Health Psychology:

The fellow:

- Demonstrates knowledge of anatomy and physiology as related to the practice of clinical health Psychology and to the rotation setting.
- Demonstrates knowledge of pathophysiology and disease states as related to the practice of clinical health psychology and to the rotation setting.
- Demonstrates knowledge of diagnostic techniques, medical procedures, and treatments as related to the practice of clinical health psychology and to the rotation setting.
- Demonstrates knowledge of pharmacology/pharmacotherapy as related to the patient population and to the rotation setting.
- Demonstrates knowledge of signs and symptoms caused by medical illness, procedures or treatments.
- Demonstrates knowledge of psychological impact of medical illness, diagnostic techniques, medical procedures and treatments.
- Demonstrates knowledge of the social impact of medical illness, diagnostics techniques, medical procedures and treatments.
- Demonstrates competence in the diagnosis of psychiatric disorders.
- Demonstrates competence in interpretation of neurocognitive and/or psychological tests if indicated for a given patient.

Management, Administration:

The fellow:

- Possesses knowledge of common administrative and business practices in clinical health psychology practice (e.g., referral patterns, coding, billing, documentation) using knowledge of the structure, regulation, and financing of the healthcare system .
- Manages responsibility for key patient care tasks and encounters with effective documentation in a timely manner .

Program Development:

The fellow:

- Demonstrates ability to conduct a needs assessment to inform program development.
- Demonstrates ability to conduct a relevant literature review as preparation for program development.
- Demonstrates skills in designing a program which incorporates results of needs assessment, literature review, and program outcome goals.
- Demonstrates ability to implement program as designed.
- Demonstrates skills in evaluating outcome of program in comparison to program goals.

Elective Rotation Competency (for non clinical health psychology rotations):

The fellow:

- Demonstrates foundational knowledge of clinical practice in the elective rotation.
- Demonstrates effective social and relational skills in the elective rotation.
- Demonstrates competence in assessment strategies in the elective rotation
- Demonstrates competence in intervention strategies in the elective rotation.

Program Structure and Requirements

General Program Structure

The Memphis VAMC Clinical Health Psychology Fellowship is structured as a one-year, full-time clinical training experience with fellows typically working 40-50 hours per week. Fellows have reported increased hours of work on rotations which focus on assessment and/or are in areas relatively novel to them. Three four-month rotations are offered during the training year. At any one time, each fellow is typically involved in one major rotation (20-24 hours/week) and one minor rotation (8-12 hours/week), in addition to other requirements as noted below. The range of hours in major and minor rotations also allows for add-on rotations (approximately 4 hours/week) in some circumstances. Upon successful completion of the yearlong fellowship, all fellows receive a certificate that indicates they have completed a Clinical Health Psychology Fellowship.

Program Completion Requirements

Minimum Hours

- Successful completion of minimum of 2,080 employment hours in no less than one calendar year (including sick and annual leave earned during the training program and federal holidays).
- Minimum of five sixths (i.e., 1733 hours) of the training hours must take place in rotations offered at the VA Medical Center. If desired, the remaining hours may be spent in a combination of non-VA training experiences (i.e., UT Consortium agencies or with other affiliated facilities with the Memphis VA Training Program), as approved by the Program Director and Director of Training. Of note, all non-VA training opportunities, which includes UT Consortium rotations, must receive final approval by the Office of Academic Affiliations (OAA) prior to a trainee engaging in these experiences.

Rotation Requirements

- All fellows complete three four-month rotation periods during the training year.
- During each rotation, fellows train in one major rotation (20-24 hours/week) and one minor rotation (8-12 hours/week). Alternatively, fellows may complete three concurrent minor rotations. Fellows may elect add-on rotations (approximately 4 hours/week).
- A minimum of two major rotations and two minor rotations must be selected from the Clinical Health Psychology primary core rotations (described below).
- Fellows are required to complete either one major or two minor rotations with a focus on neurocognitive assessment. These secondary core rotations include Neuropsychology, Geriatrics (Geri-Cog), Memory Clinic, or Semmes-Murphey Clinic (described below).
- Fellows may complete one minor elective rotation. Elective rotations are those offered outside of Clinical Health Psychology or those focusing on neurocognitive assessment.

Fellows have the opportunity to identify specific areas of interest within Clinical Health Psychology (e.g., end of life, primary care, geriatrics). As such, fellows may complete more than one rotation in a given area of interest within Clinical Health Psychology. Some example plans are included below; please note given the range of available training opportunities, available plans can be widely varied.

Sample Rotation Plan 1 (trainee with general clinical health interests):

	Rotation 1	Rotation 2	Rotation 3
Major	PCMHI- Central Clinic	Palliative Care	Neuropsychology- Assessment

Minor	Oncology	PCMHI-Nonconnah	Chemical Dependency Center
Add-on	None	Age-Smart group	None

Sample Rotation Plan 2: (trainee with PC-MHI interest)

	<u>Rotation 1</u>	<u>Rotation 2</u>	<u>Rotation 3</u>
Major	PCMHI-Medical Center (Central)	PCMHI-Nonconnah	Neuropsychology Assessment
Minor	HBPC	Spinal Cord Injury	PCMHI Women's Clinic
Add-on	CBT-I	CBT-I	

Sample Rotation Plan 3: (trainee with late life care interest)

	<u>Rotation 1</u>	<u>Rotation 2</u>	<u>Rotation 3</u>
Major	Geriatrics/Rehabilitative Medicine	Memory Clinic	Home Based Primary Care
Minor	Palliative Care	Oncology	Palliative Care
Add-on		AgeSmart group	

Didactic Requirements

- Fellowship Seminar (including Cultural Diversity and Ethics Seminar Series and Supervision Seminar Series)
- Clinical Health Psychology Seminar
- Neuropsychology Seminar

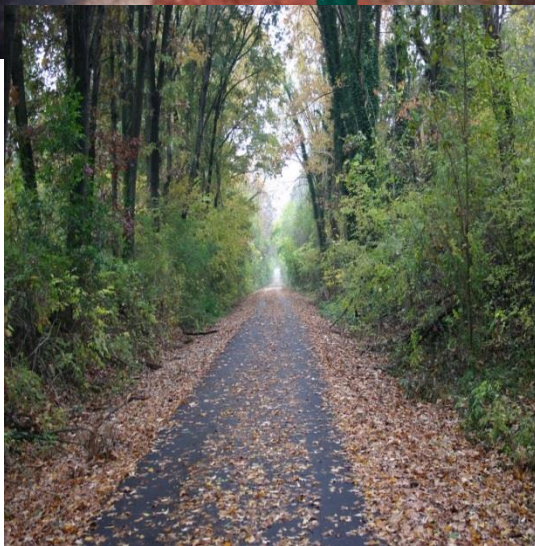
Additional Required Elements:

- Participate in at least one interprofessional team during the training year.
- Co-facilitate and/or develop and implement at least one Clinical Health Psychology group.
- Supervise a predoctoral intern or practicum student in a Clinical Health Psychology setting.
- Teach at least two segments of the Clinical Health Psychology seminar.
- Present a case in the Case Conference Series.
- Design, implement, and evaluate one new program development project of interest.
- Organize and assume administrative responsibility for the Clinical Health Psychology seminar.

Exit Criteria

- Advanced practice competencies in Clinical Health Psychology.

Note, all requirements noted above must be completed. The Clinical Health Psychology Fellowship program does not endorse “partial” program completion.



Eligibility and Appointment

Eligibility Requirements

The minimum requirements for entry into the training program are as follows:

- Prior to the start date of the fellowship program, completion of an APA-accredited or CPA-accredited doctoral program in Clinical, Counseling Psychology or Combined psychology or a Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
- Completion of an APA-accredited or CPA-accredited Psychology Internship Program.
- United States citizenship.
- Selected fellows are subject to fingerprinting, background checks, and urine drug screens. Selection decisions are contingent on passing these screens.
- Selected fellows are also required to meet the essential functions (physical and mental) of the training program and be immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility.
- Selected fellows will be required to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees) and training modules as directed.
- Goodness-of-fit with the program as evidenced by significant prior experiences related to clinical health psychology.
- Strong interest in clinical health psychology practice as a profession.

To access a complete listing of and more detailed information on the VA-wide requirements for eligibility to train in a VA setting, please use this [link](#).

Additional information may be found here: [Am I Eligible? Checklist for VA HPTs](#)

Please note, there may be additional onboarding requirements (e.g., security and drug screening) for matched fellows who elect to complete a rotation at a UT Consortium site.

Appointment Period

The training year will begin on August 14, 2023. We encourage applicants unable to begin the program on that date to notify us of their earliest start date in their application cover letter. Preference will be given to applicants who are able to begin on the designated start date.

Application and Selection Procedures

Application Procedures

Applicants submit materials using the [APPA CAS \(APPIC Psychology Postdoctoral Application\)](#). After entering basic information, select the Memphis VAMC Clinical Health Psychology Program. Letters of recommendations, referred to as “Evaluations” are requested electronically within the APPA CAS system and uploaded by letter writers. Please refer to information within the APPA CAS for more information.

Submit the following required information through APPA CAS:

1. Cover letter – Be sure to include the following:
 - Clinical health psychology training experiences during the doctoral program and internship.
 - Expected date of internship completion.
 - Current progress of completing all degree requirements, including dissertation research (if applicable).
 - Career goals and how our fellowship program contributes to meeting those goals. Indicate specific areas of interest with clinical health psychology (if any) and specific training rotations of interest.
2. Curriculum Vitae - Please be sure to include any employment, internship experiences, teaching, program development, and presentations/publications relevant to clinical health psychology.
3. Copies of graduate transcripts.
4. Letters of Reference
 - Three letters of recommendation from current or former psychologists who have supervised your work, preferably include at least one letter from a supervisor who is a clinical health psychologist
 - Applicants who are currently on internship should include an additional letter from their Director of Internship Training verifying their standing in the internship program and the expected date of completion. (Please note, if your internship director is writing a recommendation letter for you, this information can be included in that letter.)
 - Letter from the chairperson of your dissertation indicating the status of your research project (e.g., completed data collection) and the anticipated date of dissertation completion. (Please note, if your dissertation chairperson is writing a recommendation letter for you, this information can be included in that letter.)

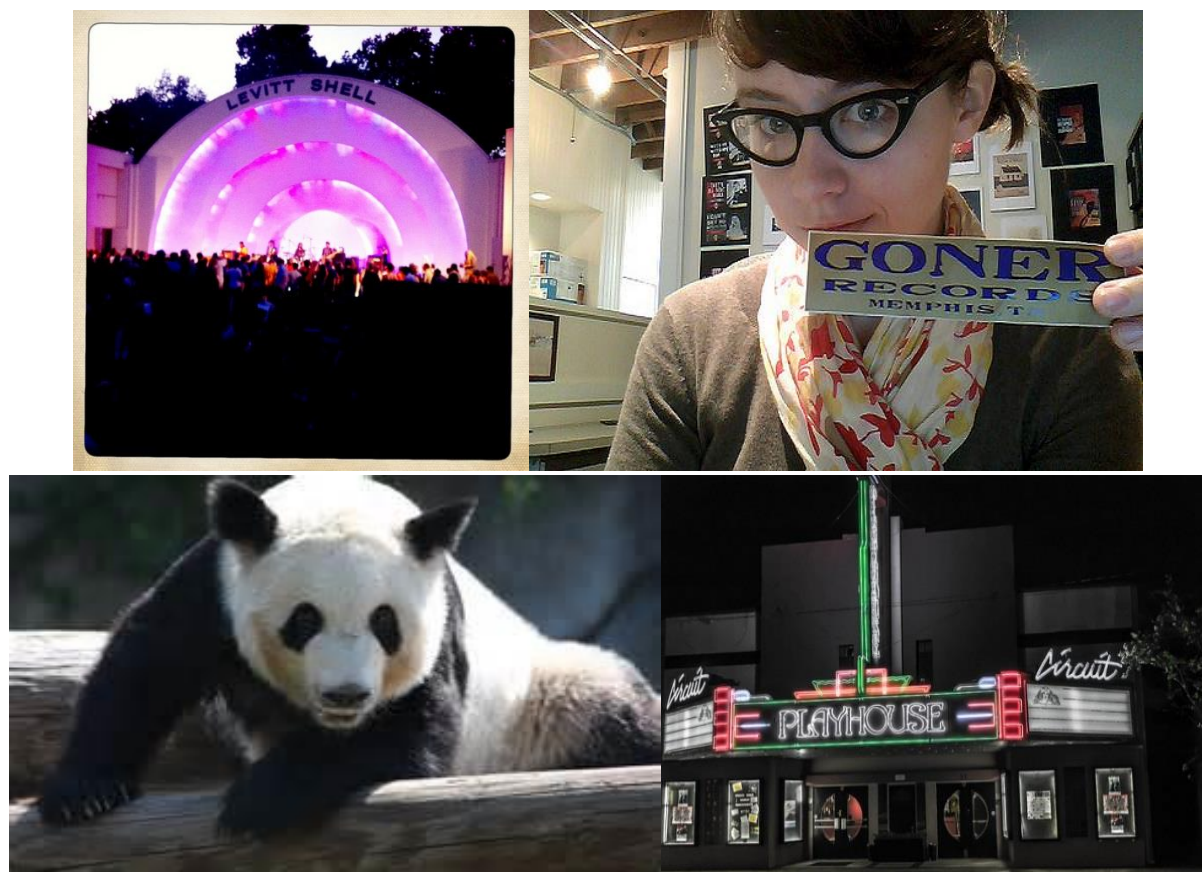
Our program strongly values diversity and encourages candidates from diverse and historically underrepresented backgrounds to apply. As noted above, Memphis VAMC has started a specific diversity in training committee whose goal is to foster and support diversity, equity, and inclusion within all of our training programs endeavors.

Selection Procedures

Review of applications will begin on December 14th, 2022. Following review, invitations for interviews will be extended to selected applicants. All interviews will be conducted virtually. In addition to completing interviews, we will offer virtual opportunities to meet a range of training staff members and our current fellow. At present, we anticipate interviewing candidates during the first two weeks in January 2023. The final evaluation of applications and supporting documents will take place when interviews have been completed.

We will be following the APPIC Postdoctoral Selection Standards for making fellowship offers, including those applied to the Common Hold Date. In keeping with the guidelines, we will consider making offers at any time after the completion of our interviews/ranking of applicants; applicants may accept, decline, or hold an offer until the designated CHD of Monday, February 27, 2023. Please see [Postdoctoral Selection Standards \(appic.org\)](https://www.appic.org/postdoctoral-selection-standards) for additional details.

Prior to beginning the fellowship year, it will be necessary for applicants selected for the fellowship program to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees) and training modules as directed. During the training year, fellows are responsible for adhering to the policies and procedures of the Psychology Training Program and the Mental Health Service. Also, many of the laws, rules, and guidelines that apply to federal employees are also applicable to trainees in federal training positions. A copy of the training program's policies and procedures will be made available to fellowship applicants at the time of their interview and is provided to each fellow during orientation at the beginning of the training year.



Didactics

Postdoctoral Fellows' Seminar – Attendance is required for all fellows.

This seminar offers presentations on a variety of psychology-related professional topics, including job search and licensure process. It also includes a series of presentations that focus on the development of supervision skills and a second series of presentations that focus on aspects of cultural diversity and ethical practice (see additional descriptions of these series below). It meets two to three times monthly. (Coordinators: Current fellows and Sarah Ramsey, PhD)

Clinical Health Psychology Seminar - Attendance is required for all fellows.

The seminar provides fellows with instruction in foundational areas of Clinical Health Psychology as well as intervention and assessment applicable to specific medical issues and populations. Topics are aimed

at building competency in medical foundations of Clinical Health Psychology. Presentations include discussion of relevant anatomy and physiology, pathophysiology, the intersection of medical and psychiatric illness and the compounded impact on presentation, conceptualization, diagnosis, medical procedures, and treatment. It is held weekly throughout the year. (Coordinators: Current clinical health psychology fellow(s), Jennifer Vandergriff, PhD, ABPP)

Psychology Case Conference Series - Attendance is required for all fellows.

Current fellows formally present intervention cases, including pertinent research and review of patient background and case conceptualization. A supervisory panel provides individualized feedback regarding the presentation content and format. It is held weekly, beginning in March. (Coordinator: Sarah Ramsey, PhD)

Cultural Diversity and Ethics Seminar Series - Attendance is required for all fellows.

This seminar explores the cultural variations occurring most frequently in the medical center's patient population and attempts to raise awareness of the impact of culture on the client/therapist (patient/provider) relationship. It meets weekly for a minimum of 8 weeks over the course of the training year. (Coordinators: Sarah Ramsey, PhD; Marcy Adler, PsyD, ABPP-CN)

Supervision Seminar Series - Attendance is required for all fellows.

This seminar is a twelve-session hour-long seminar series aimed at enhancing preparation for provision of competent supervision. This seminar series is based on an overarching developmental model with early emphasis on developing a framework for the provision of supervision through building of supervision models. It incorporates supervision vignettes to invite reflection and discussion on salient supervision elements. (Instructors: Carrie LeMay, PsyD and Katie Robinson, PhD)

Neuropsychology Seminar - Attendance is required for all fellows.

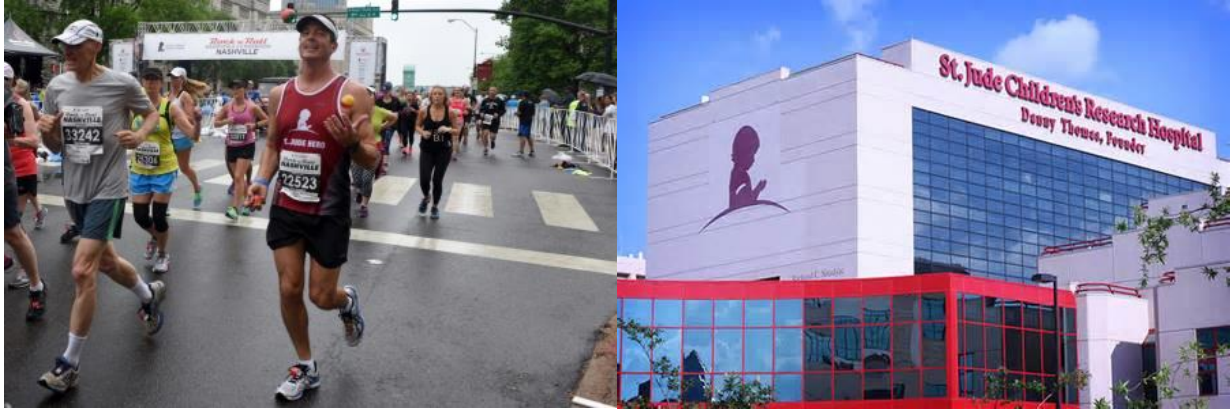
This weekly seminar covers foundations of neuropsychology, including neuroanatomy, neuropathology, and behavioral neurology.. (Coordinator: Brad L. Roper, PhD, ABPP-CN)

Intervention Seminar - Attendance is optional for all fellows.

This seminar focuses on enhancing psychotherapy skills and covers a wide spectrum of issues and perspectives in individual and group psychotherapy practice. The seminar emphasizes discussion-based and experiential learning, although a lecture series is featured in the fall. Trainees have the opportunity to practice honing their case conceptualization and presentation skills, as well. Participants will share videotapes of their clinical work and participate in group and peer supervision. The seminar is typically held weekly throughout the year. (Coordinators/Instructors: Kim Fleming, PhD, and Catherine Morton, PhD)

Family Therapy Seminar - Attendance is required for all fellows who are seeing family therapy cases and is optional for other fellows.

This seminar focuses on enhancing fellows' skills in treating family problems. A combination of didactic instruction and experiential learning approaches is used. Fellows will be introduced to evidence-based therapy models, such as Emotion Focused Therapy, Integrative Behavioral Couple Therapy, and Cognitive/Behavioral Conjoint Therapy for PTSD. Participants are encouraged to share videotapes of their clinical work. It is held weekly throughout the year. (Instructor: Heather L. Gammel, PhD)



Training Experiences

Clinical Health Psychology Rotations (Primary Core Rotations)

Sleep Clinic

General Description

This rotation offers the opportunity to work with the Sleep Health Center (SHC) which is an 8-bed program accredited by the American Academy of Sleep Medicine. The SHC services include evaluations for sleep disorders in outpatient clinics as well as monitored and unmonitored sleep testing using state-of-the-art equipment. Staff diagnose and treat Veterans with a wide range of sleep disorders including insomnia, movement disorders during sleep, and disorders of excessive daytime sleepiness such as obstructive sleep apnea and narcolepsy. The SHC also serves as an academic resource to medical students, residents, and sleep medicine fellows at the University of Tennessee Health Science Center (UTHSC). Psychology utilizes a colocated team model in the SHC and provides services in both individual and group formats, in addition to seeing warm handoffs from sleep clinic providers. The most common presenting problems are insomnia, CPAP adherence, and sleep hygiene issues. In addition, there is a growing need for nightmare treatment among SHC patients.

Potential Training Opportunities

- Maintaining set clinic hours in the SHC to receive “warm handoffs,” see scheduled patients, cofacilitate treatment groups, and consult with SHC providers;
- Completing intakes to assess for specific/complex sleep concerns and engage in treatment planning;
- Providing individual psychotherapy for a variety of sleep-related concerns including:
 - Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Imagery Rehearsal Therapy (IRT) for Nightmares
 - Cognitive Therapy for the Distress of Parasomnias
 - Assistance with discontinuing sleep medications
- Presenting in interdisciplinary journal club and attending Sleep Medicine Grand Rounds;
- Learning diagnostic systems for sleep disorders;
- Working with UT Sleep Medicine Fellows to coordinate care and treatment;
- Participating in program development; and
- Participating in research projects. (Currently, we are looking at outcomes related to the portable sleep studies.)

Due to the risks associated with COVID-19, clinical care is being provided virtually and on an in-person basis depending on patient preference. When individual care is provided in person, both patients and clinicians are required to use appropriate PPE (provided by the facility).

Geriatrics/Rehabilitative Medicine

General Description

Geriatrics/Rehabilitative Medicine provides a range of acute and rehabilitative services to medically ill geriatric patients in the Geriatric Evaluation and Management Unit (a 13-bed inpatient geriatric medical unit). The model of care is interdisciplinary, with strong involvement from medicine, psychology, nursing, clinical pharmacy, dietary, social work, and rehabilitative services. This training experience is offered to fellows as a major rotation. Given COVID-19 precautions, appropriate personal protective equipment is provided and use is required.

Potential Training Opportunities

- Participating in interdisciplinary team conferences, weekly patient care planning meetings, unit bed rounds, didactic training experiences and family conferences;
- Performing bedside psychological and neurocognitive screenings, diagnostic assessments, and capacity evaluations of medically ill older adults;
- Gaining significant skills in the differential diagnosis of dementia;
- Providing therapeutic interventions and education to patients and caregivers;
- Developing behavioral and environmental interventions to assist patients, caregivers and staff;
- Working with patients to develop compensatory strategies for demonstrated cognitive deficits in order to enhance rehabilitation and overall functioning;
- Providing consultation to the interdisciplinary medical team regarding psychological and cognitive factors pertinent to the patients' overall care;
- Developing differential psychological diagnostic skills in an inpatient setting, including an understanding of how medical illness and treatment complicate differential diagnosis;
- Learning how to identify and manage the ethical and legal dilemmas facing the psychologist practicing in a medical setting;
- Developing a strong medical knowledge base including medical conditions that commonly impact older adults, medication usage (including drug interactions and side effects), medical/surgical interventions, and associated terminology;
- Learning to work within an interdisciplinary team structure to provide comprehensive care to older medical patients; and
- Developing aspects of the Geriatric Psychology Program aimed at enhancing patient care and/or team functioning or presenting a topic of interest to the treatment team based on a review of the literature.

Home Based Primary Care (HBPC)

General Description

The Memphis VAMC maintains a large, interdisciplinary Home Based Primary Care (HBPC) program. Psychologists in HBPC work closely with other team members, including a program coordinator, physician, nurse practitioners, nurses, social workers, rehabilitation therapists, dietitians, and pharmacists. The HBPC team serves Veterans in a three-state region who live within a 30 mile radius of the medical center and spinal cord injury patients who are homebound and live within a 100 mile radius. The HBPC team provides primary care medicine to patients who are primarily elderly and who may have several chronic illnesses that limit their ability to travel to the medical center for their appointments. The role of the psychologist in primary medical care has greatly expanded in recent years, especially in the

home care sector. Research and clinical experience have supported the value of psychological services in preventing, reducing, and/or eliminating the negative emotional impact of chronic/acute illness and physical impairment. This rotation offers psychology trainees the opportunity to receive specialized training and experience in the provision of direct clinical services in patients' homes, serving as an active member of an interdisciplinary primary medical care team. This training experience is offered as a major rotation or a minor rotation. The majority of clinical care is being provided in person, within the home setting. Intermittently virtual care is provided based primarily on patient preference, national guidelines, and local considerations. Pre-visit screenings are completed prior to direct patient care. Appropriate personal protective equipment is provided for use during in-home visit.

The majority of clinical care is being provided in person, within the home setting. Intermittently virtual care is provided based primarily on patient preference, national guidelines, and local considerations. Pre-visit screenings are completed prior to direct patient care. Appropriate personal protective equipment is provided for use during in-home visit.

Potential Training Opportunities

- Performing screenings of psychological functioning and mental status, including capacity evaluations and/or neurocognitive screenings, as needed;
- Developing one's differential psychological diagnostic skills in a home care setting, with an understanding of how medical illness may complicate the process of making accurate psychological diagnoses;
- Providing specific therapeutic interventions in the home care setting (e.g., supportive counseling; caregiver support; brief psychotherapy; more focused behavioral interventions, such as relaxation training, pain management, and smoking cessation; communication skills building between/among patients and medical staff; facilitation of patients' emotional adjustment to their medical diagnoses; and helping the Veteran and the team manage medical treatment compliance issues);
- Providing consultation to the interdisciplinary medical team regarding psychological factors involved in the patients' overall care and enhancement of team functioning;
- Building one's knowledge base regarding the interaction among medical illnesses, medications and other medical interventions, as well as the related influences of behavioral, emotional, and cognitive factors;
- Learning about the ethical and legal issues facing the psychologist when practicing in a home care setting;
- Gaining experience with dementia, related caregiver issues, and the interplay between combat experiences and dementia;
- Participating in team conferences and other training activities; and
- Gaining experience with therapeutic interventions addressing end-of-life issues.

Memory Clinic

General Description

The Memory Clinic provides comprehensive transdisciplinary evaluation and treatment recommendations for older adults with suspected cognitive impairment and functional decline. Geriatric specialists (including medicine, pharmacy, social work, and psychology) provide diagnostic clarification, identify potentially reversible/contributing causes, review medications, evaluate cognition and mood, identify needed patient/caregiver resources, and assist with behavioral manifestations of dementia. Psychology plays a primary role in administration, program development, assessment, and intervention. This training experience is offered to interns as a major rotation. Given COVID-19 precautions, appropriate personal protective equipment is provided and use is required. Note: Memory Clinic is a primary core clinical health psychology rotation which also meets the cognitive evaluation program requirement.

Potential Training Opportunities

- Performing neuropsychological assessments and conducting expanded patient/caregiver interviews;
- Participating in transdisciplinary diagnostic and treatment planning conferences, didactic training experiences and family/caregiver feedback sessions;
- Gaining skills in the differential diagnosis of dementia in the context of a medical clinic and transdisciplinary team;
- Providing interventions and education to patients and caregivers aimed at understanding cognitive deficits and diagnoses, addressing modifiable risk factors to cognition and/or mood, managing caregiver burden, improving functional abilities, gaining access to VA and community resources, and/or addressing the behavioral manifestations of dementia;
- **Developing behavioral/environmental interventions to assist patients and caregivers;**
- Working with patients to develop compensatory strategies for demonstrated cognitive deficits in order to enhance overall functioning;
- Developing differential psychological diagnostic skills in a medical/team setting, including an understanding of how medical illness and treatment complicate differential diagnosis;
- Learning how to identify and manage the ethical and legal dilemmas facing the psychologist practicing in a medical setting;
- **Gaining skills in providing useful/practical feedback to patients, families and referring providers;**
- **Assisting patients and families in long term care planning;**
- **Conducting capacity evaluations if needed;**
- Developing a strong medical knowledge base including medical conditions that commonly impact older adults, medication usage (including drug interactions and side effects), medical/surgical interventions, and associated terminology;
- Developing a working knowledge base regarding treatment of cognitive and mood-related disorders in older adults;
- Learning to work within a transdisciplinary team structure to provide comprehensive evaluation and treatment recommendations to older medical patients;
- Designing a program development project aimed at enhancing patient care and/or team/clinic functioning.

Oncology

General Description

The Psychology Section of the Mental Health Service provides services to patients undergoing evaluation and/or treatment for cancer in the Hematology-Oncology Clinic and/or the Radiation Oncology Clinic. Services are also provided to patients during inpatient admissions. Patients may be seen at any stage of the disease process including at the time of the initial diagnosis and workup, at the time of initial and subsequent treatments, during management of associated conditions and complications, and through the later stages of the disease process and end of life care. A multidisciplinary team model is employed, including professionals from medicine and surgery, nursing, social work, nutrition, clinical pharmacy, physical therapy, occupational therapy, and chaplaincy, as well as psychology. This training experience is available as a minor rotation with a focus in either Hematology-Oncology Clinic or Radiation Oncology Clinic.

Due to the risks associated with COVID-19, clinical care is being provided virtually and on an in-person basis depending on patient preference. When care is provided in person, both patients and clinicians are required to use appropriate PPE (provided by the facility).

Potential Training Opportunities

- Providing individual and family support for a range of problems including emotional reactions at the time of initial diagnosis, assisting patients and family in formulating questions for their medical

caregivers, dealing with anxiety generated by treatment delays or complications, dealing with body image issues, assisting with compliance issues, and coping with terminal illness;

- Providing more focused interventions, such as relaxation training;
- Performing interview assessments of patients' mental status, as well as on-going monitoring of mental status and affective condition;
- Providing staff consultations including assisting the treatment team in understanding the psychological implications of severe physical illness on individuals' behavior, allowing staff to share their thoughts and feelings about working with seriously ill patients and patients in the process of dying; and
- Attending continuing education activities including weekly Oncology Rounds and Tumor Board diagnostic/treatment conferences.

Palliative Care Unit (PCU) and Palliative Care Consultation Team (PCCT)

General Description

The Palliative Care program at the Memphis VAMC is comprised of both a Palliative Care Consultation Team (PCCT) and a dedicated Palliative Care Unit (PCU). Palliative Care promotes quality of life across the illness trajectory through the relief of suffering, including care of the dying and bereavement follow-up. The goal of the program is to provide the best quality of life through the relief of suffering, pain and symptom management, psychosocial support, and respect for autonomy and the appropriate role of family and decisional surrogates. The program also strives to provide education to other practitioners about end-of life-issues.

The PCCT is an interdisciplinary team that provides palliative care services on a consultative basis to patients who are in the advanced stages of a life-threatening illness and to their caregivers, and families. The core team includes a psychologist, physician, chaplain, social worker, pharmacist, and nurse practitioner. The consult team works with other teams and professionals throughout the medical center to establish goals of care and focus on caring for the whole patient. Sensitivity to personal, cultural and religious values, beliefs, and practices is emphasized.

The PCU is an eight-bed acute care unit that serves patients across the palliative care continuum (i.e., life-limiting condition for which patients continue to receive life-extending treatment to patients who are actively dying). The transdisciplinary team includes a physician, psychologist, chaplain, social worker, pharmacist, dietician, and the unit's dedicated nursing staff. The team attends to medical, psychological, spiritual, and social needs of patients and their families. All team members participate in the care of each patient and patient's treatment plans are developed with input from all team members. Education and support of patients as well as their families are significant components of care. Education of patients and families is provided during all aspects of the team's interaction with the patient, including treatment team rounds, family conferences, and individual meetings with team members. Given the stress associated with providing palliative care, psychologists routinely offer services for both staff and family members, including the processing of anticipatory grief and bereavement support. This training experience is offered as a major or minor rotation.

Due to the risks associated with COVID-19, appropriate personal protective equipment is provided and use is required on the Palliative Care Unit.

Potential Training Opportunities

- Completing comprehensive palliative care evaluations/interviews;
- Performing cognitive and mood screenings, mental status exams, and capacity evaluations;
- Providing therapeutic interventions and education to patients, families, and caregivers, including provision of supportive counseling, brief grief counseling, and bereavement contacts;

- Developing a knowledge base regarding medical conditions, medication usage (including drug interactions and side effects), other medical/surgical interventions, and associated terminology;
- Gaining familiarity with psychological, social, cultural, and spiritual issues related to end-of-life care;
- Assisting patients and families in the transition to hospice status;
- Providing staff consultation to the interprofessional medical team regarding psychological factors involved in the patients' overall care and enhancement of team functioning (including brief debriefing/processing meetings after each death on the PCU);
- Learning to identify and manage the ethical and legal dilemmas facing the psychologist and other clinicians practicing in a medical setting;
- Assisting with ongoing development of program structure and function;
- Assisting with development of materials/strategies for enhancing education of non-team staff regarding end-of-life care;
- Learning to work within a transdisciplinary team structure to provide care for palliative care patients and their families;
- Participating in daily team rounds/meetings and didactic training experiences, including Oncology/Palliative Care Journal Club; and
- Gaining exposure to a palliative care consultation model, including understanding of consultation etiquette and systems issues related to palliative care.

Primary Care Mental Health Integration – Medical Center (Central Clinic)

General Description

This rotation provides psychology trainees a wide variety of experiences in primary care and behavioral medicine/health psychology, working as a member of a primary care team. Under supervision of a primary care psychologist, the trainee can provide individual and group psychotherapy and health psychology interventions (e.g., modifying unhealthy behaviors, treating symptoms of medical disorders that are amenable to behavioral interventions, and improving adherence to medical regimens). Treatment modalities may include stress management, individual and group psychotherapy (e.g., CBT, ACT, Motivational Interviewing) and psychoeducational interventions. Brief psychotherapy is the norm and is typically completed in 4-6 sessions. Trainees will have the opportunity to learn about and utilize the Behavioral Health Laboratory (BHL). The BHL includes an initial triage assessment that provides primary care providers with a comprehensive assessment of Veterans' mental health and substance abuse symptoms. Based on the results of the initial assessment, the BHL service also includes structured follow-up assessments and care management. This rotation is offered as a major or minor rotation. Due to the risks associated with COVID-19, clinical care is being provided virtually and on an in-person basis depending on patient preference. When care is provided in person, both patients and clinicians are required to use appropriate PPE (provided by the facility).

Potential Training Opportunities

- Developing and refining diagnostic and intervention skills:
 - Intake and therapy sessions are typically 30 minutes, with feedback and triage typically done at the end of the initial intake;
 - Appointments occur via in-person, phone, and VA Video Connect formats.
- Providing brief evidence-based treatments for mild to moderate mental health and health behavior concerns:
 - Sessions are typically 30 minutes
 - Duration of treatment is typically 4-6 sessions;
- Participating in the collaborative management of patients' health care as a member of an interdisciplinary primary care team;

- Participating in “huddles”—PACT (Patient Aligned Care Team) meetings;
- Providing crisis assessment;
- Triageing “warm handoffs”—unscheduled patients whose primary care provider requests they be seen for a mental health appointment that day;
- Learning about and utilizing the Behavioral Health Laboratory; and
- Creating and/or co-leading group psychotherapy (via VA Video Connect at this time);

Primary Care Mental Health Integration – Community Based Outpatient Clinic (Nonconnah Clinic)

General Description

This rotation provides psychology trainees a wide variety of experiences in primary care and behavioral medicine/health psychology, working as a member of a primary care team. Under supervision of a primary care psychologist, the trainee can provide brief individual and group psychotherapy (e.g., CBT, ACT, Motivational Interviewing), and health psychology interventions (e.g., modifying unhealthy behaviors, treating symptoms of medical disorders that are amenable to behavioral interventions, and improving adherence to medical regimens). Trainees will have the opportunity to learn about and utilize the Behavioral Health Laboratory (BHL) which includes an initial triage assessment that provides primary care providers with a comprehensive assessment of Veterans' mental health and substance abuse symptoms. Based on the results of the initial assessment, the BHL service also provides monitoring services (e.g., watchful waiting, depression monitoring, care management). This rotation is offered as a major rotation and a minor rotation.

Due to the risks associated with COVID-19, clinical care is being provided virtually and on an in-person basis depending on patient preference. When care is provided in person, both patients and clinicians are required to use appropriate PPE (provided by the facility).

Potential Training Opportunities

- Developing and refining diagnostic and intervention skills within the primary care setting. For example, intake and therapy sessions are typically 30 minutes, with feedback and triage typically completed at the end of the initial intake;
- Performing brief psychological, cognitive, and/or behavioral medicine screenings;
- Providing brief evidence-based treatments for mild to moderate mental health and health behavior concerns. Duration of treatment is typically 4-6 sessions (in-person, phone and VA Video Connect format);
- Participating in the collaborative management of patients' health care as a member of an interdisciplinary primary care team;
- Participating in “huddles”—PACT (Patient Aligned Care Team) meetings;
- Providing crisis assessment and learning how to triage care from a CBOC location;
- Triageing “warm handoffs”—unscheduled patients whose PACT requests they be seen for a mental health appointment that day;
- Collaboratively work with physicians, nurses, and other clinical staff to coordinate care for each Veteran;
- Learning about and utilizing the Behavioral Health Laboratory;
- Creating and/or co-leading psychotherapy or psychoeducational groups (via VA Video Connect at this time);
- Participating in weekly PCMHI journal club; and
- Participating in the continued growth and integration of mental health into the primary care setting of a recently established clinic.

Primary Care Mental Health Integration - Women's Clinic

General Description

The Women's Health Clinic provides primary care services to female Veterans treated at the VA Medical Center. Our female Veterans present with a range of often-complex psychological and physical health concerns. Psychology's role in this clinic, therefore, is an integrative one as the psychologist works collaboratively with the primary care providers to enhance treatment of the full spectrum of medical and psychological problems presented by clinic patients. Body image issues, chronic pain syndromes, childhood and/or military sexual trauma, depression, anxiety disorders, and compliance issues are presenting problems common in this population. As in other Primary Care rotations, trainees are afforded experience in providing a range of direct clinical services in a primary medical care setting. They will gain a greater appreciation for the impact of interacting physical and psychosocial factors on women's health.

Due to the risks associated with COVID-19, the majority of clinical care is being provided virtually. When care is provided in person, both patients and clinicians are required to use appropriate PPE (provided by the facility).

Potential Training Opportunities

- Developing and refining diagnostic and intervention skills---Intake and therapy sessions are typically 30 minutes, with feedback and triage typically completed at the end of the initial intake;
- Consulting with clinic staff regarding differential diagnosis, treatment planning, and compliance issues;
- Triageing "warm handoffs"—unscheduled patients whose PACT requests they be seen for a mental health appointment that day;
- Providing brief, evidence based treatments for mild to moderate mental health and health behavior concerns—Duration of treatment is typically 4-6 sessions (in-person, phone, and VA Video Connect formats);
- Developing and/or participating in educational groups regarding women's health issues
- Collaborating with physicians, nurses, and other clinic staff to develop programs aimed at enhancing women's overall health; and
- Attending clinic conferences, meetings, and other training opportunities.

Spinal Cord Injury Service

General Description

The SCI service offers primary and acute medical care for existing SCI patients, and provides rehabilitation to patients with new spinal cord injuries. Telehealth is also utilized to provide care for our patients. The rehabilitation program is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and psychologists are integrated into the interdisciplinary team. The SCI Service includes inpatient services, an outpatient primary care medical clinic, and a comprehensive rehabilitation clinic. The inpatient unit(s) generally provide care for acute and chronically ill medical patients, for patients admitted for annual evaluations, and for patients participating in rehabilitation. The outpatient clinic focuses on annual evaluations, preventative health, and management of health issues. At present, opportunities for training may include the SCI Outpatient Clinic (likely including some degree of telehealth) and one of the inpatient units (as possible given unit census/COVID-19 precautions). Given COVID-19 precautions, appropriate personal protective equipment is provided and use is required. There may also be opportunity for program development. The services provided by SCI Psychology include the following:

- Assessments of personality, mood, anxiety, mental status, capacity, pain, sleep, quality of life, and life satisfaction. More broadly, annual mental health evaluations for SCI inpatients and outpatients and initial evaluations for patients participating in rehabilitation.
- Interventions that address cognitions, behavior, emotions, coping, relationships, existential concerns, and engagement in healthcare. SCI Psychology staff has specific training in motivational interviewing, motivational enhancement therapy, acceptance and commitment therapy, and CBT for insomnia. Beyond patient interventions, SCI Psychology providers intervene with families and staff members as indicated.

- Treatment team meetings as applicable.
- Coordination of care, especially MH services, between hub and spokes sites as needed.

Potential Training Opportunities (tentative pending COVID-19 restrictions/updates):

- Learning about the relationship between medical and psychological/psychiatric conditions.
- Participating in all areas of psychological service including therapy, assessment, and interdisciplinary team work.
- Gaining knowledge about spinal cord injury-specific issues including the level of injury and degree of completeness, predicted degree of disability, predicted level of independence, and the specific medical complications and medical issues associated w/ SCI such as impairment in bladder and bowel function, skin breakdown, respiratory difficulties, and urological difficulties/sexual dysfunction and infections.
- Working closely with SCI patients as they move through the process of responding to injury and life-stage development. This may include working with patients who are 1) undergoing rehabilitation from a recent injury, 2) in need of an amputation, 3) preparing for or recovering from a surgery, or 4) patients weaning off of a ventilator. This may also include assisting with adjustment to the aging process and associated problems (e.g., health issues, chronic illness). The trainee may have the opportunity to work on issues of death and dying with one or more patients;
- Becoming familiar w/ mental status and cognitive screenings utilized as a rehabilitation/clinical health psychologist, how to give feedback to the patient and team regarding the results of testing, and deciding when to consult neuropsychology. The trainee has the opportunity to learn how cognitive issues can impact the rehabilitation process and/or discharge planning and will learn to work with the team regarding these issues;
- Participating in a scheduled SCI Journal Club to discuss educational topics consistent with Rehabilitation Psychology and Clinical Health Psychology competencies, and recent research as related to SCI. Topics include discussion of relevant diversity considerations, including ADA, models of disability, and societal beliefs about disability.
- Developing group therapy programs specifically designed for inpatients and outpatients in the SCI system of care.

Neurocognitive Evaluation Rotations

Note: The Neuropsychology Assessment and Semmes Murphey Clinic rotations serve as secondary core rotations and meet the cognitive evaluation program requirement. The Neuropsychology Intervention and St. Jude Children's Research Hospital serve as elective rotations.

Memphis VAMC Neuropsychology Program: Assessment Rotation

General Description

The Neuropsychology Program provides neuropsychological assessment services related to clinical problems pertaining to brain-behavior relationships. It provides consultation to other sections of the Mental Health Service (e.g., Inpatient Psychiatry, Chemical Dependency, Mental Health Clinic), Inpatient Medicine, Primary Care, Neurology, Neurosurgery, Spinal Cord Injury Service, Vocational Rehabilitation, Women's Clinic, and other clinics and units of the Medical Center. Clinical presentations of patients referred to Neuropsychology are quite varied and include dementias of various types, focal cortical syndromes from cerebrovascular accident or other causes, traumatic brain injury, movement disorders, and psychiatric disorders such as major depression, bipolar disorder, posttraumatic stress disorder, other anxiety disorders, somatoform disorders, and various psychotic disorders. Many of the patients seen also have chronic health problems such as cardiac, metabolic, or pulmonary conditions that impact cognitive abilities. Within the Spinal Cord Injury Service, Neuropsychology performs screening of patients admitted to CARF-accredited rehabilitation beds as well as referrals of patients suspected of cognitive dysfunction and potential impacts on rehab. The Neuropsychology Program also works with the Polytrauma Program

in meeting the complex needs of patients with traumatic brain injury, psychiatric disorders, and/or physical injuries.

The COVID-19 pandemic has led to a number of adjustments and changes in the way neuropsychological assessments are performed. The Neuropsychology Program has kept abreast of national developments in teleneuropsychology practice, and we also consulted with our local Infection Control office to determine ways to minimize risks of transmission. At this writing, outpatient assessments have returned to in-person. Our inpatient assessment service has continued throughout the pandemic, with use of personal protective equipment and other adaptations to testing in order to reduce transmission risk.

Trainees gain experience in administration and interpretation of neuropsychological evaluations and consultation with referring health care professionals from multiple units and clinics. Trainees also perform brief neurocognitive evaluations of more severely impaired patients. An important factor in obtaining competence in neuropsychological assessment is exposure to the behavioral presentations of a wide range of neurological, psychiatric, and other medical conditions. Trainees learn both basic and advanced aspects of diagnosing disorders of higher brain functions, analysis of the interactions among cognitive impairments, psychiatric disorders, and physical illnesses, as well as the practical implications of patients' impairments on their functional abilities. Changes in mood or personality are often present in cases referred to our clinic; therefore, personality assessment plays an important role in the services we provide. Using a variety of objective personality assessment techniques (most typically the MMPI-2 and/or various screening measures for depression, PTSD, and anxiety), neuropsychology assists in the differential diagnosis of psychiatric and neurological disorders impacting emotional and/or cognitive functioning, assesses the effects of brain damage on premorbid personality, and assesses the emotional stress resulting from debilitating neurological disease. Likewise, measurement of effort is important in establishing the validity of neurocognitive performance. As such, careful behavioral observations as well as the administration of formal performance validity measures are an important part of many neurocognitive assessments. Referral questions, especially on an inpatient basis, may involve determination of decisional capacity. Across all referrals, emphasis is placed on the integration of all data sources (i.e., testing, patient interview, qualitative behavioral observations, the report of family members, and extant records including other neurodiagnostic studies) to reach well-reasoned diagnostic impressions and provide practical recommendations to staff, patients, and family members.

Trainees consult and interact with medical staff and residents in neurology, psychiatry, and related specialties. Trainees provide detailed feedback to referral sources, patients, and family members. The neuropsychology assessment rotation is offered as either a major or minor rotation.

Potential Training Opportunities

- Administering and interpreting a variety of neuropsychological tests in order to learn an eclectic approach to assessment based upon a flexible battery approach;
- Becoming familiar with both clinical and behavioral neurology via didactics and assessment of acute and chronic focal neurological presentations;
- Developing improved understanding of medical issues and related diagnostic labs that may be related to cognitive function;
- Gaining exposure to various sources of neuropsychological normative data;
- Writing neuropsychological reports, including specific recommendations for patient care, rehabilitation, and discharge planning;
- Participating in feedback of results to patients and their families;
- Gaining exposure to neurodiagnostic imaging such as CT and MRI;
- Participating in a weekly Neuropsychology Seminar; and

- Attending weekly Neuropsychology Staffing.

Memphis VAMC Neuropsychology Program: Intervention Rotation

General Description

The Neuropsychology Program offers a variety of neuropsychological interventions, including group and individual cognitive rehabilitation. Both group and individual interventions are currently offered. Individual neuropsychological intervention is tailored to the patient's particular needs and goals. Neuropsychological evaluation data are often used in conjunction with reported psychiatric/interpersonal concerns to develop treatment goals, to maximize functioning, coping, and quality of life. Trainees completing a neuropsychological intervention rotation will learn to integrate theory, behavioral neuroanatomy, and therapeutic approaches to help patients build cognitive skills. Patients referred for neuropsychological intervention have a broad range of presenting problems including, but not limited to, mild dementia, spinal cord injury (with or without concurrent traumatic brain injury), ADHD, and psychiatric diagnoses impacting cognitive functioning. Based on availability and interest, a trainee may complete a combination of the offered intervention activities during the rotation. This rotation can be completed as an “add-on” experience or as a minor rotation.

Individual interventions may be virtual or in-person. Groups are being conducted in a hybrid format, with some patients participating virtually and others attending in-person.

Potential Training Opportunities

- Leading or co-leading the Your Brain: An Owner's Manual. It is a 12-week outpatient group developed at the Memphis VAMC during the 2020-2021 training year. The group focuses on helping patients learn about brain anatomy and function, as well as building compensatory cognitive strategies to improve memory, attention, problem-solving, and other aspects of cognitive function in everyday life;
- Leading or co-leading the AgeSmart group. It is a 12-week outpatient group developed at the Memphis VAMC during the 2017-2018 training year. This group focuses on helping patient learn how the brain changes with age and the relationship between cognition and common mental and physical health concerns, as well as building cognitive strategies to improve memory, attention, and other aspects of cognitive function;
- Leading or co-leading the Brain Training group. It is a 12-week outpatient group developed at the Memphis VAMC during the 2020-2021 training year. The group is offered to patients participating in the Memphis VAMC's Psychosocial Rehabilitation and Recovery Center (PRRC). It was designed to include education on the impact of serious mental illness on cognition and functional ability. It assists Veterans in building compensatory strategies for problems with attention, memory, executive functioning, and other areas of cognitive concern. It emphasizes practice and activities to help patients generalize these skills;
- Providing individual neuropsychological intervention;
- Gaining experience with program development, pending trainee interest; and
- Self-directed learning, including discussion of the theoretical underpinnings of neuropsychological intervention and its neurobehavioral correlates.

Semmes-Murphey Clinic

Note: This rotation is available through a reciprocal agreement with the Memphis VAMC.

General Description

Semmes-Murphey Clinic is a large specialty clinic that provides care for people with neurological illnesses and supports neuroscience research. Three neuropsychologists provide training and supervision to psychology trainees in the clinic setting—Brandon Baughman, PhD, ABPP-CN; Kathleen Montry, PhD,

and Amanda Gould, PhD. Referrals are primarily sourced from Neurology, Neurosurgery, and Primary Care, and between 75-90% of the referrals are for adults depending on the supervisor. The practice is primarily outpatient, although limited inpatient consultation may be available. Trainees perform comprehensive neuropsychological evaluations and provide consultation to referring practitioners. Trainees may take part in independent neuropsychological evaluations for forensic or disability purposes. They may participate in tiered supervision with University of Memphis graduate practicum students. They are also encouraged to participate in multidisciplinary brain tumor board, stroke case conference, neurotrauma case conference, neurosurgery grand rounds, neurology grand rounds, epilepsy case conference, and neuroscience lectures via UTHSC. Trainees may also have the opportunity to participate in inpatient stroke consultation and lectures for the neurology resident teaching conference. Due to the risks associated with Covid-19, appropriate PPE is provided and required for in-person clinical care. Note that availability is limited, and this rotation cannot be guaranteed.

St. Jude Children's Research Hospital

Note: This rotation is available through a reciprocal agreement with the APA-accredited University of Tennessee Professional Psychology Consortium. Additional psychology rotations are also available to VA trainees through this agreement. Please refer to the UT Consortium Brochure for a complete listing of these rotations.

General Description

The primary clinical populations assessed by neuropsychology include children diagnosed with brain tumors, acute lymphoblastic leukemia, sickle cell disease, HIV/AIDs, and rare genetic disorders (e.g., NF1, Sturge-Webber Syndrome). These clinical populations present with a wide range of cognitive difficulties (related to primary diagnosis and/or treatment) including problems in the areas of attention, executive functioning, memory, visuospatial reasoning, speed, language, and psychosocial adjustment that afford broad-based training. St. Jude serves populations ranging in age from birth through young adulthood.

On the outpatient rotation, trainees will gain experience in comprehensive neuropsychological evaluations that include the following skills: medical record review, interviewing to ascertain pertinent historical information, administration and interpretation of neuropsychological instruments, case conceptualization, provision of feedback to patients and their families, comprehensive report writing, consultation with health care professionals, and development of recommendations that seek to ameliorate the impact of brain dysfunction on academic and social functioning.

The Sickle Cell Assessment of Neurocognitive Skills (SCANS) program provides serial neurocognitive assessments to monitor for cognitive changes or slowed growth. Appointments occur every four years at ages 8- 9, 12- 13, and 16- 17 years old. Training experiences are similar to the outpatient rotation, including administration and interpretation of neuropsychological instruments, case conceptualization, provision of feedback to families, report writing, consultation with multidisciplinary team, and development of recommendations that seek to ameliorate the impact of brain dysfunction on academic and social functioning.

Opportunities to gain assessment experience with children ages 3 and younger is available through the Early Childhood Clinic. The clinic has a family-centered focus and includes experts from psychology, rehabilitation services, social work, and child life. Assessments vary by age, diagnosis, and patient needs. Trainees will also obtain experience tailoring treatment plans to support neurodevelopment, mental health, and positive behavior.

Clinical Psychology Rotations (Elective Rotations)

Chemical Dependency Center

General Description

The Chemical Dependency Center offers a continuum of programming, including outpatient (STOP), intensive outpatient (IOP), and residential (DOM-SUD) treatment. While CDC programming historically has had a strong emphasis on Twelve-Step Facilitation (based on Alcoholics Anonymous), recent years have seen a significant increase in evidence-based treatment offerings, including MI/MET, REBT, CBT-SUD, SMART Recovery, Seeking Safety Therapy, and Mindfulness groups. Dual diagnosis is common among these patients and is addressed in a holistic approach to recovery. The most common secondary diagnoses are posttraumatic stress disorder, major depressive disorder, schizophrenia, bipolar disorder, and personality disorders. A major emphasis in training is differential diagnosis and understanding the criteria for level of treatment. This training experience is available as a major or minor rotation.

Due to the risks associated with COVID-19, clinical care is being provided on an in-person basis and virtually depending on patient preference. When care is provided in person, both patients and clinicians are required to use appropriate PPE (provided by the facility).

Potential Training Opportunities

- Conducting intake assessments with patients presenting for admission to the CDC treatment programs;
- Presenting intake data during Interdisciplinary Treatment Team meetings for discussion/determination of level of care indicated;
- Participating in treatment planning and discharge planning;
- Providing evidence-based individual psychotherapy sessions, including some opportunity to address comorbid PTSD/SUD. Services are available both in person and via telehealth.
- Co-leading group therapy sessions, including SMART Recovery, Seeking Safety Therapy, REBT, Smoking Cessation, mindfulness, and anger management groups;
- Providing Contingency Management sessions (this would need to be in-person and is optional); and
- Conducting program development, especially related to virtual (telehealth) treatment programming Family Therapy Program.

Family Therapy Program

General Description

The Family Therapy Program receives referrals from throughout the medical center and outpatient clinics. The referral problems include marital and family conflicts, sexual disorders, family disruptions due to physical or mental disorders, and family violence. This training experience is available as a minor rotation during the first two rotations of the training year or as an add-on throughout the year. In their work with couples and families, trainees will have the opportunity to use evidence-based intervention models, including such as Emotion Focused Therapy, Integrative Behavioral Couple Therapy, and Cognitive/Behavioral Conjoint Therapy for PTSD. This rotation is typically available as a minor rotation or an add on experience.

Due to the risks associated with Covid-19, trainees currently see couples and families primarily via telehealth modalities. If in-person sessions are scheduled, appropriate personal protective equipment is provided, and they are held in spaces that allow for appropriate distancing.

Potential Training Opportunities

- Learning evidence-based intervention models (e.g., Emotion Focused Therapy, Integrative Behavioral Couple Therapy, and Cognitive/Behavioral Conjoint Therapy for PTSD).
- Serving as cotherapist with the supervisor or another trainee in family therapy sessions;
- Serving as the sole therapist in the treatment of selected families;
- Conducting assessments for admission to the Domestic Violence Program;
- Serving as a cotherapist in a 26-week Domestic Violence Group;
- Participating in weekly group supervision sessions (in addition to individual supervision) in which case discussions, didactic material, and videotapes of past and present family therapy cases are utilized.

General Inpatient Psychiatry

General Description

This rotation provides a supervised work experience on an acute care, general psychiatric unit. The inpatient unit provides treatment for patients with a wide range of psychiatric symptoms. The treatment model is that of the multidisciplinary team approach within a therapeutic community. The program is designed to address the psychological, behavioral, physical, and social problems presented by the patient. The trainee participates in patient evaluation, assessment, treatment planning, intervention, and follow-up. Supervision is provided by the psychologist, however, the psychiatrists, psychiatry residents, medicine interns, nursing personnel, recreation therapists, and social workers are available for consultation. Emphasis is placed on interaction and personal involvement with staff and patients.

Due to the risks associated with COVID-19, appropriate personal protective equipment is provided and use is required on the inpatient unit.

Potential Training Opportunities

- Opportunity to gain experience with acute behavior problems and psychiatric disorders with a focus on crisis stabilization, quick diagnosis and crisis treatment planning;
- Participating in multidisciplinary treatment team meetings/activities;
- Documentation of patient progress and the results of standardized psychological assessment;
- Participating in both the development and implementation of psychoeducational groups designed to address patients' needs, including patients with cooccurring conditions such as cognitive impairment and personality disorders (e.g., emotional regulation, assertiveness training, social skills, discharge planning, and family support);
- Serving as primary or cotherapist in ongoing short-term groups and individual psychotherapy;
- Providing assessment and treatment to Veterans with PTSD and co-occurring disorders, including substance abuse. Treatment may include skills education targeting acute and chronic symptoms of the disorder (e.g., grounding, breathing, progressive muscle relaxation, meditation, and guided imagery) and psychoeducation regarding specific disorders for patients when receiving an initial diagnosis;
- Identifying available local and national treatment resources, in addition to steps required to initiate placement when indicated; and
- Observing the involuntary psychiatric commitment process (i.e., Psychiatric Commitment Court) for patients who 1) report immediate risk of suicide or serious bodily harm to themselves, (2) report immediate threat of homicide or other violent behavior, or (3) demonstrate an inability to provide for one's safety or to avoid severe injury from other risk factors. The trainee will observe inpatient psychiatry interdisciplinary team discussions of cases and attend court hearings at which the court will determine the duration and conditions of commitment.

- Please note, the opportunity to attend court hearings is not available currently due to COVID-19 precautions. The availability of this opportunity will be based on national guidelines and local considerations.

Intimate Partner Violence Assistance Program

General Description

The Intimate Partner Violence Assistance Program (IPVAP) is a comprehensive initiative that strives to raise awareness of intimate partner violence (IPV), build community partnerships, serve those who experience IPV, serve those who use IPV, and serve VA staff. The program follows the National IPVAP core values of being Veteran centric, person first, trauma informed, and recovery oriented. This training experience is available as a minor rotation for those interested in building and developing the IPVAP.

Potential Training Opportunities

- Providing training to staff regarding screening, assessing, and treating domestic violence (DV)
 - and intimate partner violence;
- Participating in community IPV/DV awareness events and participating on community IPV/DV
 - multidisciplinary teams;
- Assisting in program development to better serve Veterans who use and experience violence in
 - their relationships; and
- Serving as a co-therapist for the Domestic Relations group.

Mental Health Clinic

General Description

The Mental Health Clinic (MHC) is an ambulatory mental health care delivery program that is comparable to a community mental health center. Services offered include both short and long-term individual psychotherapy, group psychotherapy, pharmacotherapy, family therapy, and couples therapy. A range of evidence-based intervention strategies (e.g., CBT, CBT-I, CPT, PE, MI, ACT, MBSR, DBT, IBCT, IPT, and EFT) are used in this setting, in addition to more traditional psychotherapeutic interventions, such as compassion-based approaches. An additional function of the MHC is to screen patients for psychiatric hospitalization or refer patients for services elsewhere as indicated. Interns may also be involved with the Behavioral Health Integrative Program (BHIP), where they will work closely with an interdisciplinary team and attend regular “huddles.” Interns will be supervised by one of the team psychologists, although other professionals on the team are also available for consultation. This rotation is available as either a major or a minor rotation.

Due to the risks associated with COVID-19, clinical care is being provided virtually and on an in-person basis depending on patient preference. If in-person sessions are scheduled, appropriate personal protective equipment is provided, and sessions are held in spaces that allow for appropriate distancing.

Potential Training Opportunities

- Providing services to patients with a variety of disorders, including military and non-military trauma, acute stress reactions, panic/agoraphobia, grief reactions, sleep disorders, adjustment to illness, severe personality disorders, intimate partner violence, and mood disorders;
- Providing telehealth services, including psychotherapy and intakes. When appropriate and supported by safe practice guidelines, providing face-to-face services to Veteran's and their families.
- Coleading and/or leading both psychoeducational and process-oriented groups in web-based or face-to-face formats;

- Conducting psychotherapy intakes and emergency psychiatric screenings;
- Conducting psychological evaluations to assist in treatment planning;
- Participating in couple therapy and family therapy. Family Therapy Program staff work closely with the psychotherapy staff, and interns may request supervision from those staff members or may work directly with them as co-therapist;
- Providing group and individual treatment to assist patients in the management of a wide variety of chronic pain symptoms;
- Participating in an interdisciplinary BHIP team;
- Participating in specified program development and/or program evaluation projects;
- Participating in the weekly Intervention Seminar;
- Working closely with psychiatrists, psychiatric nurse practitioners, licensed clinical social workers, case managers, and clinical pharmacists who provide management of patients' psychotropic medications, interns have the opportunity to increase their psychopharmacology knowledge base; and
- Opportunities to supervise practicum students may be available.

Psychosocial Rehabilitation and Recovery Center (PRRC)

General Description

The Psychosocial Rehabilitation and Recovery Center (PRRC) is a recovery-oriented, outpatient program for Veterans diagnosed with serious mental illness (SMI) including severe and persistent mood disorders, bipolar disorder, psychotic disorders, and chronic PTSD, often with co-occurring substance use disorders, personality disorders, and/or complex medical co-morbidities. Veterans can attend up to five days of programming per week for up to two years. The PRRC adheres to a recovery-based model and each Veteran works with the assigned Recovery Coach to establish an individualized recovery plan. Recovery plans are focused within eight dimensions of wellness: emotional, financial, social, spiritual, physical, occupational, intellectual, and environmental. Traditional modalities of therapy (individual and group) are used in combination with Veteran empowerment and recovery activities (peer led groups, anti-stigma activities, community integration). Various groups are offered on a rotating basis (e.g., CBT-D, Understanding Trauma, MBSR, WRAP, DBT, ACT, CBT-I, Social Skills Training). Approximately 45 Veterans are enrolled in the program with around 12 – 15 attending on any given day.

Due to the risks associated with COVID-19, the majority of clinical care (both group and individual) is being provided via telehealth modalities. When individual care is provided in person, both patients and clinicians are required to use appropriate PPE (provided by the facility).

Potential Training Opportunities

- Completing weekly initial consults and comprehensive psychosocial assessments;
- Serving as the Recovery Coach for assigned Veterans including providing weekly individual therapy and crisis intervention as needed;
- Cofacilitating established psychoeducational and process groups, or developing a new group in your area of interest;
- Attending and contributing to treatment team meetings with PRRC interdisciplinary staff; and
- Completing psycho-diagnostic assessments to assist with treatment planning and differential diagnosis considerations.

Polytrauma

General Description

The Polytrauma clinic services OEF/OIF/OND Veterans who suffer from multiple (poly) types of trauma, one of which being a Traumatic Brain Injury (TBI). Veterans in this population often have complex presentations (including post concussive symptoms, PTSD, MDD, substance use, insomnia/OSA,

suicidality), and many have recently discharged from service resulting in reintegration difficulties. The Polytrauma team consists of a remote physician, psychology, case managers, physical therapy, neuropsychology, and speech therapy who work collectively to provide Polytrauma Veterans with care and facilitate connection to services throughout the hospital.

Due to the risks associated with COVID-19, clinical care is being provided virtually and on an in-person basis depending on patient preference. When care is provided in person, both patients and clinicians are required to use appropriate PPE (provided by the facility).

Potential Training Opportunities

- Learning about TBI and post concussive symptoms, as well as the VA Polytrauma/TBI System of Care
- Participating in TBI 2nd Level screenings to comprehensively assess Veterans' physical and mental health history and current needs
- Arranging for and administering additional mental health assessments on a case by case basis as necessary
- Providing individual therapy to address presenting problems such as PTSD, moral injury, insomnia, nightmares, obstructive sleep apnea, depression, anxiety, etc.
- Providing neuropsychology intervention to Polytrauma Veterans focused on developing individually-tailored compensatory strategies for specific areas of cognitive weakness and functional decline including medication compliance, financial management, work performance, general organization, etc.
- Learning to recognize and implement modifications in therapy approaches as needed to account for the challenges to treatment posed by such issues as level of cognitive impairment, poor organization, memory issues, and physical conditions
- Evaluating each Veteran's unique risk factors and completing comprehensive suicide risk assessments and individualized suicide prevention safety plans
- Working closely with Polytrauma case managers to aid in following Veterans' adherence to and completion of initially established treatment plan
- Becoming familiar with military language and the conditions and situations faced by combat Veterans in the present wars, and thereby becoming more effective at engaging Veterans in conversation and treatment
- Participating in journal club perusing recent research in the area
- Possible opportunities for program development

Posttraumatic Stress Disorder Clinical Team (PCT)

General Description

The PTSD Outpatient clinic is a specialized outpatient program that provides assessment, consultation, and treatment designed to address psychological trauma (i.e., combat trauma, non-combat trauma, military sexual trauma, and moral injury) in Veterans of all eras. Treatments are currently offered in individual format with an emphasis on EBPs for PTSD and measurement based care, however group therapy has been offered in the past based on patient need and trainee interest. Major and minor rotations can be completed in the PCT. Additionally, the PCT can provide long-term psychotherapy cases for trainees who are not completing a rotation in PTSD but are interested in working with PTSD-diagnosed Veterans over the course of the year.

Due to the risks associated with COVID-19, clinical care is being provided virtually and on an in-person basis depending on patient preference. When care is provided in person, both patients and clinicians are required to use appropriate PPE (provided by the facility).

Potential Training Opportunities in PCT

- Conducting comprehensive biopsychosocial assessments to assess presenting MH symptomatology including the CAPS-5 (and personality testing as needed)
- Completing shared decision making/treatment planning sessions with Veterans post-completion of PTSD intake to present available treatment options and facilitate a collaborative discussion to decide which treatment modality they are interested in engaging in
- Providing individual trauma-focused treatment as clinically indicated (e.g. CPT/CPT+A, PE, COPE, WET, EMDR etc.)
- Providing additional treatment opportunities as appropriate (e.g. CBT-I, ACT, DBT, mindfulness therapy, coping skills, etc.)
- Completing initial brief consult screenings to determine Veteran's appropriateness for completing full PTSD intake
- Providing trauma-focused treatment for couples (i.e. CBCT)
- Participating in team huddles/staff meetings and engaging in team treatment planning
- Participating in journal club perusing recent research in the area
- Possible participation in program development

PTSD Residential Rehabilitation Treatment Program (RRTP)

General Description

The PTSD Residential Rehabilitation Treatment Program (RRTP) is designed to be a six to eight week, ten-bed intensive group-oriented rehabilitation program housed at the medical center. The RRTP addresses the needs of PTSD-diagnosed Veterans with a high level of impairment for whom outpatient treatment is not sufficient. The RRTP interdisciplinary team includes psychology, social work, nursing, psychiatry, recreation therapy, chaplaincy, and peer support. Patients experiencing PTSD often present with complex comorbidities. The RRTP provides a comprehensive approach and offers treatment for PTSD and associated features, with emphasis on the use of EBTs for PTSD. This rotation is available as a Major only.

Potential Training Opportunities in PTSD RRTP

- Conduct screenings and assessments;
- Assist with interdisciplinary decisions on admissions and treatment planning;
- Carry up to two concurrent, twice-weekly intensive individual psychotherapy cases using Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). In some circumstances other modalities, such as COPE (concurrent PE/substance use treatment) or Adaptive Disclosure (for Moral Injury), may be available.
- Cofacilitate or facilitate group therapies including:
 - Mindfulness Based Stress Reduction (MBSR)
 - Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Anger Management
 - CogSMART
 - Dialectical Behavior Therapy
 - Acceptance and Commitment Therapy;
- Participate in interdisciplinary treatment team meetings; and
- Possible participation in research projects and program development.

Due to the COVID-19 pandemic and construction projects on the unit, the PTSD RRTP has temporarily been suspended. Reopening will be based on national guidelines and local considerations.

Suicide Prevention

General Description

The Suicide Prevention Rotation offers an array of clinical, administrative, training and outreach opportunities that can be tailored to the trainees' interests and training needs. This rotation will provide trainees with advanced training in suicide risk assessment, safety planning and crisis intervention, an important skill set for any MH provider. In addition, opportunities exist to provide suicide prevention trainings within the VA setting and community as well as to participate in outreach events in the community.

Potential Training Opportunities

- Facilitation of an existing Suicide Prevention Groups that focus on safety planning, crisis intervention and coping skills.
- Case Management and/or individual psychotherapy for Veterans Flagged as High Risk for Suicide.
- Clinical Outreach calls for Veterans identified through Veterans Crisis Line, REACHVET and Safety Planning in the Emergency Department Programs.
- Providing Trainings/Outreach to the hospital and community:
 - VA S.A.V.E.: One-hour gatekeeper training program that highlights facts about suicide within the Veteran population, dispels suicide myths and counteracts misinformation. It provides an overview of warning signs and risk factors for suicide.
 - Lethal Means Safety Counseling: Training focuses on how to have a collaborative and respectful conversation with others on how to reduce access to lethal means to prevent suicide.
 - Suicide Risk Identification and Assessment: Standardized, evidence-based screening for suicide risk, as well as structured methods for the subsequent evaluation.
- Administrative Opportunities
 - Postvention: Suicide Prevention coordinates the facility's response following deaths by suicide.
 - High Risk for Suicide Patient Record Flag Consults: Complete e-consults for Veterans with recent suicidal behaviors for consideration for placement of a high risk for suicide patient record flag.
 - Process Improvement Projects: With Suicide Prevention's reach across clinics, services, and facilities, there are opportunities to study the fidelity to Suicide Prevention Program requirements across these settings and opportunities for process improvement projects.

Forensic Services

Note: This rotation is available through a reciprocal agreement with the APA-accredited University of Tennessee Professional Psychology Consortium. Additional mental health rotations are also available to VA trainees through this agreement. Please refer to the UT Consortium Brochure for a complete listing of these rotations.

General Description

West Tennessee Forensic Services, Inc. conducts evaluations of defendants facing criminal charges ranging from minor misdemeanor to capital murder for the Shelby County criminal courts under contract with the State of Tennessee Department of Mental Health & Substance Abuse Services. The team consists of five forensic psychologists, a licensed clinical social worker, and a licensed master social worker. Evaluations typically focus on defendants' competency to stand trial and mental condition at the time of the alleged offense (i.e., "sanity"). The training experience will involve evaluations conducted either in our east Memphis office (via video due to COVID-19), in the Shelby County jails, at juvenile

detention, or in the municipality jails located in (Germantown, Collierville, Millington, and Bartlett). Trainees may be involved in all aspects of the evaluation process, including interviews, mental status examinations, psychological testing, hospital follow-up services, consultation with defense and prosecuting attorneys, and courtroom testimony. This rotation is usually available as a minor, and occasional evening trips to the jail may be necessary.



Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: October 27, 2022

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	
N/A	

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
<p>Applicants who show a good fit with our program have a strong interest in pursuing the following aims:</p> <p>1) independently providing a range of direct clinical services that are informed by science and best clinical practice in a medical center setting; 2) working effectively in interprofessional settings along the continuum of collaboration from consultation to team-based models of care; 3) developing and evaluating programs in order to enhance patient care and outcomes; and 4) participating in the training of future clinical health psychologists and other healthcare professionals.</p> <p>Other factors that reflect goodness of fit include prior experiences in clinical health psychology at the practicum and/or internship level.</p>

Describe any other required minimum criteria used to screen applicants:

- Prior to the start date of the fellowship program, completion of an APA-accredited or CPA-accredited doctoral program in Clinical, Counseling, or Combined psychology or a Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible
- Completion of an APA-accredited or CPA-accredited Psychology Internship Program.
- United States citizenship.
- Male applicants born after 12/31/1959 must have registered for the draft by age 26.
- Selected fellows are subject to fingerprinting, background checks, and urine drug screens. Selection decisions are contingent on passing these screens.
- Selected fellows are also required to meet the essential functions (physical and mental) of the training program and be immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility.
- Selected fellows will be required to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees) and training modules as directed.
- Training, experiences, and professional interests that reflect a commitment to the clinical application of psychology, the indicated Focus Area, and the aim of the fellowship program.

To access a complete listing of and more detailed information on the VA-wide requirements for eligibility to train in a VA setting, please use this [link](#).

Please note, there may be additional onboarding requirements (e.g., security and drug screening) for selected fellows who elect to complete a rotation at a non-VA or UT Consortium site.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$46,334 per year
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours/year
Hours of Annual Paid Sick Leave	104 hours/year
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): Every year, we offer up to 5 days authorized absence for professional development activities (e.g., attending or presenting at conferences).	

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of residents who were in the 3 cohorts	7	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	0	7
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	0

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

Training and Support Staff

VA Medical Center Staff

Marcy Adler, PsyD, ABPP-CN

Nova Southeastern University, 2015 (Clinical Psychology, Neuropsychology Concentration)
Licensed Psychologist, Maryland (Health Service Provider)
Neuropsychology, Neuropsychology Intervention; Diversity in Psychology Training (DiPT) Lead

Dr. Adler completed her internship here at the Memphis VA Medical Center, and returned for a permanent position following completion of her neuropsychology fellowship at the VA Maryland Health Care System (Baltimore VA). In addition to neuropsychological assessment and consultation, professional interests include training/supervision, neuropsychological intervention/cognitive rehabilitation, and program development. When not at work she enjoys traveling to warm locations where she can scuba dive. She also enjoys reading, baking (and eating!), and spending time with family and friends.

*Khatidja Ali, PhD**

University of Memphis, 2011 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Oncology and Palliative Care

Dr. Ali joined the Memphis VAMC staff in 2012 following completion of both her predoctoral internship and postdoctoral fellowship (with an emphasis in Clinical Health Psychology) at the VAMC Memphis. Her primary professional interests are medical/health psychology, end-of-life care, psycho-oncology, and program development. She serves as the clinical psychologist for the Palliative Care Unit and Oncology Clinics (Radiation Oncology and Hematology/Oncology). She is particularly interested in development of programs that provide holistic care for patients who are facing life-limiting illness, and she enjoys working as part of a team. Her theoretical orientation integrates concepts from narrative, existential, and cognitive behavioral therapy. She has started early entry and preparation for ABPP/hp. She is a member of the APA, TPA, and the American Psychosocial Oncology Society.

Rickey Lee Bates, PhD

University of Memphis, 2019 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Medically Assisted Treatment (MAT) Clinic/Chemical Dependency Center (CDC)

Dr. Bates joined the MAT/CDC section in January 2021 after completing his internship and postdoctoral fellowship in Clinical Psychology (Evidence Based Treatment Focus Area) at the Memphis VAMC. He is the staff psychologist in the MAT Clinic which utilizes an interdisciplinary approach/shared decision making for Substance Use Disorders. He leads process and SMART Recovery groups for the residential substance use treatment program and MAT Clinic; along with co-facilitating the intensive outpatient SMART Recovery Group. He is completing his certification in CBT-SUD currently and has interests in couples/family, neuropsychological assessment, forensics, LGBTQ+, and social justice. His research experience involves men with a history of sex offense and has experience with this population in the VAMC setting. He identifies theoretically as integrative with a cognitive behavioral foundation. He enjoys spending his free time with his husband Tim as they backpack camp, hike national/state parks, enjoy church fellowship and the diversity of living in Midtown Memphis.

Michelle Bowen, LCSW

University of Tennessee – Memphis, 1997

Licensed Clinical Social Worker, Tennessee

Senior Social Worker, PTSD Clinical Team, Local Facility EBP Coordinator

Ms. Michelle Bowen is a licensed clinical social worker with 25+ years of experience in mental health. She joined the Memphis VAMC in January 2008 and has worked in both residential and outpatient PTSD services. Prior to this, Ms. Bowen worked for several years as a therapist for the Department of Defense at a forward deployed Navy military installation in Japan and has spent some time deployed with troops returning from combat.

Ms. Bowen has expertise in treating multiply traumatized individuals with MST, combat/military trauma and early career experiences working with traumatized children and play therapy. She focuses on providing evidence-based psychotherapies (EBP's) to veterans in the Trauma Recovery Program, including Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Cognitive Behavioral Therapy for Insomnia (CBT-I), including over tele-mental health. She serves as the facility's Local Evidence Based Psychotherapy (LEBP) coordinator and is both a National and VISN 09 CPT trainer and consultant. Ms. Bowen also serves as one of the VISN 09 PTSD Co-Mentor with the PTSD National PTSD Mentoring Program. Recently, she served as an implementation facilitator as part of a quality improvement grant with the Office of Rural Health and National Center for PTSD to increase EBP's for PTSD for Rural Veterans in various PTSD clinics across the country. In her time away from the VA, she enjoys gardening, all things "HGTV" related, and watching Alabama football (RTR)!

*Jeralee Briggs, PhD**

Western Michigan University, 2016 (Clinical Psychology)

Licensed Psychologist, Wisconsin

Primary Care-Mental Health Integration (PC-MHI)-Nonconnah Community-Based Outpatient Clinic (CBOC)

Dr. Briggs is passionate about all things Primary Care-Mental Health Integration. After completing her internship here at the Memphis VAMC in 2016, she went on to complete a PCMHI-focused fellowship at the Milwaukee VAMC. She worked as a PCMHI psychologist at the Milwaukee VA for a few years before eventually returning to the Memphis VA as a...you guessed it...PCMHI psychologist. Dr. Briggs serves our Veterans in Primary Care at the Nonconnah CBOC, which is about 15 minutes from the main VA hospital. Professional interests include health behavior change, chronic disease, integrated care, brief interventions, and behavioral sleep medicine (BSM). Dr. Briggs is a VA-trained consultant for CBT-insomnia and assists with some BSM individual and group treatments offered at Memphis VA. Her theoretical orientation is a blend of behavioral and biopsychosocial, considering sociocultural and contextual influences along with the function of behaviors for treatment planning and intervention. In Dr. Briggs' free time, she can be found attending yoga classes, reading escapism fiction, hanging with her husband and cat, and exploring the many restaurants and activities Memphis has to offer.

Patricia M. Chapman, PsyD

Florida Institute of Technology, 1987 (Clinical Psychology)

Licensed Psychologist, New York

Acting Section Chief, Mental Health Clinic; Supervisor, Trauma Recovery Services

Dr. Chapman completed her internship at the Black Hills Psychology Internship Consortium in Sturgis, SD. Prior to joining the staff at the Memphis VAMC in January of 2017, she held positions at several

other VA facilities-- Vet Center in Rapid City, SD (Readjustment Counseling Service), Canandaigua VA Healthcare System (PTSD Clinical Team), and Bay Pines VA Healthcare System. Throughout her career she has worked primarily in the area of PTSD and has been trained in multiple EBTs, including CPT, PE, CBT-I, and Seeking Safety. She is been involved in psychology training throughout her career, serving as Practicum Training Director at the Bay Pines VA Healthcare System

*Karen A. Clark, PhD**

University of Mississippi, 1991 (Clinical Psychology)

Licensed Psychologist, Tennessee (Health Service Provider)

Director, Palliative Care Program; Coordinator, Palliative Care Consultation Team

Dr. Clark's primary professional interests are medical/health psychology, end-of-life care, medical ethics, and program development. She is committed to an integrated biopsychosocial approach in the provision of healthcare, particularly for individuals who are coping with end-of-life issues. She is certified as a trainer for Education on Palliative and End-of-Life Care (EPEC) and is a member of several professional organizations including National Hospice and Palliative Care Association, APA, and the Association of VA Psychology Leaders. Having served as director of the facility's Psychology Training Programs for 28 years, she has turned her attention to new program development opportunities in the Geriatrics and Extended Care Service. In addition to her professional duties, she enjoys spending time with her family and German Shepherd (Rain), traveling (but not this year), theater (heading to Pittsburgh next month for a newly-minted work), and planning for her daughter's wedding next year. She keeps up with several college football teams and tries to keep up with the latest films. Her all-time favorite drama is still *Apocalypse Now*, favorite comedy is still *Talladega Nights--The Ballad of Ricky Bobby*, and favorite documentary is *Undeclared* (2012 Academy award winner about a high school football team in north Memphis). On the "small screen" she's waiting, along with everyone else, for the next season of *Ted Lasso*.

Michele DeCremer, LCSW

University of Utah, 2007

Licensed Clinical Social Worker, Tennessee

Coordinator, Intimate Partner Violence Assistance Program

Prior to joining the staff of the VA, Ms. DeCremer managed the inpatient units at a psychiatric hospital, provided crises services at the University of Utah, and worked with children and families in a community mental health clinic. Ms. DeCremer joined the Memphis VAMC in 2012 as a member of the Family Mental Health and Domestic Relations Team. She served as a national consultant for Integrative Behavior Couples Therapy (IBCT), is currently a Master Trainer for the Prevention and Management of Disruptive Behavior (PMDb) program, serves on the Disruptive Behavior Committee (DBC) and is the White Ribbon Facility Champion. She began the role of coordinating the Intimate Partner Violence Assistance Program (IPVAP) for the Memphis VAMC in 2018. She serves on the National IPVAP Professional Standards and Clinical Practice Committee and the IPVAP U Committee. She also serves as the VISN 9 co-lead for the IPVAP. In addition, she serves as a member of the Memphis/Shelby County Domestic Violence and Sexual Violence Council and the Tennessee Coalition of Domestic Violence.

Jennifer Eastman, PhD

Northwestern University, 2020 (Clinical Psychology, Neuropsychology Track)

Internship Program: Long Beach VA Medical Center

Fellowship Program: San Francisco VA Healthcare System

Dr. Eastman joined the neuropsychology staff at the Memphis VA in 2022. She completed her internship at the Long Beach VA (Long Beach, CA) and a Clinical Neuropsychology/Research postdoctoral

fellowship at the San Francisco VA (San Francisco, CA). Areas of interest include neuropsychological assessment, training and supervision, neuroimaging, and aging and dementia with a special interest in understanding the impact of cancer-related cognitive impairment in older adults. In her free time, she enjoys spending time with her family outdoors, managing the mischief of her Savannah cat Zahra, watching a binge-worthy series or two, and performing in the occasional acapella group.

Kimberly Fleming, PhD

University of Louisville, 2015 (Clinical Psychology)

Licensed Psychologist, Tennessee (Health Service Provider)

Mental Health Clinic - Behavioral Health Integrative Program (BHIP); Training Director, Clinical Psychology Fellowship

Dr. Fleming joined the Mental Health Clinic staff in 2016 after completing her postdoctoral fellowship in Clinical Psychology (Evidence Based Treatment Focus Area) at the Memphis VAMC. Prior to this, she completed her internship at the Southwest Consortium in Albuquerque, NM and graduate training at the University of Louisville. Dr. Fleming provides team-based care to Veterans with a range of presenting problems as a Behavioral Health Interdisciplinary Program (BHIP) psychologist. Her primary theoretical orientation is integrative, with an emphasis on cognitive and behavioral theory and acceptance-based approaches. Dr. Fleming's current professional interests include chronic interpersonal trauma, women's health issues, and compassion- and acceptance- based psychotherapy. She enjoys Kentucky basketball, swimming, and spending time with her husband and sons.

Heather L. Gammel, PhD

The University of Memphis, 2011 (Clinical Psychology, Behavioral Medicine Focus)

Licensed Psychologist, Tennessee (Health Service Provider)

Family Therapy Program

Dr. Gammel is a staff Psychologist in the Mental Health Clinic and sees Veterans and their families in the Family Therapy Program. She has interest in providing IBCT services for Veterans seeking couple/marriage therapy and is a National IBCT Consultant. She provides direct services to families and couples and supervises psychology trainees. She also co-facilitates Domestic Relations group services. Prior to joining the VA in 2018, she completed an internship in Pediatric Psychology at the University of Oklahoma Health Sciences Center and postdoctoral fellowship at St. Jude Children's research Hospital, working with families of children with chronic illness. She then spent 6 years in private practice conducting mental health disability assessments, conducting psychoeducational assessments for school-aged children and ADHD assessments for children and adults, and providing individual psychotherapy to medical patients in a rehabilitation facility. She has also held privileges at several local psychiatric hospitals where she has provided psychiatric commitment evaluations and mental health court testimony. She enjoys cooking (really all things food-related), taking pictures of her dog (he is the most handsome), kayaking, running local races, attending live music events, and All Things 901.

Caitlin Green, PsyD

Alliant International University-San Diego, 2018 (Forensic Emphasis)

Licensed Psychologist, Pennsylvania

Trauma Recovery Services

Dr. Green completed her internship at the Copper Lake/Lincoln Hills Schools (Wisconsin Department of Juvenile Corrections) in Irma, WI. Prior to joining Trauma Recovery Services in 2021, Dr. Green held

positions as a Staff Psychologist and a Drug Abuse Program Coordinator (Medication Assisted Treatment) in the Federal Bureau of Prisons. Throughout various clinical experiences treating individuals involved in the Criminal Justice System (to include Sex Offense Specific Treatment, Substance Abuse Treatment, incarcerated individuals, victims of crime, etc.), she has maintained a passion for treating symptoms of anxiety and trauma. Acceptance and Commitment Therapy (ACT), DBT, and Seeking Safety have been her primary modalities of treatment, and she is previously trained in EMDR.

Samuel A. Holcombe, PsyD

Illinois School of Professional Psychology - Chicago, 2002 (Clinical Psychology)
Licensed Clinical Psychologist, Tennessee (Health Service Provider)
Inpatient Psychiatry

Dr. Holcombe has a background in correctional psychology and currently maintains a private practice. Professional interests include Jungian theory, depth psychology, and alternative spirituality.

*Jennifer L. Jacobson, PsyD**

Spalding University, 2002 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Geriatrics/Rehabilitative Medicine; Program Director, Memory Clinic

Dr. Jacobson joined the Psychology Section in 2003 after completing her internship and postdoctoral fellowship at the Memphis VAMC. A medical psychologist by interest and training, she provides services to medical patients in Geriatric Medicine and serves as Program Director for the Memory Clinic. She is also an ancillary neuropsychology staff member. Additional professional interests include integrated primary care, assessment, and program development. Her theoretical orientation is best described as cognitive-existential as she assumes a meaning-centered approach to her work. An admitted star-gazer, she enjoys a variety of music, theatre, and movies. Traveling, running, and spending time with her family are also among her favorite pastimes.

*Carrie C. LeMay, PhD**

East Tennessee State University, 2019 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Home Based Primary Care

Dr. LeMay completed her predoctoral internship and her postdoctoral fellowship at the Memphis VAMC (Clinical Health Psychology). She joined the Psychology Staff in the fall of 2020 and provides psychological services to Veterans and their families in Home Based Primary Care. Areas of clinical and research interest include clinical health psychology, training, reciprocal interactions, and the impact of psychological and medical health, health behavior change, and late life care including geropsychology, palliative and hospice care, and psycho-oncology. Her interests beyond her professional roles are wide and varied, but typically her dogs will be by her side for each adventure.

*Lauren Madlock, PsyD, PMH-C**

George Washington University, 2017
Licensed Psychologist, California
Women's Clinic-Primary Care Mental Health Integration (PCMHI)

Dr. Madlock is a psychologist in the Women's Clinic. She completed internship in northern California at Anka Behavioral Health, and she completed postdoctoral fellowship at Kaiser Permanente of Northern California in a comprehensive outpatient mental health clinic. She joined the Memphis VA in 2020 and provides individual and group mental and behavioral health services in a primary care setting. Dr. Madlock's professional interest include culturally responsive care, mindfulness, women's issues and compassion-based psychotherapy. Outside of the VA, Dr. Madlock enjoys experiencing the spectrum of culinary experiences in the mid-south, buying and tending to her many plants, practicing yoga (the hotter the better!), and spending time with her friends, family and (furry) wild child, Luna.

Tara A. Morrisette, PhD

University of Florida, 2018 (Counseling Psychology)

Licensed Psychologist, Tennessee (Health Service Provider)

Trauma Recovery Services-PTSD Clinical Team/Polytrauma Clinic

Dr. Morrisette completed both her predoctoral internship and postdoctoral fellowship (Clinical Psychology-Trauma Recovery Focus Area, Polytrauma) at the Memphis VA Medical Center. She joined the staff in August 2019 and works in the PTSD and Polytrauma Clinics where she provides assessment, individual and group psychotherapy, follow-up, and consultation for Veterans experiencing PTSD and those with suspected traumatic brain injury. She enjoys swimming, musicals, anything Disney, and as a true New Hampshire-ite, cheering on the New England Patriots.

Catherine S. Morton, PhD

The University of Memphis, 1999 (Counseling Psychology)

Licensed Psychologist, Tennessee (Health Service Provider)

Mental Health Clinic-Behavioral Health Integrative Program (BHIP)

Psychology Practicum Coordinator

Dr. Morton is a staff Psychologist in the Mental Health Clinic and sees Veterans on an individual and group basis. She leads CBT-Depression/Anxiety and Anger Management groups. She has interests in trauma, survivor issues, and attachment disorders. She is certified in EMDR as well as VA evidence-based therapies CBT, CBT-I and CPT. She is also versed in CBT-CP, ACT and MI. She is the Psychology Practicum Coordinator and a member of the Executive Training Committee. Prior to joining the VA in 2012, she spent a decade in private practice providing individual and couples therapy and educational assessments for school-aged children. From 2009-2012, she lived and worked in the Kingdom of Saudi Arabia where she was privileged to work with patients from many different cultures and nations. Her work there included private practice in addition to a full-time position at the region's largest rehabilitation hospital, Sultan Bin Abdulaziz Humanitarian City, where she provided care to patients on the spinal cord, stroke, and TBI units. She is a past president of the Memphis Area Psychological Association. She enjoys scuba diving, sewing, collecting textiles, and traveling the world to experience other cultures. She is married and has two furry children.

Adrian N. Murray, PhD

University of Memphis, 2015 (Counseling Psychology)

Licensed Psychologist, Florida

Supervisor, Chemical Dependency Center

Dr. Murray is a staff psychologist and supervisor over both the Chemical Dependency Center and the Medication-Assisted Treatment (MAT) Clinic. Dr. Murray completed her internship at the Memphis VAMC and post-doctoral fellowship in PTSD and Traumatic Brain Injury in the North Florida/South Georgia

Veterans Health Care System. After fellowship, she served as the PCT psychologist in Tallahassee, FL and then transitioned back to the Memphis VAMC where she worked as the PTSD/SUD psychologist before taking her current position. Dr. Murray's clinical interests focus on treating dually diagnosed veterans and the use of mindfulness based, process oriented, and experiential interventions. She is certified in both CPT and IBCT. From a supervisory perspective, she is invested in fostering employee empowerment and satisfaction as well as team cohesion to decrease burnout and compassion fatigue. When not working, Dr. Murray enjoys spending time with her partner and their two large dogs, painting, reading, scuba diving, kayaking, and visiting family and friends around the world.

Jessica D. Nicholson, PhD

University of Memphis, 2016 (Counseling Psychology)
Licensed Psychologist, South Carolina
Suicide Prevention Program Manager

Dr. Nicholson is the Suicide Prevention Program Manager and is responsible for the suicide prevention clinical team, the community engagement partnership program, and local recovery coordination for Memphis VAMC. She completed her predoctoral internship at Central Alabama Veterans Health Care System and her postdoctoral fellowship (PCMHI and Suicide Prevention) at Columbia VA Healthcare System. She is a member of the Diversity in Psychology Training committee. Her primary professional interests include DEI, suicide prevention, community based interventions, postvention and program development/process improvement. In her "free time" she enjoys gardening, spending time with her family, being outdoors, and cooking/eating good food.

*Jonathan H. Novi, PsyD**

Indiana State University, 2015 (Clinical Psychology)
Licensed Psychologist, New Mexico
Primary Care Mental Health Integration—Central Clinic

Dr. Novi completed his internship at the Buffalo VA Medical Center and VA Center for Integrated Healthcare. He completed postdoctoral fellowship in Clinical Psychology at the Albuquerque VA, emphasizing primary care, behavioral health integration in medical settings, and health promotion and disease prevention. Currently, Dr. Novi serves as the PCMHI supervisor and clinician in the Central Clinic. His theoretical orientation is primarily cognitive behavioral, with specific clinical emphasis on motivational interviewing and CBT skills. Dr. Novi's other interests include professional development, interdisciplinary collaboration and training, and program evaluation. He is a member of the Collaborative Family Healthcare Association, former secretary of their Primary Care Behavioral Health special interest group, and advocate for a whole-person approach to healthcare. Outside of the VA, Dr. Novi enjoys spending time with his family, watching Gator sports, and playing disc golf.

*Tahere Pourmotabbed, PhD**

Howard University, 1990 (Counseling Psychology)
Licensed Psychologist, Tennessee and Washington D.C. (Health Service Provider)
Primary Care and Mental Health -- North Clinic, Community Based Outpatient Clinic

After completing her doctoral degree, Dr. Pourmotabbed continued her training in cognitive behavioral and psychophysiological therapies at Johns Hopkins School of Medicine. Over the course of her 20 plus-year practice, she worked with clients across the age and ethnicity spectrum in a variety of modalities including psychotherapy work in community, medical, and private therapy settings. She joined the staff at the Memphis VAMC in 2011. Her goal is to tailor her approach to the unique abilities and talents of each

individual. She uses evidence-based intervention strategies such as CBT, CPT, CBT-I, solution-focused therapies, and behavioral and environmental interventions to educate, support, encourage, and guide individuals to reach their highest potential. She finds these approaches very effective with a wide range of emotional and behavioral problems when combined with caring, affection, and deep understanding. As a researcher and an educator she has worked with residents at the University of Tennessee Health Science Center and students from multiple graduate programs. She has conducted and participated in psychophysiological and psychopharmacological research and has published in peer reviewed journals. She also served on the Editorial Board of the Journal of Multicultural Counseling and Development. Over the past several years she has been working with practicum students. She also has been the VA Medical Center Memphis Diversity and inclusion Council Special Emphasis Observance Coordinator and she has been a member of Employee MOVE .

*Joann P. Raby, PhD**

Saint Louis University, 1994 (Clinical Psychology)

Licensed Psychologist, Tennessee and Mississippi (Health Service Provider)

Home Based Primary Care

Dr. Raby joined the Memphis VA Medical Center staff in December 2012. As part of the HBPC interdisciplinary treatment team, she provides psychological services to Veterans and their loved ones in their homes. In addition, the HBPC psychologist provides regular consultation to the HBPC interdisciplinary medical staff regarding psychological and psychosocial aspects of Veterans' medical conditions. She completed participation in a pilot program for the evidence based treatment, "Problem-Solving Therapy in HBPC" and has completed her training in Cognitive Behavioral Therapy for Insomnia. Dr. Raby is also appointed to the Memphis VAMC Ethics Subcommittee for Life Sustaining Treatment Decisions. Prior to working at the Memphis VA, she worked in private practice in Memphis, TN and in Southaven, MS. She is past president of the Memphis Area Psychological Association (MAPA). Professional interests include medical/health psychology, end-of-life issues, life narratives/review, and caregiver interventions.

Sarah Ramsey, PhD

Northern Illinois University, 2017 (Clinical Psychology)

Licensed Psychologist, Tennessee (Health Service Provider)

Trauma Recovery Services; Training Director, Psychology Training Programs

Dr. Ramsey completed both her predoctoral internship and Clinical Psychology Fellowship (Trauma Recovery Services – Post-traumatic Stress Disorder Focus Area) at the Memphis VAMC before becoming a staff member in 2017. Her primary professional interests are interpersonal violence, complex trauma, moral injury, traumatic brain injury, substance use, and training/supervision. Her primary theoretical orientation is integrative, with cognitive behavioral and acceptance-based theories predominating. She provides group and individual therapies including Prolonged Exposure, Cognitive Processing Therapy, Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure, Cognitive Behavior Therapy for Insomnia, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Anger Management, Motivational Interviewing, and Adaptive Disclosure. In her free time, she enjoys cooking, spending time outdoors, playing trivia, and trying to prevent her dog from eating all the socks in her house.

*Katie Robinson, PhD, DBSM**

University of Memphis, 2016 (Clinical Psychology)

Licensed Psychologist, Tennessee (Health Service Provider)

Primary Care Mental Health Integration—Central Clinic; Sleep Clinic

Dr. Robinson joined the psychology staff at the Memphis VAMC following her clinical internship at VA Portland Health Care System and a postdoctoral fellowship in Clinical Health Psychology at the Memphis VAMC. Her training is in health psychology with a concentration in behavioral sleep medicine, and her theoretical orientation is primarily cognitive and behavioral. She completed the certification process for Cognitive Behavioral Therapy for Insomnia in both individual and group formats and is also a national consultant for the CBT-I program. She completed the Diplomate in Behavioral Sleep Medicine in 2019. Specific interests include addressing behavioral and mental health issues in the primary care setting, providing brief evidence based treatments, and helping coordinate Veterans' care through the VA system. She facilitates the Anger Management group through primary care and the CBT-I group and CPAP adherence group through the sleep clinic. Dr. Robinson enjoys being outdoors, running, hiking with her husband, dogs, and daughter, and oil painting.

Brad L. Roper, PhD, ABPP-CN

University of Minnesota, 1992 (Clinical Psychology)

Licensed Psychologist, Tennessee (Health Service Provider)

Director, Neuropsychology Program; Director of Training, Clinical Neuropsychology Fellowship

Dr. Roper is a board-certified clinical neuropsychologist, Director of the Neuropsychology Program in Mental Health Service, and Training Director of the APA-accredited Clinical Neuropsychology Fellowship Program at the Memphis VAMC. He employs a flexible-battery or “hypothesis-testing” approach to neuropsychological assessment. His professional interests include theories of brain function (especially involving the frontal lobes), psychology and neuropsychology training, evolutionary psychology, consciousness studies, and the common territories among neuroscience, epistemology, and ethics. He has regularly published and presented at national and international conferences since 1991. Research interests include neuropsychological screening instruments, symptom validity testing, personality assessment, and training methods/theories. He serves as an ad hoc reviewer for psychology, neuropsychology, and medical journals. He is a member of the American Psychological Association, Society for Clinical Neuropsychology (SCN, APA Div. 40), International Neuropsychological Society, American Academy of Clinical Neuropsychology (AACN), Association of VA Psychology Leaders, and VA Psychology Training Council (VAPTC). In addition to the Neuropsychology Seminar, he offers seminars to UT medical students and residents. He is active in national organizations, including the VAPTC Technology Workgroup and the APPIC Postdoctoral Committee. He is recognized for expertise related to clinical neuropsychology competencies, and he served as Chair of the Planning Commission Chair and Competencies Content Panel Member for the 2022 Minnesota Neuropsychology Conference to revise neuropsychology education and training guidelines. He is a past Commissioner on the APA Commission on Accreditation (CoA). He has supervised psychology graduate students on dissertation projects. At the University of Tennessee, Memphis, he holds academic appointments in the Department of Psychiatry and the Department of Neurology. He enjoys mountain biking, hiking, and amateur astronomy. He is an unenlightened meditator, and he believes in the power of adequate sleep, regular exercise, and compassion for self and others (but does not always practice them!). He is active in singing and cooking (High Average), ukulele playing (Low Average), and minor home repairs (Severely Low).

*Havah E. Schneider, PhD**

Yeshiva University, 2013 (Clinical Psychology)

Licensed Psychologist, Tennessee (Health Service Provider)

Deputy Chief, Mental Health Service

Dr. Schneider joined the Memphis VA as a PCMHI psychologist in 2015, after completing her internship at the Philadelphia VA and a postdoctoral fellowship in Clinical Health Psychology at the Memphis VA.

She is currently the Deputy Chief of Mental Health, but continues to devote her clinical time to PCMH. Dr. Schneider's clinical interests include primary care mental health, health behavior interventions, and improving quality of life outcomes for individuals living with comorbid medical and mental health concerns. She also provides critical incident stress debriefings for the Memphis Police and Fire Departments with other community psychologists. Dr. Schneider spends most of her time chasing after her three children, and also enjoys baking, reading, and being outdoors.

Jennifer Seeley McGee, PhD

University of Kansas, 2017 (Counseling Psychology)
Licensed Psychologist, Kansas and Arizona (Health Service Provider)
Neuropsychology

Dr. Seeley McGee joined the neuropsychology staff here at the Memphis VA in 2021. Prior to this, she completed internship at VA Eastern Kansas (Leavenworth, KS) and a Clinical Neuropsychology postdoctoral fellowship at Barrow Neurological Institute (Phoenix, AZ). Areas of professional interest include assessment, training and supervision, optimal aging, neuroimaging, and targeted cognitive interventions. She is tentatively scheduled to complete ABPP board certification in early 2022. In her remaining free time, she enjoys eating (and sometimes cooking), spending time with her spouse and two dogs (Portobello and Jimmy Dean), attempting to garden, and anything/everything related to true crime.

*Jennifer D. Vandergriff, PhD, ABPP**

Colorado State University, 2008 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Spinal Cord Injury Service; Program Director, Clinical Health Psychology Fellowship

Dr. Jennifer Vandergriff completed both her predoctoral internship and postdoctoral fellowship in Clinical Psychology (Medical/Health Psychology Emphasis) at Memphis VAMC. She joined the Psychology Section in the fall of 2009 and provides psychological services to Veterans and their families in the SCI Service. She is Board Certified in Clinical Health Psychology by the American Board of Professional Psychology. With regards to EBPs, she offers Acceptance and Commitment Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Motivational Interviewing, and Motivational Enhancement Therapy. She is also a VA consultant for Motivational Interviewing and Motivational Enhancement Therapy. She serves as director of the Clinical Health Psychology Fellowship (APA accredited). Her areas of interest include gender & health, rehabilitation psychology, clinical health psychology, health behavior change, training/supervision, sport psychology, and psycho-oncology. Outside interests include traveling, running, swimming, and cycling.

*John Weaver, PhD**

University of Memphis, 1997 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Section Chief, Primary Care Mental Health Integration, Community Based Outpatient Clinics, Chemical Dependency Center

Dr. Weaver joined the staff in July 2004. He previously worked as a psychologist and Drug Abuse Programs Coordinator with the Federal Bureau of Prisons. During his previous tenure he gained extensive experience in the areas of crisis management and hostage negotiations. His professional interests include chemical dependency, personality disorders, PTSD, and the practice of group psychotherapy. His intervention approach is best described as cognitive-behavioral. He is an Air Force

Veteran and served as an outpatient mental health technician. Outside interests include his family, church, weightlifting, and listening to music.

*Clinical Health Psychology staff.

Clinical Health Psychology Fellows

Recent Clinical Health Psychology Fellowship Classes

Completed in 2022

Abdel Farraj, PsyD, Chicago School of Professional Psychology-Chicago, IL
Ashley Wilk, PsyD, Clinical Psychology, Midwestern University

Completed in 2021

Jesica Westwright, PhD, Clinical Psychology, University of Miami

Completed in 2020

Samantha Harfenist, PsyD, Clinical Psychology, Illinois School of Professional Psychology at Argosy
Carrie LeMay, PhD, Clinical Psychology, East Tennessee State University
Marissa Miroglotta, PsyD, Clinical Psychology, Xavier University

Completed in 2019

Sarah Dillon, PsyD, Clinical Psychology, Alliant International University-Los Angeles
Paige Naylor, PhD, Clinical and Counseling Psychology, University of South Alabama
Jillian Pine, PhD, Clinical Psychology, University of Missouri-St. Louis

Completed in 2018

Megan Gray, PsyD, Clinical Psychology, Alliant International University, Los Angeles
Keri Johns-Miller, PhD, Combined-Integrated Clinical and Counseling Psychology, University of South Alabama
Cathy LaLonde, PhD, Clinical Psychology, University of Detroit Mercy

Completed in 2017

Katie Lang, PhD, Clinical Psychology, University of Memphis
Sasha Scott, PsyD, Clinical Psychology, Argosy University
Jerika Wilson, PhD, Clinical Psychology, University of Cincinnati

Completed in 2016

Lauren Anker, PsyD, Clinical Psychology, Chicago School of Professional Psychology
Heather Tahler, PsyD, Clinical Psychology, Chicago School of Professional Psychology
Heather Wadeson, PhD, Clinical Psychology, St. Louis University

Completed in 2015

Grant M. Harris, PhD, Clinical Psychology, University of Alabama
Alixandra Lyon-Bramhall, PsyD, Clinical Psychology, Roosevelt University
Natasha Mroczek, PsyD, Clinical Psychology, Florida Institute of Technology

Completed in 2014

Timothy Boling, PhD, Counseling Psychology, Tennessee State University

Havah Schneider, PhD, Clinical Psychology, Yeshiva University

Rachel Ziwich, PhD, Clinical Psychology, Yeshiva University

Completed in 2013

Ashley Jackson Mosley, PhD, Clinical Psychology, University of Memphis

Jillian Sullivan, PhD, Counseling Psychology, Ball State University



Living in Memphis

<http://www.memphischamber.com/>

Memphis is a historic city of approximately 650,000 people located high on the river bluffs overlooking the legendary Mississippi River. The city was established in 1819 and named after the Egyptian City of the same name located on the Nile River. The name Memphis means "place of good abode," and here is a little of what Memphis offers:

- An affordable city where warm weather predominates, with reasonably priced housing in a variety of [interesting neighborhoods](#) convenient to shopping areas, restaurants, and entertainment.
- A music city known for rock, country, blues, jazz, bluegrass, and local opera and symphony. The [Smithsonian's Memphis Rock 'n Soul Museum](#) is a wonderful introduction to the music of this city and region, along with the [Stax Museum of American Soul Music](#) at Soulsville USA. Over 50 free concerts a year are offered at the [Levitt Shell](#). The Beale Street Music Festival is an annual favorite that sells out fast and is often referred to as Mudfest (thanks to May showers).
- A sports city, home of the [Memphis Grizzlies NBA basketball team](#), University of Memphis Tiger basketball and football teams, [Memphis Redbirds \(AAA\) baseball](#) at the beautiful AutoZone Park, the [Liberty Bowl](#), and the [Fed Ex-St. Jude Invitational Golf Tournament](#).
- An outdoors-loving city, with a wide range of activities, including running, golfing, cycling, and tennis. The Memphis Greenline is a popular walking/biking trail that runs through Memphis. The [Big River Crossing](#) allows runners and cyclists to cross from downtown into Arkansas to the 70-mile [Big River Trail](#). Fishing and boating are available at lakes in the surrounding area. Among our many attractions is [Shelby Farms Park](#), which covers 4,500 acres and is among the 20 largest urban parks in the nation, with paved and unpaved trails, more than 20 bodies of water, dedicated mountain bike trails, a BMX track, disc golf, ropes course, playgrounds, and rentals of boats, bikes, and horses.
- A higher education city with Christian Brothers University, LeMoyne-Owen College, Memphis College of Art, University of Memphis, Rhodes College, Baptist College of Health Sciences,

Memphis Theological Seminary, Visible Music College, Southern College of Optometry, and the University of Tennessee Health Science Center.

- A health care city with numerous major medical facilities including regional centers for organ transplants and cancer research, regional rehabilitation centers, a regional prenatal care center, St. Jude Children's Research Hospital, and the UT Health Science Center, which houses the Colleges of Medicine, Pharmacy, Nursing, and Allied Health Sciences.
- A city of seasonal festivals and fairs such as the Indie Memphis Film Festival, [Memphis in May International Festival](#), which includes music festivals and the world barbeque championship. Memphians also enjoy the Fourth of July Fireworks over the River, [Cooper-Young Festival](#), [Pink Palace Crafts Fair](#), [Mid-South Fair](#), [Elvis Week](#), [National Blues Award Show](#), [River Arts Festival](#), [New Year's Eve on Beale Street](#), Memphis Comedy Festival, and numerous concerts, ballet, and theater performances throughout the year.
- A city with hundreds of restaurants serving a range of cuisines, including local favorites (e.g., barbecue and catfish). Cooper-Young, Downtown, and Overton Square are known for the variety of available dining options.
- A city that offers a stroll down Beale Street; a scenic carriage ride along Riverside Drive; a day in the sun along the [Memphis Riverfront](#); a memorable tour of [Graceland](#) or Sun Studio; an afternoon browsing through shops on Broad Avenue; a moving visit to the [National Civil Rights Museum](#); a visit to the [Bass Pro at the Pyramid](#); and visits to the famous [Peabody Hotel](#), South Main Historic District, [Memphis Zoo](#), [Brooks Museum of Art](#), and [Dixon Garden and Galleries](#).
- Check out the [I Love Memphis Blog](#) for an up-to-date listing of things to do in Memphis.

