



Birmingham VAHCS

Clinical Psychology Internship



Misti J. Norton, PhD
Training Director
7901 Crestwood BLVD
Irondale, AL 35210
(205) 704-1433

Anna Grace Cooper, Psy.D.
Assistant Training Director
7901 Crestwood BLVD
Irondale, AL 35210
(205) 957-5677

Application Due Date: November 1, 2023

APPIC Match # for Birmingham VA Track: 110113



Contents

Local Information	3
Accreditation Status.....	3
Selection Procedures	4
Eligibility.....	4
Interviews.....	4
Selection.....	5
Requirements for Completion/Performance Standards.....	5
Psychology Internship Overview.....	5
Internship Positions	5
Program Leadership and Staff.....	5
Program Training Sites	6
Training Model and Program Philosophy	7
Program Aims and Competencies.....	7
Program Structure	10
Rotations.....	12
Sample Rotation Structures	12
Supervision.....	19
Didactics and Other Training.....	20
Administrative Policies and Procedures	21
Training Staff.....	28
Internship Admissions, Support, and Initial Placement Data	29
Graduate Schools of Previous Trainees	32

Local Information

The city of Birmingham has a population of 209,880 (U.S. Census Bureau estimate, 2019) and is the central hub of a metropolitan area of 1.1 million people. Known as the Magic City, Birmingham is a vibrant urban landscape known for its history in the civil rights movement, world-class medical research, and celebrated food, music, and arts scene. Birmingham and the associated VA CBOC communities are all within close proximity to a wide array of green spaces, including lakes, rivers, streams, and hiking trails.

Click the link below for a quick video tour of what Birmingham has to offer!

<https://www.youtube.com/watch?v=HC9Ke6O-TOs>

Additional locale information can be found at the following links:

<https://www.birminghamal.org/>

www.bhamnow.com

<https://birmingham.momcollective.com/>

Accreditation Status

While we seek independent accreditation, we remain a partner in the UAB-BVAMC Clinical Psychology Doctoral Internship Consortium, which has been fully accredited by the Commission on Accreditation of the American Psychological Association (APA) since 1969. The consortium had an APA site visit in 2022 and received re-accreditation through 2032. The BVAHCS and the UAB-BVAMC consortium abide by all APA guidelines and requirements in the selection and administration of doctoral interns.

We are currently seeking independent accreditation as the Birmingham VAHCS. We submitted an application for *accreditation, on contingency* in May 2022. We are approved for an independent site visit in early 2024. We are working closely with UAB as well as with APA to plan our timeline for consortium dissolution to maintain accreditation throughout the process.

APA can be contacted at:

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

Selection Procedures

Eligibility

A candidate for the Birmingham VAHCS Clinical Psychology Internship is considered based on the following:

- Candidates must show verified progression within a doctoral program in Clinical or Counseling Psychology that is APA, CPA, or PCSAS accredited.
- US Citizenship is required.
- Matched candidates must provide proof of COVID-19 vaccination and are subject to random drug screening. Vaccination waivers for trainees are extremely rare and require approval from the facility Chief of Staff.
- Applicants must have at least 150 clinical intervention hours, and at least 50 clinical assessment hours, at time of application. Our settings and faculty offer training across a broad array of clinical experiences, including neuropsychology, health psychology, trauma recovery, and rehabilitation. We welcome applicants with primary interests in assessment, intervention, or both.
- We are strongly committed to building a diverse internship class and welcome applications from prospective trainees of varied ethnic, cultural, sexual orientation, and/or disability backgrounds.

Interested individuals who meet eligibility criteria should submit the following application materials using the online AAPI application process. While we await dissolution of our consortium, applicants will apply to the Birmingham VA track of the UAB-BVAMC Clinical Psychology Internship Consortium (Track #110113). All application materials are **due by November 1, 2023**.

- The APPIC Application for Psychology Internship (AAPI)
- A cover letter indicating intent to apply to the internship and noting specific training rotations of interest
- A curriculum vita
- Official graduate transcripts
- Three letters of reference (not including the letter of verification from the Graduate Training Director)

Interviews

Interview invitations will be sent via email no later than **November 15, 2023**. Applicants will be offered two dates from which to choose. BVAHCS interviews will be held on **Monday, December 11, 2023 and Thursday, January 11, 2024**. We offer virtual interview days to applicants who have been selected; we are not offering in-person interviews or visits at this time. We have decided to hold virtual rather than in-person interviews because of the social justice implications of doing so. The economic burden of traveling to interviews can be great,

and we are aware that if an in-person option is offered, applicants may feel pressured to avail themselves of that option. Additionally, the covid-19 pandemic has taught us that virtual open houses and interviews are a very effective way for programs and applicants to get the information necessary for program and applicant rankings.

Selection

The Birmingham VAHCS Clinical Psychology Internship complies with all APPIC guidelines in the recruitment and selection of interns and participates in the computer match program. The program agrees to abide by the APPIC policy that no person at this training program will solicit, accept, or use any ranking-related information from any intern applicant. A complete copy of APPIC policies can be found at the APPIC website at www.appic.org. Those matched will be contacted by the Training Director at the appropriate time on match day. Matched interns are also notified via e-mail to obtain appropriate signatures. Letters of recognition of the match are sent to each intern's program director.

Requirements for Completion/Performance Standards

To complete the internship successfully, interns must achieve:

- Average ratings of *Fully Successful* on all competency elements on their final rotation evaluations
- Passing score on research presentation
- Passing score on journal club presentation
- Satisfactory rating on case presentation
- Satisfactory rating on peer supervision skills during weekly group psychotherapy supervision
- Equivalent of one year of a full-time training internship (2080 hours)

Psychology Internship Overview

Internship Positions

The Birmingham VAHCS funds 4 internship slots through the VA's National Office of Academic Affiliations.

Program Leadership and Staff

Dr. Misti Norton (misti.norton@va.gov, 205-704-1433) is the Director of Psychology Training for the Birmingham VAHCS. Dr. Anna Grace Cooper (AnnaG.Cooper@va.gov) is the Assistant Director of Psychology Training. Dr. Chebon Porter is the Chief Psychologist, and Dr. Megan McCarthy is the Chief of Mental Health Service.

Program Training Sites

The Birmingham VAHCS has been part of the UAB-BVAMC Clinical Psychology Internship Consortium with the University of Alabama at Birmingham since 1969. Following a period of major expansion of mental health services, including the opening of a dedicated Mental Health Service building, the Birmingham VAHCS began the process of seeking accreditation as an independent internship program. We are working closely with APA and UAB to maintain the accredited consortium as we seek independent accreditation as the BVAHCS internship. We plan to dissolve the consortium after we achieve *accreditation, on contingency*.

The Birmingham VAHCS internship is located across four sites. The medical center (located at 700 19th Street, Birmingham, AL 35233) hosts the Southeastern Blind Rehabilitation Center and Consultation-Liasion rotations. The Birmingham VA Clinic (located at 2415 7th Avenue South, Birmingham, AL 35233) hosts the Pain Rehabilitation Outpatient Program and Primary Care Mental Health Integration. In 2022, Birmingham VAHCS opened a new Mental Health Clinic in the Irondale suburb of Birmingham (7901 Crestwood Boulevard, Irondale, AL 35210). The majority of VA mental health providers are housed in this building: General Mental Health Clinic, PTSD Clinical Team, Substance Treatment and Recovery, Neuropsychology, Behavioral Sleep Medicine, and the Psychosocial Residential Rehabilitation Center. Home-based Primary Care is administratively housed in Geriatrics and Extended Care, with the intern traveling to Jasper, AL (45 minutes from Birmingham) one day per week via government vehicle. In addition to psychology internship training, Birmingham VA also hosts an APA accredited postdoctoral fellowship in clinical neuropsychology, as well as practicum training in clinical psychology. Birmingham VA serves as a major training facility in the region and has students, interns, residents, and fellows in nearly all health care specialities.

The Birmingham VAMC is a state-of-the art 313-bed acute tertiary care facility, providing an array of mental health care and acute tertiary medical and surgical care to veterans of Alabama and surrounding states. Along with the medical center, there are two clinics in the Birmingham area (the Birmingham VA Clinic and the Birmingham East VA Clinic, which is devoted to Mental Health). Additionally, the BVAHCS operates eight Community-based Outpatient Clinics in Central and North Alabama (Huntsville, Shoals, Gadsden, Anniston, Guntersville, Jasper, Bessemer, and Childersburg). Birmingham VAHCS is a recognized leader in palliative care and multiple sclerosis, as well as a primary stroke and renal transplant center. It is also in preparation to become an ALS Center for Excellence. It hosts one of only five VA Blind Rehabilitation centers in the country.

Training Model and Program Philosophy

The Birmingham VAHCS is committed to the philosophy that psychological practice should be based on the science of psychology. We are grounded in the **scholar-practitioner** model and frequently consult the scientific literature during our seminars, journal clubs, and case discussions in supervision. We are strongly committed to the practice of empirically supported treatments.

The internship program also holds the philosophy that the internship year is best served with generalist training, which includes experiences with a variety of populations. Although some students may begin specializing during the internship year, they must do so while completing generalist experiences. The need for training to be graded in complexity, sequential, and cumulative is viewed as vital to the overall professional development of the intern. With this in mind, the primary goal for the training year is to prepare interns for the professional practice of clinical psychology. Thus, interns are expected to develop competence with respect to the nine Profession-Wide Competencies identified by APA: research, ethical and legal standards, individual and cultural diversity, professionalism, communication and interpersonal skills, psychological assessment, therapeutic interventions, supervision, and consultation in preparation for postdoctoral employment or specialty training.

We are also committed to the philosophy that training is best accomplished in a manner that respects the trainee and their individual needs throughout the year. Our ability to construct a schedule specific to the needs of each intern and to revise that schedule as the needs of the intern change is vital to this internship site. Interns are treated as junior colleagues and mutual respect between interns and faculty is paramount, wherein interns can expect supervision, mentorship, and collegiality.

Program Aims and Competencies

The aim of our program is to train future psychologists who are competent to provide high-quality clinical services which are grounded in scientific research. We train interns to achieve competence in the following core areas. Interns are provided formal, written feedback regarding progress toward competencies at mid-rotation and at the end of rotation. Interns also receive informal feedback from their supervisors throughout their training experience.

Research: Interns will demonstrate substantially independent ability to critically evaluate and disseminate research or other scholarly inquiries (e.g, case conference, presentation, publications) at the local, regional, and/or national level.

Evaluation: This competency is evaluated via research presentations at the internship case conference and the Evidence-based Psychotherapy Consultation Series. Research presentations may consist of the intern's original research, a clinical case conference focused on published peer-reviewed research that illuminates a complex case or disorder, or a presentation regarding the efficacy and delivery of a particular EBP.

Additionally, rotation supervisors are expected to evaluate the intern's ability to integrate relevant literature regarding assessment and/or intervention relevant to patients being seen in the clinical setting. An intern is expected to use literature to inform clinical decision making.

Ethical and Legal Standards: Interns will be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. They will recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. They will behave in an ethical manner in all professional activities.

Evaluation: This competency will be observed by direct supervisors through observation of clinical activities and weekly supervision. It will also be observed by indirect supervisors and other staff, including treatment team members and peers.

Individual and Cultural Diversity: Interns will demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. They will also demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service. They will also demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their training and careers to date. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict or contrast with their own. They will demonstrate the independent ability to apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Evaluation: Interns participate in interactive didactics on a variety of topics related to individual and cultural diversity. Additionally, interns are expected to regularly discuss considerations of individual and cultural diversity with their clinical supervisors. They also present on a diversity-related topic at the monthly BVAHCS psychologist meeting.

Professional Values, Attitudes, and Behaviors: Interns are expected to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They engage in self-reflection regarding one's personal and professional functioning and engage in activities to maintain and improve performance, well-being, and professional effectiveness. They actively seek and demonstrate openness and responsiveness to feedback and supervision and respond

professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Evaluation: Supervisors provide assessment of professionalism across activities in all aspects of the training program, including seminar participation and presentations, clinical activities, team meetings, and supervision.

Communication and Interpersonal Skills: Interns will develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated and demonstrate a thorough grasp of professional language and concepts. Interns will demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Evaluation: Supervisors will observe and evaluate the intern's communication and interpersonal skills across a broad range of contexts, including direct patient care and consultation with other professionals and trainees.

Assessment: Interns will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. They will collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment, as well as relevant diversity characteristics of the service recipient. They will also interpret assessment results following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations. They will guard against decision-making biases and distinguish the aspects of assessment that are subjective from those that are objective. Finally, interns are expected to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. The intern will exhibit the ability to generate a formal report incorporating history, interview, collateral information (if available), behavioral observations, and testing data that integrates information into an accurate conceptualization of the individual. The report will include strengths, areas of weakness, diagnostic conclusions, possible additional evaluation needs, and treatment recommendations. At the end of the training program, the intern's report should require only minimal editing by the supervising psychologist.

Evaluation: Interns' assessment skills will be evaluated across a variety of major and minor rotations requiring various assessment approaches, including interviews, self-report measures, structured interview formats, personality measures, intellectual and cognitive measures, adaptive behavior scales, and provision of feedback. Interns have the opportunity to participate in pre-surgical evaluations for organ transplant and bariatric surgery, as well as Assessment of Readiness and Consent for Hormone therapy (ARCH) evaluations.

Intervention: Interns will establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the service delivery goals and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. They will modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. They will evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Evaluation: This competency is evaluated through individual and group psychotherapy cases associated with their major and minor rotations, as well as through psychotherapy cases independent of their rotations.

Supervision: Interns will apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals.

Evaluation: This competency is evaluated during weekly group psychotherapy supervision, as interns take turns providing peer supervision to each other. There are additional opportunities to develop supervision competency throughout the year, including supervision of junior level trainees.

Consultation and Interprofessional/Interdisciplinary Skills: Interns demonstrate knowledge and respect for the roles and perspectives of other professions. They are expected to apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, and/or systems related to health and behavior.

Evaluation: Supervisors observe and evaluate interns' interactions with other professionals in a variety of contexts across major and minor rotations.

Program Structure

The Birmingham VAHCS Internship encourages interns to take advantage of training opportunities at multiple Birmingham VAHCS sites. This provides a wonderful opportunity to gain broad psychology training in various clinical specialties. During the month following Match Day, incoming interns are sent a questionnaire soliciting their preferred rotations for the 1st semester, as well as their interest in ancillary training experiences such as research, the Disruptive Behavior Committee, the Racial Acknowledgement Committee, and regional training and certifications in Cognitive Processing Therapy; Exposure, Relaxation and Rescription Therapy for Trauma Nightmares; or Cognitive-Behavioral Therapy for Insomnia. This questionnaire also assesses intern goals for the training year as well as any questions and concerns about moving to Birmingham. The Training Director and Assistant Training Director consult with rotation supervisors and consider intern rotation preferences, training gaps, and career goals. They then send a 1st semester schedule to incoming interns via email. Incoming

interns are also assigned a year-long supervisor during this time who is available to provide support and consultation on the upcoming training year. During orientation, interns learn about training experiences across the Birmingham VAHCS. Rotation supervisors attend orientation to discuss the population served, what problems are seen, and in what activities interns may participate. Interns are able to meet their planned 1st rotation supervisors and begin considering rotations for the 2nd semester. Interns rank their preferences for 2nd semester rotations in October of the internship year.

Sometimes, the order in which an experience is completed may change due to limited availability within a training rotation. Because many rotation supervisors provide clinical services throughout the week and maintain active clinical practices, it is rare that an intern is “blocked” from an experience. Typically, the intern will be able to train in the setting or with the faculty member of interest but perhaps during a different time than originally requested.

The internship year is divided into **two six-month semesters (August-January, February-July)**. Across the training year, interns will complete a minimum of 4 and a maximum of 6 training rotations. Interns may complete 4 major rotations (approximately 2 days per week for 6 months or 4 days per week for 3 months) or 1 major and 2 minor rotations (approximately 1 day per week each for 6 months or 2 days per week for 3 months). Please see tables below for major and minor rotations and sample schedules. Interns also maintain a caseload of approximately 2 psychotherapy cases outside their rotations throughout the training year. All interns attend a weekly group supervision seminar. Within the weekly group supervision meeting, interns learn evidence-based psychotherapy protocols (e.g., Cognitive Behavioral Therapy for Depression, Interpersonal Therapy for Depression). The interns take turns providing in-depth overviews of their therapy cases and offering feedback to each other. As the training year progresses, interns take turns leading the weekly seminar and thus have the opportunity to receive feedback and formal evaluation from faculty supervisors on their peer supervision skills.

All interns participate in weekly didactic seminars on Monday mornings (VA interns) and afternoons (with UAB interns.)

Rotations

Location	Rotation	Setting	Major	Minor
BEVAC	Neuropsychology	Outpatient	X	
BIR	Southeastern Blind Rehabilitation Center (BRC)	Residential	X	X
BEVAC	PTSD Clinical Team (PCT)	Outpatient	X	X
BEVAC	Telehealth Team	Outpatient	X	X
BVC	Pain Rehabilitation Outpatient Program (PROP)	Outpatient	X	X
BEVAC	Behavioral Sleep Medicine (BSM)	Outpatient	X	X
BIR	Consultation-Liaison	Inpatient	X	X
BEVAC	Substance Treatment and Recovery (STAR)	Outpatient		X
BEVAC	Behavioral Health Interdisciplinary Program	Outpatient		X
BEVAC	Psychosocial Rehabilitation and Recovery Center	Outpatient		X
FIELD	Home-based Primary Care (HBPC)	Outpatient		X

Sample Rotation Structures

Note: Listed rotations are examples; we have no required rotations for interns. Majors are approximately 2 days per week; minors are approximately 1 day per week.

Note: Mondays will largely be used for didactics, group supervision, and therapy cases outside rotations, although interns may be able to use some portion of Monday mornings for rotation cases.

3 majors, 2 minors; 6 months each

Aug-Jan	Feb-July
Major: PCT (Wed, Fri)	Major: Telehealth Team (Wed, Thurs)
Major: BSM (Tues, Thurs)	Minor: PRRC (Fri)
	Minor: STAR (Tues)

2 majors, 4 minors; 6 months each

Aug-Jan:	Feb-July:
Major: GMH Assessment and Brief Psychotherapy (Wed, Fri)	Major: PROP (Wed, Thurs)
Minor: HBPC (Thurs)	Minor: BHIP (Tues)
Minor: BRC (Tues)	Minor: BSM (Fri)

4 majors, 6 months each

Aug-Jan:	Feb-July:
Major: BRC (Tues, Thurs)	Major: PROP (Wed, Thurs)
Major: PCT (Wed, Fri)	Major: Neuropsychology (Tues, Fri)

4 majors, 3 months and 6 months

Aug-Jan:	Feb-July:
Major: Neuropsychology (Tues, Wed, Thurs, Fri, August-October)	Major: PROP (Tues, Thurs)
Major: Consultation-Liaison (Tues, Wed, Thurs, Fri, Nov, Dec, Jan)	Major: PCT (Wed, Fri)

Birmingham VAHCS Mental Health is offering clinical services via video telehealth or in-person to all veterans. Rotations vary in requirements for in-person work; please speak with Dr. Norton, Dr. Cooper, and rotation supervisors for details of specific rotations.

1. Neuropsychology

Preceptor: Angela Dupont, Ph.D.

Rotation Site: The Neuropsychology Clinic at the VA provides outpatient neuropsychological assessment for adults of various ages who have a wide variety of medical, psychiatric, and neurological conditions associated with different types of neuropsychological dysfunction. The clinic is a consultation service that receives referrals from neurology, psychiatry, geriatrics, primary care, SCI/TBI rehabilitation, and other sources. Because many of our patients have multiple co-morbid medical and psychiatric disorders, often without clear neurological findings, determining the presence, pattern, and severity of cognitive impairment is often complex and challenging. Within this rotation, there is opportunity for interns to receive specialized training in the following areas (along with gaining general neuropsychology experience): Geriatric Neuropsychology – including normal cognitive aging, differential diagnosis of dementia (e.g. Alzheimer’s disease, FTLT, cerebrovascular disease, etc.), and other conditions which may result in decreased cognitive functioning in older adults (e.g. mild cognitive impairment, delirium, other medical disorders, psychiatric conditions such as depression, etc.).

Distribution of Clinical Activities: Approximately 40% of the intern’s time is spent providing neuropsychological assessment; 35% report writing; 20% supervision and didactics; and 5% intervention, feedback, and case management.

Assessment Characteristics: Most neuropsychological assessments involve administering the same set of commonly employed neuropsychological tests, with tests being added or subtracted depending upon the referral question. Combined with the interview, the assessment process takes about four to five hours. Typical assessment instruments include: Wechsler Memory Scale-IV, Wechsler Adult Intelligence Scale-IV or Wechsler Abbreviated Scale of Intelligence-II, California Verbal Learning Test-III, subtests from the Repeatable Battery for Neuropsychological and Status (RBANS), subtests from the Delis-Kaplan Executive Functioning System (DKEFS), Beck Depression Inventory – Second Edition (BDI-II) or Geriatric Depression Inventory, and others. Interns may also have the opportunity to learn how to utilize newer instruments, such as the Neuropsychological Assessment Battery (NAB).

Intervention Characteristics: Intervention activities include providing feedback to patients and their families regarding results of assessment; educating them about the etiology, diagnosis, and prognosis of their disorders; and making recommendations about practical methods for coping with cognitive deficits.

2. Southeastern Blind Rehabilitation Center (BRC)

Preceptor: Chebon A. Porter, Ph.D.

Rotation Site: The BVAMC Southeastern Blind Rehabilitation Center (SBRC) is 20-bed residential treatment facility for visually impaired veterans. It is one of only five such facilities in the U.S. The patient population is derived nationally, with the majority of referrals coming from states southeast of the Ohio River Valley. The SBRC maintains a large multidisciplinary staff of master's level blind rehabilitation specialists, a full nursing staff, physician, optometrist, and other support personnel. The SBRC has a longstanding tradition of providing holistic rehabilitation, as well as tailoring the program to meet individual patient needs, in the areas of low vision training, orientation and mobility, living skills, communications, manual skills, and computer access technology.

Patient Characteristics: The patient population is representative of veterans from all living cohorts. Although there are high rates of medical comorbidity (e.g., traumatic brain injury, war-related injuries, diabetes, heart disease, stroke, pulmonary disease), blind rehabilitation is a physically and mentally challenging environment, requiring veterans to participate in individual training sessions with blind rehabilitation specialists for seven hours a day. Given the degree of medical comorbidity, psychological/behavioral processes involved in pain management, dietary and medication compliance, and arousal reduction are commonly encountered. Moreover, a wide array of psychiatric issues is present in this patient population. The most frequently observed diagnostic entities include PTSD, adjustment disorders, sleep disorders, major depression, dementia, substance use disorders, and characterological issues.

Clinical Activities: Psychology Service maintains an active presence, per assessment, intervention, and consultation. Therefore, the service involves a number of opportunities for assessment and intervention. A comprehensive psychological evaluation is conducted within one-week of admission. Additional assessment may also be warranted and include standardized measures of verbal fluency, verbal learning/memory, and verbal intelligence. Standardized measures of anxiety, depression, and trauma-related distress are also often used. Finally, objective personality assessment is also conducted when needed. Interventions are based in a cognitive-behavioral framework. Staff consultations occur with all members of the SBRC, including nursing/medical, optometry, and blind rehabilitation specialists.

Distribution of Clinical Activities: Assessment and report writing – 30%, individual intervention – 40%, staff consultations – 20%, supervision received – 10%.

3. PTSD Clinical Team (PCT)

Preceptors: Anna Grace Cooper, Psy.D. and Susan Isbill, Ph.D.

Rotation Site: Adult veterans seek treatment for Post-Traumatic Stress Disorder (PTSD) and co-morbid disorders such as Major Depression from the PTSD Clinical Team (PCT). This team represents the largest sub-specialty group in the VA's Mental Health Clinic. This is a rapidly growing area of clinical career opportunity and can serve to outfit interns with clinical skills that will prove valuable in both military and civilian treatment.

Distribution of Clinical Activities: Interns may complete a major or a minor rotation. Interns spend approximately 70% of their time in assessment and intervention, 20% in supervision and 10% documenting clinical activities.

Assessment Characteristics: Evaluation is completed through diagnostic interviews and symptom severity scales.

Intervention Characteristics: The PCT runs a recovery-oriented program. Interventions are multi-modal and include individual psychotherapy, assessment, and group psychotherapy. The primary individual therapies offered are Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy, and Cognitive Behavioral Conjoint Therapy for PTSD which are the gold-standard treatments for PTSD. PCT also offers time-limited skills groups, such as Anger Management and Skills Training for Affective and Interpersonal Regulation (STAIR). A minor focus is military sexual trauma treatment.

4. General Mental Health Assessment and Brief Psychotherapy

Preceptor: Katie Jackson, Psy.D.

Overview: Interns will complete comprehensive biopsychosocial intake evaluations as part of the Intake Access Clinic, which is the entry point into the Mental Health Service Line. Interns will have the opportunity to conduct pre-surgical evaluations for solid organ and bone marrow transplant candidates and bariatric surgery candidates. Additionally, interns will provide brief psychotherapy interventions for issues such as adjustment to chronic illness, preparation for transplant or bariatric surgery, and health behavior changes. Interns might also participate in multi-disciplinary clinic and/or meetings with the Organ Transplant Team and/or MOVE! Clinic.

5. Telehealth Team

Preceptors: Sarah Rowe, Ph.D. (National VA Consultant, Interpersonal Therapy for Depression), Laura Nelson, Ph.D., Larissa Tate, Ph.D.

Overview of telemental health: BVAHCS has a rich history of delivering mental health treatment via video telehealth. This rotation will occur on a team of highly experienced telemental health providers who developed the BVAHCS telehealth program, which is focused on expanding access to care using VA Video Connect (VVC; telehealth directly to patient's home, work, etc.). Interns will have the opportunity to actively participate in telehealth team meetings. Intern will be trained and achieve VA certification in telehealth. This rotation offers the opportunity to develop experience and skills providing mental health care via VA Video Connect (VVC). It also offers individual evidenced-based psychotherapies (e.g., CPT, PE, CBT-CP, IPT-D, ACT, CBT-I) and short-term, insight-oriented psychotherapy.

Clinical activities: Provide individual, evidence-based psychotherapy to veterans via VVC. Interns may also co-lead VVC CBT-I group. Participate in team meetings.

6. Pain Rehabilitation Outpatient Program (PROP)

Preceptors: Carin L. Eubanks, Ph.D.

Rotation Site: The Pain Rehabilitation Outpatient Program (PROP) is an interdisciplinary team serving veterans with chronic pain. PROP is located in the Birmingham VA Clinic and includes the following team members: Psychology, Social Work, Pharmacy, Physician, Occupational Therapy, and Physical Therapy. Interns work closely with all team members.

Distribution of Clinical Activities: The PROP rotation consists of intake (to assess appropriate treatment options), individual psychotherapy (using evidenced based interventions), and group psychotherapy (using evidence-based interventions). Interns will also have the opportunity to participate in weekly interdisciplinary team meetings.

Assessment Characteristics: Clinical Interview is the primary means of assessment during intake. Veterans admitted to PROP are given several self-report measures at admission, discharge, and three follow-up appointments. These measures are used to track progress and inform treatment planning.

Intervention Characteristics: Interns will have the opportunity to implement CBT for Coping with Chronic Pain (CBT-CP) and co-facilitate psychotherapy groups, including Cognitive Coping and Anger Management / Assertive Communication.

7. Behavioral Sleep Medicine

Preceptor: Misti J. Norton, Ph.D. (VA National CBT-Insomnia Consultant)

Rotation site: The Birmingham VA Behavioral Sleep Medicine was developed in 2020, offering individual and group Cognitive Behavioral Therapy for Insomnia (CBT-I), individual and group Exposure, Relaxation, and Rescripting Therapy (ERRT) for nightmares, and CPAP adherence coaching. Interns will have the opportunity to actively participate in program development and evaluation. Referrals come from within the Mental Health Service, Sleep Clinic, Primary Care, Neurology, and Pain Program.

Clinical activities: Interns will spend the majority of their time engaged in conducting intakes and providing evidence-based behavioral interventions for sleep disorders. Interns can also provide education, outreach, and consultation on behavioral treatment of sleep disorders to Mental Health, Primary Care, Sleep, and other medical specialty clinics within BVAMC.

Assessment characteristics: Clinical interview is the primary means of evaluation during intake. Veterans also complete several self-report questionnaires, including the Insomnia Severity Index (ISI), throughout treatment.

Intervention characteristics: Interns will learn evidence-based treatments for sleep disorders, including Cognitive Behavioral Therapy for Insomnia and Exposure, Relaxation, and Rescripting Therapy (ERRT) for nightmares. These therapies are offered in both individual and group modalities. They will also learn a brief telephone-based intervention for CPAP adherence.

8. Consultation-Liaison

Preceptors: Shilpa Boppana, Ph.D.

Rotation Site: The consultation-liaison team sees patients who present to the BVAMC Emergency Department with Mental Health concerns, as well as patients on inpatient medical floors with mental health needs during their hospital stay. Interns will participate as active members of the inpatient psychiatry team. The team is led by a psychiatrist and also includes a psychiatric nurse practitioner and clinical social worker. Psychiatry residents and Physician Assistant students also train on the rotation.

Clinical activities: Interns will learn to conduct rapid bedside assessments of mental health needs of referred veterans. They will become skilled in communicating efficiently with members of the medical team, in both oral and written forms. They will also learn legal and ethical considerations in safety planning. Interns will also be able to follow veterans on the medical floors for brief interventions, such as coping with chronic illness.

9. Substance Treatment and Recovery (STAR)

Preceptor: Gloria Roque, Ph.D. and Liz Outman, Ph.D.

Rotation Site: STAR is a multidisciplinary team that works together to provide assessment and treatment to veterans with substance use disorders.

Population: 95% male patients with substance use disorders, primarily alcohol, stimulants, and opiates. Many of our patients have co-existing psychiatric conditions and numerous psychosocial stressors they need to address in order to initiate and maintain recovery. Many patients are also enrolled in the Homeless Veteran Program (HVP) to address their housing and psychosocial needs. Although many of our patients participate in 12 step programs (Alcoholics Anonymous, Narcotics Anon, etc.), STAR focuses more on developing coping skills and operates out of a cognitive-behavioral model.

Expectations: By the end of the rotation the intern will be familiar with identification and assessment of substance use disorders, and basic issues involved in treatment. Most of the intern's interactions with patients will involve group facilitation. Interns will have opportunities to co-lead STAR educational groups and see 1-2 STAR patients for psychotherapy.

Clinical Duties: Interns generally co-lead 1-2 educational groups per week. Groups are scheduled between 9-11:45am. Interns have opportunities to do STAR intake assessments. STAR is an open access clinic so there may not always be intakes at times the intern has available. Interns will see 1-2 STAR patients for psychotherapy aimed at treating substance use issues.

10. Behavioral Health Interdisciplinary Program (BHIP)

Preceptor: Shilpa Boppana, Ph.D.

Rotation Site: Veterans are seen in the outpatient mental health clinic for the full range of psychological diagnoses, including mood disorders, anxiety disorders, schizophrenia-spectrum disorders, and personality disorders. Therapeutic services include individual and group psychotherapy. Interns can gain supervised experience in evidence-based treatment practices with a variety of patients while developing and broadening their skills in conducting psychotherapy with individuals, groups, and families. Interns work as full participants in the

integrated BHIP team and have the opportunity to coordinate care with psychiatrists, nurse practitioners, social workers, and peer support specialists.

Distribution of Clinical Activities: Interns spend approximately 70% of their time providing direct therapeutic services, 20% in supervision, and 10% documenting clinical activities.

Assessment Characteristics: Diagnostic interviews, symptom severity scales and objective personality testing as warranted.

Intervention Characteristics: Interventions typically involve evidence-based treatment strategies, including cognitive-behavioral therapy models. There is a strong emphasis on 3rd wave models of Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT). Occasionally, integrative therapeutic strategies are utilized according to the specific needs of the veteran.

11. Home-based Primary Care

Preceptor: Mark Phillips, Psy.D.

Overview: The Home-Based Primary Care rotation exposes interns to providing psychotherapy and brief assessment services to geriatric veterans who are homebound due to chronic illness. The intern functions as part of a multidisciplinary primary care team (physician, RNs, LCSW, Dietitian, OT) and accompanies the HBPC psychologist on home visits in rural Alabama. The intern will travel via government vehicle to Jasper, AL, which is approximately 45 minutes from Birmingham. Common interventions include: treatment of anxiety, depression and adjustment disorders secondary to chronic illness; treatment of PTSD; assessment and treatment of veterans with dementia and support of caregivers of veterans with all stages of dementia; treatment of veterans with major mental illness who are elderly and chronically physically ill; therapy related to end of life issues.

12. Psychosocial Rehabilitation and Recovery Center (PRRC)

Preceptor: John Dubose, Ph.D.

Overview: The PRRC at BVAHCS opened in February 2023. PRRC is an intensive outpatient specialty mental health transitional learning center designed to support recovery and integration into meaningful self-determined community roles for veterans challenged with serious mental illness and severe functional impairment. The PRRC is open to veterans who have a serious mental illness such as Bipolar Disorder, Schizophrenia, Schizoaffective Disorder, severe Depression, or severe PTSD and who are experiencing severe functional impairment.

Clinical Activities: Interns have the opportunity to lead and co-lead psychotherapy groups, as well as engage in individual recovery coaching sessions.

Supervision

Interns receive a minimum of 4 hours of supervision per week, including at least 2 hours of individual supervision. Interns may receive a combination of face-to-face and synchronous video tele-supervision, in accordance with APA guidelines. Interns will receive supervision from the following sources across the training year:

1. *Year-long supervisor:* Each intern is assigned a year-long supervisor prior to the start of the training year. This supervisor assists the intern in development of their rotation schedule and training plan for the year and acts as their advocate throughout the internship year. The year-long supervisor meets with the intern at least monthly throughout the training year. The supervisor will also make reports or convey requests to the Psychology Training Committee (PTC). The supervisor will be responsible for compiling the intern's rotation and therapy evaluations, assuring/documenting that the intern has reviewed the evaluation and been provided an opportunity to respond, and, in conjunction with the PTC, evaluating the intern's progress toward meeting profession wide competencies and minimum level of achievement necessary for successful internship completion. Additionally, year-long supervisors are expected to monitor supervision received by the intern to assure it meets accreditation standards.
2. *Rotation supervisor:* A rotation supervisor is a faculty psychologist or other professional approved by the PTC who teaches, instructs, observes, and otherwise assumes direct responsibility for a specific clinical training activity. Interns receive at least one hour per week of regularly-scheduled individual supervision from their major and minor rotation supervisors. In addition to scheduled supervision, interns frequently conduct assessments and therapy sessions along with their supervisors, allowing for in-vivo supervision. Supervisors will evaluate the intern at the mid-point of the rotation to give formative feedback and at the conclusion of the training activity to provide a summary performance assessment. Evaluations are discussed with the intern and communicated to the year-long supervisor.
3. *Case supervisor:* Interns also carry caseloads of at least 2 psychotherapy patients outside their rotations throughout the year. All interns attend a weekly group supervision. Group supervision is led by Dr. Norton (Training Director) and Dr. Susan Rathmell (VA Evidence-based Psychotherapy Coordinator) during the first semester and focuses on Cognitive Behavioral Therapy for Depression. Group supervision is led by Dr. Megan McCarthy (Chief of Mental Health and IPT-D Consultant) during the second semester and focuses on Interpersonal Therapy for Depression.

Didactics and Other Training

Didactics

All interns from Birmingham VA and UAB participate in a shared weekly didactic seminar led by faculty from both institutions on Monday afternoons. VA interns attend a weekly seminar on Monday mornings, which varies among didactic presentations, case conference, and journal club.

Optional Didactics:

In addition to the required weekly didactic seminars, there are numerous additional didactic opportunities available that interested interns may attend, pending approval by their rotation supervisors. Birmingham VAMC hosts a monthly Evidence-based Psychotherapy Consultation Series. The Department of Veterans Affairs nationally hosts a number of virtual didactics including the National Center for PTSD webinar series, Tech into Care Monthly Call, Meeting the Mental Health Needs of Aging Veterans: Promising Practices Webinar Series, Women's Mental Health Teleconference Training Series, and the MIRECC CBOC/Rural Veterans Webinar.

Interns are also invited to attend the VA's monthly Psychologist Meeting, in which topics relevant to psychology practice at the Birmingham VA are discussed, and a psychologist or trainee offers a presentation on a topic related to individual and cultural diversity each month.

Ancillary Training Experiences:

Interns may also participate in the Birmingham VA's Disruptive Behavior Committee meetings on Mondays from 2:30-3:30, which allow opportunity to consult with staff from multiple disciplines, including Social Work, Police Services, Chaplain Services, and Nursing. Interns may also choose to work with the Racial Acknowledgement Committee.

Administrative Policies and Procedures

Work Environment and Administrative Assistance

Interns select multiple training experiences from within the Birmingham VA Healthcare System. Interns are provided designated office space and computers or computer access. Interns will have va.gov email addresses. VA administrative staff within Education Service and Mental Health assist with trainee onboarding, and MSAs are available on all rotations to assist with scheduling.

Diversity Statement

The Birmingham VAHCS adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. The BVAHCS highly values individual and cultural diversity and strongly encourages qualified applicants from all backgrounds to apply. No applicant or intern will be discriminated against on the basis of race, gender, color, sexual orientation, ethnicity, religion, age, physical ability, or other cultural/individual differences. Applicants of diverse cultural and individual backgrounds are strongly encouraged to apply.

Work Week

The default schedule for psychology interns is typically 8:00 a.m. to 4:30 p.m. Monday through Friday. Requests for changes in Tour of Duty (TOD) must be submitted to the Training Director. Supervision must be available by the attending psychologist for the training rotation to support a change in TOD. Interns should expect to work 40 hours per week, Monday-Friday.

Stipend and Financial Assistance

Stipends are set each year by the VA Office of Academic Affiliation and are adjusted via locality cost of living. **The stipend for the 2023-2024 training year is: \$33,645.** Interns are also eligible for VA employee health insurance plans, including dental and visual insurance; coverage for families is available.

The BVAHCS has required paperwork which is completed at the beginning of the internship year. Stipends are paid in 26 biweekly installments via direct deposit.

Interns are provided with malpractice coverage through the Federal Tort Claims Act.

Holidays

The VA observes 11 Federal Holidays: New Year's Day, Dr. Martin Luther King Jr. Day, Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day. Please speak with Dr. Norton and Dr. Cooper to discuss accommodations for other holidays that you may wish to celebrate.

Interns earn 104 hours of Annual Leave (4 hours per pay period), and 104 hours of Sick leave (4 hours per pay period) over the course of the training year. All requests for leave are to be submitted using the GovTA online system. The intern is responsible for obtaining permission from the year-long supervisor as well as other supervisors and for arranging clinical coverage as necessary. Permission for planned leave time is required. If the intern is ill, they must notify the supervisor as soon as possible and do so on a regular basis if illness is prolonged. Interns should contact the rotation administrative support team and take whatever other steps are necessary to cancel, reschedule or otherwise cover scheduled clinical contacts. Upon return to work, a GovTA leave request should be completed. Leave time may not be used in bulk at the end of the year without prior approval from the year-long supervisor and the Training Director. Additional administrative leave may be provided for professional activities such as conference participation and interviews for postdoctoral fellowships and jobs.

Schedules

It is the intern's responsibility to circulate a copy of their rotation schedule and phone numbers where they may be contacted to their year-long supervisor, rotation supervisors, training director, and administrative personnel. Every attempt should be made to keep these schedules up to date. A new schedule sheet should be made with each rotation change. The intern is responsible for informing the appropriate supervisor of their schedule and patient appointments.

Outside Activities

All outside activities, including external work, seeing patients, conducting research, outside consultation or public presentations must be approved by the training director, the intern's supervisor(s), and the Psychology Training Committee (PTC). In no case is an intern to commit to a training or research activity without due consultation with the supervisor(s). Initiative is encouraged but no arrangement should be made before obtaining the consent of the supervisors, the training director, and the PTC.

Extension of Internship

The internship is designed to be completed in twelve (12) consecutive months. It may be extended if the intern has been granted personal/medical leave or has not demonstrated satisfactory progress such that the intern will not have completed 2080 hours of internship experience. If such extensions occur, they will be on a non-stipend basis, as funding cannot be extended beyond the consecutive 12 months period. Such decisions will be made on an individual basis and should be brought to the Training Director and Committee by the intern's year-long supervisor.

Internship Certificate Award

Following a successful completion of the internship, the intern is awarded a certificate of completion of internship training.

Psychology Training Committee

The Psychology Training Committee (PTC) consists of licensed professional psychologists involved with the provision of clinical services within the BVAHCS. Members of the PTC provide clinical experiences, didactic training, and/or research opportunities across settings from which interns may choose. The PTC is responsible for establishing policies and procedures, evaluating the program, and reviewing intern progress. PTC meetings occur monthly and include internship updates and evaluation of intern progress.

Evaluations

Evaluation is an ongoing process, and the PTC strongly encourages supervisors and interns to share feedback with each other informally throughout the year. Formal intern evaluations take place at the midpoint and end of rotations. The intent of the midpoint evaluations is to provide early identification of any areas of concern so that the faculty and intern can address deficits early. Midpoint evaluations are considered "formative" with greater emphasis placed on the end of rotation performance ratings with respect to assessing progress. For interns to meet the minimum level of achievements (MLA) on their evaluations, they must have an average score of "fully successful" or higher on each PWC at the end of their final rotation. This average will be created across supervisor ratings of their final rotations.

In collaboration with the Training Director, each intern's year-long supervisor will assess competency ratings at the end of each rotation to ensure that informative feedback is provided to interns and supervisors and to allow for any necessary remediation with interns who might be at risk for not meeting the MLAs by the end of the year. Rotation feedback will be discussed with the intern by rotation supervisors as well as the year-long supervisor. The supervisor reviews the feedback with the intern and the written evaluation will be placed in the intern's permanent file by internship training director. Intern training records are maintained in a secure, electronic folder, accessible only to training staff.

Interns are also responsible for evaluating the internship program. They complete written evaluations of all rotations, their year-long supervisor, and the program overall at the conclusion of the training year, once all evaluations of interns have been completed and signed. These evaluations are conducted in addition to an exit interview with the Training Director.

Guidelines for Responding to Inadequate Performance by an Intern

These guidelines represent the general format for responding to inadequate performance (problem behaviors, ethical violations, inadequate skills) by an intern. The procedures can be altered to meet the needs of each individual situation, with the top consideration for the best interest of the intern's training experience and the professional practice of psychology.

- Training faculty member first discusses the concern with the intern in an effort to resolve the issue informally. This level of intervention is discussed during the rotation evaluation at the discretion of the faculty member.

- If the faculty member is dissatisfied with the results of the informal intervention, the issue is brought to the attention of the Training Director and the intern's year-long supervisor. Plans for additional informal intervention are discussed. Usually, the intern is involved in this process. This level of intervention is discussed during the rotation evaluation and may be informally discussed with the intern's DCT from their university.
- If the results of the previous intervention are unsatisfactory, the Training Director will initiate a written warning letter that will be reviewed with intern and placed into the intern's file. The DCT will be contacted by the Training Director and may be sent a copy of the written warning letter.
- Dissatisfaction after a written warning will result in probation and potentially termination from the internship program as outlined by the performance improvement plans (PIPs).

Problematic Behavior

Problematic Behavior refers to behavior which interferes with professional functioning. These behaviors may include any of the following:

- Inability to acquire professional skills or knowledge to meet profession wide competency standards.
- Inability to control personal stress, strong emotional reactions, and/or psychological dysfunction that negatively impact the intern's ability to meet professionalism competency standards.

Interns may demonstrate certain attitudes, characteristics, or behaviors appropriate for their level of training, but not appropriate to independent professional practice. These behaviors may be of concern within the focus of professional training but are not necessarily considered problematic. Behaviors are typically identified as problematic in the following situations:

- The intern does not acknowledge, understand, or address the problem when it is identified
- The quality of services delivered by the intern is negatively affected
- A disproportionate amount of attention by training personnel is required
- The trainee's behavior does not change as a function of feedback, remediation effort and/or time.

Performance Improvement Plans and Disciplinary Actions

Formal disciplinary action may include verbal warning, written warning, probation, and termination. Usually this represents a linear progression but is not necessarily followed depending upon the problematic behavior. In cases where personal or public property has been stolen, defaced, disfigured, damaged, or destroyed, the disciplinary action may also include restitution. The Director of Clinical Training at the intern's university is contacted by email once a written warning, probation, or termination occurs, but may also be notified at the time of a verbal warning as well. Every effort is made to interact with the university DCT to

offer performance improvement plans and support to the intern. The disciplinary actions are defined as follows:

Verbal Warning: The intern is given verbal feedback from a supervisor and the training directors to emphasize the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

Written Warning: The intern is given written feedback indicating the concern of the Training Director and PTC regarding the problematic behavior. The feedback also documents the discrepancy between the intern's performance and the faculty expectations. A performance improvement plan is outlined as specifically as possible (target behaviors, timeline, etc.) and the implications of failure to accomplish performance improvement are reviewed. The intern will be provided a copy of the performance improvement plan signed by the Training Director, Assistant Training Director, the intern's yearlong supervisor, and the intern. A copy of this letter will be kept in the intern's file as well as documentation regarding successful performance improvements of deficits in knowledge, skills, or professional conduct or failure to do so. The intern will be provided written acknowledgement of successful completion of the plan. If the intern has not successfully met expectations, he/she will be informed in writing and placed on probation (see the following discussion).

Probation: The intern is given a time-limited, performance improvement-oriented, closely supervised training period. The purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Privileges may be revoked, and the intern may be terminated for unsuccessful completion of the performance improvement plan outlined in the probation terms. Probation terms will include identification of the specific behaviors targeted for performance improvement, the process suggested for performance improvement and the means of reevaluating behavior change. Information regarding Probation remains in the intern's file along with written confirmation of the results following the probationary period.

Termination: Dismissal from the internship results in permanent withdrawal of all internship responsibilities and privileges. When performance improvement plans do not rectify the problem behavior or concerns, the Training Directors and the Psychology Training Committee will determine the possibility of termination of the intern's position. Human Resources and Education Officials will also be consulted when termination is being considered. This action is considered the last available option and is taken seriously by the Training Directors and PTC. In the event of termination, the intern will receive a letter stating in what ways the intern failed to successfully rectify the specific knowledge, skill, or behavioral problems outlined in the written warning and probationary period. Terminated interns will not receive a certificate of internship completion.

Due Process General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all trainees and provides appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a performance improvement plan for identified inadequacies, including a time frame for expected performance improvement and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the intern policies and procedures document. This is provided to interns and reviewed during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Due Process Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Training Directors and intern or staff, the steps to be taken are listed below.

Grievance Procedure

Grievance procedures may be initiated under the following conditions:

1. When an intern encounters any difficulties or problems (e.g., poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences; or
2. If a training staff member has a specific concern about an intern.

Procedure for filing a grievance

When an intern contends that any disciplinary action (warning, probation, termination) is unfair, or that due process has not been followed, the intern may address the grievance in a variety of avenues. In general, the specific contention should be addressed by following a standard hierarchy. This hierarchy may be altered due to the parties involved.

1. If possible, the grievance should first be addressed through open discussion between the intern and faculty member with the year-long supervisor assisting communication,

as needed. The year-long supervisor may be consulted at any time to offer guidance and support but will generally allow the intern to address the issue with the specific faculty member.

2. The intern may also report directly the training director. Again, the year-long supervisor can offer guidance and support during the process.

3. If a resolution satisfactory to the intern and/or faculty member has not been established, the intern or faculty member may submit the issue to the PTC for review. This grievance should be submitted in writing and should describe the problem and previous attempts to deal with it. This written grievance should be submitted to the intern's year-long supervisor and to the Training Director within two weeks of receiving the disciplinary action. The Training Director will then put the grievance on the PTC agenda at which time the intern may request to be present during review of the issue. The PTC will investigate the grievance with the supervisor and attempt to gain resolution. If no satisfactory resolution can be reached, the PTC will make a decision regarding the disposition of the grievance.

4. If the intern is dissatisfied with this resolution, the intern may submit a further appeal in writing to a Review Panel (described below) whose ruling will be final.

Notes: The year-long supervisor serves as the advocate for the intern. If this presents a dual role (i.e. the year-long supervisor is the individual with whom a grievance is involved) then another advocate will be assigned by the Training Director.

Discuss the issue with the intern(s) involved

1. Consult with the Training Director and Assistant Training Director

2. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Training Director for a review of the situation. When this occurs, the Training Director will:

a. Within three days of a formal complaint, the Training Director must consult with the faculty and implement Review Panel procedures as described below.

Review Panel and Process

1. When needed, a review panel will be convened by the Training Director. The panel will consist of three internship faculty members, with no prior involvement, reviewing the grievance, selected by the PTC and the intern involved in the dispute. If the issue involves the Training Director or any member of the PTC, that individual will be recused from selecting the Review Panel. To minimize conflicts of interests and/or possible retaliation, members of the Review Panel will be chosen from entities separate from the involved faculty member's department. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the PTC, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) work days of receipt of the recommendation, the PTC will either accept or reject the Review Panel’s recommendations. If the PTC rejects the panel’s recommendations, due to an incomplete or inadequate evaluation of the dispute, the PTC may return the matter to the Review Panel for further deliberation and revised recommendations or may make a final decision.

4. If referred back to the panel, they will respond to the PTC within five (5) work days of the receipt of the PTC’s request of further deliberation. The PTC then makes a final decision regarding what action is to be taken.

5. The PTC informs the intern, staff members involved and, if necessary, members of the training staff of the decision and any action taken or to be taken.

6. If the intern disputes the PTC’s final decision, the intern has the right to contact the Human Resources department to discuss this situation.

Training Staff

Name	Graduate Program	Internship	Post-Doc	Specialties
Shilpa Boppana, Ph.D.	University of Mississippi	UAB-BVAMC Internship Consortium		General Mental Health (GMH), DBT Group, ACT
Anna Grace Cooper, Psy.D.	Spalding University	W. G. (Bill) Hefner (Salisbury) VAMC		PTSD Clinical Team, combat trauma and MST, conjoint PTSD EBP, EBPs for PTSD, Measurement-Based Care Coordinator, Assistant TD
John Dubose, Ph.D.	Jackson State University	Broughton Hospital	VA St. Louis Healthcare System	CBT for Schizophrenia Spectrum and other Psychotic Disorders, CBT for Bipolar and Related Disorders, CBT-D, DBT, Community Integration, PTSD coping skills training, Psychodiagnostic evals
Carin L. Eubanks, Ph.D.	University of Southern Mississippi	VA North Texas HCS	Memphis VAMC (Health/Medical Psychology)	Pain Rehabilitation Outpatient Program (PROP)
Kristi L. House, Ph.D.	The University of Alabama	UAB-BVAMC Consortium	James A. Haley VA, pain emphasis (Tampa, FL)/Birmingham VAMC	Pain Rehabilitation Outpatient Program (PROP)
Susan Isbill, Ph.D.	Brigham-Young University	Wichita Collaborative Psychology Internship Program		Adult PTSD; Primarily Combat-Related and Military Sexual trauma; Individual and Group-Based Interventions; Marital and Family Therapy.
Katherine Jackson, Psy.D.	Xavier University	Central Alabama VA Healthcare System	Cincinnati VAMC	Telemental Health, PTSD, depression, individual therapy, pre-transplant psychological evaluations
Megan McCarthy, Ph.D.	University of California, Berkeley	San Francisco VA Healthcare System	Harvard Medical School/Cambridge Health Alliance	Assistant Chief of Staff (ACOS) for Mental Health; Interpersonal Therapy for Depression
Laura Nelson, Ph.D.	University of Tennessee	Central Alabama Veterans Healthcare System		Providing individual psychotherapy via telemental health, PTSD, MDD, Insomnia, Shared Decision Making Group

Misti Norton, Ph.D.	University of Alabama	UAB-BVAMC Consortium		Training Director, Behavioral Sleep Medicine, National VA CBT-I Consultant, group and individual CBT-Insomnia, Exposure, Relaxation, and Rescripting Therapy (ERRT) for nightmare disorder, CPAP Adherence Coaching
Liz Outman, Ph.D.	University of Georgia	James H. Quillen/Mountain Home VAMC	Michigan State U./FAME Postdoctoral Fellowship in Clinical Health Psychology	Dual Diagnosis Treatment, Health Behavior Change, PTSD and Anxiety Disorders
Mark Phillips, Psy.D.	Baylor University	East Kentucky Rural Psychology Internship		Home-based primary care, geriatric and chronically ill/homebound veterans
Chebon Porter, Ph.D.	Oklahoma State University	UAB-BVAMC Consortium	UAB Department of Psychiatry and Behavioral Neurobiology	BVAMC Southeastern Blind Rehabilitation Center, cognitive and psychological assessment, individual psychotherapy, consultation, Chief Psychologist
Susan Rathmell, Ph.D.	University of Kansas	UAB-BVAMC Consortium		Primary Care-Mental Health Integration, Evidence-based Psychotherapy Coordinator
Gloria Roque, Ph.D.	University of Alabama	UAB-BVAMC Consortium		Adult substance use disorders, individual and group therapy
Sarah Rowe, Ph.D.	University of Louisville	Pittsburgh VA Healthcare System	Salem VAMC	Telemental Health, PTSD, depression, older adults, individual therapy
Larissa Tate, Ph.D.	Uniformed Services University of Health Sciences	UAB-BVAMC Internship Consortium		Telemental Health, Primary Care, PTSD/Trauma, Military Culture and Post-Military Adjustment, Mental Health Stigma

Internship Admissions, Support, and Initial Placement Data

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: July 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?	No
If yes, provide, website link (or content from brochure) where this specific information is presented: N/A	

Internship Program Admissions

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

Successful candidates will have generalized assessment and psychotherapy training across a variety of settings. Applicants who have VA practicum experience or who have an interest in a VA career are highly desirable. We strongly value candidates who have training in evidence-based psychotherapies. Our internship values cultural and individual diversity and strongly encourages qualified applicants from all backgrounds to apply. We adhere to all EEO guidelines.

The following criteria are required for VA stipends:

1. U.S. citizenship.
2. Applicants who are male-assigned at birth born after 12/31/1959 must have registered for the draft by age 26.
3. VA-Matched interns are subject to fingerprinting, background checks, and random urine drug screens. Match result and selection decisions are contingent on passing these screens. Please be advised: Although the recreational or medical use of marijuana is legal in certain states, it is not legal at federal facilities. Thus, we cannot employ anyone who tests positive for marijuana.

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

Total Direct Contact Intervention Hours: N x Y Amount: 150

Total Direct Contact Assessment Hours: N x Y Amount: 50

Describe any other required minimum criteria used to screen applicants: N/A

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$33,645
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	
If access to medical insurance is provided:	yes
Trainee contribution to cost required?	yes
Hours of Annual aid Personal Time off (PTO and/or Vacation)	104 hours of annual leave 104 hours of sick leave
	Maternity and paternity leave are available through annual leave, sick leave, and leave without pay. Any leave without pay hours will be made up at the end of the training year. In addition to the annual and sick leave, interns may also be granted administrative leave for approved training activities and conferences and for postdoctoral fellowship and job interviews.

Initial Post Internship Positions

NOTE: Per APA guidance, consortium interns are not included in these tables. You may find post-internship placement data for consortium interns at [Psychology Internship Program - School of Medicine - Psychiatry and Behavioral Neurobiology | UAB](#). Tables will remain blank until completion of first BVAHCS cohort.

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2022	
Total # of interns who were in the 3 cohorts	0 (see note above)	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	N/A	
	PD	EP
Academic teaching	N/A	N/A
Community mental health center	N/A	N/A
Consortium	N/A	N/A
University Counseling Center	N/A	N/A
Hospital/Medical Center	N/A	N/A
Veterans Affairs Health Care System	N/A	N/A
Psychiatric facility	N/A	N/A
Correctional facility	N/A	N/A
Health maintenance organization	N/A	N/A
School district/system	N/A	N/A
Independent practice setting	N/A	N/A
Other	N/A	N/A

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.

Post-internship positions of VA-funded consortium interns are described below.

2022-2023

Mental Health Clinic Staff Psychologist—Birmingham VAMC

Integrated Care Postdoctoral Fellowship—Portland VAHCS

Geropsychology Postdoctoral Fellowship—South Texas VAHCS

Advanced Fellowship—War-Related Illness and Injury Related Study Center at VA NJ Health Care System

2021-2022

Mental Health Clinic Staff Psychologist—Birmingham VAMC
Mental Health Clinic Staff Psychologist—Birmingham VAMC
Neuropsychology Postdoctoral Fellowship—San Antonio VAHCS
Neuropsychology Postdoctoral Fellowship—UCLA Medical Center

2020-2021

Mental Health Clinic Staff Psychologist—Birmingham VAMC
Neuropsychology Postdoctoral Fellowship—Michigan Medicine/University of Michigan
Neuropsychology Postdoctoral Fellowship—MD Anderson Medical Center (Houston)
Rehabilitation Neuropsychology Postdoctoral Fellowship—Spain Rehabilitation Center, UAB
Department of Physical Medicine and Rehabilitation

2019-2020:

Neuropsychology Postdoctoral Fellowship--Dartmouth-Hitchcock Medical Center
Research Postdoctoral Fellowship—University of Michigan
Postdoctoral Fellowship to Faculty Track—Integrated Behavioral Medicine Service, UAB
Department of Psychiatry and Behavioral Neurobiology
Neuropsychology Postdoctoral Fellowship—West Virginia University School of Medicine

Graduate Schools of Previous Trainees

Note: The Birmingham VA has been part of an internship consortium with the University of Alabama at Birmingham since 1969 and is in the process of separating. Listed interns matched to the VA track of the consortium.

2023-2024

University of Alabama- Birmingham
Northwest University
Mercer University
Fielding Graduate University

2022-2023

Mississippi State University
University of Kansas
University of North Dakota
Fielding Graduate University

2021-2022

Brigham Young University

Georgia State University

Uniformed Services University of the Health Sciences

California School of Professional Psychology at Alliant University

2020-2021

Brigham Young University

University of Mississippi

University of Central Florida

Chicago School of Professional Psychology—Chicago campus

2019-2020

University of South Alabama

University of North Dakota

University of Alabama

Ohio State University