



# Memphis VA Medical Center

## CLINICAL PSYCHOLOGY FELLOWSHIP PROGRAM

2023-2024



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## Welcome!

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The supervisors and staff at the Memphis VA Medical Center are happy that you are interested in our Clinical 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

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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.

## Administration and Resources

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### **Sarah Ramsey, PhD**

Acting Training Director, Psychology Training Programs

### **Kim Fleming, PhD**

Director, Clinical Psychology Fellowship Program

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Kim N. Fleming, PhD

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#### *Program website:*

[www.memphis.va.gov/careers/PsychologyTraining.asp](http://www.memphis.va.gov/careers/PsychologyTraining.asp)

*Applications Due: December 13th*

In addition to the Clinical Psychology Fellowship, the Memphis VAMC offers training in Clinical Health 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.



The Clinical Psychology Fellowship is integrated within the overall psychology training infrastructure at the Memphis VAMC, which includes fellows from two accredited fellowship programs in addition to the Clinical Psychology Fellowship (i.e., Clinical Health Psychology Fellowship and Clinical Neuropsychology Fellowship), psychology interns, and clinical practicum students. Dr. Fleming serves as the director of the Clinical Psychology Fellowship in Evidence Based Psychotherapy and the Clinical Psychology Fellowship in Trauma Recovery Services. The Director of Training provides professional mentorship and meets weekly, or as frequently as needed, with postdoctoral fellows. Direct feedback is provided on a scheduled basis from supervisors regarding fellows' performance and 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 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 Psychology Fellows are provided office space located in the same area as the offices of other psychology fellows. Fellows are equipped with a networked personal computer, providing ready access to patients' computerized medical records, e-mail, and internet, in addition to facilitating report and note writing. They are also provided webcams, with capability for telehealth sessions and for recording patient care episodes that can be saved directly to a secure designated computer drive. Webcams are also used for participation in didactics presented via Webex and other virtual platforms. Conference rooms equipped with A/V presentation and telehealth systems are available for in-person meetings. A check in/waiting area for patients and families is located adjacent to the office area, 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 Psychology Fellows are paid a full-time annual stipend of \$46,334. Stipends are provided via direct deposit in biweekly payments. Benefits include the opportunity for 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

This program provides advanced training in clinical psychology, with the following focus areas:

- Evidence-Based Treatment (EBT)
- Trauma Recovery Services

Training is offered in the context of a range of team models and in consultation with a range of healthcare disciplines.

The philosophy of our fellowship training program mirrors the mission of the Memphis VAMC in the context of preparation for the fellowship's role as a source of advanced training in the fellowship's focus areas within advanced clinical psychology practice. The model of our training program is scholar-practitioner, drawing on the ideas of Hoshmand and Polkinghorne (1992) and Stricker and Trierweiler (1995) regarding the integration of nomothetic psychological science with the inherently ideographic nature of practice. The program is also developmental, initially involving close supervision, with an increasing level of autonomy as the year progresses. At the beginning of the year, fellows receive a comprehensive orientation to training opportunities and expectations in each focus area. As fellows develop more autonomous practice, supervision addresses more specific and advanced aspects of practice within each focus area. The program also emphasizes self-directed professional development, achieved via its variety of clinical settings and opportunities within each focus area to augment training with experiences outside of the focus area.

### 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 their focus area, which constitutes most of their supervised clinical experience. Fellows also receive training in other areas of interest based on professional goals. They are encouraged to choose and develop training experiences consistent with their academic preparation and their professional interests and goals within the parameters of the focus area's requirements.

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

#### *Accreditation:*

The Clinical 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 2021-2022 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

Phone: (202)336-5979/E-mail:

[apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

essential experience with a focus on developing more independence and professional autonomy as the year progresses.

### Supervision and Teaching

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. Providing supervision helps fellows develop their own supervision style and foster confidence in their ability to train others. In supervising the supervision of fellows, the goal of psychology training staff is to serve as mentors to developing psychologists who will later serve the profession by training others, whether in formal training programs or less formalized training settings. .

Fellows have the opportunity to assist in the training of psychology interns in the Memphis VA Psychology Internship Program and/or psychology practicum students. Fellows may also contribute to the clinical education of trainees from other healthcare disciplines (e.g., psychiatry fellows, social work students, chaplaincy interns) within the context of the team approach employed in many of the clinical settings in the medical center. By exposing trainees from other disciplines to psychological assessment and intervention techniques, fellows gain experience in cross-disciplinary training and demonstrate to future healthcare providers the broad contributions that psychologists routinely make to healthcare.

Fellows gain experience in teaching through their formal case presentations in Psychology Case Conferences Series and through their scheduled presentations on relevant topics of interest in other didactics and/or in rotation-specific journal clubs.

#### References:

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

Stricker, G., Trierweiler, S.J. (1995). The local clinical scientist: A bridge between science and practice. *American Psychologist*, 50, 995-1002.

## Program Structure and Requirements

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### General Program Structure

The Memphis VAMC Clinical Psychology Fellowship is structured as a one-year, full-time clinical training experience, with fellows typically working 40-50 hours per week. 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 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), as approved by the director of the fellowship. 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

- As defined by the Focus Area (see below)

#### Didactic Requirements

- Fellowship Seminar (including Cultural Diversity and Ethics Seminar Series and Supervision Seminar Series)
- Clinical Health Psychology Seminar
- Other seminars, as required by the Focus Area (see below) and/or specific rotations

#### Additional Required Elements

- Provide supervision of psychology interns and/or practicum students in Focus Area setting
- Complete at least one program evaluation/development project and demonstrate ability to build program from conceptual stage to evaluation in Focus Area (Note: Project focus will depend on program needs and training interests of the fellow.)
- Clinical case presentation in Case Conference Series and additional teaching as indicated (e.g., presentations on Focus Area instruments/approaches)
- Organization and management experience in clinical and/or research activities in the Focus Area

#### Exit Criteria

- Advanced practice competencies in Clinical Psychology

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

### Specific Focus Area Requirements

#### Evidence-Based Treatment

**Note:** See *Training Experiences* section for rotation descriptions.

- Completion of two major rotations and one minor rotation in a clinic that emphasizes EBT approaches (e.g., Mental Health, PRRC, MAT/CDC, other clinics as appropriate)
- Completion of one major rotation in a setting that provides specified training opportunities in EBT approaches.
- Completion of minor rotations in two of the following supplementary areas: PTSD settings, Inpatient Psychiatry, Family Therapy, Program Development/Evaluation, CDC, Psychosocial Recovery and Rehabilitation Center (PRRC), and other rotations that offer significant EBT opportunities.
- Participation in Intervention Seminar.
- Note: Training opportunities in areas other than those specified above may be considered if consistent with fellow’s professional goals, program aim, and agreement of director of fellowship and DOT.

## Trauma Recovery

Note: See *Training Experiences* section for rotation descriptions.

- Completion of two major rotations and one minor rotation in core Trauma Recovery settings (i.e., PTSD Outpatient Clinic and/or Polytrauma).
- Completion of one major rotation in Mental Health Clinic or Chemical Dependency Center.
- Completion of a minor rotation in one of the following four supplementary areas: Mental Health Clinic, Chemical Dependency Center, Inpatient Psychiatry, Psychosocial Recovery and Rehabilitation Center (PRRC), or Family Therapy.
- Completion of one minor rotation in any area.
- Note: Training opportunities in areas other than those specified above may be considered if consistent with fellow's professional goals, program aim, and agreement of director of fellowship and DOT.

## 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, it is required that everyone wear a face mask when outside of their homes. At this time it is unclear when and at what pace these restrictions will be lifted or if additional measures will be needed 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. One entrance is set up for staff and trainees, with a second entrance set up for patients.
- All patients are asked health screening questions and temperatures are monitored prior to entering the facility.
- Implementation of universal masking—everyone on campus is required to wear a mask, including patients.
- Cloth masks are provided to staff and trainees for non-clinical use and medical grade masks for in-person clinical contact.
- 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, with special permission required for each visitor and visitation limited to specific time frames. (Visitors are also required to mask.)
- Coronavirus 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 and in-home services were rapidly transitioned to virtual modalities with very limited options for in-person appointments. At this time, outpatient care continues to be delivered primarily via telehealth, 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 2022-2023 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 telehealth modalities, as well as co-treatment with training supervisors and other licensed mental health staff in some rotations.
- Most didactics and seminars are currently held in-person. All didactics have 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.
- Currently, most team meetings and group supervision are held in-person. In-person team meetings or group supervision may be held if in a space that allows appropriate distancing. All team meetings and group supervision have the option of meeting remotely.

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.



## Fellowship Aim and Competencies

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The overarching aim of the Clinical Psychology Fellowship program is to provide advanced practice competencies in health service psychology, specifically within the practice area of Clinical Psychology.

Fellows are trained and evaluated in the following competencies:

### Integration of Science and Practice

- Demonstrates the ability to critically evaluate foundational and current research that is consistent with clinical psychology
- Integrates knowledge of foundational and current research consistent with clinical 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 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.

### Individual and Cultural Differences

- 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 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).

## Ethical and Legal Standards

- 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 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 psychologist (per the APA Ethical Principles of Psychologists and Code of Conduct) and ethical codes of other healthcare team members.

## Professional Values, Attitudes, and Behaviors

- 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.

## Intervention

- Establishes rapport easily with Veterans and collateral supports.
- Demonstrates foundational knowledge of clinical practice in this rotation.
- Demonstrates an ability to utilize results of literature review and/or best clinical practices to develop a treatment plan that is consistent with the patient's biopsychosocial context, healthcare setting, and healthcare system.
- Demonstrates the ability to utilize appropriate treatments, evaluate treatment effectiveness on an ongoing basis, and modify treatment as needed.
- Demonstrates flexibility in implementation of empirically supported interventions and/or best clinical practices relevant to diagnoses.
- Demonstrates knowledge of pharmacotherapy as related to the patient population.

## Assessment

- Establishes rapport easily with Veterans and collateral supports.
- Demonstrates information gathering skills (e.g., interview of patient and collaterals, eliciting input from other healthcare providers, chart review, behavioral observations).
- Demonstrates competence in assessing factors relevant to the presenting problems.
- Demonstrates competence in the diagnosis of psychiatric disorders.
- Demonstrates competence in selection and administration of tests, consistent with best practices.
- Demonstrates competence in interpretation of neurocognitive and/or psychological tests.
- Identifies practical implications of evaluation results and provides appropriate recommendations.
- Demonstrates competence in report writing and written communication skills as appropriate to specific context and role.
- Demonstrates competence in verbal communication skills as appropriate to specific context and role.

## Professional Role (Consultation and Team Models of Care)

- Demonstrates knowledge of consultation and the setting's team model of care.
- Demonstrates understanding of role-based expectations for consultation and setting's team model of care.
- Demonstrates ability to foster a shared conceptualization of the patient's presenting problems with other involved providers and/or team members.
- Demonstrates effective communication with other involved providers and/or team members.
- Demonstrates ability to collaboratively assess and intervene based on the expected team model of care.



## **Supervision and Teaching**

- Demonstrates knowledge of the developmental model of supervision.
- Demonstrates ability to assess the supervisee's current developmental level (e.g., knowledge, skills, abilities).
- Demonstrates ability to establish working relationship with supervisee including effective communication and maintenance of appropriate role boundaries.
- Demonstrates ability to effectively guide supervisee's development of clinical skills.
- Demonstrates ability to effectively provide formative and summative feedback.
- Demonstrates effective utilization of supervision of supervision.
- Demonstrates skills in leading didactics, journal club discussions, and/or case presentations.

## **Program Development and Evaluation**

- Demonstrates ability to conduct a needs assessment to inform program development.
- Demonstrates ability to conduct 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.

## **Organization, Management, and Administration**

- Organizes clinical resources and manages administrative requirements efficiently to meet patient care needs.
- Demonstrates skills in organization and administration of research and/or training activities.
- Demonstrates effective participation on committees and/or workgroups to enhance organizational functioning.

## **Foundations for Clinical Psychology in Trauma Recovery**

- Demonstrates thorough knowledge of current diagnostic nomenclature and ability to accurately diagnose PTSD and other trauma-related disorders, as appropriate.
- Demonstrates ability to assess the full spectrum of symptom clusters associated with PTSD, trauma comorbidities, and other mental disorders.
- Demonstrates understanding of differential diagnoses and can defend diagnostic impressions based on the literature and a thorough knowledge and understanding of psychopathology.
- Demonstrates knowledge of evidence-based treatments for PTSD and other conditions related to experience of trauma. Demonstrates ability to effectively describe the rationale for such treatments to facilitate treatment engagement and retention.
- Demonstrates the ability to provide evidence-based treatment, including manualized treatments, while simultaneously attending to issues of rapport and individualized patient care. Demonstrates capacity to effectively implement and modify such approaches for the patient based on other comorbid factors (such as TBI).
- Demonstrates knowledge of pathophysiology and disease states related to the patient population.
- Demonstrates knowledge of pharmacology/pharmacotherapy as related to the patient population.

## Foundations for Clinical Psychology in Evidence Based Treatment

- Demonstrates thorough knowledge of current diagnostic nomenclature and ability to accurately diagnose behavioral health disorders.
- Demonstrates ability to evaluate and appropriately select evidence-based treatments based on the patient's presenting problems and treatment goals.
- Demonstrates theoretical understanding of the fundamental concepts and strategies of evidence-based treatments utilized in this setting.
- Demonstrates ability to implement evidence-based treatments, including ability to effectively describe the rationale for these treatments to facilitate treatment engagement and retention.
- Demonstrates ability to effectively attend to the therapeutic relationship while providing evidence-based treatments, including manualized treatments.
- Demonstrates the ability to evaluate treatment effectiveness on an ongoing basis and modify treatment as necessary.
- Demonstrates basic knowledge of pharmacology/ pharmacotherapy as related to the patient population.
- Demonstrates basic knowledge of pathophysiology and disease states as related to the patient population and demonstrates ability to enhance compliance with medical treatment using stress management training, behavioral modification, and psychoeducation.

## Eligibility and Appointment

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### Eligibility Requirements

The program actively recruits students from diverse ethnic and cultural groups. Physically challenged applicants are also strongly encouraged to apply.

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, 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.
- Male applicants born after 12/31/1959 must have registered for the draft by age 26.
- 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.
- 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 matched fellows who elect to complete a rotation at a UT Consortium site.

### Appointment Period

The training year is scheduled to begin 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. Fellows who will not be available to start on August 14th will need to be available August 14<sup>th</sup> through 18<sup>th</sup> for participation in the scheduled orientation/rotation selection meetings.

## Application and Selection Procedures

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### Application Procedures

Applicants submit materials using the [APPA CAS \(APPIC Psychology Postdoctoral Application\)](#). After entering basic information, select the Memphis VAMC Clinical 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:
  - Focus Area(s) to which you are applying within the Clinical Psychology Fellowship Program.
  - Clinical training experiences during the doctoral program and internship.
  - Expected date of internship completion.
  - Current progress toward completing all degree requirements, including dissertation research (if applicable).
  - Career goals and how our fellowship program contributes to meeting those goals.
  - Please list specific rotations (outside of the required rotations) in which you may be interested.
2. Curriculum Vita - Please be sure to include any employment, internship experiences, teaching, and presentations/publications relevant to clinical psychology.
3. Copies of graduate transcripts.
4. Letters of Reference
  - Three letters of recommendation from current or former psychologists who have supervised your work.
  - 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.)

## 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](http://appic.org)) 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

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### **Fellowship 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)

### **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 the awareness of the impact of culture on the client/psychologist relationship. It meets weekly for a minimum of 8 weeks over the course of the training year. (Coordinator: Marcy Adler, PhD)

### **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: Jennifer Jacobson, Psy.D. and Jennifer Vandergriff, Ph.D., ABPP)

### **Neuropsychology Seminar - Attendance is required for fellows with a rotation in neuropsychology and is open to other trainees.**

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

### **Intervention Seminar - Attendance is required for fellows in the EBT Focus Area and is optional for other trainees.**

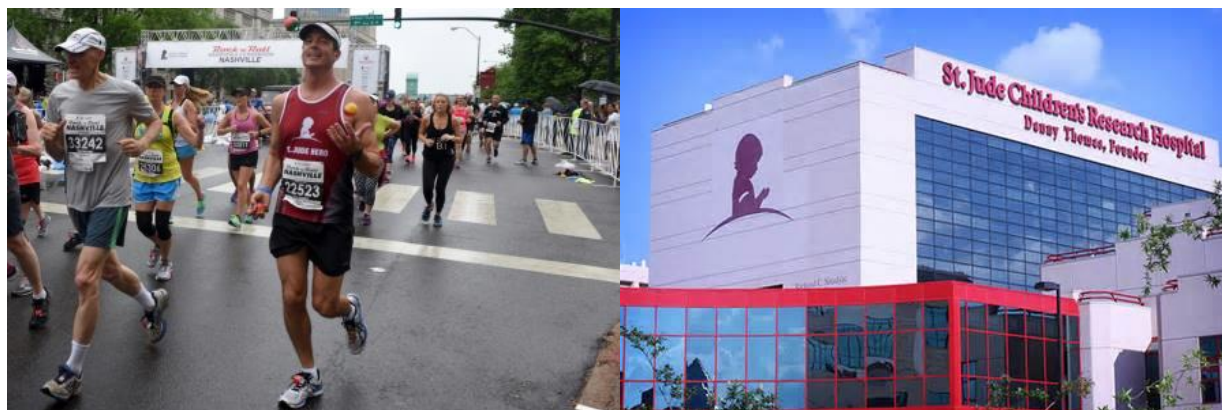
This seminar focuses on enhancing psychotherapy skills and covers a wide spectrum of issues and perspectives in individual and group psychotherapy practice. Trainees have the opportunity to practice honing their case conceptualization and presentation skills, as well. Participants will share videos of their clinical work and participate in group and peer supervision. The seminar is held weekly throughout the year. (Coordinators/Instructors: Kim Fleming, Ph.D., and Catherine Morton, Ph.D.)

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

This seminar focuses on enhancing trainees' skills in treating family problems. A combination of didactic instruction and experiential learning approaches is used. Trainees 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 Gammel, Ph.D.)

**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. (Coordinator: Jennifer Vandergriff, Ph.D., ABPP)



## Training Experiences

### Clinical Psychology Rotations

#### Polytrauma

##### General Description

The Polytrauma Clinic provides services to OEF/OIF/OND Veterans who have multiple (poly) sources of trauma, with one source 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 been discharged from service resulting in reintegration challenges. The interdisciplinary Polytrauma Clinic team includes clinicians from psychology, neuropsychology, neurology, case management, physical therapy, and speech therapy who work collaboratively to provide Veterans with care and facilitate connection to services throughout the medical center.

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

1. Participating in TBI 2<sup>nd</sup> Level screenings with the polytrauma interdisciplinary team to comprehensively assess Veterans' physical and mental health history and current needs;
2. Arranging for and administering additional mental health assessment as needed;
3. Providing individual therapy to address presenting problems such as PTSD, moral injury, insomnia, nightmares, obstructive sleep apnea, depression, and anxiety;
4. Providing neuropsychological intervention focused on developing individually tailored compensatory strategies for specific areas of cognitive weakness and functional decline, including medication compliance, financial management, work performance, and general organizational skills;
5. Learning to recognize and implement modifications in therapy approaches needed to account for the challenges to treatment posed by such issues as cognitive impairment, poor organization, memory issues, grief, stigma, mistrust, and physical conditions;
6. Evaluating each Veterans' unique risk factors and completing comprehensive suicide risk assessments and suicide safety plans;
7. Working closely with polytrauma case managers and dedicated OEF/OIF/OND primary care physicians in providing integrated treatment to Veterans enrolled in the clinic;
8. Becoming familiar with military language and the conditions and situations faced by combat Veterans in the present wars, and thereby becoming more effective in engaging Veterans in conversation and treatment; and
9. Participating in team meetings and in journal club; and
10. Possibly participating in program development projects.

## 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

1. 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;
2. Providing telehealth services, including psychotherapy and intakes. When appropriate and supported by safe practice guidelines, providing face-to-face services to Veterans and their families.
3. Coleading and/or leading both psychoeducational and process-oriented groups in web-based or face-to-face formats;
4. Conducting psychotherapy intakes and emergency psychiatric screenings;
5. Conducting psychological evaluations to assist in treatment planning;
6. 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;

7. Providing group and individual treatment to assist patients in the management of a wide variety of chronic pain symptoms;
8. Participating in an interdisciplinary BHIP team;
9. Participating in specified program development and/or program evaluation projects;
10. Participating in the weekly Intervention Seminar;
11. Working closely with psychiatrists, psychiatric nurse practitioners, and clinical pharmacists who provide management of patients' psychotropic medications, interns have the opportunity to increase their psychopharmacology knowledge base; and
12. Opportunities to supervise practicum students may be available.

## **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**

1. Learning evidence-based intervention models (e.g., Emotion Focused Therapy, Integrative Behavioral Couple Therapy, and Cognitive/Behavioral Conjoint Therapy for PTSD).
2. Serving as cotherapist with the supervisor or another trainee in family therapy sessions;
3. Serving as the sole therapist in the treatment of selected families;
4. Conducting assessments for admission to the Domestic Violence Program;
5. Serving as a cotherapist in a 26-week Domestic Violence Group;
6. 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.

## **Mental Health Intensive Case Management (MHICM)**

### **General Description**

The Mental Health Intensive Case Management (MHICM) Program is an intensive interdisciplinary team approach to the case management and treatment of Veterans 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. The hallmarks of this program include very frequent contacts between the staff and veterans in the veteran's home environment and a focus on recovery and increasing veteran independence. There is a minimum commitment of one year of continuous veteran involvement. The overall goal of MHICM is to permit Veterans with SMI to live productively within the community in the least restrictive setting. Ongoing objectives include providing intensive, flexible community support, improving health status and reducing psychiatric symptoms, reducing psychiatric inpatient hospital use and dependency, promoting the Veteran's sense of psychological wellbeing and increased self-esteem, improving the Veteran's ability to relate to people in their immediate living situation, and improving community adjustment, functioning, and quality of life. Approximately 75 veterans are enrolled in MHICM and receive up to three visits per week from MHICM staff (e.g., Psychiatry, Psychology, Nursing, Social Work).



The majority of clinical care is being provided in person, within the home setting. Virtual care is available and provided based on patient preference, ability, and level of functioning. 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

1. Completing initial consults and comprehensive psychosocial assessments on the Acute Psychiatry Inpatient Unit (1C/1D);
2. Providing evidence-based individual therapy (e.g., CBT – Psychosis, CBT – Depression, ACT, Individual Resiliency Training) to veterans identified as potentially benefiting from these services;
3. Providing evidence-based groups (e.g., Social Skills Training, DBT Skills, etc.) to veterans residing in care homes;
4. Working closely with an interdisciplinary team of Social Workers, RNs, and the program Psychiatrist to assist with treatment planning;
5. Program evaluation/improvement opportunities, including both clinical (e.g., creating a group of interest) and administrative options (e.g., conduct a gap analysis with MHICM staff to improve clinic processes and procedures.);
6. Providing crisis intervention support/services as needed;
7. Completing psycho-diagnostic assessments to assist with treatment planning and differential diagnosis considerations.

## 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

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

## 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

1. Opportunity to gain experience with acute behavior problems and psychiatric disorders with a focus on crisis stabilization, quick diagnosis and crisis treatment planning;
2. Participating in multidisciplinary treatment team meetings/activities;
3. Documentation of patient progress and the results of standardized psychological assessment;
4. 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);
5. Serving as primary or cotherapist in ongoing short-term groups and individual psychotherapy;
6. 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;
7. Identifying available local and national treatment resources, in addition to steps required to initiate placement when indicated; and
8. 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.

### Posttraumatic Stress Disorder Clinical Team (PCT)

#### General Description

The PCT 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. The PCT offers treatment in individual and group formats (including telemental health options), with an emphasis on EBPs for PTSD. 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

1. Conducting comprehensive biopsychosocial assessments, including the CAPS-5 and personality testing, as needed.);
2. Providing individual trauma-focused treatment as clinically indicated (e.g., CPT, PE, COPE);
3. Providing additional treatment opportunities as appropriate (e.g., SUD work, CBT-I, nightmare intervention, ACT, DBT, mindfulness therapy, coping skills training)
4. Facilitating group psychotherapy (e.g., Posttraumatic Growth, Dialectical Behavior Therapy, Moral Injury; Attachment, Trauma, and Recovery Group);
5. Providing trauma-focused treatment for couples (i.e. CBCT);
6. Managing and completing consults for Veterans referred to the clinic;
7. Participating in team huddles/staff meetings and engaging in team treatment planning;
8. Participating in journal club; and
9. Possible participation in program development.

## Clinical Health Psychology 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

1. Maintaining set clinic hours in the SHC to receive “warm handoffs,” see scheduled patients, cofacilitate treatment groups, and consult with SHC providers;
2. Completing intakes to assess for specific/complex sleep concerns and engage in treatment planning;
3. 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
4. Presenting in interdisciplinary journal club and attending Sleep Medicine Grand Rounds;
5. Learning diagnostic systems for sleep disorders;
6. Working with UT Sleep Medicine Fellows to coordinate care and treatment;
7. Participating in program development; and
8. 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).

## Chronic Pain Management

### General Description

Training in a cognitive-based approach to pain management is offered in both an interdisciplinary group setting and individual therapy and health coaching. The trainee will learn the foundations of chronic pain management and use evidence based therapies to assist Veterans with managing chronic pain. The trainee will lead the psychology portion of the interdisciplinary group, Coping with Chronic Pain, and will attend the facility Pain Committee meetings to learn more about managing complex patients as they are tapered off opioid medication. CBT for Chronic Pain is offered in an individual therapy format. Hypnosis for Chronic Pain is also offered as a complementary treatment.

### Potential Training Opportunities

1. Teaching the psychology portion of the eight-session Coping with Chronic Pain group, an interdisciplinary group that includes Psychology, Physical Therapy, and Pharmacy. The group originates from a biopsychosocial perspective and the psychology portion leans heavily on cognitive based approaches;
2. Providing individual CBT for Chronic Pain; a twelve-session, evidence based protocol that aims to improve behavioral activation and reduce catastrophic thinking;
3. Providing hypnosis for chronic pain (see Medical Hypnosis description); and
4. Attending facility Pain Committee meetings and addressing high risk patient's treatment plan recommendations to manage pain and taper opioid use.

Due to the risks associated with COVID-19, clinical care is being provided virtually and on an in-person basis in limited settings. Group and individual care is offered by VVC. When individual care is provided in person, both patients and clinicians are required to use appropriate PPE (masks).

## Geriatrics/Rehabilitative Medicine

### General Description

Geriatric/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 interns as a major rotation.

Availability of trainee participation on the unit depends on COVID precautions mandated nationally, at the VISN level, or locally. Availability of opportunities may decrease if the pandemic worsens and new directives regarding trainee participation on the unit are given. All who provide care on the unit must take and log their temperature on the unit each day that they see patients and must be COVID-tested on the unit 1-2 times weekly (depending on days on the unit).

### Potential Training Opportunities

1. Participating in interdisciplinary team conferences, weekly patient care planning meetings, unit bed rounds, didactic training experiences, and family conferences;
2. Performing bedside psychological and neurocognitive screenings, diagnostic assessments, and capacity evaluations of medically ill older adults;
3. Gaining significant skills in the differential diagnosis of dementia;
4. Providing therapeutic interventions and education to patients and caregivers;
5. Developing behavioral and environmental interventions to assist patients, caregivers, and staff;
6. Working with patients to develop compensatory strategies for demonstrated cognitive deficits in order to enhance rehabilitation and overall functioning;
7. Providing consultation to the interdisciplinary medical team regarding psychological and cognitive factors pertinent to the patients' overall care;
8. Developing differential psychological diagnostic skills in an inpatient setting, including an understanding of how medical illness and treatment complicate differential diagnosis;



9. Learning how to identify and manage the ethical and legal dilemmas facing the psychologist practicing in a medical setting;
10. 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;
11. Learning to work within an interdisciplinary team structure to provide comprehensive care to older medical patients; and
12. 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.

## 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.

### Potential Training Opportunities

1. Performing neuropsychological assessments and conducting expanded patient/caregiver interviews;
2. Participating in transdisciplinary diagnostic and treatment planning conferences, didactic training experiences and family/caregiver feedback sessions;
3. Gaining skills in the differential diagnosis of dementia in the context of a medical clinic and transdisciplinary team;
4. 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;
5. Developing behavioral/environmental interventions to assist patients and caregivers;
6. Working with patients to develop compensatory strategies for demonstrated cognitive deficits in order to enhance overall functioning;
7. Developing differential psychological diagnostic skills in a medical/team setting, including an understanding of how medical illness and treatment complicate differential diagnosis;
8. Learning how to identify and manage the ethical and legal dilemmas facing the psychologist practicing in a medical setting;
9. Gaining skills in providing useful/practical feedback to patients, families and referring providers;
10. Assisting patients and families in long term care planning;
11. Conducting capacity evaluations if needed;
12. 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;
13. Developing a working knowledge base regarding treatment of cognitive and mood-related disorders in older adults;
14. Learning to work within a transdisciplinary team structure to provide comprehensive evaluation and treatment recommendations to older medical patients;
15. Designing a program development project aimed at enhancing patient care and/or team/clinic functioning.

Approximately 90% of patient or caregiver contact is conducted in-person. The clinic, however, may need to revert to telehealth evaluations if there is a local pandemic surge and outpatient clinics are again closed. Trainees are provided and required to wear appropriate PPE for all in-person contacts.

## 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.

### Potential Training Opportunities

1. Performing screenings of psychological functioning and mental status, including capacity evaluations and/or neurocognitive screenings, as needed;
2. 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;
3. 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);
4. Providing consultation to the interdisciplinary medical team regarding psychological factors involved in the patients' overall care and enhancement of team functioning;
5. 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;
6. Learning about the ethical and legal issues facing the psychologist when practicing in a home care setting;
7. Gaining experience with dementia, related caregiver issues, and the interplay between combat experiences and dementia;
8. Participating in team conferences and other training activities; and
9. Gaining experience with therapeutic interventions addressing end-of-life issues.
- 10.

## Health Coaching and Preventive Medicine

### General Description

This rotation provides training in the patient-centered care model of preventive medicine, with a strong focus on interdisciplinary teams and systems improvement. The goal of these activities is to facilitate the VA's transformation to Patient-Centered Care. The trainee will gain exposure to a variety of conditions, habits, and diseases that are amenable to change. It is a very flexible rotation that involves a good deal of program development, interaction with medical teams, and provision of clinical treatment for Veterans. Duties include learning health coaching (communication)

techniques, using Motivational Interviewing in a variety of health settings, assisting the Health Behavior Coordinator (HBC) to organize facility-wide health fairs and events, and providing presurgical evaluations and other direct clinical care to patients referred by primary care physicians for assistance with chronic disease management and habit disorders.

Due to the training supervisor's role as the facility's LGBT Veteran Care Coordinator and VISN 9 Lead LGBT Veteran Care Coordinator, the trainee will also have limited opportunities to work with LGBT Veterans via evaluation for cross-sex hormone therapy and psychotherapy to assist in adjustment during transition. LGBT program development internally and externally may be included. The trainee should have a strong interest in health psychology. This training experience is offered as a major rotation 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 largely on patient preference. When individual care is provided in person, both patients and clinicians are required to use appropriate PPE (masks).

### Potential Training Opportunities

1. Learning specific health coaching teaching styles. Styles are based on the TEACH for Success model and Motivational Interviewing;
2. Learning the patient-centered approach to healthcare management, including policy implementation across the facility;
3. Assisting the HBC in program development and program execution. This will involve learning policy and procedure in some areas of the Memphis VAMC, working with staff across disciplines and occupations, and communicating with the team to bring a plan to fruition. Examples include: The Great American Smokeout, Health Fairs, and Environmental Scans of resources;
4. Coaching Veterans in smoking cessation, weight loss, chronic disease management (including diabetes and hypertension), leading smoking cessation classes both in person and via telehealth, leading MOVE groups for weight loss, and coping with chronic pain;
5. Providing medical hypnosis interventions (see Medical Hypnosis description);
6. Providing clinical services via telehealth modalities, including VVC and phone;
7. Providing mental health evaluations for organ transplant, cross-sex hormone therapy, spinal cord stimulators, and bariatric surgery candidates;
8. Participating in Dialysis Rounds, Renal Case Conference, Chronic Kidney Disease Class, and Dialysis Clearance reports; and
9. Serving as a consultant to the Nephrology team on difficult to manage patients whose care may be challenging from an ethical perspective, may be threatening to staff, or may create other behavioral disturbances. This will include working with a multidisciplinary team in areas of improving adherence, end-of-life concerns, family conflicts, and serious mental health problems.

## Medical Hypnosis

### General Description

Training in basic techniques of hypnosis is offered with an emphasis on smoking cessation due to the number of requests for assistance in this area. Trainees will provide hypnosis by referral or at bedside for a wide variety of patients and presenting problems as appropriate cases become available. Please note, hypnosis is not offered as a separate rotation—it is offered only as an adjunct to the Smoking Cessation rotation and the Health Coaching and Preventive Medicine rotation.

Due to COVID-19 precautions, limited in-person appointments are currently being offered. As the situation changes, patients will be seen in person for initial evaluation. Once a patient is determined to be a good fit for hypnosis, it will be determined whether they will be seen in person or via VVC. The VVC option will require that the patient have access to an environment in which to do their sessions without interruption. Appropriate personal protective equipment (masks) must be worn by both patient and clinician throughout in-person sessions.

### Potential Training Opportunities

1. Gaining a basic understanding of the history of hypnosis, including myths and misconceptions, its present day applications, and ethical concerns;
2. Gaining a familiarity with current research in hypnosis and efforts to develop empirically supported treatments in hypnosis;
3. Assessing hypnotizability using standardized instruments and those currently in development and learning how to apply strengths and weaknesses in hypnotizability to the development of the patient's induction;
4. Learning how to recognize and develop a specific and directed induction tailored to the patient;
5. Learning strategies for achieving trance, management of dissociation during trance, and working with resistance; and
6. Developing relationships with medical providers to foster referrals and educate providers on realistic expectations for patient change.

### 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 rehabilitations.
- 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):

1. Learning about the relationship between medical and psychological/psychiatric conditions.
2. Participating in all areas of psychological service including therapy, assessment, and interdisciplinary team work.
3. 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.
4. 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;

5. 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;

6. 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.

7. Developing group therapy programs specifically designed for inpatients and outpatients in the SCI system of care.

## **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**

1. Completing comprehensive palliative care evaluations/interviews;
2. Performing cognitive and mood screenings, mental status exams, and capacity evaluations;

3. Providing therapeutic interventions and education to patients, families, and caregivers, including provision of supportive counseling, brief grief counseling, and bereavement contacts;
4. Developing a knowledge base regarding medical conditions, medication usage (including drug interactions and side effects), other medical/surgical interventions, and associated terminology;
5. Gaining familiarity with psychological, social, cultural, and spiritual issues related to end-of-life care;
6. Assisting patients and families in the transition to hospice status;
7. 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);
8. Learning to identify and manage the ethical and legal dilemmas facing the psychologist and other clinicians practicing in a medical setting;
9. Assisting with ongoing development of program structure and function;
10. Assisting with development of materials/strategies for enhancing education of non-team staff regarding end-of-life care;
11. Learning to work within a transdisciplinary team structure to provide care for palliative care patients and their families;
12. Participating in daily team rounds/meetings and didactic training experiences, including Oncology/Palliative Care Journal Club; and
13. 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

1. 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.
2. 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;
3. Participating in the collaborative management of patients' health care as a member of an interdisciplinary primary care team;
4. Participating in "huddles"—PACT (Patient Aligned Care Team) meetings;
5. Providing crisis assessment;

6. Triageing “warm handoffs”—unscheduled patients whose primary care provider requests they be seen for a mental health appointment that day;
7. Learning about and utilizing the Behavioral Health Laboratory; and
8. Creating and/or co-leading group psychotherapy (via VA Video Connect at this time)

## 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

1. Developing and refining diagnostic and intervention skills—Intake and therapy sessions are typically 30 minutes, with feedback and triage completed at the end of the initial intake;
2. Consulting with clinic staff regarding differential diagnosis, treatment planning, and compliance issues;
3. Triageing “warm handoffs”—unscheduled patients whose primary care provider requests they be seen for a mental health appointment that day;
4. 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);
5. Developing and/or participating in educational groups regarding women's health issues;
6. Collaborating with physicians, nurses, and other clinic staff to develop programs aimed at enhancing women's overall health; and
7. Attending clinic conferences, meetings, and other training opportunities.

## 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

1. 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;
2. Performing brief psychological, cognitive, and/or behavioral medicine screenings;
3. 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);
4. Participating in the collaborative management of patients' health care as a member of an interdisciplinary primary care team;
5. Participating in "huddles"—PACT (Patient Aligned Care Team) meetings;
6. Providing crisis assessment and learning how to triage care from a CBOC location;
7. Triageing "warm handoffs"—unscheduled patients whose PACT requests they be seen for a mental health appointment that day;
8. Collaboratively work with physicians, nurses, and other clinical staff to coordinate care for each Veteran;
9. Learning about and utilizing the Behavioral Health Laboratory;
10. Creating and/or co-leading psychotherapy or psychoeducational groups (via VA Video Connect at this time);
11. Participating in weekly PCMHI journal club; and
12. Participating in the continued growth and integration of mental health into the primary care setting of a recently established clinic.

## Tobacco Cessation

### General Description

This rotation provides training in health coaching, using Motivational Interviewing to assist Veterans in their efforts to quit smoking or using tobacco. This service is in high demand in the VA. Approximately 34% of Veterans smoke, and it is estimated that the percentage is higher for Veterans diagnosed with PTSD (up to 45%). A stepped-care approach to treatment is used, in accordance with the Transtheoretical Model and the Stages of Change, to best meet the needs of the Veteran in his or her current stage of change. Behavioral strategies are used in combination with pharmacological treatment to capitalize on the Veteran's motivation to quit tobacco. Treatment is offered through groups, individual coaching, telehealth and telephone coaching, as well as hypnosis. Trainees will also have the option of learning basic skills in hypnosis. This opportunity is offered as 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 (masks).

### Potential Training Opportunities

1. Coleading or leading single-session groups (both locally and via telehealth) primarily focused on increasing motivation, educating the Veteran regarding the health risks of smoking, and describing treatment options;
2. Providing brief smoking cessation interventions via telehealth and telephone to CBOC patients;
3. Providing tobacco cessation on a consultative basis to patients from a variety of subspecialties including cardiology, anesthesia, surgery, hematology/oncology, and residential treatment for substance abuse or PTSD;
4. Provision of brief, inpatient tobacco cessation counseling bedside;
5. Delivering presentations to residential cohorts at the request of the specialty clinic to address smoking cessation;
6. Utilizing hypnosis (see Medical Hypnosis description);
7. Assisting with organization of events such as health fairs and The Great American Smokeout (when these events resume);
8. Participating in bimonthly education opportunities from the National Program Office of Tobacco and Health via webinar; and



9. Attending community outreach activities with your supervisor (when these activities resume).

## **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**

1. 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;
2. Providing more focused interventions, such as relaxation training;
3. Performing interview assessments of patients' mental status, as well as on-going monitoring of mental status and affective condition;
4. 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
5. Attending continuing education activities including weekly Oncology Rounds and Tumor Board diagnostic/treatment conferences.

## **Clinical Neuropsychology 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, epilepsy, cerebral infections, 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, the large majority of most 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

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

Most groups (#s 1 and 2 below) and individual interventions are running virtually due to COVID-19. In-person intervention will resume pending changes to pandemic safety guidelines.

### Potential Training Opportunities

1. 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;
2. 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;
3. 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;
4. Leading or co-leading an abbreviated version of CogSMART in the Residential PTSD program that was adapted from the University of California San Diego and the San Diego VA's CogSMART program. The group focuses on the interaction between psychiatric symptoms and cognitive difficulties and works with group members to develop strategies to improve their efficiency during daily activities. Note that this group is not currently running due to the COVID-19 pandemic. The group will resume following re-opening of the residential treatment program;
5. Providing individual neuropsychological intervention;
6. Gaining experience with program development, pending trainee interest; and
7. 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 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

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.





## Training and Support Staff

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### 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, Menal 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 PCMHI. 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.

**Off-Site Training Staff**

(Note: Available to fellows for supervision of off-site rotations through a reciprocal agreement with the University of Tennessee Professional Psychology Consortium.)

Brandon Baughman, PhD, ABPP-CN  
University of Tulsa, 2008 (Clinical Psychology)  
Licensed Psychologist, Tennessee (Health Service Provider)  
Adult Neuropsychology, Semmes Murphey Clinic

Heather Conklin, PhD  
University of Minnesota, 2002  
Licensed Psychologist, Tennessee (Health Service Provider)  
Pediatric Neuropsychology, St. Jude Children's Research Hospital

Amanda Gould, Ph.D.  
University of Memphis, 2016  
Licensed Psychologist, Tennessee (Health Service Provider)  
Adult Neuropsychology, Semmes Murphey Clinic

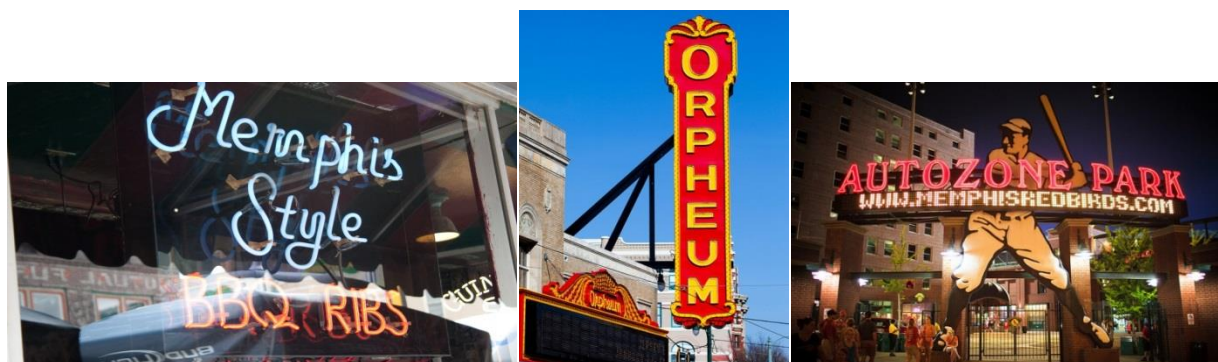
Lisa M. Jacola, Ph.D., ABPP-CN  
University of Cincinnati, 2012  
Licensed Psychologist, Tennessee (Health Service Provider)  
Pediatric Neuropsychologist and Research Associate Faculty Member, Department of Psychology at St. Jude Children's Research Hospital

Kathleen Montry, PhD  
Rosalind Franklin University, 2018 (Clinical Psychology)  
Licensed Psychologist, Tennessee (Health Service Provider)  
Adult Neuropsychology, Semmes Murphey Clinic

Brian S. Potter, Psy.D., ABPP-CN

Antioch University New England, 2006  
Licensed Psychologist, Tennessee (Health Service Provider)  
Pediatric Neuropsychologist and Assistant Faculty Member  
Department of Psychology at St. Jude Children's Research Hospital

Darcy Raches, Ph.D.  
University of Houston, 2009  
Licensed Psychologist, Tennessee (Health Service Provider)  
Clinical Staff Neuropsychologist, Department of Psychology at St Jude Children's Research Hospital



## Living in Memphis

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<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.



# Psychology Trainees

## *Recent Internship and Fellowship Classes*

### *Completed in 2022*

#### *Psychology Interns*

##### Clinical Psychology Emphasis Area

Ayana Croff, Clinical Psychology, Spalding University

Marguerite Claire Wilson, Clinical Psychology, Indiana University – Bloomington

##### Clinical Health Psychology Emphasis Area

Juliana D'Onofrio, Clinical Psychology, Rowan University

Allison Hotz, Counseling Psychology, Tennessee State University

Kelsey Roper, Clinical Psychology, La Salle University

##### Clinical Neuropsychology Major Area of Study

Christopher Burley, Clinical Psychology, Nova Southeastern University

Holly Winiarski, Clinical Psychology, Brigham Young University

#### *Psychology Fellows*

##### Clinical Psychology Fellows

Kaitlin Abrams, PhD, Clinical Psychology, Duquesne University

##### Clinical Health Psychology Fellows

Abdel Nasser Farraj, PsyD, Clinical Psychology, Chicago School of Professional Psychology – Chicago, IL

Ashley Wilk, PsyD, Clinical Psychology, Midwestern University – Downers Grove

##### Clinical Neuropsychology Fellows

Frances Bozsik, PhD, Clinical Psychology, University of Missouri – Kansas City (Second Year)

Jessica Fett, PsyD, Clinical Psychology, William James College (Second Year)

Amanda Ramirez, PhD, Clinical Psychology, Illinois Institute of Technology (First Year)

## Completed in 2021

### Psychology Interns

#### Clinical Psychology Emphasis Area

Emily El-Oqlah, Counseling Psychology, University of Memphis

Leslie Taylor, Counseling Psychology, University of Missouri – Kansas City

#### Clinical Health Psychology Emphasis Area

Kelsey Edwards, School and Clinical Psychology, Keane University

Katherine Johanson, Clinical Psychology, University of Colorado – Colorado Springs

#### Clinical Neuropsychology Major Area of Study

Laura Gramling, Clinical Psychology, Palo Alto University

Jonathan Sober, Clinical Psychology, Wayne State University

### Psychology Fellows

#### Clinical Psychology Fellowship

M. Suzanne Taylor, PsyD, Clinical Psychology, University of Southern Georgia

Lois Jones, PhD, Clinical Psychology, Tennessee State University

#### Clinical Health Psychology Fellowship

Jessica Westwright, PhD, Clinical Psychology, University of Miami

#### Clinical Neuropsychology Fellowship

Frances Bozsik, PhD, Clinical Psychology, University of Missouri – Kansas City (First Year)

Jessica Fett, PsyD, Clinical Psychology, William James College (First Year)

Catherin Mewborn, PhD, Clinical Psychology, University of Georgia (Second Year)

## Completed in 2020

### Psychology Interns

#### Clinical Psychology Emphasis Area

Joshua Camins, Clinical Psychology, Sam Houston State University

Jessica Jorgenson, Clinical Psychology, University of Southern Mississippi

#### Clinical Health Psychology Emphasis Area

Mary Ellis, Clinical Psychology, Wright State University

Kyle Rexer, Clinical-Community Psychology, Wichita State University

Jessica Westwright, Clinical Psychology, University of Miami

#### Clinical Neuropsychology Major Area of Study

Charlotte Bayer, Clinical Psychology, Chicago School of Professional Psychology

Anna Papova, Clinical Psychology, Arizona State University



### ***Psychology Fellows***

#### **Clinical Psychology Fellowship**

Rickey L. Bates, PhD, Counseling Psychology, University of Memphis  
Christopher Perez, PhD, Counseling Psychology, University of Southern Mississippi  
Shondolyn Sanders, PhD, Counseling Psychology, University of Memphis

#### **Clinical Health Psychology Fellowship**

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

#### **Clinical Neuropsychology Fellowship**

Joseph M. Babione, PsyD, Clinical Psychology, Illinois School of Professional Psychology  
(Second Year)  
Catherin Mewborn, PhD, Clinical Psychology, University of Georgia (First Year)  
Kathleen Montry, PhD, Clinical Psychology, Rosalind Franklin University of Medicine and Science  
(Second Year)

### **Completed in 2019**

### ***Psychology Interns***

#### **Clinical Psychology Emphasis Area**

Ricky L. Bates, Counseling Psychology, University of Memphis  
Leah Kaylor, Clinical Psychology, St. Louis University  
Lindsey Shamp, Counseling Psychology, Louisiana Tech University

#### **Clinical Health Psychology Emphasis Area**

Tara Crouch, Clinical Psychology, Seattle Pacific University  
Anihita Kalianivala, Clinical Psychology, University of North Carolina-Greensboro  
Carrie LeMay, Clinical Psychology, East Tennessee State University

#### **Clinical Neuropsychology Major Area of Study**

Catherine Mewborn, Clinical Psychology, University of Georgia  
Alexis Rosen, Clinical Psychology, Palo Alto University

### ***Psychology Fellows***

#### **Clinical Psychology Fellowship**

Shamira Lindsey, PhD, Clinical Psychology, Suffolk University  
Tara Morrisette, PhD, Counseling Psychology, University of Florida  
Jennifer Wolff, PhD, Clinical Psychology, Rosalind Franklin University of Medicine & Science

#### **Clinical Health Psychology Fellowship**

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

**Clinical Neuropsychology Fellowship**

Joseph Babione, PsyD, Clinical Psychology, Illinois School of Professional Psychology (First Year)

Kathleen Montry, PhD, Clinical Psychology, Rosalind Franklin University of Medicine & Science (First Year)

Emily Williamson, PsyD, Clinical Psychology, William James College (Second Year)

**Completed in 2018*****Psychology Interns*****Clinical Psychology Emphasis Area**

Tara Morrisette, Counseling Psychology, University of Florida

Jennifer Wolff, Clinical Psychology, Rosalind Franklin University of Medicine & Science

**Clinical Health Psychology Emphasis Area**

Kristin Kiel, Clinical Psychology, Pacific Graduate School of Psychology

Paige Naylor, Clinical and Counseling Psychology, University of South Alabama

Amanda Panos, Clinical Psychology, Fuller Theological Seminary

Jillian Pine, Clinical Psychology, University of Missouri-St. Louis

**Clinical Neuropsychology Major Area of Study**

Emilty Kellogg, Clinical Psychology, University of South Florida

Joie Molden, Clinical Psychology, University of Colorado (Colorado Springs)

***Psychology Fellows*****Clinical Psychology Fellowship**

Corey Brawner, PhD, Clinical Psychology, University of Southern Mississippi

Caitlin Listro, PhD, Clinical Psychology, Michigan State University

Sarah Ramsey, PhD, Clinical Psychology, Northern Illinois University

**Clinical Health Psychology Fellowship**

Megan Gray, PsyD, Clinical Psychology, Alliant International University-Los Angeles

Keri Johns-Miller, PhD, Clinical and Counseling Psychology, University of South Alabama

Cathleen LaLonde, PhD, Clinical Psychology, University of Detroit Mercy

**Clinical Neuropsychology Fellowship**

Lauren Gavron, PhD, Clinical Psychology, Alliant International University (Second Year)

Bethanie Stephens, PsyD, Clinical Psychology, Florida Institute of Technology (Second Year)

Emily Williamson, PsyD, Clinical Psychology, William James College (First Year)

**Completed in 2017*****Psychology Interns***

Corey Brawner, Clinical Psychology, University of Southern Mississippi

Kristy Engel, Clinical Psychology, Roosevelt University

Melissa Hudson, Clinical Psychology, Seattle Pacific University

Caitlin Listro, Clinical Psychology, Michigan State University

Hien Luu, Clinical Psychology, Adler University

Sarah Ramsey, Clinical Psychology, Northern Illinois University

Erica Schmidt, Clinical Psychology, University of Alabama at Birmingham  
Andrew Schwehm, Clinical Psychology, St. John's University

### *Psychology Fellows*

#### **Clinical Psychology Fellowship**

Brittany Howell, PsyD, Clinical Psychology, Nova Southeastern University  
Mattie President, PhD, Clinical Psychology, Alliant International University (Los Angeles)  
Melissa Walt, PsyD, Clinical Psychology, Adler University

#### **Clinical Health Psychology Fellowship**

Katie Lang, PhD, Clinical Psychology, University of Memphis  
Sasha Scott, PsyD, Clinical Psychology, American School of Professional Psychology  
Jerika Wilson, PhD, Clinical Psychology, University of Cincinnati

#### **Clinical Neuropsychology Fellowship**

Lauren Gavron, PhD, Clinical Psychology, Alliant International University (First Year)  
Bethanie Stephens, PsyD, Clinical Psychology, Florida Institute of Technology (First Year)

## **Completed in 2016**

### *Psychology Interns*

Olufunke Awosogba, Counseling Psychology, University of Texas at Austin  
Jeralee Briggs, Clinical Psychology, Western Michigan University  
Bianca Brooks, Clinical Psychology, Georgia State University  
Adam Lewis, Counseling Psychology, University of Iowa  
Audrey Martinez, Clinical Psychology, Loma Linda University  
Courtney McAlister, Clinical Psychology, Washington State University  
Lindsay Morra, Clinical Psychology, State University of New York at Binghamton  
Emily Schroeder, Clinical Psychology, Spalding University

### *Psychology Fellows*

#### **Clinical Psychology Fellowship**

Kimberly Fleming, PhD, Clinical Psychology, University of Louisville  
Judian Jones, PhD, Clinical Psychology, University of Memphis  
Jesse Malott, PsyD, Clinical Psychology, Fuller Graduate School of Psychology

#### **Clinical Health Psychology Fellowship**

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

#### **Clinical Neuropsychology Fellowship**

Timothy Arentsen, PhD, Clinical Psychology, Fuller Theological Seminary (Second Year)  
Susan Stern, PhD, Clinical Psychology, Georgia State University (Second Year)

## **Completed in 2015**

### *Psychology Interns*

Marcy Adler, Clinical Psychology, Nova Southeastern University

Chinonyere Bello, Clinical Psychology, Loma Linda University  
Brittney Getz, Clinical Psychology, University of Louisville  
Laura Loucks, Clinical Psychology, University of Georgia  
Jesse Malott, Clinical Psychology, Fuller Graduate School of Psychology  
Adrian Murray, Counseling Psychology, University of Memphis  
Mollie Sprung, Clinical Psychology, University of Maryland, Baltimore County  
Heather Wadeson, Clinical Psychology, St. Louis University

### ***Psychology Fellows***

#### **Clinical Psychology Fellowship**

Tamara Foxworth, PhD, Clinical Psychology, University of North Carolina at Greensboro  
Regan Slater, PhD, Clinical Psychology, University of Mississippi  
R. Eileen Todd, PhD, Clinical Psychology, University of Southern Mississippi

#### **Clinical Health Psychology Fellowship**

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

#### **Clinical Neuropsychology Fellowship**

Timothy Arentsen, PhD, Clinical Psychology, Fuller Theological Seminary (First Year)  
Susan Stern, PhD, Clinical Psychology, Georgia State University (First Year)

## **Completed in 2014**

### ***Psychology Interns***

Caroline F. Acra, Clinical Psychology, University of Hawaii  
Laurie A. Burke, Clinical Psychology, University of Memphis  
Grant M. Harris, Clinical Psychology, University of Alabama  
Jonathan M. Highsmith, Clinical Psychology, East Carolina University  
Mary Lindsey Jacobs, Clinical Psychology, University of Alabama  
Elizabeth Kolivas, Clinical Psychology, University of Mississippi  
Katie B. McCulloch, PhD, Clinical Psychology, University of Houston  
R. Eileen Todd, Clinical Psychology, University of Southern Mississippi

### ***Psychology Fellows***

#### **Clinical Psychology Fellowship**

Douglas Kraus, PsyD, Clinical Psychology, Pepperdine University  
Timothy Perry, PhD, Clinical Psychology, University of North Carolina, Chapel Hill  
Shauna Pollard, PhD, Clinical/Community Psychology, University of Maryland, Baltimore County

#### **Clinical Health Psychology Fellowship**

Timothy Boling, PhD, Counseling Psychology, Tennessee State University  
Havah Schneider, PhD, Clinical Psychology, Yeshiva University  
Rachel Ziwich, PhD, Clinical Psychology, Yeshiva University

#### **Clinical Neuropsychology Fellowship**

Heather A. Pedersen, PhD, Clinical Psychology, University of North Dakota, Grand Forks  
(Second Year)

Laura Shultz, PsyD, Clinical Psychology, Wheaton College (Second Year)

## Completed in 2013

### *Psychology Interns*

Courtney Brown, Clinical Psychology, University of Georgia  
Ashley Dennhardt, Clinical Psychology, University of Memphis  
Greg Fonzo, Clinical Psychology, San Diego State University/University of California San Diego  
Shauna Pollard, Clinical/Community Psychology, University of Maryland, Baltimore County  
Laura Sejud, Clinical Psychology, Baylor University  
Susan Sharp, Clinical Psychology, Pacific Graduate School of Psychology-Stanford Consortium

### *Psychology Fellows*

#### **Clinical Psychology Fellowship**

Carol Becker, PhD, Clinical Psychology, Pacific Graduate School of Psychology at Palo Alto University  
Thorayya Giovannelli, PsyD, Clinical Psychology, Regent University

#### **Clinical Health Psychology Fellowship**

Ashley Jackson Mosley, PhD, Clinical Psychology, University of Memphis  
Jillian Sullivan, PhD, Counseling Psychology, Ball State University

#### **Clinical Neuropsychology Fellowship**

Heather A. Pedersen, PhD, Clinical Psychology, University of North Dakota, Grand Forks (First Year)  
Laura Shultz, PsyD, Clinical Psychology, Wheaton College (First Year)

## Completed in 2012

### *Psychology Interns*

Saroj Hardit, Counseling Psychology, University of Illinois – Urbana/Champaign  
Patti Henderson, Clinical Psychology, Texas A & M University  
Ashley Jackson, Clinical Psychology, University of Memphis  
Thorayya Giovannelli, Clinical Psychology, Regent University  
R. John Sawyer, Counseling Psychology, University of Memphis  
Christie Spence, Clinical Psychology, Washington University  
Angela Volz, Clinical Psychology, Miami University

### *Psychology Fellows*

Khatidja Ali, PhD, Clinical Psychology, University of Memphis  
Tracy Chisholm, PsyD, Clinical Psychology, Nova Southeastern University  
Alison Dowd, PsyD, Clinical Psychology, Carlos Albizu University (Second Year)  
Cody Duckworth, PsyD, Clinical Psychology, Indiana University of Pennsylvania  
Claudia McCausland, PhD, Clinical Psychology, University of Memphis  
J. Chris Young, PhD, Clinical Psychology, University of Mississippi (Second Year)

## Completed in 2011

### *Psychology Interns*

Khatidja Ali, Clinical Psychology, University of Memphis



Tara Kane, Clinical Psychology, Pacific Graduate School of Psychology  
 Megan Lavery, Clinical Psychology, LaSalle University  
 Lindsey Moore, Counseling Psychology, Texas Tech University  
 Michael Moore, Counseling Psychology, University of Southern Mississippi  
 Kate Sawyer, Clinical Psychology, Florida State University  
 Marian Zimmerman, Clinical Psychology, University of North Texas

### **Psychology Fellows**

Thomas Alm, PsyD, Clinical Psychology, La Salle University  
 Tanecia Blue, Ph.D., Counseling Psychology, Texas Tech University  
 Alison Dowd, PsyD, Clinical Psychology, Carlos Albizu University (First Year)  
 Noelle Liwski, PhD, Counseling Psychology, Purdue University  
 Veronica Shead, PhD, Clinical Psychology, Washington University  
 Mardi Smith, PhD, Counseling Psychology, University of Memphis  
 Jeffrey Willems, PhD, Clinical Psychology, University of Arkansas  
 J. Christopher Young, PhD, Clinical Psychology, University of Mississippi (First Year)

## **Completed in 2010**

### **Psychology Interns**

Thomas Alm, Clinical Psychology, LaSalle University  
 Katrina Bratton, PhD, Clinical Psychology, University of Montana  
 Kristen Crafton, Clinical Psychology, Spalding University  
 Stacey Crump, Clinical Psychology, Howard University  
 HaNa Kim, Counseling Psychology, Virginia Commonwealth University  
 Susan Mickel, Clinical Psychology, Fielding Graduate University  
 J. Christopher Young, Clinical Psychology, University of Mississippi

### **Psychology Fellows**

Brandon Baughman, PhD, Clinical Psychology, University of Tulsa (Second Year)  
 Joseph Currier, PhD, Clinical Psychology, University of Memphis  
 Regina McConley, PhD, Clinical Psychology, University of Alabama at Birmingham  
 Jana Mullins, PsyD, Clinical Psychology, Argosy University – Atlanta  
 Eliyahu Reich, PhD, Clinical Psychology, St. Johns University  
 Nabeel Yehyawi, PsyD, Clinical Psychology, University of Indianapolis (Second Year)

## **Clinical Psychology Fellowship: Admissions, Support, and Initial Placement Data**

### **Post-Doctoral Residency Program Tables**

*Data Program Tables are Updated: November 30*

#### **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	_____ <b>Yes</b>
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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.	<u>  X  </u> No
If yes, provide website link (or content from brochure) where this specific information is presented:	

### Postdoctoral Program Admissions

<p><b>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 resident selection and practicum and academic preparation requirements:</b></p>
<p>Applicants who show a good fit with our program have a strong interest in pursuing the following goals: a) to practice as a clinical psychologist who is prepared to provide assessment, intervention, consultation, and program development and management services, including in the designated focus area; b) to provide training and supervision in clinical psychology; c) to function effectively in team treatment settings; d) to provide services to diverse adult populations; e) to utilize clinically relevant research to inform clinical psychology practice; and f) to practice in an ethically and legally sound manner with strong professional values and attitudes. Other factors that reflect good fit include prior experiences in clinical psychology and in the focus area at the practicum and/or internship level.</p>

<p><b>Describe any other required minimum criteria used to screen applicants:</b></p>
<ul style="list-style-type: none"> <li>• 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</li> <li>• Completion of an APA-accredited or CPA-accredited Psychology Internship Program.</li> <li>• United States citizenship.</li> <li>• Male applicants born after 12/31/1959 must have registered for the draft by age 26.</li> <li>• Selected fellows are subject to fingerprinting, background checks, and urine drug screens. Selection decisions are contingent on passing these screens.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>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 <a href="#">link</a>.</b></p> <p>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 UT Consortium site.</p>

## 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 fellow?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of domestic partner available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hrs/year
Hours of Annual Paid Sick Leave	104 hrs/year
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to fellows in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Benefits</b> (please describe): Every year, we offer up to 5 days authorized absence for professional development activities (e.g., attending or presenting at conferences).	

## Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	<b>2019-2022</b>	
Total # of residents who were in the 3 cohorts	9	
Total # of residents who remain in training in the residency program	0	
	<b>PD</b>	<b>EP</b>
Academic teaching	0	0
Community mental health center	0	1
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Medical Center	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.