Updated July 2023

Psychology Internship Training Program 2024-2025

Central Arkansas Veterans Healthcare System (CAVHS)

Accredited by:

THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

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

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

For more information, please contact: Dr. Alissa Kolb at Alissa.Kolb@va.gov

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Life in Little Rock

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

Little Rock accommodates a variety of tastes. Neighborhoods range from luxurious, well-appointed loft apartments in midtown and downtown Little Rock, to the suburban and family-oriented dwellings of Chenal Valley, Hillcrest, and The Heights. It has a lower cost of living than the national average, so your money will go a long way in this region. The median sale price of a home is noticeably lower than the national median, while Little Rock residents generally pay less for things like food, utilities, and health care than the average American.

Getting around Little Rock is a cinch! Virtually any place in the region can be easily reached by car within 30 minutes. Those who prefer not to drive can rely on the Rock Region Metro bus system, which offers routes throughout downtown Little Rock and well into the suburbs. The metro area also features a streetcar with two lines operating between Little Rock and North Little Rock. When you're ready to take a break from Little Rock and the responsibilities of home and work life, the Bill and Hillary Clinton National Airport offers daily direct flights to many regions across the nation, provided by major airlines like American, Delta, and United Airlines. Amtrak and Greyhound also provide ground transportation to nearby metro areas.

You may also be interested to know that Little Rock experiences all four seasons. For those looking to escape the harsh weather conditions of other areas farther north, you'll be happy to know that winters in Little Rock are historically mild; on the other hand, summers can be intense and are typically characterized by humid heat. You may find, however, that enduring our summers is worth it when you are rewarded with gorgeous Arkansas fall and spring seasons year after year.

Have we mentioned that Little Rock is a fantastic place to live for those who enjoy the outdoors? The region is an easy drive from Pinnacle Mountain State Park, Ouachita National Forest, and the stunning Ozark Mountains, and Hot Springs National Park is only an hour away. Residents can also take advantage of golf courses and trails found within the city limits.

For those who identify more as city folks, the downtown and midtown areas feature a variety of local restaurants and breweries. The metro area also enjoys a great live music scene, which ranges from piano bars to the Arkansas Symphony Orchestra. The local Arkansas Arts Center hosts theater performances, and the region also contains a handful of art galleries. There are also local stores and boutiques for shopping. More family-oriented entertainment can be found at neighborhood pools, the year-round ice rink, and the Little Rock Zoo.

And don't forget about all the opportunities to follow local Arkansas sports, whether it's watching the Arkansas Razorbacks play at War Memorial Stadium in Little Rock or Razorback Stadium in Fayetteville or the Arkansas Travelers at Dickey-Stephens Park!

But if all that doesn't sell you on Little Rock, maybe this will…many of our current psychologists on staff (about one-third, most of whom were not originally from Arkansas) were previously an intern or fellow at CAVHS. They liked it so much that they either stayed after completing their training or returned when an opening later became available. Not only does this demonstrate that Arkansas is a fantastic place to live, it also says a great deal about the training culture at CAVHS. So, regardless of whether Arkansas becomes a temporary or permanent home for you, we are confident you will find much to appreciate, not only about our state and its culture, but about our training program and its culture, too!

About Our Medical Center

POPULATION SERVED

Located in beautiful central Arkansas, **Central Arkansas Veterans Healthcare System (CAVHS)** is a large and comprehensive VA medical complex within the Department of Veterans Affairs (VA) that serves a diverse population representative of the cultural diversity inherent to the geographical region. The medical center is located in a metropolitan area of over 725,000 people and draws from a primary service area of 275,000 veterans. CAVHS providers also serve many veterans from other VAs and surrounding states, many of whom are referred for specialty programs, as well as active duty and National Guard personnel and family members. CAVHS serves adult veterans and their families, and the age range varies tremendously. Veterans served may include active-duty patients in their early twenties to geriatric patients aged 100+ years. Historically, the patient population has been predominately male, but with our recent Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflicts, an increasing percentage of women are establishing care and utilizing health care services at CAVHS. Fortunately, our Women's Clinic, which has been in place since the mid-1990s, is more than equipped to address the recent rise in the population of female veterans served. Additionally, ethnic diversity is broad, with the African American community being the largest minority group served. The medical center also serves veterans requiring a wide variety of needs, ranging from medical, surgical, behavioral, psychiatric, and psychosocial concerns.

SERVICES PROVIDED

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

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

located in the Little Rock Metro Area. Finally, CAVHS offers an active telemedicine program, which provides remote services using advanced telemedicine technology directly from the North Little Rock campus to the area CBOCs.

HISTORY OF TRAINING

Throughout its rich history, CAVHS has been widely recognized, first and foremost, for a tradition of quality and caring for Arkansas veterans as well as for excellence in education, research, and emergency preparedness. To that end, CAVHS serves as a teaching facility for more than 1,500 students and residents enrolled in more than 65 educational programs; its principal affiliate is the University of Arkansas for Medical Sciences (UAMS). The history of CAVHS includes training for the field of psychology since the 1950s. The Psychology Internship Program was established in 1979 and has been fully accredited by APA since 2002. Furthermore, the Postdoctoral and Interprofessional Fellowship Program has been fully accredited by APA since 2013, and the Clinical Neuropsychology Postdoctoral Fellowship Program was recently accredited, on contingency status, by APA in October 2022.

VHA MISSION

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

VHA VISION

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

VA CORE VALUES

Our core values are **I**ntegrity (i.e., act with high moral principle); **C**ommitment (i.e., work diligently to serve veterans and other beneficiaries); **A**dvocacy (i.e., be truly veteran-centric by identifying, fully considering, and appropriately advancing the interests of veterans and other beneficiaries); **R**espect (i.e., treat all those you serve and with whom you work with dignity and respect); and **E**xcellence (i.e., strive for the highest quality and continuous improvement).

Facilities

NORTH LITTLE ROCK CAMPUS

Situated atop scenic bluffs overlooking the Arkansas River and the Little Rock Metropolitan skyline, our North Little Rock campus occupies the late-19th century Fort Roots military installation (originally commissioned for the US Army Cavalry prior to World War I) and is now a functioning hospital complex and National Historic Site. Located on the North Little Rock campus, the **Eugene J. Towbin Healthcare Center** is a large four-story building, which was constructed in 1983. It houses each of this division's outpatient programs, residential rehabilitation programs, and inpatient beds. This building also contains a cafeteria, canteen store, medical library, bowling alley, barber shop, and indoor walking trail. The grounds of the North Little Rock campus are large and contain two small fishing lakes, an employee fitness center (available to staff and interns on a 24-hour basis), a fitness trail, a softball field, a newly constructed State Veterans Home, and numerous historic buildings operating as administrative offices for the VA. Also co-located on the North Little Rock Campus are the VISN 16 Mental Illness Research, Education, and Clinical Center (MIRECC) and the VA's Federal Law Enforcement Training Center (FLETC), which trains the entire federal VA police force.

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

Eugene J. Towbin Healthcare Center

2200 Fort Roots Drive

North Little Rock, AR 72114

Phone: (501) 257-1000

LITTLE ROCK CAMPUS

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

John L. McClellan Memorial Veterans Hospital

4300 W. 7th Street

Little Rock, AR 72205-5484

Phone: (501) 257-1000

INTERN LEARNING RESOURCES

All interns are provided with adequate office space, equipped with appropriate furniture, a telephone with private voicemail, and a computer which allows access to medical records including progress notes, consult reports, laboratory findings, imaging films and reports, and access to remote records from other VA facilities across the nation. Email access, internet access, and a virtual library for literature searches are also available on each computer. Both campuses house medical libraries, and interns can gain access to the UAMS library located next to the Little Rock campus if needed. If a book or article cannot be found via the onsite libraries or virtual libraries, an online inter-library loan request can be made. Interns also have access to free parking at both campuses.

Entry to Intern Suite

Intern Office #1

Intern Office #1

Intern Office #2

Intern Office #2

Intern Office #3

Intern Office #4

Intern Office #4

Contacts

Alissa Kolb, PsyD
Director of Training

Alissa.Kolb@va.gov

Phiffany Spruill
Administrative Support Assistant

Phiffany.Spruill@va.gov

Gabby Cox, PsyD
Assistant Director of Training

Gabrielle.Cox@va.gov

Central Arkansas Veterans Healthcare System

2200 Fort Roots Drive (116B/NLR)

North Little Rock, AR 72114

Alissa Kolb, PsyD: (501) 257-2870
Phiffany Spruill: (501) 257-3793
Gabby Cox, PsyD: (501) 257-3473

Thank you for your interest in the CAVHS Psychology Internship Program. Please do not hesitate to contact us if you have any questions throughout the application process. We look forward to hearing from you!

Psychology Internship Program

OVERVIEW

The CAVHS Psychology Internship Program provides a **generalist** training experience. All interns, regardless of specialty interests, are expected to learn and demonstrate the basic skills required of a beginning psychologist, primarily in the areas of assessment, intervention, consultation, and professional development. Our program focuses on supervised clinical training and features tracks with emphasis areas in clinical psychology, health psychology, and neuropsychology. All tracks provide vigorous training in evidence-based practices and promote recovery-oriented, veteran-centered care.

TRAINING MODEL

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

PROGRAM AIMS

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

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

TRAINING PHILOSOPHY

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

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

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

COMMITMENT TO DIVERSITY

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

PROGRAM LEADERSHIP

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

Alissa Kolb, PsyD
Director of Training

Gabby Cox, PsyD
Assistant Director of Training

TBD
Selection Chair

John Ray, PhD
Education Coordinator

Jessica Domino, PhD
Diversity Chair

Byron Simoneaux, PhD
Member-at-Large

Courtney Ghormley, PhD, ABPP
Program Administrator for Psychology Training Programs

ABOUT OUR FACULTY

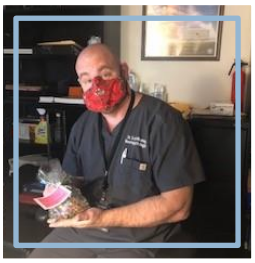
There is no doubt that our faculty **LOVE** to teach and supervise interns. While supervision is completely voluntary and not a required part of their professional responsibilities at CAVHS, the vast majority of our psychology staff offer clinical rotations on which they serve as supervisors to our psychology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

Our supervisors are highly qualified and have trained at top-notch graduate programs, internships, and fellowships across the country. Most have specialty training and expertise in at least one of the following areas: trauma (PTSD/MST), severe mental illness (SMI), health psychology, neuropsychology, geropsychology, rehabilitation psychology, chronic pain, sleep disorders, eating disorders, moral injury, nightmares, LGBTQ+ issues, sexual health, personality disorders, diversity issues, first responders, rural populations, mental health stigma, gratitude, disability, and health disparities. Our supervisors practice from a variety of theoretical orientations, but most utilize and integrative approach, incorporating cognitive behavioral, acceptance- and mindfulness-based, interpersonal, dialectical behavioral, psychoanalytic, existential, humanistic, feminist, behavioral, and relational theories into their case conceptualization and clinical practice. Three of our staff are board-certified through the American Board of Professional Psychology (ABPP). Two faculty members are certified in biofeedback by the Biofeedback Certification International Alliance (BCIA). Most supervisors are certified in various evidence-based psychotherapies (EBPs), many of whom are also VA regional or national trainers. Thus, our interns have the opportunity to learn from some of the best practitioners and experts in the field.

Our psychologists are well-integrated and respected throughout our large VA facility. They serve in a variety of leadership positions throughout the hospital, including various roles as team leaders; program managers; Diversity, Ethics, and Dementia Committee members; Lead Smoking Cessation Clinician; Local Recovery Coordinator; Research Hub Coordinator; and Health Behavior Coordinator, to name a few. Our staff are also actively engaged in a variety of professional organizations, and several hold leadership roles or committee chair positions within these organizations. They have served as President of the Arkansas Psychological Association, are currently serving on the Board of Directors, and have served on the state licensing board for psychologists. Many are active members of the American Psychological Association (APA) as well as various divisions within APA, including Division 12 (Clinical Geropsychology), Division 17-Section 13 (Human-Animal Interaction), Division 18 (Public Service), Division 19 (Society for Military Psychology), Division 20 (Adult Development and Aging), Division 22 (Rehabilitation Psychology), Division 38 (Health Psychology), Division 40 (Neuropsychology) and Division 56 (Trauma Psychology). Our staff have served as members of the APA Council of Representatives representing the state of Arkansas. They are also active members in other professional organizations and associations, including the Association of VA Psychology Leaders (AVAPL), Arkansas Psychological Association (ArPA), Arkansas Association of Black Psychology Professionals, Society of Behavioral Medicine, American Society of Hypnosis, National Academy of Neuropsychology (NAN), International Neuropsychology Society (INS), National Register of Health Service Providers, International Society for Traumatic Stress Studies, Association for Behavioral and Cognitive Therapies, Society for Implementation Research Collaboration, Association of Contextual Behavioral Science, and American Congress of Rehabilitation Medicine. Our internship program is also a member of the Association for Internship Training in Clinical Neuropsychology (AITCN) and the Council of Geropsychology Training Programs (CoGTP).

In addition to their excellent clinical work, several of our supervisors are clinician-investigators affiliated with nationally recognized centers, including the Center for Mental Health Care and Outcomes Research (CeMHOR); Behavioral Health Quality Enhancement Research Initiative (BHQUERI); Geriatric Research Education and Clinical Center (GRECC); South Central Mental Illness Research, Education, and Clinical Center (SCMIRECC); and Evidence, Policy, and Implementation Center (EPIC). Clinician-investigators at CAVHS are supported by an array of funding partners (i.e., VA, DOD, NIH), and our interns who are interested in working with these psychologists have the opportunity to participate in projects focused on suicide prevention, health equity, implementation science, neurocognitive disease, and access to/utilization of care. Additionally, many of our supervisors hold various academic appointments and are actively engaged in teaching at the University of Arkansas for Medical Sciences (UAMS) or the University of Arkansas at Little Rock (UALR). Furthermore, several of our staff engage in private practice outside the VA.

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



Core Program Requirements

PROGRAM STRUCTURE

The training year includes one week of orientation to the Psychology Internship Program; three, four-month major rotations; and two, six-month minor rotations. Interns spend three days (24 hours) per week on each major rotation, one-and-a-half days (12 hours) per week on each minor rotation, and one-half day (4 hours) per week in didactic training throughout the course of the training year.

SUPERVISION

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

EVALUATION

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

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

developed. Behavioral objectives are clearly defined by primary supervisors at the beginning of each rotation, with input from the intern.

Formal, written evaluation occurs on a monthly basis through the use of the Trainee Progress Report; at the midpoint and endpoint of each major and minor rotation through the Internship Competency Form; and at mid-year and end-of-year through the Supplemental Internship Competency Form. Skill progression is expected to be cumulative and graded over time. Interns are expected to show an increase in basic skill development throughout the training year. By the end of internship, the intern is required to perform on each competency at a level appropriate for independent entry-level practice in the field of psychology. Methods for measuring skill development are briefly discussed below.

Major and minor rotation supervisors evaluate interns on a monthly basis by completing the Trainee Progress Report, which clarifies the intern's current level of supervision; serves as formal documentation of the intern's progress within program-specific and rotation-specific competencies, including identification of any potential performance deficiencies and clear expectations for improvement; allows supervisors the opportunity to request additional support from the Training and Executive Committees in addressing any potential performance deficiencies; and allows supervisors the opportunity to recommend a formal remediation plan and/or changes to the intern's training plan in order to appropriately and swiftly address any identified performance deficiencies. Each supervisor for both major and minor rotations will complete the form, review it with the intern during supervision, and provide the intern with an electronic copy for their records prior to each monthly Training Committee meeting. The completed form will then be submitted to the Director of Training for placement in the intern's file.

Major and minor rotation supervisors also evaluate interns at the midpoint and endpoint of each major and minor rotation by completing the Internship Competency Form, which monitors the intern's progress and identifies the degree to which they have met their required profession-wide and program-specific competencies via formal numerical ratings. Evaluations are completed by the primary supervisor but will also incorporate feedback from any secondary supervisors. To ensure that interns understand what is expected, each supervisor will review the Internship Competency Form with the intern at the beginning of each rotation. At mid-rotation, each supervisor for both major and minor rotations will rate the progress of the intern using the form and will review the ratings with the intern. The completed form will be submitted to the Director of Training for placement in the intern's file. At the end of each rotation, each supervisor for both major and minor rotations will again complete the rating form and will review their ratings with the intern. The form is then submitted to the Director of Training for placement in the intern's file. Interns whose performance is not at an expected level of competence will be advised regarding the problem area(s) in his/her performance, and a specific plan to address the deficiency will be provided in writing and discussed with the intern. When performance improvement plans are warranted, they will be developed with the Executive Committee and approved by the Director of Training.

The Education Coordinator, Diversity Chair, and Supervision Seminar Leader evaluate interns at the midpoint and endpoint of the internship training year by completing the Supplemental Internship Competency Form, which monitors the intern's progress and identifies the degree to which they have met their required profession-wide and program-specific competencies via formal numerical ratings as well as tracks their progress toward completing all program requirements by the end of their training year. To ensure that interns understand what is expected, each seminar leader will review the Supplemental Internship Competency Form with the intern during their initial Intern Development Seminar (IDS), Diversity / Recovery Seminar, and Supervision Seminar

meetings. At mid-year, the Education Coordinator, Diversity Chair, and Supervision Seminar Leader will rate the progress of the intern using the form and will review the ratings with the intern. The completed form will be submitted to the Director of Training for placement in the intern's file. At the end of the year, the Education Coordinator, Diversity Chair, and Supervision Seminar Leader will again complete the rating form and will review their ratings with the intern. The form will again be submitted to the Director of Training for placement in the intern's file. In addition to evaluating the intern's performance within the profession-wide and program-specific competency domains, the Supplemental Internship Competency Form is also utilized to track an intern's progress toward completing all program requirements by the end of their training year. The Director of Training will first review the Supplemental Internship Competency Form with all interns during Orientation Week. During each individual quarterly meeting with the intern, the Director of Training will record their progress toward completing their required presentations, evidence-based psychotherapy (EBP) protocol, and six integrated assessments, after which the completed form will be placed in the intern's file. Notably, consistent with regulatory requirements of APA and APPIC, copies of the Internship Competency Form and Supplemental Internship Competency Form will also be submitted to the Director of Clinical Training at the intern's graduate program at mid-year and end-of-year.

It is equally important that interns evaluate their supervisors, clinical rotations, and the training program as a whole. Ongoing feedback from interns has regularly shaped the program's policies, procedures, and training opportunities. Interns and staff are expected to exchange feedback routinely and informally as a part of the supervisory process, but we also include formal evaluations in this process to allow the Psychology Internship Program to evaluate its progress in providing a quality training experience that successfully trains interns in identified competencies. Identified strengths and deficiencies of specific training experiences are closely examined in order to implement necessary program changes. We also want to be sure that our training staff is consistent with our program philosophy of treating interns with courtesy and respect and engaging wherever possible in collaborative interactions as part of the training program.

To that end, interns formally evaluate their experiences on each rotation and with each supervisor at the end of each clinical rotation by completing the Supervisor/Rotation Rating Form, which elicits information regarding the value of the activities on the rotation, the quality of the supervision provided, and recommendations for improvement of the training experience via formal numerical ratings as well as narrative qualitative feedback. Notably, to protect the anonymity of the intern, the Supervisor/Rotation Rating Form is collected by the Director of Training and will not be shared with individual supervisors until interns have completed their internship year. In the event that an intern is directly supervised by the Director of Training, the evaluation form will instead be collected by the Program Administrator for Psychology Training Programs.

Interns also formally evaluate their required didactic training experiences on an ongoing basis throughout their internship year by completing the Presentation Feedback Form for each seminar and presentation they attend. Notably, to protect the anonymity of the intern, for any didactic presentation completed by a faculty member, the Presentation Feedback Form is collected by the Chief Intern and submitted to the respective seminar leader who will then privately share the feedback with the presenter(s). In the event that a presentation is completed by an intern, the Presentation Feedback Form is instead collected by the respective seminar leader who will then privately share the feedback with the intern. Additionally, interns are encouraged to discuss any issues related to their didactic training experiences, make suggestions for improvements, and bring up any areas of concern to their respective seminar

leaders at any point throughout the training year as well as during their scheduled meetings with the Education Coordinator, Diversity Chair, and Supervision Seminar Leader at the midpoint and endpoint of their training years.

Finally, interns will meet regularly with the Director of Training throughout the training year, both individually and as a group. Interns will meet periodically throughout the training year, as a group, with the Director of Training during Tuesdays with the Training Director. During these meetings, interns are encouraged to discuss any training issues, make suggestions for improvements, and bring up any areas of concern. The Director of Training will also schedule individual meetings with each intern on a quarterly basis throughout the training year to provide opportunities for individual consultation and/or to privately share any training issues, concerns, or areas for programmatic improvement. Additionally, The Director of Training will hold regular office hours each week, at which time interns are invited to stop by for "on-the-fly" consultation as needed or desired. At mid-year and then again upon completion of the internship year, interns will meet individually with the Director of Training for the purpose of reviewing intern progress, including their clinical and professional strengths and areas of growth, and tracking progress toward internship goals and requirements. Interns are also encouraged to use this scheduled meeting as an opportunity to discuss any training issues, make suggestions for improvements, and bring up any areas of concern.

Notably, at the completion of the internship year, interns will meet with an outside consultant, who is not involved in the training program and does not serve in an evaluative role, for a formal group exit interview. The goal of this interview is for interns to have an opportunity to provide anonymous global feedback about the program, supervisors, seminar leaders, and program leadership as well as recommendations for programmatic improvement. Feedback collected from this meeting will be shared with the Program Administrator for Psychology Training Programs, who will then disseminate the feedback to the Director of Training and Executive Committee, after the interns have vacated the program.

ASSESSMENT REQUIREMENT

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

EVIDENCE-BASED PSYCHOTHERAPIES (EBPs)

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

EDUCATION/DIDACTICS

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

Intern Development Seminar (IDS) – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled periodically on Tuesday afternoons for two hours throughout the training year. The seminar is led by Dr. John Ray, Education Coordinator, and presentation topics are chosen based on our program's identified aims, feedback collected from prior intern cohorts, and the unique interests and training needs of each new intern class. A wide variety of topics are covered and generally include presentations in the areas of military culture, cultural competence/diversity, clinical assessment and intervention, evidence-based psychotherapy, medical/health psychology, neuropsychology, geropsychology, and professional development. They often serve as an opportunity to discuss legal, ethical, and cultural issues involved in the practice of psychology as well as diagnostics and testing, psychotherapy, new research, and specialty issues. Presenters primarily include faculty within the Psychology department, though psychology fellows, staff from other healthcare disciplines, and non-VA or community professionals occasionally serve as invited guest speakers. Please contact Dr. Ray at (501) 257-2321 for more information about the Intern Development Seminar. Additionally, as part of this didactic series, interns are required to complete the following presentations during their training year:

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

Intern Case Presentation – This is a required presentation experience for all interns, regardless of training track. The intern will schedule his/her presentation at the beginning of the training year and will choose a faculty mentor to serve as a guide prior to and during presentation of the case. Presentations are expected to include review and discussion of a unique or challenging assessment and/or intervention case. All presentations must involve an overview of the referral question, patient history and presenting problems, the intern's chosen assessment and intervention methods, treatment course and outcomes, relevant cultural and ethical considerations, and any identified areas for continued growth. Integration of the relevant literature is also expected. The presentation is designed to increase the intern's experience with educating and facilitating discussion among one's peers as well as providing thoughtful and constructive feedback regarding his/her peer's case conceptualization and assessment/treatment methods. While some prior interns have historically chosen to present formally with a PowerPoint presentation, others have presented more informally. Some have opted to incorporate

learning tools that are unique to their cases and clinical rotations (e.g., interns who have brought neuroimaging scans or raw test data for education purposes; interns working in the PCT who have provided abbreviated transcriptions of a PE protocol; etc.). Interns will present in a venue open to all Psychology staff and trainees. All proposed topics must be approved by Dr. Ray prior to the presentation date.

Diversity / Recovery Seminar – This seminar is required for all interns, regardless of training track, and fellows. It is scheduled monthly on Tuesday afternoons for 1.5 hours throughout the training year. The seminar is led by Dr. Jessica Domino, Diversity Chair. Notably, all presentation topics and subsequent discussions are chosen and led exclusively by the trainees in attendance. The seminar is designed to provide a consistent and safe environment for all trainees to explore and appreciate cultural diversity; enhance self-awareness skills through various assigned readings and written self-reflection assignments; apply recovery principles to healthcare services; and learn about the culture of the local community through participation in various required culturally relevant outings. Please contact Dr. Domino at (501) 257-3481 for more information about the Diversity / Recovery Seminar.

Supervision Seminar – This seminar is a required didactic experience for all interns, regardless of track. It is scheduled periodically on Tuesday afternoons for 1.5 hours throughout the training year. The seminar is led by Dr. Courtney Ghormley, Program Administrator for Psychology Training Programs, though other CAVHS supervisors or guest speakers may be invited to attend. Interns are exposed to various didactics and interactive exercises to encourage discussion and to develop skills related to formal supervision of trainees within the field of psychology. Throughout the seminar, interns will engage in role-plays, self-reflection exercises, and discussion of vignettes. The seminar is designed to provide interns with the opportunity to continue to build knowledge and skills in supervision of trainees. Please contact Dr. Ghormley at (501) 410-7688 for more information about the Supervision Seminar.

Health Track Seminar – This seminar is required for all Health Psychology Track interns, though all interns are invited to attend as their interests and schedules allow. It is scheduled monthly on Thursday afternoons for 1.5 hours throughout the training year. The seminar is led by Dr. Sarah Scott, and presentation topics are chosen based on our program's identified aims, feedback collected from prior intern cohorts, and the unique interests and training needs of each new intern class as requested. A wide variety of topics related to the field of Health Psychology are covered and generally include presentations in the areas of comorbid medical and mental health conditions, psychopharmacology, holistic behavioral health interventions (e.g., biofeedback, hypnosis), management of chronic pain, tobacco cessation, weight management, and mobile and virtual health applications. Presenters primarily include faculty within the Psychology department, though psychology fellows, staff from other healthcare disciplines, and non-VA or community professionals may serve as invited guest speakers. Please contact Dr. Scott at (501) 257-1000 for more information about the Health Track Seminar.

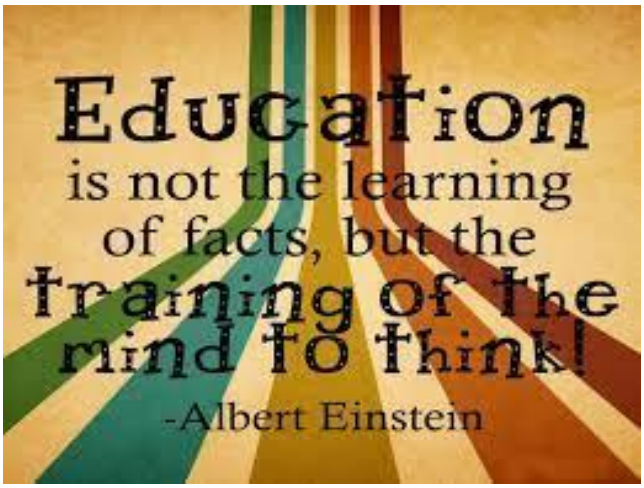
Neuropsychology Track Seminar – This seminar is required for all Neuropsychology Track interns as well as Clinical Psychology and Health Psychology Track interns who select a neuropsychology rotation as a major rotation experience; however, all interns are invited to attend as their interests and schedules allow. It is scheduled weekly on Friday mornings for one hour throughout the training year. The seminar is co-led by Drs. Mathis and Mooney, board-certified neuropsychologists, as well as the neuropsychology fellows, and presentation topics are chosen based on our program's identified aims, feedback collected from prior intern cohorts,

and the unique interests and training needs of each new intern class as requested. A wide variety of topics related to the field of Neuropsychology are covered and generally include presentations in the areas of neuroanatomy, validity, neuropsychological presentations and etiology, and professional development. Please contact Dr. Mathis at (501) 257-2840 for more information about the Neuropsychology Track Seminar.

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

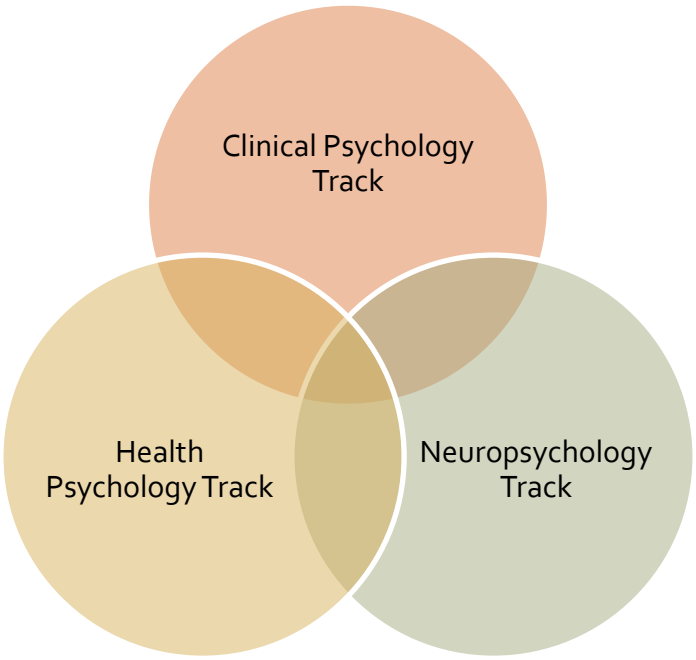
Professional Development Seminar (PDS) – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour throughout the training year. The seminar is led by Dr. Mooney, Chief Psychologist. A wide variety of topics are covered and generally include presentations related to professional development, including discussion of specialty board certification through the American Board of Professional Psychology (ABPP). They often serve as an opportunity to discuss legal, ethical, and cultural issues involved in the practice of psychology. Presenters primarily include faculty within the Psychology department, though psychology fellows, staff from other healthcare disciplines, and non-VA or community professionals occasionally serve as invited guest speakers.

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



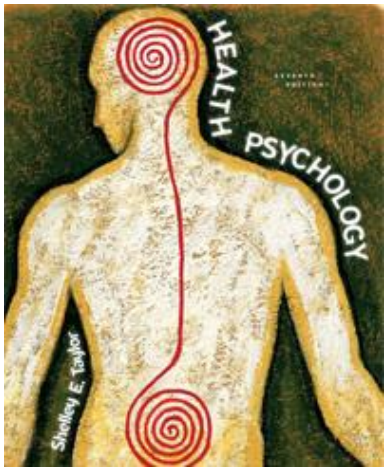
Psychology Training Tracks

As noted previously, our training program is a generalist internship, ensuring that each intern develops the basic skills necessary for the practice of psychology. All interns will be expected to demonstrate minimum competency in multiple modalities of treatment, including therapy with individuals and groups; evidence-based psychotherapies (EBPs); and psychometrics. However, while these basic skills are expected of all interns, the program also supports early development of specialty interest in addition to the generalist philosophy. For this reason, our program offers Major Areas of Study in Health Psychology and Neuropsychology, whereby interns will dedicate 50% of their time on clinical rotations within their specialty track. Specific learning opportunities will vary depending on the track for which the intern is chosen as well as the individual's interests, training needs, and program requirements. During the first week of orientation, the Director of Training will work collaboratively with the intern to develop a course of internship training, which will meet the intern's needs and interests to optimize training for each individual intern.



The Clinical Psychology Track within our psychology internship program focuses on providing interns with a well-rounded experience in a wide variety of clinical settings. Applicants for this track are expected to have strong foundational clinical skills as well as an interest in general clinical or counseling psychology. Interns who choose this track and have a solid grounding in the basics of professional psychology will be given opportunities to develop a wider breadth of experiences or greater depth of skills with specific treatment populations and/or treatment modalities. Although ample training will be provided in working with mental health patients, the generalist intern will also be exposed to working with complex medical patients. Interns accepted for this track will have the option of selecting a combination of major and minor rotations among any of the Clinical Psychology Track, Health Psychology Track, and Neuropsychology Track training experiences. Notably, in the event that there are overlapping preferences with other interns on the Health Psychology and Neuropsychology tracks, priority will be given to interns on the Clinical Psychology Track when selecting available Clinical Psychology rotations.

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



The following are *examples* of *potential* training plans for interns on the Health Psychology Track who are interested in a particular area of focus:

Health Psychology Track (Primary Care Focus)	Primary Care Behavioral Health (PCBH)	Home Based Primary Care (HBPC)	Mental Health Clinic (MHC)
	Clinical Research	Outpatient Neuropsychology Clinic	

Health Psychology Track (Sleep Medicine Focus)	Primary Care Behavioral Health (PCBH)	Interdisciplinary Pain Clinic (IPC) and TelePain Clinic	Outpatient Neuropsychology Clinic
	Sleep Medicine	PTSD Clinical Team (PCT)	

Health Psychology Track (Pain Focus)	Interdisciplinary Pain Clinic (IPC) and TelePain Clinic	Mental Health Clinic (MHC)	Outpatient Neuropsychology Clinic
	Whole Health	Health Promotion Disease Prevention (HPDP)	

Health Psychology Track (Geropsychology Focus)	Home Based Primary Care (HBPC)	Hospice and Palliative Care (HPC)	Geriatric Neuropsychology Clinic
	Memory Disorders Clinic (MDC)	Mental Health Clinic (MHC)	

Health Psychology Track (Rehab Focus)	Acute Rehab	Home Based Primary Care (HBPC)	Substance Use Disorder (SUD) Treatment Program
	Memory Disorders Clinic (MDC)	Outpatient Neuropsychology Clinic	

The Neuropsychology Track within our psychology internship program adheres to APA's Division 40 guidelines and offers a Major Area of Study in Neuropsychology. Additionally, our program is a member of the Association for Internship Training in Clinical Neuropsychology (AITCN). For those interns who are selected for this track, 50% of their time will be dedicated to providing direct patient assessment and consultation services on clinical rotations that are listed as Neuropsychology training experiences (i.e., either two major rotations or a combination of one major and two minor rotations). Remaining rotations must be selected from the Clinical Psychology Track and/or Health Psychology Track training experiences. Notably, in the event that there are overlapping preferences with other interns on the Clinical Psychology and Health Psychology tracks, priority will be given to interns on the Neuropsychology Track when selecting available Neuropsychology rotations. Applicants for this track are expected to have solid foundational clinical skills as well as a special interest in neuropsychology. Prior clinical training (i.e., practicum) and/or work experience (e.g., as a neuropsychology technician) is required, and those with a strong clinical background in neuropsychology will be given highest priority. Previous coursework in neuropsychology is preferred but may be waived with sufficient practical experience.

Clinical Rotations

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

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

Clinical Psychology Rotations

MENTAL HEALTH CLINIC (MHC)

Clinical experiences in the MHC will primarily consist of providing outpatient individual therapy and group psychotherapy. The clinic is comprised of an interdisciplinary team of more than 40 providers (i.e., psychologists, pharmacists, psychiatrists, social workers, and nursing staff) in addition to support personnel staff. An essential part of the rotation will be collaboration with other treatment providers.

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

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

This rotation is available as a *major or minor rotation* at any point in the training year.

Location: North Little Rock Campus
Supervisors: Drs. Kennedy, Moseby, and Swenskie

POSTTRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT)

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

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

Trainees on this rotation will improve their understanding of factors that contribute to the development and maintenance of PTSD as well as how to effectively intervene with individuals living with this disorder. The overarching goal is to provide trainees with both breadth and depth of experiences, commensurate with their level of prior experience, current training needs, and future career goals. Our training utilizes a developmental model, with trainees being given greater levels of autonomy as competence and mastery of skills are demonstrated. Live observation and/or session recordings are routinely used to enhance the supervision and feedback provided. Though the opportunity is rare, trainees who have demonstrated competence with particular PTSD interventions may be able to provide vertical supervision to other trainees with less experience in that area (e.g., fellows supervising interns and/or interns supervising practicum students).

Depth of training in the PCT is achieved with a primary focus on the development and refinement of skills related to the delivery of evidence-based practices. Specifically, trainees will emphasize learning and delivering a manualized treatment (Cognitive Processing Therapy or Prolonged Exposure), with both fidelity and flexibility, and will learn to balance doing so while incorporating the other pillars of evidence-based practice that exist beyond the intervention itself. Breadth of training is achieved through exposure to a diverse patient population (with respect to cultural background, military service era, type of trauma, etc.), experience with multiple treatment modalities (psychoeducation, evidence-based treatments, and supplemental approaches), provision of both face-to-face and telehealth individual psychotherapy interventions, provision of measurement-based care, and more.

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

This rotation is available as a *minor rotation* only but can accommodate multiple interns at any point in their training year.

Location: North Little Rock Campus
Supervisors: Drs. Brewer, Domino, Dykhuis, Kitchens, and Simoneaux

DIALECTICAL BEHAVIOR THERAPY (DBT) PROGRAM

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

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

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

Location: North Little Rock Campus
Supervisors: Drs. Landes and Singh

ACCEPTANCE AND COMMITMENT THERAPY (ACT) PROGRAM

This program provides individual and group therapy for veterans of all ages and backgrounds using a contextual behavioral approach. As part of the Mental Health Clinic (MHC), the primary treatment offered is Acceptance and Commitment Therapy for depression (ACT-D), an evidence-based treatment for veterans struggling with a depressive disorder; however, a broader range of acceptance and mindfulness-based therapies are offered for veterans experiencing problems related to anxiety, emotion dysregulation, trauma recovery, chronic pain, and interpersonal distress. Interns will have the opportunity to learn and apply skills related to ACT, Relational Frame Theory, and mindfulness as they work directly with veterans in individual, group, and virtual therapy (both individual and group). Depending on case availability, interns will be able to complete their EBP requirement using ACT-D. Additionally, there may be opportunities to develop and implement an ACT-based group therapy program over the course of the rotation. Training will consist of a didactic component (e.g., readings, case studies), experiential exercises, co-facilitation of group therapy, and individual supervision using a psychotherapy-based model (i.e., ACT). Prior training in ACT is not required to complete this rotation, and the intern and supervisor will collaborate to form a developmentally appropriate plan to meet training their needs.

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

Location: North Little Rock Campus
Supervisor: Dr. Schiele

SUBSTANCE USE DISORDER (SUD) TREATMENT PROGRAM

The Substance Use Disorder treatment program consists of a full spectrum of treatment, including the Stepped Care/Medication Assisted Therapy program (3L), Intensive Outpatient Program (IOP), and Outpatient Recovery Program (ORP). The SUD program utilizes a Recovery Oriented approach to treatment, individualizing each Veteran's treatment program based on their needs and goals. The intern will learn this philosophy of care and will engage in developing and applying Recovery-based approaches. The SUD team is multidisciplinary, consisting of Psychologists, Social Workers, Addiction Therapists, Psychiatrists, LPNs/RNs/APRNs, and Peer Support Specialists. The intern will take an active role as a member of the interdisciplinary treatment team, participating in daily team meetings and treatment team decisions.

Interns choosing this placement will be actively involved in assessment, treatment planning, and delivery of treatment to a wide spectrum of Veterans with SUD and co-occurring disorders. Examples of treatment programming include Seeking Safety; DBT-Skills; CBT-SUD; Whole Health; Motivational Interviewing and Enhancement; Harm Reduction; Relapse Prevention; SMART Recovery; psychoeducational groups; and process groups. Treatment is presented primarily in group format. Interns would take part in completing psychology admission intakes. While individual therapy and more thorough psychodiagnostic assessment/cognitive screening may be available, it should be noted that most of the intern experience will be spent engaged in group work, intake assessment, and interdisciplinary teamwork. This rotation is ideal for those looking to refine their group psychotherapy skills.

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

This rotation is available as a *major* rotation at any point in the training year.

Location: North Little Rock Campus
Supervisor: Dr. Cox

GENERAL DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT PROGRAM (RRTP)

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

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

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

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

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

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

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

Location: North Little Rock Campus

Supervisors: Drs. Neilson and Paschall

PTSD DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT PROGRAM (PTSD RRTP)

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

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

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

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

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

This rotation is available as a *major or minor rotation*, and space is limited to *two interns at any given time*.

Location: North Little Rock Campus
Supervisors: Drs. Bryant and Ray

HOMELESS RESIDENTIAL REHABILITATION TREATMENT PROGRAM (HOMELESS RRTP)

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

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

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

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

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

Location: North Little Rock Campus
Supervisor: Dr. Gunn

ACUTE INPATIENT PSYCHIATRY

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

Interns on this rotation will increase their skills in quickly developing rapport and instilling hope while working with veterans with significant psychosocial challenges. Interns also participate in training and gain skills and confidence in developing safety plans with acutely suicidal and homicidal veterans. A large focus is on group management skills, approaching inpatient treatment from a recovery orientation, and working with an interdisciplinary team. This rotation also occasionally offers the unique opportunity to follow veterans as they transition to less acute inpatient units. All interns provide group and individual services, but due to the flexible nature of the rotation, interns can choose how to specifically focus their time.

Former interns have identified significant growth in group psychotherapy skills and professional development on this rotation and have consistently identified that developing their group management skills was both the most challenging and most rewarding aspect of the training opportunity. Former interns have also consistently provided feedback that real-world training in incorporating recovery principles into an acute inpatient setting is one of this rotation's biggest strengths.

Interns have the opportunity for significant autonomy in selecting their areas of focus and specific work. It is important to note that only morning team meetings and psychotherapy groups are scheduled on this rotation. All other clinical care occurs as needed, and interns are responsible for scheduling individual psychotherapy appointments with their veterans around their other rotation duties. While this kind of flexibility may come naturally to some interns, others may need to work with their supervisor on developing this professional skill in supervision; rest assured, all interns have been successful in shaping this rotation to meet their unique interests and needs.

As discussed, specific clinical activities will vary depending on each intern's interests and needs; however, all interns on this rotation will spend time: (1) attending morning team meetings from 8:30-9:00 on the days they are on the rotation; (2) facilitating and co-facilitating psychotherapy groups; (3) creating, implementing, and training others in a manualized two- to three-session group on the topic area of their choice; (4) completing and writing a thorough chart review of a veteran of their choice; (5) meeting with veterans individually for time-limited therapy, safety planning, and discharge planning; (6) working with the multidisciplinary team as well as outpatient providers to coordinate care; and (7) attending both scheduled and "on the fly" supervision. Additionally, Dr. Viverito is a regional master trainer for Social Skills Training for Schizophrenia; thus, interns on this rotation will have the opportunity to receive training and consultation for this VA Roll Out EBP.

Interns are welcome to select this rotation as a *major or minor* rotation at any point in their training year, though space is limited to two interns at any given time (i.e., one major and one minor or two minors only). Of note, the population on the unit changes rapidly; therefore, learning and satisfaction on this rotation is richest when paired with another flexible rotation so that the intern can schedule brief periods of clinical care (e.g., up to two hours) on the unit across most days of the week.

Location: North Little Rock Campus
Supervisor: Dr. Viverito (*Note:* interns may receive vertical supervision from a Psychosocial Rehabilitation [PSR] fellow)

PSYCHOSOCIAL REHABILITATION RECOVERY CENTER (PRRC)

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

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

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

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

All interns training in the PRRC will (1) provide recovery coaching (e.g., screening, assessment, development of recovery plan, ongoing recovery coaching meetings); (2) co-facilitate in-person classes in the PRRC classroom, via VVC, and in the community; (3) develop and implement their own class in the PRRC; (4) participate in morning interdisciplinary treatment team meetings on Mondays and/or Wednesdays; and (5) complete one thorough chart review for a PRRC Veteran. Though limited, additional opportunities that *may* be available, depending on patient need, include: (1) individual therapy; (2) psychological testing (e.g., diagnostic clarification); (3) development of workshops; and/or (4) learning an EBP.

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

Location: North Little Rock Campus
Supervisor: Dr. Huston (*Note:* interns may receive vertical supervision from a Psychosocial Rehabilitation [PSR] fellow)

LOCAL RECOVERY COORDINATOR (LRC)

The 2003 Presidents New Freedom Commission on Mental Health emphasized the importance of recovery-oriented mental health care, and VHA responded with the VA Mental Health Strategic Plan followed by the Uniform Mental Health Services Handbook. These documents established the position of the Local Recovery Coordinator (LRC) at each VA to facilitate a recovery-oriented cultural change and transformation in Mental Health and throughout the hospital. Dr. Viverito is the LRC at CAVHS, working to help our service continue growing our recovery orientation as we collaborate with veterans on their recovery journey, which is defined by SAMHSA as, "a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."

Interns on the LRC Rotation will focus their learning and practice on mental health recovery and the different duties of the LRC position which is a 25% clinical / 75% administrative position. This rotation works well for those who are flexible and independent (but we can work on developing these professional skills together if they are newer to you!). We often discuss and work on professional development and how to "get things done" without a dedication team or budget. Feedback from prior interns has identified professional development and growth in independently managing their time and projects as both challenging and rewarding aspects of the rotation. In addition to LRC-specific work, interns may also have the opportunity to work on other committees and projects in which Dr. Viverito is involved. For example, she serves as the Program Officer for our hospital's Integrated Ethics Board (i.e., Chair of the Ethics Committee), facilitates focus groups for Women Veterans, and is a member of the Mental Health Diversity Committee, CAVHS Health and Wellness Steering committee, LGBTQ Workgroup, and MST Workgroup.

Clinical care on this rotation occurs in three ways. First, interns will provide individual and group psychotherpay with veterans on the acute inpatient psychiatry unit. Opportunities may also be possible on the geropsychiatry unit and/or running workshops in the PRRC. Second, as part of the national duties of the LRC, interns will work with Dr. Viverito in reaching out to veterans with SMI who were previously seen at CAVHS but have since been lost to care, reestablishing them in care when desired, and reporting this progress to the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC). This often includes multiple calls with veterans and their families to both establish rapport and trust as well as help provide them with needed resources. Third, interns will work to grow our EPIC Program, connecting veterans with first episode psychosis with wrap-around care, including providing baseline assessment on the acute inpatient psychiatry unit and enrolling them in various programs such as the Mental Health Intensive Case Management (MHICM) program, Psychosocial Rehabilitation Recovery Center (PRRC), Vocational Rehabilitation program, Suicide Prevention Program, and Mental Health Clinic (MHC) for medication management and/or other supportive mental health interventions.

Although specific activities will vary depending on each intern's interests and needs, all interns on this rotation will spend time (1) receiving advanced training in recovery orientation; (2) participating in committee meetings, identifying opportunities, and creating education and projects promoting recovery at CAVHS; (3) participating in committee meetings, education, and projects for other committees and workgroups based on intern interests and goals; (4) collaborating with other special services; (5) completing outreach to veterans with SMI who have been lost to care; (6) working with the EPIC Program to connect veterans with first episode psychosis to care; (7) creating, implementing, and training others in a manualized two- to three-session group on the topic area of their choice on the acute inpatient psychiatry unit; (8) completing a thorough chart review for an inpatient veteran of their choice; (9) meeting individually with veterans for time-limited therapy, safety planning, etc.; and (10) attending both scheduled and "on the fly" supervision.

This rotation is available as a *minor rotation* and is limited to *one* intern per rotation. Notably, this is a mixed administrative/clinical rotation. Clinical responsibilities occur via outreach to veterans with SMI, outreach and care coordination for veterans experiencing their first episode of psychosis, and inpatient work.

Location: North Little Rock Campus

Supervisor: Dr. Viverito (*Note:* interns may receive vertical supervision from a Psychosocial Rehabilitation [PSR] fellow)

SLEEP MEDICINE

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

Insomnia is common in most patient populations, and Cognitive Behavioral Therapy for Insomnia (CBT-I) is considered the gold standard for treatment. Interns on this rotation will learn broad concepts about sleep medicine including diagnosis and treatment options for breathing related and other sleep disorders. Interns will become competent to provide CBT-I and will have the opportunity to work individually with several patients as well as co-lead and/or lead psychotherapy groups (e.g., Snoring Group). Interns may also have the opportunity to incorporate treatment for PAP nonadherence and mask-associated claustrophobia with standard treatment for insomnia since our population often requires behavioral intervention in both areas.

This rotation is available as a *minor rotation*, and space is limited to *one* intern at a time. Additionally, interns are required to rotate in this clinic on Wednesday afternoons.

Location: Little Rock Campus
Supervisor: Dr. Milwee

CLINICAL RESEARCH

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

This rotation is available as a *minor rotation*, and space is limited to *one* intern per rotation. Notably, to be eligible to select this rotation, an intern must have already defended their dissertation.

Location: North Little Rock Campus
Supervisors: Drs. Griffin, Landes, Singh, and Woodward

Health Psychology Rotations

PRIMARY CARE BEHAVIORAL HEALTH (PCBH)

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

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

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

Location: North Little Rock Campus
Supervisors: Drs. Boullion, McLeod, Scott, Shorter, and Woodward

GERIATRIC PATIENT ALIGNED CARE TEAM (GERI-PACT)

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

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

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

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

Location: North Little Rock Campus
Supervisor: Dr. Preston

HOME-BASED PRIMARY CARE (HBPC)

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

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

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

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

Location: West Little Rock Office Complex
Supervisor: Dr. Henderson

HEALTH PROMOTION DISEASE PREVENTION (HPDP)

An intern on the Health Promotion Disease Prevention (HPDP) rotation will have the opportunity to be involved in helping to develop and implement various health-focused interventions and addressing health equity among veterans. Clinical interventions will primarily focus on legal blindness through providing group services. Interns will also be able to assist in developing new programming and awareness raising initiatives for tobacco cessation, cardiovascular health, and areas of health disparities. Also, interns will be able to assist with staff training activities as well as attend various VA committee meetings.

This rotation is available as a *minor rotation* and is available during the *second six-month rotation only*, which means that the intern will spend one-and-a-half days per week on this rotation during the months of February-July. This rotation is limited to *one* intern at any given time and will be offered on Thursdays (all day) with the other half-day to be determined by the supervisor and intern.

Location: Little Rock Campus
Supervisor: Dr. Mesidor

WHOLE HEALTH

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

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

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

Location: North Little Rock Campus
Supervisor: Dr. Croes-Orf

INTERDISCIPLINARY PAIN CLINIC (IPC) AND TELEPAIN CLINIC

The Interdisciplinary Pain Clinic (IPC) and TelePain Clinic provides services to veterans with a variety of chronic pain conditions using a biopsychosocial approach. These interdisciplinary teams are made up of physical medicine and rehabilitation physicians, pain psychology, pain pharmacy, nursing, and social work. The IPC serves veterans local to central Arkansas, while the TelePain Clinic serves veterans in more remote areas, including those primarily seen at various community-based outpatient clinics (CBOCs).

Interns on this rotation will have the opportunity to learn evidence-based psychotherapies for chronic pain, including cognitive-behavioral therapy for chronic pain (CBT-CP) and acceptance and commitment therapy for chronic pain (ACT-CP). They will learn to assess chronic pain from a psychological perspective and conceptualize veterans using a biopsychosocial model. There will be opportunities to co-facilitate CBT-CP, ACT-CP, and women's pain management groups. In addition, there may be an opportunity to complete pre-surgical psychological evaluations for spinal cord stimulator implants. Interns will attend team meetings, work closely with other disciplines, and learn about the role of psychology on an interdisciplinary team.

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

Location: North Little Rock Campus
Supervisors: Drs. Sloan and Stout

SLEEP MEDICINE

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

Insomnia is common in most patient populations, and Cognitive Behavioral Therapy for Insomnia (CBT-I) is considered the gold standard for treatment. Interns on this rotation will learn broad concepts about sleep medicine including diagnosis and treatment options for breathing related and other sleep disorders. Interns will become competent to provide CBT-I and will have the opportunity to work individually with several patients as well as co-lead and/or lead psychotherapy groups (e.g., Snoring Group). Interns may also have the opportunity to incorporate treatment for PAP nonadherence and mask-associated claustrophobia with standard treatment for insomnia since our population often requires behavioral intervention in both areas.

This rotation is available as a *minor rotation*, and space is limited to *one* intern at a time. Additionally, interns are required to rotate in this clinic on Wednesday afternoons.

Location: Little Rock Campus
Supervisor: Dr. Milwee

HOSPICE AND PALLIATIVE CARE (HPC)

The Hospice and Palliative Care (HPC) rotation focuses on the development of skills to compassionately and comprehensively care for Veterans, their families, and their caregivers who are coping with serious illness (e.g., cancer, heart failure, dementia, COPD) and end-of-life concerns. Interns will function as an integral member of the HPC interdisciplinary team (i.e., physicians, nurses, trainees, social worker, pharmacist, chaplain) and gain exposure to a variety of medical and psychiatric diagnoses. Special attention will be paid to facilitating self-reflection about the intern's personal views of the dying process and death as well as any explicit and/or implicit biases about serious illness. Of note, clinical services are offered in both the inpatient and outpatient settings.

Training opportunities can include, but are not limited to: 1) psychotherapy with Veterans, their family, and their caregivers; 2) grief and bereavement support; 3) inpatient consultations; 4) psychiatric and cognitive screeners; 5) complementary healthcare approaches (e.g., aromatherapy, virtual reality); 6) canine-assisted interventions; 7) participation in the ethics committee; 8) participation in research; 9) facilitation of didactics for medical fellows; and 10) program development.

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

Location: Little Rock Campus
Supervisor: Dr. Brisson

ACUTE REHAB

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

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

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

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

Location: North Little Rock Campus
Supervisor: Dr. Kolb (*Note:* interns may receive vertical supervision from a neuropsychology fellow)

Neuropsychology Rotations

OUTPATIENT NEUROPSYCHOLOGY CLINIC

This rotation offers widespread training in the neuropsychological assessment of adult veterans, under the supervision of a board-certified neuropsychologist with extensive experience in the administration and interpretation of a flexible battery approach, including training in empirically based neuropsychological procedures for diagnostic, treatment, and rehabilitation purposes. Interns on this rotation will develop skills necessary for differential diagnosis, making practical treatment recommendations, and providing feedback to veterans, their families, and referral sources, including providers within Primary Care, Neurology/Neurosurgery, the Physical Medicine and Rehabilitation Service (PM&RS), Community Living Center (CLC), Mental Health Clinic (MHC), Substance Use Disorder (SUD) program, PTSD Clinical Team (PCT), and active-duty military bases.

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

Interns are welcome to select this rotation as a *major or minor rotation* at any point in their training year, though space is limited to *two* interns at any given time. Priority is given to Neuropsychology Track interns during the first half of the training year (i.e., first and second major rotations and first minor rotation), though Clinical Psychology and Health Psychology Track interns are welcome to select this rotation during the second half of the training year (i.e., second minor rotation and third major rotation).

Location: North Little Rock Campus
Supervisor: Dr. Mathis (*Note:* interns may also receive vertical supervision from a neuropsychology fellow)

MEMORY DISORDERS CLINIC (MDC)

The Memory Disorders Clinic (MDC) is housed within the Geriatric Research Education and Clinical Center (GRECC) and consists of an interdisciplinary team of physicians, psychiatrists, social workers, and neuropsychologists/neuropsychology trainees who work collaboratively to evaluate and possibly treat older adults with comorbid medical, neurocognitive, and psychiatric disorders (e.g., dementia, cerebrovascular disease, traumatic brain injury, posttraumatic stress disorder, major depressive disorder, substance use disorders, and chronic pain). Within this context, the MDC aims to provide geriatric veterans and their families/caregivers with a comprehensive assessment of their physical health, cognitive functioning, and functional abilities in order to assist with differential diagnosis and treatment planning. Veterans seen within the MDC participate in a one- to two-hour evaluation, either in person or virtually, consisting of individual appointments with social work (i.e., functional assessment, community/VA resource identification, and treatment referrals), neuropsychology (i.e., time limited cognitive testing), and psychiatry (i.e., diagnostic interview and medication review). Following evaluation, veterans and their families/caregivers receive feedback from psychiatry and neuropsychology regarding the results of cognitive testing, consensus diagnosis(es) provided, and pertinent treatment recommendations.

Interns on the MDC rotation will (1) assist with weekly patient record review to determine suitability for neurocognitive testing; (2) administer, score, and interpret abbreviated neurocognitive assessments; (3) learn to provide succinct summaries of testing results, initial diagnostic impressions, and salient treatment recommendations to members of the MDC team; (4) assist psychiatry with providing feedback and treatment recommendations to veterans at the conclusion of their MDC evaluations; and (5) write brief (i.e., two- to three-page) neuropsychology reports detailing the results of testing, differential diagnosis, and treatment recommendations. Notably, interns will initially shadow different providers within the MDC to become accustomed to the clinic standard operating procedures before seeing veterans independently. Additionally, interns will be required to demonstrate baseline competency in the administration of the cognitive screening batteries employed in the MDC. Once cleared to see veterans independently, interns will be expected to carry a caseload of two patients per week.

Interns are welcome to select this rotation as a *minor rotation* at any point in their training year, though space is limited to *one* intern at any given time. Priority is given to Neuropsychology Track interns during the first half of the training year (i.e., first minor rotation), though Clinical Psychology and Health Psychology Track interns are welcome to select this rotation during the second half of the training year (i.e., second minor rotation). Notably, this rotation is offered on Wednesdays (all day) with the other half-day to be determined by the supervisor and intern.

Location: North Little Rock Campus

Supervisor: Dr. Moore (*Note:* interns may receive vertical supervision from a neuropsychology fellow and/or geropsychiatrist)

GERIATRIC NEUROPSYCHOLOGY CLINIC

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

Interns are welcome to select this rotation as a *major or minor rotation* at any point in their training year, though space is limited to *one* intern at any given time. Priority is given to Neuropsychology Track interns during the first half of the training year (i.e., first and second major rotations and first minor rotation), though Clinical Psychology and Health Psychology Track interns are welcome to select this rotation during the second half of the training year (i.e., second minor rotation and third major rotation).

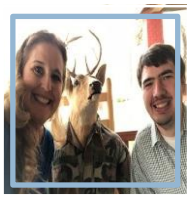
Location: North Little Rock Campus

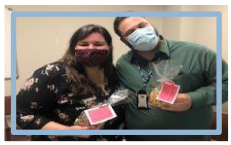
Supervisor: Dr. Mooney (*Note:* interns may receive vertical supervision from a neuropsychology fellow)

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

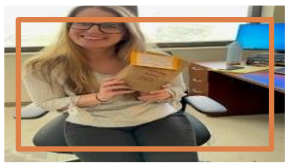
Former Interns

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





Over the years, most of our interns have gone on to secure postdoctoral fellowships in specialty areas such as Clinical Health Psychology, Neuropsychology, Trauma/PSTD, Rehabilitation Psychology, Geropsychology, and research. These fellowships have been in a variety of settings, including VA medical centers, private hospitals, university medical centers, and rehabilitation centers. Some of our interns choose to pursue employment after internship, taking positions at VA medical centers, private hospitals, academic institutions, and private practices. Our interns have become directors of clinical programs, faculty in medical schools and psychology departments, training directors, and administrators of hospital-based programs across the United States. More specifically, they serve as neuropsychologists, psychotherapists, diagnosticians, administrators, consultants, teaching faculty, researchers, and authors.



Needless to say, they are an impressive group! We are proud of the excellent work they do, their contributions to the field of Psychology, and the positive impact they continue to have on society at large. See below for photos of our most recent intern cohorts as well as a table including the various settings in which they have secured fellowship and employment positions following their internship training year at CAVHS.

INTERN COHORTS BY YEAR

Intern Cohort (2022-2023)

Back Row (L-R): Kaitlin Forestieri, Madi Trahan, Liz Bownes, and Chloe Givens
Front Row (L-R): Nanami Morehouse, Ben Wright, and Autumn Taylor

Intern Cohort (2021-2022)

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

Intern Cohort (2020-2021)

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

Intern Cohort (2019-2020)

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

Intern Cohort (2018-2019)

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

Intern Cohort (2017-2018)

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

Intern Cohort (2016-2017)

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

INTERN PLACEMENT BY COHORT

2022-2023 Intern Cohort

Placement	Position
VA Salt Lake City Health Care System	Postdoctoral Fellow (PTSD Emphasis)
LightHeart Psychological Associates	Postdoctoral Fellow (PTSD Emphasis)
Central Arkansas Veterans Healthcare System	Graduate Psychologist
Rocky Mountain Regional VA Medical Center	Graduate Psychologist
University of Arkansas for Medical Sciences/Arkansas Children's Hospital	Postdoctoral Fellow (Pediatric Psychology Emphasis)
Central Arkansas Veterans Healthcare System	Graduate Psychologist
ABD	ABD

2021-2022 Intern Cohort

Placement	Position
Arkansas Neuropsychology and Behavioral Health	Postdoctoral Fellow (Neuropsychology Emphasis)
Spectrum Health Medical Center	Postdoctoral Fellow (Neuropsychology Emphasis)
McLaren Hospital	Postdoctoral Fellow (Clinical Health Psychology Emphasis)
University of Utah Medical Center	Postdoctoral Fellow (Rehabilitation Psychology Emphasis)
VA Long Beach Healthcare System	Postdoctoral Fellow (Rehabilitation Psychology Emphasis)
VA Maine Healthcare System	Postdoctoral Fellow (PTSD Emphasis)
VA Pacific Islands Healthcare System	Postdoctoral Fellow (MST/Women's Health Emphasis)

2020-2021 Intern Cohort

Placement	Position
Central Western Massachusetts VA Healthcare System	Postdoctoral Fellow (Neuropsychology Emphasis)
University of Kansas School of Medicine – Wichita Campus	Postdoctoral Fellow (Neuropsychology Emphasis)
Memphis VA Medical Center	Postdoctoral Fellow (Clinical Health Psychology Emphasis)
New Mexico Veterans Administration Health Care System	Postdoctoral Fellow (Clinical Health Psychology Emphasis)
Stanford University School of Medicine	Postdoctoral Fellow (Behavioral Sleep Medicine Emphasis)
St. Mary's College of Maryland	Assistant Professor
Central Arkansas Veterans Healthcare System	Graduate Psychologist
ABD	ABD

2019-2020 Intern Cohort

Placement	Position
Rehabilitation Institute of Michigan	Postdoctoral Fellow (Neuropsychology Emphasis)
New Mexico Veterans Administration Health Care System	Postdoctoral Fellow (Neuropsychology Emphasis)
Miami VA Healthcare System	Postdoctoral Fellow (Mental Health Integration-Recovery & Rehabilitation Emphasis)
Central Arkansas Veterans Healthcare System	Postdoctoral Fellow (PSR Emphasis)
Gundersen Health System	Postdoctoral Fellow (Health/Rehabilitation Psychology Emphasis)
Central Arkansas Veterans Healthcare System	Graduate Psychologist

2018-2019 Intern Cohort

Placement	Position
Henry Ford	Postdoctoral Fellow (Neuropsychology Emphasis)
Baylor, Scott, and White Medical Center	Postdoctoral Fellow (Neuropsychology Emphasis)
Central Arkansas Veterans Healthcare System	Graduate Psychologist
Central Arkansas Veterans Healthcare System	Graduate Psychologist
Central Arkansas Veterans Healthcare System	Graduate Psychologist
Central Arkansas Veterans Healthcare System	Graduate Psychologist
Private Practice	Graduate Psychologist

2017-2018 Intern Cohort

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

2016-2017 Intern Cohort

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

2015-2016 Intern Cohort

Placement	Position
Bedford VA Medical Center	Postdoctoral Fellow (Neuropsychology Emphasis)
JFK Rehab	Postdoctoral Fellow (Neuropsychology Emphasis)
Central Arkansas Veterans Healthcare System	Postdoctoral Fellow (PTSD Emphasis)
Bay Pines VA Healthcare System	Postdoctoral Fellow (PTSD and Women's Health Emphasis)
Jackson VA Medical Center	Postdoctoral Fellow (Geriatric Mental Health Emphasis)
Private Practice	Graduate Psychologist

2014-2015 Intern Cohort

Placement	Position
Dartmouth	Postdoctoral Fellow (Neuropsychology Emphasis)
Northern California VA	Postdoctoral Fellow (Neuropsychology Emphasis)
Palo Alto VA	Postdoctoral Fellow (General/PSR Emphasis)
Puget Sound VA	Postdoctoral Fellow (General/Geropsychology Emphasis)
Phoenix VA	Postdoctoral Fellow (Health/Pain Emphasis)
Henry Ford	Postdoctoral Fellow (Health/Behavioral Medicine Emphasis)

2013-2014 Intern Cohort

Placement	Position
Shepard Center	Postdoctoral Fellow (Neuropsychology Emphasis)
Henry Ford	Postdoctoral Fellow (Neuropsychology Emphasis)
San Diego VA	Postdoctoral Fellow (PTSD/TBI Emphasis)
Central Arkansas Veterans Healthcare System	Postdoctoral Fellow (PTSD Emphasis)
Jackson Medical Center	Postdoctoral Fellow (Health Emphasis)
Central Arkansas Veterans Healthcare System	Postdoctoral Fellow (PSR Emphasis)

2012-2013 Intern Cohort

Placement	Position
Albuquerque VA	Postdoctoral Fellow (Neuropsychology Emphasis)
Duke	Postdoctoral Fellow (Neuropsychology Emphasis)
North Florida/South Georgia VA	Postdoctoral Fellow (Geropsychology Emphasis)
Memphis VA Medical Center	Postdoctoral Fellow (Health Emphasis)
Tampa VA	Postdoctoral Fellow (Health/Pain Emphasis)
Los Angeles VA	Graduate Psychologist

Internship Admissions, Support, and Initial Placement Data

INTERNSHIP PROGRAM TABLES

Date Program Tables Were Updated: July 1, 2023

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	Yes
If yes, provide website link (or content from brochure) where this specific information is presented: www.va.gov/central-arkansas-health-care/work-with-us/internships-and-fellowships/psychology-internship-program/ www.va.gov/OAA/docs/2021HPTInstructionsv4_1.pdf	

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

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

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

Total Direct Contact Intervention Hours:	Yes, Amount = 250
Total Direct Contact Assessment Hours:	Yes, Amount = 250

Describe any other required minimum criteria used to screen applicants: Please refer to the "Eligibility and Requirements" section listed in this internship brochure for more information (pages 61-62).

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend / Salary for Full-time Interns	$33,469
Annual Stipend / Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other benefits (please describe): In addition to paid annual and sick leave, interns may be eligible for additional paid administrative leave to support engagement in various approved scholarly activities (e.g., dissertation defense, presenting at professional conferences, interviewing for a fellowship or job at another VA facility, etc.). Of note, this program follows the Family Friendly Medical Leave guidelines for extended leave without pay. Extended leave beyond that which is listed above will require an extension of internship.	

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding Three Cohorts)

	2020-2023
Total number of interns who were in the three cohorts:	22
Total number of interns who did not seek employment because they returned to their doctoral program/were completing doctoral degree:	2
Academic Teaching	PD = 0, EP = 1
Community Mental Health Center	PD = 0, EP = 0
Consortium	PD = 0, EP = 0
University Counseling Center	PD = 0, EP = 0
Hospital/Medical Center	PD = 6, EP = 0
Veterans Affairs Health Care System	PD = 7, EP = 4
Psychiatric Facility	PD = 0, EP = 0
Correctional Facility	PD = 0, EP = 0
Health Maintenance Organization	PD = 0, EP = 0
School District/System	PD = 0, EP = 0
Independent Practice Setting	PD = 1, EP = 1
Other	PD = 0, EP = 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.

Application and Selection

AVAILABLE POSITIONS

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

ELIGIBILITY AND REQUIREMENTS

1. Applicants must: (1) be actively involved in pursuing a Ph.D. or Psy.D. degree from an APA-accredited program in Clinical or Counseling Psychology, or (2) must be a respecialization candidate currently associated with such a program. All applicants must have the approval of his/her program director to begin internship.
2. Applicants should have completed at least 900 total hours of practicum experience, which includes face-to-face delivery of professional psychology services that are relevant to the applicant's goals for internship. Applicants should also have completed a minimum of 250 assessment and 250 intervention hours to be considered for this internship program.
3. Applicants are expected to have at least minimal proficiency in the administration, scoring, and interpretation of the more common psychological testing instruments and to have had some experience with psychotherapeutic interventions with adults.
4. Applicants must meet all eligibility criteria set forth by the VA Office of Academic Affairs (OAA). Please refer to the following document for more details: www.va.gov/OAA/docs/2021HPTInstructionsv4_1.pdf
5. Once matched to our program, all applicants must first be listed on a Trainee Qualifications and Credentials Verification Letter (TQCVL). A TQCVL from the director of the sponsoring (VA or non-VA) program must be submitted to the VA Facility Director through the VA Designated Education Officer (DEO) prior to onboarding. If you match to our program, you will need to visit https://www.va.gov/OAA/TQCVL/TQCVL_Guide2018FINAL.pdf for comprehensive instructions, including approved samples and templates, for completing a TQCVL.
6. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.
7. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

8. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
9. Training occurs in a health care setting. Some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at VA or other hospitals. Securing a statement from your university student health center, regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training year (or taking additional preventative measures to limit patient exposure to the flu) will be required. Please discuss this with the Director of Training after you have matched and well before your start date to facilitate your onboarding.
10. It is VHA policy that all VHA Health Care Personnel (HCP) are required to be fully vaccinated against COVID-19 or obtain an approved accommodation for medical, pregnancy, or religious reasons, when required by law. All VHA entities will implement a mandatory COVID-19 vaccination program by requiring all VHA HCP to be fully vaccinated or obtain an accommodation. Compliance with this directive is a requirement. Interns in violation of this directive may be removed from the program. Please discuss this with the Director of Training after you have matched and well before your start date to facilitate your onboarding.
11. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work; however, once selected, they are subject to random selection for testing as are other employees.

ACCREDITATION

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

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

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

APPLICATION PROCEDURES

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

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

COVER LETTER

- We are happy you have decided to apply to our program! Please include a cover letter listing your specific clinical interests and any rotations of interest to you. Please include, in the first paragraph and **in bold**, the one (1) track to which you are applying.

CURRICULUM VITAE

AAPI ONLINE (WWW.APPIC.ORG)

- Include verification by your Director of Clinical Training (replaces the APPIC Academic Program's Verification of Internship Eligibility and Readiness Form)

OFFICIAL COPIES OF ALL GRADUATE TRANSCRIPTS

THREE (3) LETTERS OF RECOMMENDATION

- These should be provided by clinical supervisors and/or faculty who can speak to your clinical and academic skills

DEADLINE FOR APPLICATION:

NOVEMBER 6TH, 2023 @ 11:59PM (PST)

APPIC MATCH NUMBERS:

- Clinical Psychology - 110511
- Neuropsychology - 110512
- Health Psychology - 110513

INTERVIEWS

All interviews will be conducted by invitation only. All applicants will be notified by December 8th, 2023 as to whether they are invited to interview. If invited to interview, specific details about the interview process will be provided at that time. The cutoff date for invited applicants to confirm their interview is December 15th, 2023. Unconfirmed slots will be offered to waitlisted candidates. All interviews will be conducted virtually and will occur Monday-Friday, January 8th-12th, 2024.

SELECTION AND NOTIFICATION

The Training Committee will meet in February 2024 to make selections and rank candidates. The final decision will be made by the Director of Training, and selection notification will be implemented in accordance with APPIC guidelines. Acceptance letters will be emailed to matched interns and to their Directors of Clinical Training (DCTs) within 72 hours of Intern Notification Day.

FINAL APPOINTMENT

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

STIPEND

The VA stipend is set nationally at $33,469 with pay distributed every two weeks. Intern benefits include health insurance; accrued Annual Leave (i.e., personal time off), Sick Leave, and Administrative Leave for approved training activities (e.g., presenting at a state or national conference, interviewing for VA fellowships and/or jobs, defending their dissertation, walking in their graduation ceremonies, etc.); and eleven (11) paid federal holidays.

QUESTIONS?

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

RELATED RESOURCES

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

https://www.va.gov/central-arkansas-health-care/work-with-us/internships-and-fellowships/clinical-psychology-postdoctoral-and-inter-professional-fellowship-program/.

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

https://www.va.gov/central-arkansas-health-care/work-with-us/internships-and-fellowships/neuropsychology-postdoctoral-fellowship/.

Faculty Bios

Cindy Barber, Ph.D. is a licensed psychologist in the Workplace Violence Prevention program. She earned her doctorate from Jackson State University in 2009. She completed her internship at the VA Sierra Nevada Health Care System, followed by a fellowship at Deer Oaks Behavioral Health with an emphasis in geropsychology. Her preferred theoretical orientation is eclectic, with influences from cognitive-behavioral, behavioral, and systems theories. Professionally, interests include health psychology, geropsychology, workplace violence, and administration. Personally, interests include biking, hiking, running, and almost anything associated with food and/or caffeine.

Email: Cindy.Barber@va.gov

Gina Q. Boullion, Ph.D. is a licensed psychologist in the Primary Care Behavioral Health (PCBH) program. She earned her doctorate from the University of Mississippi in 2021. She completed her internship at the VA North Texas Health Care System. Her preferred theoretical orientation is cognitive-behavioral, specifically third wave behavioral approaches with an emphasis on contextual factors. Clinical and teaching interests include ACT, exposure therapies (e.g., exposure and response prevention, interoceptive exposure, in vivo exposure), anxiety disorders, perinatal mental health, brief behavioral interventions for insomnia, pain, and pre-surgical evaluations. Research interests include brief values interventions, enhancing treatment for panic disorder, and psychological flexibility.

Email: Gina.Boullion@va.gov

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

Email: Linda.Brewer@va.gov

Sara M. Brisson, Psy.D. is a graduate psychologist in Hospice and Palliative Care (HPC). She received her doctorate from the University of Hartford in 2022 and completed her internship at the James H. Quillen VAMC in Johnson City, TN. Her preferred theoretical orientation is integrative with primarily cognitive, existential, and relational approaches. Clinical and teaching interests include animal-assisted interventions, end-of-life care and ethical considerations, grief and bereavement support, complementary healthcare approaches, and the intersection of psychology and spirituality. Research interests include the impact of therapy animals and service animals on human wellbeing. In addition, Dr. Brisson incorporates her therapy dog, "Dog-tor" Hodges, into the care of veterans, their families, their caregivers, and staff. She is also a member of Section 2 of Division 12 (The Society of Clinical Geropsychology), Section 13 of Division 17 (Human-Animal Interaction), Division 18 (Psychologists in Public Service), Division 19 (Society for Military Psychology), and Division 38 (Health Psychology) of the American Psychological Association. Outside of work, she greatly enjoys nature, skiing, arts and crafts, photography, true crime, and Dolly Parton.

Email: Sara.Brisson@va.gov

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

Email: Jessica.Bryant4@va.gov

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

Email: Gabrielle.Cox@va.gov

Eileen Croes-Orf, Psy.D. is a licensed psychologist in the Health and Wellness (Whole Health) Program. She received her doctorate from the Florida Institute of Technology in 2020. She completed her internship with an emphasis in Health Psychology at CAVHS. Her preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include chronic pain, sleep health, mindfulness, health psychology, integrated behavioral health, women's health, biofeedback, and clinical hypnosis. Research areas include sport injury recovery and coping styles.

Email: Eileen.CroesOrf@va.gov

Jessica L. Domino, Ph.D. is a licensed psychologist on the PTSD Clinical Team (PCT). She also serves as the Diversity Chair for the psychology internship, postdoctoral and interprofessional fellowship, and clinical neuropsychology fellowship programs. She received her doctorate in clinical psychology from Auburn University in 2015. She completed her internship (2015) and fellowship (2016), with an emphasis in trauma psychology, at South Texas Veterans Healthcare System. Her preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include PTSD; comorbid substance use disorders; Moral Injury; EBT for PTSD, including cognitive processing therapy (CPT) and prolonged exposure (PE); unified protocol (UP); and the maintenance of emotional disorders through avoidance. Research interests include assessment of PTSD and trauma-related symptoms. Dr. Domino is a member of the American Psychological Association and the International Society for Traumatic Stress Studies. She was also the recipient of the Psychology Internship Program's Supervisor of the Year Award in 2020.

Email: JessicaL.Domino@va.gov

Kate Dykhuis, Ph.D. is a licensed psychologist on the PTSD Clinical Team (PCT). She earned her doctorate from the University of Detroit-Mercy in 2021. She completed her internship at the VA Connecticut Healthcare System with an emphasis in general mental health and serious mental illness (SMI). She completed her fellowship at the VA Connecticut Healthcare System and Yale School of Medicine with emphases in psychosocial rehabilitation and trauma in 2022. Her preferred theoretical orientation is integrative. Clinical, teaching, and research interests include trauma, SMI, mindfulness and compassion-based practices, and health equity and utilization. Dr. Dykhuis is a member of the American Psychological Association.

Email: Kate.Dykhuis@va.gov

Courtney O. Ghormley, Ph.D., ABPP is a licensed and board-certified geropsychologist. She also serves as the Program Administrator for Psychology Training Programs at CAVHS. In this role, she provides administrative oversight to our psychology practicum, internship, and fellowship programs. She also provides supervision of geropsychological assessment conducted by interns and fellows as needed. Dr. Ghormley received her doctorate from the University of Tulsa in 2004. She completed her internship (neuropsychology track) at CAVHS and her fellowship (geriatric neuropsychology) at the University of Arkansas for Medical Sciences (UAMS). Her preferred theoretical orientations include flexible/process and cognitive-behavioral approaches to assessment and intervention. Clinical and teaching interests include geropsychology, dementia care, and caregiver stress. Dr. Ghormley has previously served as APA Council Representative for Arkansas and is a past president of the Arkansas Psychological Association. She is a member of the American Psychological Association, including Divisions 20 (Adult Development and Aging) and 18 (Psychologists in Public Service), and the Arkansas Psychological Association. Outside of the work, she enjoys cheering on her kids at their various school and sporting events, gardening, and a good "happy hour" with close friends.

Email: Courtney.Ghormley@v.gov

Chloe M. Givens, Psy.D is a graduate psychologist in the inpatient Consultation and Liaison (C&L) service. She earned her doctorate from The Chicago School of Professional Psychology in 2023 and completed her internship at CAVHS (health psychology track). Her preferred theoretical orientation is integrated with influences from acceptance and commitment, cognitive behavioral, and behavioral theories. Clinical and teaching interests include health behaviors, pre-transplant evaluation, cognitive assessment, holistic health approaches, and adjustment to chronic illness. Research interests include program development, proactive consultation and liaison implementation, and health psychology. She is a member of Urban League - Arkansas Young Professionals. Outside of work, she enjoys tending to her many plants, skating, hiking, and reading.

Email: Chloe.Givens@va.gov

Brandon J. Griffin, Ph.D. is a licensed psychologist on the PTSD Clinical Team (PCT). He received his doctorate from Virginia Commonwealth University in 2017. He completed his internship at the George E. Whalen Department of Veterans Affairs Medical Center in Salt Lake City, Utah and his fellowship in clinical research at the San Francisco Veterans Health Care System in San Francisco, California. Dr. Griffin utilizes evidence-based treatments for PTSD, especially Cognitive Processing Therapy, as well as novel treatments for military related moral injury in his practice. In addition to his clinical role, Dr. Griffin is an investigator with the Center for Mental Healthcare and Outcomes Research at CAVHS and an Assistant Professor in the Department of Psychiatry at the University of Arkansas for Medical Sciences (UAMS).

Email: Brandon.Griffin2@va.gov

Ginger A. Gunn, Ph.D. is a licensed psychologist in the Homeless Residential Rehabilitation Treatment Program (RRTP). She received her doctorate from Seattle Pacific University in 2011. She completed her internship at Wyoming State Hospital followed by a fellowship in Psychosocial Rehabilitation at CAVHS in 2012. Her preferred theoretical orientation is integrative, with cognitive behavioral, interpersonal, modern psychodynamic, and mindfulness-based approaches. Clinical and teaching interests include provision of treatment to individuals diagnosed with severe and persistent mental illness with a focus on recovery-oriented practice. Research interests include diagnosis and treatment for risky behaviors, personality disorders, and severe mental health disorders as well as concepts related to grit and resilience. Dr. Gunn is a member of the American Psychological Association.

Email: Ginger.Gunn@va.gov

Sarah Henderson, Psy.D. is a licensed psychologist in the Home-Based Primary Care (HBPC) program. She also serves as the Assistant Director of Training for the Clinical Psychology Postdoctoral and Interprofessional Fellowship. She received her doctorate in Clinical Psychology from Nova Southeastern University in 2018. She completed her internship at Central Arkansas Veterans Healthcare System. Her preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include geropsychology, dementia, caregiver stress, and health psychology. Her past research has focused on first responder behavioral health. Dr. Henderson is certified in REACH-VA and Problem Solving Training for Home Based Primary Care (PST-HBPC).

Email: Sarah.Henderson3@va.gov

Melissa Beth Huston, Ph.D. is a graduate psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC), an outpatient program for veterans with serious mental illness (SMI). She received her doctorate from Fuller School of Psychology in 2021. She completed her internship at the Mountain Home VA in Johnson City, Tennessee. Her theoretical orientation is integrative, drawing upon Judith Herman's trauma theory, cognitive behavioral therapy, interpersonal therapy, and existential therapy. Clinical interests include SMI, homelessness, disability identity issues, and trauma-informed and recovery-based care. Dr. Huston is a member of the Arkansas Psychological Association, the International Society for Traumatic Stress Studies, and the American Psychological Association.

Email: Melissa.Huston@va.gov

Mary Kennedy, Psy.D. is a graduate psychologist in the Mental Health Clinic (MHC). She received her doctorate from Chaminade University of Honolulu and completed her internship with the Northeastern Oklahoma Psychology Internship Program. She is a Licensed Professional Counselor for the state of Texas. Her preferred theoretical orientation integrates existential, person-centered, and mindfulness frameworks and employs interventions from a wellness model. Dr. Kennedy's clinical interests include whole health interventions such as biofeedback, clinical hypnosis, and guided meditation, as well as creative interventions using music and the arts for mood disorders. Her research interests include exploration of the brain/body connection and the impact of the physical environment on cognitive processes and the influence of psychology and spirituality on severe mental illness. Her professional memberships include the American Counseling Association, American Psychological Association, National Space Society, and Disabled American Veterans.

Email: Mary.Kennedy2@va.gov

Rebecca Kitchens, Ph.D. is a licensed psychologist on the PTSD Clinical Team (PCT). She received her doctorate from the University of Detroit - Mercy in 2021. She completed her internship at the Louis Stokes Cleveland VA Medical Center and her fellowship at CAVHS (PTSD focus). Her preferred theoretical orientation is integrative, including psychodynamic, feminist, and cognitive-behavioral approaches. Clinical and teaching interests include Military Sexual Trauma (MST), gender, sexual well-being, personality pathology, evidence-based psychotherapies (EBPs) for PTSD (e.g., CPT, PE, and WET). Research interests include personality assessment, personality disorders, and sex-positive approaches to PTSD treatment. Dr. Kitchens is a member of the International Society for Traumatic Stress Studies and the Association of VA Psychology Leaders.

Email: Rebecca.Kitchens@va.gov

Edward C. Kleitsch, Ph.D. is a licensed psychologist in the outpatient neuropsychology clinic. He received his doctorate in geropsychology from the University of Notre Dame in 1981 and his clinical psychology respecialization certificate from the Illinois School of Professional Psychology in 1985. Dr. Kleitsch is board certified in biofeedback by the Biofeedback Certification International Alliance (BCIA), and he is a certified and approved consultant in clinical hypnosis by the American Society for Clinical Hypnosis. His preferred psychotherapy theoretical orientation is integrative; preferred neuropsychological orientation is the Halstead-Reitan. Clinical and teaching interests include adult neuropsychology, behavioral medicine, clinical hypnosis, use of hypnosis in the treatment of cancer and psychophysiological disorders, biofeedback, geropsychology, and chronic benign pain. Past research areas include applied behavior analysis, developmental disabilities, sexual behavior and dysfunction, prescription privileges, geropsychology, smoking cessation treatment outcomes, and chronic pain treatment outcomes. Dr. Kleitsch serves as a member of the Arkansas Psychology Board, and he is a member of the American Psychological Association, National Register of Health Service Providers in Psychology, American Society of Clinical Hypnosis, National Academy of Neuropsychology, Arkansas Psychological Association, and Illinois Psychological Association. Dr. Kleitsch is a retired Captain, United States Navy Medical Service Corps.

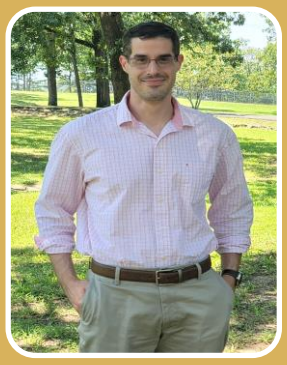
Email: Edward.Kleitsch1@va.gov

Alissa B. Kolb, Psy.D. is a licensed and board-eligible rehabilitation psychologist on the acute inpatient medical rehabilitation unit. She also serves as the Director of Training (DoT) for the psychology internship program. She received her doctorate from the University of Indianapolis in 2013. She completed her internship at the South Texas Veterans Healthcare System (geropsychology emphasis) and her fellowship at the Louis Stokes Cleveland VA Medical Center (rehabilitation psychology emphasis). Her preferred theoretical orientation is integrative with primarily cognitive-behavioral and interpersonal psychotherapy approaches. Clinical and teaching interests include adjustment to disability, cognitive assessment, spinal cord injury and disorders (SCI/D), and traumatic brain injury (TBI). Research interests include program development and measurement of treatment outcomes as related to post-SCI/D sexual health interventions and post-TBI socio-communication interventions. Dr. Kolb is a member of Division 22 (Rehabilitation Psychology) of the American Psychological Association.

Email: Alissa.Kolb@va.gov

Sara J. Landes, Ph.D. is a licensed psychologist who serves as the Director for the Behavioral Health Quality Enhancement Research Initiative (QUERI) and the Co-Director of the Evidence, Policy, and Implementation Center at CAVHS. She also serves as Co-Director for the South Central Mental Illness Research, Education, and Clinical Center (MIRECC) Psychology Fellowship. She received her doctorate from the University of Wisconsin-Milwaukee. She completed her internship and fellowship at the University of Washington School of Medicine. Selected grants include Behavioral Health QUERI: Advancing 21st Century Mental Health Care for Veterans (a 5-year QUERI program grant) and Implementing Caring Contacts for Suicide Prevention in Non-Mental Health Settings (a 4-year QUERI partnered implementation initiative grant). Clinical interests include dialectical behavior therapy (DBT). Dr. Landes is the Past President for the Society for Implementation Research Collaboration and is currently a member of the American Psychological Association, the Association of Cognitive and Behavioral Therapies, and the Society for Implementation Research Collaboration.

Email: Sara.Landes@va.gov



Jonathan Madera-Soto, Ph.D. is a licensed psychologist in the Mental Health Clinic (MHC). He received his doctorate from Ponce Health Sciences University in 2020. He completed his internship at the Ponce Health Sciences University Psychological Services Clinic (Dialectic Behavior Therapy focused). His preferred theoretical orientation is integrative with primarily Dialectic Behavior Therapy and Cognitive Behavioral Psychotherapy approaches. He is also certified in couples and family therapy.

Email: Jonathan.Madera-Soto@va.gov

Jennifer Mathis, Ph.D., ABPP is a licensed and board-certified neuropsychologist who serves as the Program Manager for the outpatient neuropsychology clinic. She also serves as the Selection Chair for the Neuropsychology Postdoctoral Fellowship program. She received her doctorate from the California School of Professional Psychology at Alliant International University in 2016. She completed her internship at the Southern Arizona Veterans Healthcare System (neuropsychology track) and her fellowship at CAVHS (neuropsychology). Her preferred theoretical orientations include flexible battery and integrative (ACT, process-oriented, interpersonal) approaches to assessment and intervention. Clinical and teaching interests include neuropsychology; ACT-informed neuropsychological feedback; acute rehabilitation; neuropsychology consultation; brain behavior relationships; cognitive rehabilitation; performance validity assessment; ACT for chronic pain; and statistics and data analysis. Research areas include performance validity measures; biological and cognitive aspects of stress response: inflammation and memory; and chronic pain. Dr. Mathis is a member of the American Academy of Clinical Neuropsychology; Association of VA Psychologist Leaders; International Neuropsychology Society; National Academy of Neuropsychology; Association of Contextual Behavioral Science; Cognitive Neuroscience Society; International Society of Traumatic Stress Studies; and Divisions 19 (Military Psychology) and 40 (Neuropsychology) of the American Psychological Association.

Jennifer.Mathis3@va.gov

Stephen McCandless, Psy.D. is a licensed psychologist in the Mental Health Clinic (MHC). He received his doctorate from Indiana State University in 2004. His preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include dialectical behavioral therapy, mindfulness, cognitive processing therapy for PTSD, and objective personality assessment.

Email: Stephen.McCandless@va.gov

Barbara McLeod, Ph.D. is a licensed psychologist who serves as the Program Manager for the Primary Care Behavioral Health (PCBH) program. She received her doctorate from Adelphi University, Derner Institute of Psychological Services in 2016. She completed her internship, with a combined focus on mental health, PTSD, and clinical health psychology, at the United States Air Force's Wilford Hall Medical Center. She completed her postdoctoral licensure hours at the Little Rock Air Force Base Mental Health Clinic in 2018. Her preferred theoretical orientation is integrative with foundations in contextual behavioral, cognitive, and relational approaches. Clinical and teaching interests include treatments for trauma-related anxiety in a brief treatment context, approach coping and affective experiencing, brief interventions for the Primary Care Mental Health Integration (PCMHI) setting, stepped-care treatment models, and psychology of men and masculinities. Research interests include the impact of sex and gender on the expression and seeking of interpersonal dependence and counter-dependence.

Email: Barbara.McLeod@va.gov

Marie Mesidor, Ph.D. is a licensed psychologist in the Health Promotion Disease Prevention (HBDP) program. She also serves as the Health Behavior Coordinator for CAVHS. She received her doctorate from the University of Massachusetts-Boston in 2004. She completed fellowships at Lynn Community Health Center and at the Boston University Center for Psychiatric Rehabilitation. Her preferred theoretical orientation is integrated. Clinical and teaching interests include women's health, mindfulness, culture, spirituality, weight management, motivational interviewing, and acceptance and commitment therapy. Research areas include health promotion as well as health access and integration. Dr. Mesidor is a member of the American Psychological Association.

Email: Marie.Mesidor@va.gov

John B. Milwee, Psy.D. is a licensed psychologist in the CAVHS Sleep Center. He received his doctorate from the Philadelphia College of Osteopathic Medicine. His preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include cognitive behavioral therapy (CBT), mindfulness, and dialectical behavioral therapy (DBT). Dr. Milwee also works as an instructor for the Psychiatric Research Institute's psychotherapy seminars and provides medical resident training in CBT and behavior therapy. He is a member of the Arkansas Psychological Association.

Email: John.Milwee@va.gov

Scott Mooney, PhD, ABPP is a fellowship and residency trained, licensed, and board-certified neuropsychologist. He also serves as the Deputy Associate Chief of Staff for the Mental Health Service and is the Psychology Discipline Lead. Dr. Mooney has 15+ years of post-doctoral outpatient and inpatient experience working with heterogeneous civilian, Department of Defense, and veteran neurological and psychiatric populations. Over the course of his training and career, he has served as a clinical instructor to psychology trainees, has mentored ABPP candidates, has served as a research mentor and clinical educator for medical residents and other psychology trainees, has coauthored scientific papers, has served as co-investigator and/or site Primary Investigator/Associate Investigator on >$25 million dollars' worth of extramural and intramural grant funded studies, and has frequently presented at professional scientific conferences in Neuropsychology. Dr. Mooney is a member of the American Academy of Clinical Neuropsychology and International Neuropsychological Society.

Email: Scott.Mooney@va.gov

Ian Moore, Ph.D. is a licensed and board-eligible neuropsychologist in the Geriatric Research Education and Clinical Care (GRECC) center and outpatient neuropsychology service. He received his doctorate from the University of Detroit Mercy in 2021. He completed his predoctoral internship at the Tennessee Valley VA Healthcare System (neuropsychology track) followed by a two-year postdoctoral neuropsychology fellowship (50% outpatient clinical, 50% research emphasis) at CAVHS. Clinically, he primarily specialized in the evaluation and treatment of geriatric patients and capacity evaluations. Research wise, his interests include test development and psychometrics, using virtual reality rapid transcranial magnetic stimulation for cognitive and mental health care, and using artificial intelligence in the evaluation and care of older adults with dementia. Dr. Moore is a member of the National Academy of Neuropsychology.

Email: Ian.Moore@va.gov

Erica Moseby, Ph.D. is a licensed psychologist who serves as the Program Manager for the Mental Health Clinic (MHC). She also serves as the Director of Training (DoT) for the Clinical Psychology Postdoctoral and Interprofessional Fellowship and as a member of the Mental Health Service (MHS) Diversity Committee. She received her doctorate from the University of Iowa in 2000. She completed her internship at the Arkansas Division of Behavioral Health. Her preferred theoretical orientation is eclectic, including cognitive behavioral and interpersonal approaches. Her clinical and teaching interests include prevention, diversity, vocational psychology, ethics, and trauma. Dr. Moseby is a member of the American Psychological Association and serves in the position of At Large Board Member of the executive board of the Arkansas Psychological Association.

Erica.Moseby@va.gov

Kaila Neilson, Psy.D. is a licensed psychologist in the General Domiciliary Residential Rehabilitation Treatment Program (RRTP). She received her doctorate from Midwestern University in Downers Grove, Illinois in 2018. She completed her internship at Veterans Healthcare System of the Ozarks and her fellowship at CAVHS. Her preferred theoretical orientation includes behavioral and cognitive-behavioral approaches. Clinical and teaching interests include PTSD, SUD, smart recovery, PE, Seeking Safety, and DBT. Research areas include stigma that healthcare professionals hold among individuals with Bipolar Disorder.

Email: Kaila.Neilson@va.gov

Susan D. Paschall, Psy.D. is a graduate psychologist in the General Domiciliary Residential Rehabilitation Treatment Program (RRTP). She received her doctorate degree from National Louis University at Florida School of Professional Psychology in Tampa, Florida in June 2021. Her primary theoretical orientation is cognitive behavioral therapy, with integrated portions of DBT and mindfulness-based approaches. She completed her dissertation on positive symptoms of schizophrenia as they relate to suicide risk. Her internship was completed at Florida State Hospital in Chattahoochee, Florida. Prior to her doctorate program, she was employed with University of Texas Health Science Center, STRONGSTAR Consortium, as an independent evaluator in a military base hospital on Fort Hood, assessing active duty soldiers for PTSD and insomnia. Prior to that, she received her first master's degree in clinical psychology at Abilene Christian University, where she completed her master's thesis research project on PTSD among nurses in cross-cultural settings. Research interests include program development to increase medication compliance and psychosocial functioning among veterans in SMI populations.

Email: Susan.Paschall@va.gov

A'mie Preston, Psy.D. is a licensed psychologist on the Geriatric Patient Aligned Care Team (Geri-PACT). She received her doctorate from Adler University in 2018. She completed her internship at the James H. Quillen VA Medical Center and her fellowship at South Texas Veterans Health Care System. Her preferred theoretical orientation is existential/humanistic. Clinical and teaching interests include geriatric mental health, dementia, MST, and palliative care. Research areas include dementia, MCI, and behavioral and psychological symptoms of dementia (BPSD). Dr. Preston is a member of the American Psychological Association.

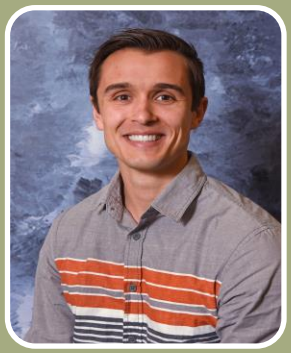
Email: Amie.Preston@va.gov

John M. Ray, Ph.D. is a licensed psychologist in the PTSD Domiciliary Residential Rehabilitation Treatment Program (PTSD RRTP). He also serves as the Education Coordinator for the psychology internship program. He received his doctorate from the University of South Florida in 2014. He completed his internship at the St. Louis VA Healthcare System and his fellowship at the South Central (VISN 16) Mental Illness Research, Education, and Clinical Center. His preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include posttraumatic stress disorder, substance use disorders, mood disorders, and evidence-based treatment. Research interests include cognitive and physiological mechanisms of PTSD and cognitive mechanisms of substance use disorders. Dr. Ray is a member of the American Psychological Association. He was also the recipient of the Psychology Internship Program's Supervisor of the Year Award in 2023.

Email: John.Ray2@va.gov

Kevin Reeder, Ph.D., PTSD SUD specialist, is a licensed psychologist who serves as the Program Manager for the PTSD Clinical Team (PCT). He received his Ph.D. from Tennessee State University in 2005, completed his internship at the Vanderbilt/Tennessee Valley Healthcare System Consortium, and completed his fellowship at the Kansas City Veterans Affairs Medical Center. His preferred theoretical orientation is cognitive behavioral. Dr. Reeder serves as a senior trainer for Seeking Safety and as a consultant to local and state law enforcement in the area of Veterans' mental health issues.

Email: Kevin.Reeder@va.gov



Steven Schiele, Ph.D. is a licensed psychologist in the Mental Health Clinic (MHC). Dr. Schiele received his doctorate from The Ohio State University in 2021 and completed internship at CAVHS on the general psychology track. His preferred theoretical orientation is integrative, with emphases in contextual behavioral and humanistic-existential approaches. Clinical and teaching interests include acceptance and commitment therapy (ACT), prolonged exposure (PE), and couples therapy. Research areas include emotional well-being and quality of life in chronic illness, personal health perceptions, and behavioral treatment for sleep disturbance.

Email: Steven.Schiele@va.gov

Sarah M. Scott, Ph.D. is a licensed psychologist in the Primary Care Behavioral Health (PCBH) program. She also facilitates the Health Track Seminar (HTS) for the psychology internship program. She received her doctorate in clinical psychology from the University of Mississippi in 2019. She completed her internship at the Central Arkansas Veterans Healthcare System (health psychology track). Her preferred theoretical orientation is integrative and includes cognitive-behavioral and acceptance and commitment therapy approaches. Clinical and teaching interests include brief behavioral health interventions (e.g., pain, sleep, tobacco cessation), exposure-based treatment of anxiety disorders, and motivational interviewing. Research areas include moral disgust and specific phobias. Dr. Scott is a member of the American Psychological Association.

Email: Sarah.Scott6@va.gov

Rebecca Shorter, Ph.D. is a licensed psychologist in the Primary Care Behavioral Health (PCBH) program. She received her doctorate from the University of Tennessee in 2019 and completed her pre-doctoral internship and post-doctoral fellowship at the South Texas Veterans Healthcare System (Primary Care/Health Psychology emphasis). Her preferred theoretical orientation is integrative. Clinical and teaching interests include integrated behavioral health, mindfulness, and brief interventions for depression, anxiety, grief, and trauma in a primary care setting. Dr. Shorter is a member of the American Psychological Association.

Email: Rebecca.Shorter@va.gov

Byron Simoneaux, Ph.D. is a licensed psychologist on the PTSD Clinical Team (PCT). He also serves as the Member-at-Large for the psychology internship, postdoctoral and interprofessional fellowship, and clinical neuropsychology fellowship programs. He received his doctorate from Louisiana Tech University in 2012. He completed his internship at CAVHS (General Psychology Track). His preferred theoretical orientation is integrative with primarily cognitive-behavioral and interpersonal psychotherapy approaches. Clinical and teaching interests include PTSD, Cognitive Processing Therapy, Prolonged Exposure, and Compensation and Pension/Disability. Research interests include inference of lies and differential diagnosis. Dr. Simoneaux is a member of the Arkansas Psychological Association.

Email: Byron.Simoneaux@va.gov

Sonia Singh, Ph.D. is a licensed psychologist in the Dialectical Behavior Therapy (DBT) Program, which is embedded in the Mental Health Clinic (MHC). She is also an investigator in the Center for Mental Healthcare and Outcomes Research. She received her doctorate from Bowling Green State University. She completed her internship at the Michael E. DeBakey VA Medical Center, followed by a fellowship in the South Central Mental Illness, Research, Education, and Clinical Center (MIRECC) at CAVHS with a focus in implementation science. Her preferred theoretical orientation is cognitive behavioral with special emphasis in contemporary behavioral therapies (i.e., Acceptance and Commitment Therapy [ACT], Functional Analytic Psychotherapy [FAP], DBT). Clinical and teaching interests include ACT, anxiety and related disorders, exposure/response prevention, and tailoring therapy for marginalized populations. Her research interests are in implementation science and health equity, with specific interest in LGBTQ+ affirming care policy implementation. Dr. Singh is a members of the Association for Contextual and Behavioral Science, Association of Cognitive and Behavioral Therapies, and Society of Implementation Research Collaboration.

Email: Rajinder.Singh2@va.gov

Jessica Sloan, Ph.D. is a licensed psychologist in the Interdisciplinary Pain Clinic and TelePain Clinic. She received her doctorate degree in clinical psychology with a health emphasis from the Ferkauf Graduate School of Psychology at Yeshiva University in 2018. She completed her clinical psychology internship with a focused in primary care mental health integration at the Rocky Mountain Regional VA Medical Center in 2018. She completed her health psychology postdoctoral residency at the Rocky Mountain Regional VA Medical Center in 2019. Prior to her current role, she worked in the Chronic Pain and Wellness Center at the Rocky Mountain Regional VA Medical Center and in Women's Health Primary Care Mental Health Integration and Behavioral Medicine at the Greater Los Angeles Healthcare System. Her primary theoretical orientation is acceptance and commitment therapy (ACT) based, and she also generally incorporates elements of other mindfulness-based interventions, interpersonal psychotherapy, and motivational interviewing (MI). She is additionally a consultant for the national VA cognitive-behavioral therapy for chronic pain program. Clinical and teaching interests include chronic pain, health psychology, chronic illness, ACT, MI, women's health, reproductive mental health, grief, and program development. Research interests include program development and psychological interventions for chronic medical illnesses.

Email: Jessica.Sloan2@va.gov

Rebecca Stout, Ph.D. is a licensed psychologist in the Interdisciplinary Pain Clinic and TelePain Clinic. She received her doctorate in Clinical Psychology from Wayne State University in Detroit, Michigan in 2008. She completed her internship at the Henry Ford Hospital in Detroit and her residency at the University of Illinois-Chicago. She was previously an Assistant Professor of Psychology in Psychiatry at the University of Illinois-Chicago School of Medicine before joining the VA. She joined the St. Louis VA in 2013 and worked in PMCHI, HPDP, and Pain Psychology and was also the Assistant Director of Training from 2016-2022. Since 2019, she has also worked for the Office of Academic Affiliations (OAA) as the Associate Project Manager for the Rural Interprofessional Faculty Development Initiative (RIFDI) co-sponsored by Office of Rural Health. She lives and works in St. Louis, Missouri and is thrilled to have joined CAVHS as a remote psychologist in 2023. Her professional interests lie in interprofessional education and practice as well as the treatment of chronic pain and co-morbid psychological disorders.

Email: Rebecca.Stout2@va.gov

Jeffrey W. Swenskie II, Psy.D. is a licensed psychologist in the Mental Health Clinic (MHC). He received his doctorate in Clinical Psychology from Marshall University in 2020. He completed his internship at the Central Arkansas Veterans Healthcare System (General Psychology Track). His preferred theoretical orientation is integrative with cognitive-behavioral, behavioral, and client-centered foundations. Clinical and teaching interests include Cognitive-Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT) for PTSD, Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT) techniques, Motivational Interviewing, mindfulness, psychoeducation, tele-health, individual and group therapy, and couples and family therapy. Research interests include rural and underserved populations, the impact of gratitude and other positive psychology factors on depression, impact of locus of control on gratitude and depression, and mental health stigma reduction.

Email: Jeffrey.Swenskie1@va.gov

Kristen Viverito, Psy.D. is a licensed psychologist who serves as the Local Recovery Coordinator and Integrated Ethics Program Officer for CAVHS. She also co-facilitates the Diversity/Recovery Seminar for the psychology internship program. She received her doctorate from the University of Indianapolis and completed her internship at the Gulf Coast Veterans Health Care System. She completed fellowships in psychosocial rehabilitation and recovery for veterans with serious mental illness (CAVHS) and in health services research and development at the Center for Mental Health and Outcomes Research (CAVHS). Her preferred theoretical orientation is integrative with significant influence from behavior-based interventions, DBT, and mindfulness. Clinical and teaching interests include serious mental illness, recovery and rehabilitation, Peer Support, LGBTQ+, antiracism and recovery, and professional development for trainees. Research interests include improving the physical health of veterans with SMI and integrating Peer Support into existing and new programs. Dr. Viverito is a member of the American Psychological Association, Arkansas Psychological Association, and Association of VA Psychology Leaders.

Email: Kristen.Viverito@va.gov

Eva Woodward, Ph.D. is a licensed health psychologist in the Primary Care Behavioral Health (PCBH) program. She also works as a Core Investigator at the VA Center for Mental Healthcare and Outcomes Research, teaches at the University of Arkansas for Medical Sciences (UAMS), and is a trainer for the Implementation Facilitation Training Hub operated by Behavioral Health Quality Enhancement Research Initiative through the Veterans Health Administration. She received her doctorate from Suffolk University in 2015. She completed her internship at Warren Alpert Medical School of Brown University with an emphasis in Health Psychology/Behavioral Medicine, followed by a fellowship at the VA Mental Illness Research Education and Clinical Center (MIRECC) with an emphasis in Implementation Science. Her preferred theoretical orientation is cognitive-behavioral, and she utilizes acceptance- and behavioral-based psychotherapies. Clinical and teaching interests include integrated primary care mental health, health psychology, and multicultural competence. In her research, she uses implementation science and practice, community engaged research, and mixed methods to improve equitable health care delivery for groups experiencing disparities, such as Black Veterans, rural-dwelling individuals, sexual minority (lesbian, gay, bisexual, queer [LGBQ]) individuals, and low-income individuals. Her work focuses on implementing health psychology interventions or interventions in primary care settings. Dr. Woodward is a member of the Society for Implementation Research Collaboration.

Email: Eva.Woodward2@va.gov

Benjamin Wright, Ph.D. is a graduate psychologist in the Substance Use Disorders (SUD) program. He received his doctorate from the University of Southern Mississippi in 2023. His preferred theoretical orientation is cognitive behavioral, although he draws heavily from interpersonal approaches. Dr. Wright also frequently employs MI and is trained in Social Skills Training for SMI and the Unified Protocol. Clinical and teaching interests are primarily centered on psychodiagnostic/personality assessment and the treatment of substance use-, anxiety-, and trauma-related disorders. He also enjoys assisting Veterans with work-related concerns where he draws from the Psychology of Working Theory and Holland's RIASEC. His research interest rests in the intersection of social class, work, and career development. Dr. Wright is a member of divisions 18 (Psychologists in Public Service) and 17 (Society of Counseling Psychology) of the American Psychological Association and of the Arkansas Psychological Association. In his home-life, Dr. Wright enjoys birding, baking, and backpacking with his family.

Email: Benjamin.Wright1@va.gov