Updated September 19, 2023

2024-2025 Psychology Residency Program

W.G. (Bill) Hefner Veterans Affairs Medical Center
Director of Training in Psychology
1601 Brenner Avenue
Salisbury, NC 28144
(704) 638-9000 extension 13175 or 14570
www.salisbury.va.gov/services/psychology.asp

Applications Due: December 15

Requirements for Completion

Residents must meet minimum performance standards for completion of the Psychology Residency at the W.G. Bill Hefner Veterans Affairs Medical Center. These include:

- A 2,080 hour residency year, including federal holidays, administrative leave, and no more than 208 hours of approved annual/sick leave.
- A rating of at least "Fully Successful" in all core competencies including: Diagnostic, Theoretical, and Conceptual Skills; Psychological Interventions; Psychological Assessment; Consultation, Evaluation, and Supervision; Strategies of Scholarly Inquiry; and Ethics/ Professional Behavior.
- Resolution of any Performance Improvement Plans (PIP).
- Completion of at least two hours of individual supervision per week.
- Completion of at least one hour of direct therapy observation (live, co-led, or recorded) by each supervisor each semester.
- Submission of all supervision records and evaluations.
- Attendance to at least 75% of all scheduled didactic activities.
- Completion of at least 15 integrated psychological assessments.
- Completion of at least two EBP protocols (individual or group).
- Completion of a CVT experience in either individual or group format.
- Satisfactory completion of two case presentations (one assessment and one therapy) to the Psychology Department.
- Satisfactory presentation of a journal club to the Psychology Department.
- Satisfactory presentation of a didactic training to a professional audience such as Mental Health Grand Rounds, Mortality & Morbidity Conference, or other setting.

Licensure

The residency program is designed to meet guidelines for psychology licensure in North Carolina. Our supervisors work with residents towards licensure in other jurisdictions as well. The resident is responsible for ensuring any licensure guidelines for the state of their choosing are met.

POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT

PROGRAM FIT

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

Applicants who are competitive and a good fit for our program should be grounded in a clear theoritical approach; have a diversity of experiences in individual, group, and couples interventions; and have a practical working knowledge of the major psychological assessment instruments; and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment. Furthermore, applicants should be prepared to have a high degree of independence while engaging in service delivery across a variety of rotations and have a dedication to serving our nation's Veterans. Our selection criteria are based on a "goodness–of–fit" with our scientist-practitioner model, and we look for residents whose training goals match the training that we offer.

SELECTION PROCESS

Applicants must meet the following prerequisites to be considered for our program as a Health Professions Trainee (HPT):

- Complete a doctoral clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) prior to the residency start date.
- Complete an APA-accredited predoctoral internship prior to the residency start date.
- HPTs, including residents, are subject to fingerprinting, background checks, and urine drug screens.
- HPTs, including residents, may be subject to random drug testing. VA will initiate dismissal against any trainee who is found to use illegal drugs, including marijuana, on the basis of a verified positive drug test. Dismissal will be initiated against any trainee who refuses to be tested.
- The Office of Academic Affiliation (OAA) sets eligibility requirements for HPTs in VA settings (Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations). Please confirm that you meet these requirements (Am I Eligible? Checklist for VA HPTs) including the CDC guidelines for healthcare workers. At the time of writing, the CDC list of vaccinations included COVID-19 vaccination. For a current listing of these requirements, check the CDC's website: Recommended Vaccines for Healthcare Workers | CDC
- Be a U.S. citizen.
- Male applicants born after 12/31/1959 must have registered for the draft by age 26 (see www.sss.gov).
- Additional eligibility requirements: www.psychologytraining.va.gov/eligibility.asp
- HPTs are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff

members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner

Interested individuals who meet eligibility criteria should submit the following application materials using the online APPA CAS application process. All application materials are **due by December 15.** A selection committee composed of psychologists involved in training reviews applications.

- The APPA CAS Application for Psychology Residency.
- A cover letter indicating intent to apply to the residency program and training interests.
- A Curriculum Vitae.
- Official graduate transcript(s).
- A minimum of three letters of reference (at least one from an internship supervisor).

The Salisbury VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as Veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status.

Applicants are advised by January 5 as to their interview status. Interviews are only conducted virtually or by phone in January as we strive to minimize the financial burden on some applicants and equalize the process for all. Each applicant will be interviewed by two staff members together in a single structured interview. We offer opportunities to meet additional staff and speak with our current residents.

We will offer at least one optional Open House for applicants to physically tour our site. Attendance or non-attendance at these Open Houses will not affect our decisions on any applicant.

The Salisbury VAMC Psychology Residency Program complies with all APPA CAS guidelines in the recruitment and selection of residents. Those accepted are contacted by email regarding rotation assignments. They begin the residency program in August, completing 2080 hours over a 12-month period. A resident's start date may be changed based on the candidate's internship completion date.

The Co-Training Directors' may be reached by telephone at (704) 638-9000 extension 13175 for Dr. Brandon Bryan and extension 14570 for Dr. Holly Miskey. Inquiries may also be made via e-mail to either of the Co-Training Directors at: Brandon.Bryan@va.gov or Holly.Miskey@va.gov

Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	$52,838
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for Resident?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours 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: Vision and dental insurance. 11 Federal holidays. Malpractice protection under the Federal Tort Claims Act.	

INITIAL POST-RESIDENCY POSITIONS 2020-2023

(Aggregated Tally for the Preceding 3 Cohorts)

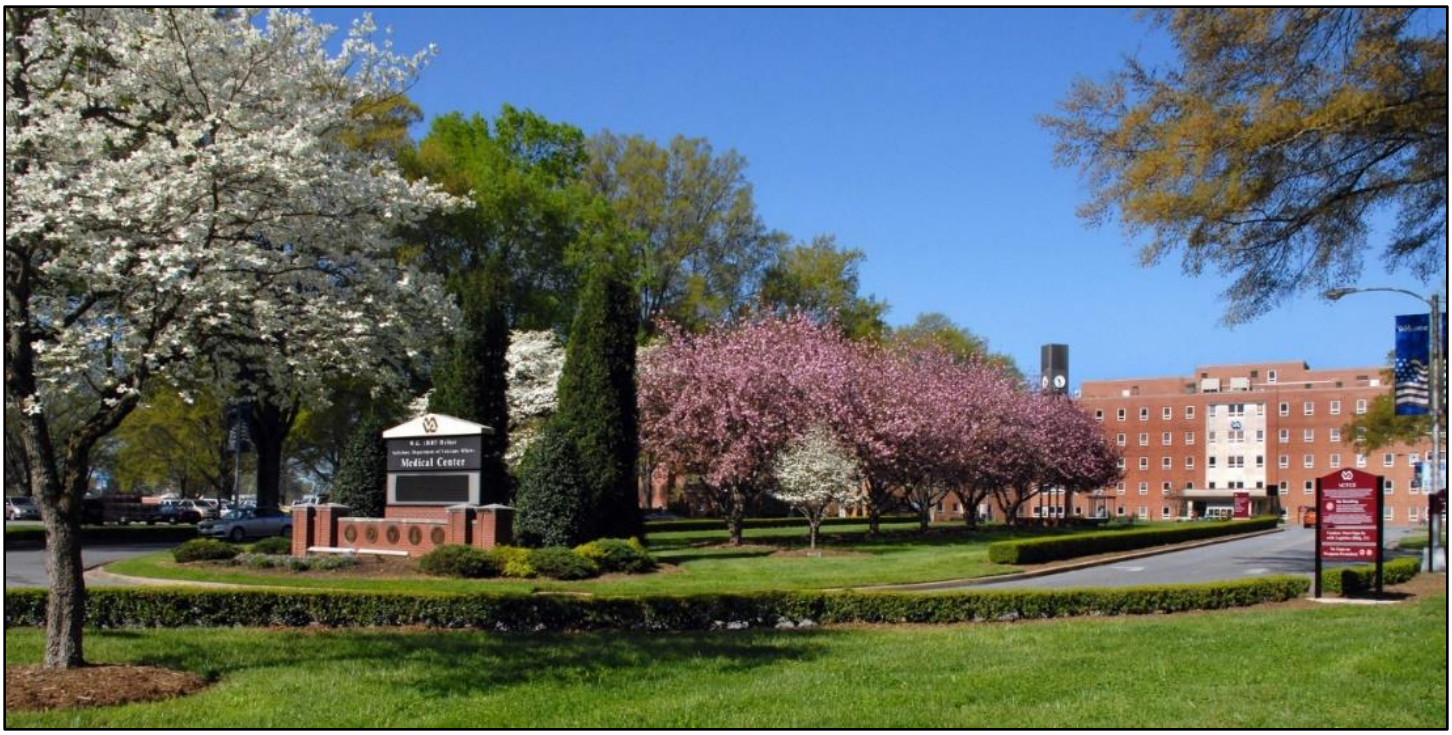
Total number of Residents who were in the three cohorts 2019-2022	**3**
Total number of Residents who remain in training in the residency program	**0**

Primary Setting	Employed Position
Community mental health center	0
Federally qualified health center	0
Independent primary care facility/clinic	0
University counseling center	0
Veterans Affairs medical center	3
Military health center	0
Academic health center	0
Other medical center or hospital	0
Psychiatry hospital	0
Academic university/department	0
Community college or other teaching setting	0
Independent research institution	0
Correctional facility	0
School district/system	0
Independent practice setting	0
Not currently employed	0
Changed to another field	0
Other	0
Unknown	0

ACCREDITATION STATUS

The Residency in Clinical Psychology at the **W.G. (Bill) Hefner Veterans Affairs Medical Center (VAMC)** in Salisbury, NC, has been fully accredited by the Commission on Accreditation of the American Psychological Association (APA) since 2012. Our last APA site visit in 2017 awarded us accreditation for 10 years. The Salisbury VA Health Care System abides by all APA guidelines and requirements in the selection and administration of post-doctoral residents. APA can be contacted at:

American Psychological Association
750 First Street NE
Washington, DC 20002-4242.
(202) 336-5979 or (202) 336-5500



THE SALISBURY VAMC PSYCHOLOGY SETTING

The Salisbury VAMC continues to see Veteran enrollment growth each year. In FY 2021, the medical center provided over 800,000 outpatient visits to over 90,000 unique Veterans. This is a 21% increase in the number of outpatient visits and greater than 10% increase in number of unique Veterans from the prior year. Patient demographics are reflective of the areas served, including Charlotte, Salisbury, and Kernersville, NC. North Carolina Census data (2017) revealed that the approximate population diversity by race is 21 percent African American/Black, 1 percent American Indian, 2 percent Asian, 8 percent Hispanic or Latinx, and 68 percent White. Current SVAHCS Veteran demographics reveal that the population served is approximately 30 percent African American/Black, 0.4 percent American Indian, 0.3 percent Asian, 0.4 percent Pacific Islander/ Hawaiian, 6 percent unknown/declined and 63 percent White. The majority of Veterans served are male, but the female patient population is growing rapidly at 11% of new enrollees.

The Salisbury VAHCS is a designated "Mental Health Center of Excellence" and "Center of Excellence for Geriatrics." This resulted in over $18 million for additional outpatient and inpatient mental health services. Outpatient services include a general Mental Health Clinic and specialized programs for Primary Care Mental Health Integration (PCMHI), Home-Based Primary Care (HBPC), Military Sexual Trauma (MST), combat trauma, neuropsychology, cognitive rehabilitation, marriage and couples therapy, Clinical Video Telehealth (CVT), suicide prevention, and psychosocial rehabilitation. Inpatient services include acute (21 bed) and chronic (20 bed) psychiatry, long- and short-term care for elderly and disabled (120 bed), hospice (12 bed), a residential combat PTSD program (23 beds), and a residential substance abuse treatment (35 beds). Our services have greatly expanded in recent years with the construction of the pallative care center in 2013 and inpatient psychiatric facility in 2014 and the ongoing renovations for our outpatient facilities. Two new HCCs (Health Care Centers) have been constructed in Charlotte and Kernersville. These large sites offer all major services other than inpatient medical or inpatient psychiatric care. The Psychological Testing Center includes computerized assessment packages, remote test administration options, statistical software,

PC-based assessment and interpretive programs, and a wide assortment of state-of-the-art psychological and neuropsychological testing equipment.

The Salisbury VAHCS employs over 3,000 persons of various disciplines. The Mental Health and Behavioral Sciences (MH&BS) department currently consists of over 200 total staff including over seventy doctoral level psychologists, two psychometrists, and one secretarial support staff. Despite the immense size, the department promotes a collegial atmosphere through social events, kudos at quarterly staff meetings, and peer-nominated awards and recognition. Our trainees regularly mention that it was the genuinely warm and supportive environment that attracted them to Salisbury and many decide to stay; approximately 1/3 of our staff are former trainees.

The Salisbury VAHCS places a heavy emphasis on training and research for future health care providers. We have had an academic affiliation with Wake Forest School of Medicine since 2005 and with the Edward Via College of Osteopathic Medicine (at Virginia Tech University) since 2006. Each year, hundreds of psychologists, psychiatrists, social workers, nurses, and other disciplines receive training at our facility. In addition to our six psychology interns, we have four to five psychology practicum students and four post-doctoral fellows; two in our APA accredited Clinical Psychology Post-Doctoral Fellowship and two in our two-year MIRECC Post-Doctoral Fellowship with a Neuropsychology focus. Abundant resources exist to support training at the Salisbury VAHCS. Shared, comfortable office space, individual workstations with dual monitors, and VA-issued laptops are available for each trainee.

The Research and Academic Affairs Service Line (R&AA) is a vital resource for the medical center. The Medical Library provides access to a wide variety of healthcare related periodicals utilizing online databases such as PubMed, PsychARTICLES, PsycBOOKS, PsychiatryOnline.org, PsychINFO, PsycTESTS, PILOTS, VA Library Network (VALNET), and others. Hundreds of digital textbooks, including the DSM-5-TR are available from each laptop. Additional resources are available through interlibrary loan programs. R&AA provides live satellite programs daily via closed circuit monitors throughout the medical center, making access extremely convenient. Programs are also recorded for those unable to attend. Borrowing privileges and extensive use of computerized library search services are available from the Salisbury VAHCS and Wake Forest Libraries. We have a dedicated, fulltime librarian who coordinates loans and access to materials.

TRAINING MODEL AND PROGRAM PHILOSOPHY

The Post-Doctoral Psychology Residency Program at the Salisbury VAMC is committed to preparing new graduates for entry-level generalist practice in professional psychology. This does not preclude Residents from selecting a focus area and choosing rotations to promote a specialization, such as neuropsychology, trauma, serious mental illness, substance abuse, geropsychology, and others. The training occurs in an intellectually challenging and professionally nurturing environment.

The philosophy of our residency program is that advanced clinical skills, with a foundation in evidence-based practice, form the foundation for competent, independent, professional functioning as a psychologist. Residents provide direct clinical care to Veterans, participate in and lead interdisciplinary teams, and teach others.

The Clinical Psychology Residency Program's overarching purpose is to produce new practitioner-scholars who have the requisite knowledge and skills for advanced independent practice of professional psychology within a variety of clinical and academic settings.

PROGRAM AIMS & COMPETENCIES

The Residency has the following aims, with the listed competencies and definitions of how these competencies are evaluated:

AIM #1: To produce psychologists with advanced skills in the integration of science and practice.

A. Competencies:
   1. Residents identify, obtain, and critically evaluate literature for ongoing discussion with supervisors and staff on how research informs practice with regard to therapy and assessment cases as well as structured training activities.
   2. Residents review and comprehend the literature in preparation for supervision discussions as well as for seminars and didactics when appropriate. Residents demonstrate sound knowledge of theoretical orientation(s) and supports case conceptualizations with relevant literature. Residents also demonstrate knowledge of formal diagnostic categories (i.e., DSM-5-TR) and the ability to apply the schema to individual patients.
   3. Residents demonstrate the ability to effectively disseminate research or other scholarly work at the local, regional, or national level (e.g., through case presentations, in individual and group supervision, in treatment team meetings, and in didactics as facilitators as well as active participants).

B. Evaluation of Competencies:
   1. Residents attend and actively participate in weekly individual and group supervision to discuss case conceptualizations, diagnoses, interventions, and/or assessment interpretations.
   2. Residents attend and actively participate in weekly didactic presentations, bi-weekly Neuropsychology seminars, and attends AHEC presentations that fit the Resident's specific training goals as agreed upon with the Primary Supervisor.
   3. Residents present two case presentations, a journal club, and a departmental didactic including at least one current, relevant scholarly article with each presentation. Each presentation is evaluated by at least two staff members.
   4. Evaluations of residents are completed quarterly by each supervisor, noting use of the evidence base for their conceptualizations, interventions, and assessments.

AIM #2: To produce psychologists who are aware of and adhere to ethical and legal standards.

A. Competencies
   1. Residents demonstrate knowledge consistent with the APA Ethical Principles of Psychologists and Code of Conduct. Residents are knowledgeable of local, state, and federal statues and guidelines that govern health service psychology as well as relevant VA policy.
   2. Residents maintain awareness of their own limits of competency and seek consultation as needed. Residents demonstrate independence with regard to recognition of ethical concerns that may arise in the course of providing clinical services and will discuss matters as they arise in clinical supervision.
   3. Residents conduct themselves in an ethical manner in all professional activities and maintain appropriate relationships with supervisors, peers, staff of other disciplines, and Veterans. Residents maintain timely and appropriate records and documentation consistent with professional and organizational standards.

B. Evaluation of Competencies:
   1. Residents comply with departmental and facility organization and management requirements in a timely manner.
      a. Residents attend bimonthly departmental staff meetings.
      b. Residents complete institutional training regarding professional conduct in the VA system on time.
   2. Residents consistently demonstrate sensitivity and understanding of ethical dilemmas.
      a. Resident's attend and actively participate weekly supervision sessions which include attention to ethical concerns.
      b. Residents attend and actively participate in weekly didactic presentations which many include a focus on ethics.
   3. Residents develop a professional identity that allows application of the practitioner-scholar model.
   4. Residents maintain appropriate relationships with supervisors, peers, support staff, and other members of other professional disciplines.
   5. Residents maintain timely and appropriate records and documentation consistent with professional and organizational standards.
   6. Evaluations of residents are completed quarterly by each supervisor, noting understanding and application of ethical principles and standards.

AIM #3: To produce psychologists who are aware of and sensitive to the importance of diversity.

A. Competencies
   1. Residents demonstrate awareness of their own individual and cultural diversity as well as their own beliefs, attitudes, and biases related to other cultures and topics of diversity including age, race, religion, sexual orientation, disability, and other potential differences and similarities that can affect how the resident interacts with others.
   2. Residents demonstrate knowledge of current research and theory as related to areas of diversity through all professional activities including research, training, supervision/consultation, and service.
   3. Resident applies this knowledge in a variety of activities and roles throughout the residency including therapy, assessment, supervision, and staff interactions. This includes application of knowledge in a way that helps further develop effectiveness with others with whom identify with groups that differ from and may conflict with the residents' own identity and with whom they have encountered through previous training experiences.

B. Evaluation of Competencies:

1. Residents consistently demonstrate sensitivity and understanding of cultural and individual diversity.
    a. Residents attend and actively participate in weekly individual and group supervision which include attention to cultural and individual diversity.
    b. Residents attend and actively participate in weekly didactics which many include a focus on cultural and individual diversity.
2. Evaluations of residents are completed quarterly by each supervisor, noting inclusion of diversity factors in their conceptualizations, interventions, and assessments.

AIM #4: To produce psychologists who exemplify the values, attitudes, and behaviors of the highest ideals of our profession.

A. Competencies
    1. Residents demonstrate behavior that reflects professional values and attitudes including honesty, integrity, professional identity, seeking accountability, continuity in learning/developing, and genuine concern for the welfare of others.
    2. Residents work to develop strong self-awareness and engages in self-reflection regarding their personal and professional functioning. Residents engage in various learning and professional activities to improve performance, maintain self-care, and become more professionally effective.
    3. Residents receive feedback from supervisors and training staff with a sense of openness and respond to requests for adjustments in practice and behavior as determined appropriate in supervisory relationships.
    4. Residents respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
B. Evaluation of Competencies:
    1. Residents consistently demonstrate professionalism in contact with patients and staff in person, in video conferencing, and by telephone.
    2. Residents discuss their opinions and impressions using appropriate language in appropriate settings.
    3. Residents respond non-defensively to constructive criticism provided by supervisors and peers.
    4. Evaluations of residents are completed quarterly by each supervisor, noting professional behavior and presence.

AIM #5: To produced psychologists skilled in communication and interpersonal interactions.

A. Competencies
    1. Residents develop and maintain effective relationships with all Veterans, training staff, support staff, as well as communities and organizations.
    2. Residents communicate appropriately and professionally through all verbal, nonverbal, written, and typed communication. Residents also comprehend all communication and seeks supervision or consultation when communication can be better clarified. Residents demonstrate a depth of knowledge regarding professional language and concepts.
    3. Residents demonstrate effective interpersonal skills and the ability to manage challenges in communication in a professional manner.
B. Evaluation of Competencies:
    1. Residents consistently demonstrate professionalism in contact with patients and staff in person, in video conferencing, and by telephone.
    2. Residents discuss their opinions and impressions using appropriate language in appropriate settings.

3. Residents respond non-defensively to constructive criticism provided by supervisors and peers in supervision and team meetings.
4. Evaluations of residents are completed quarterly by each supervisor, noting effectiveness of communication in diverse settings and roles.

AIM #6: To produce psychologists with advanced skills in psychological assessment and diagnosis.

A. Competencies:
   1. Residents demonstrate understanding of the DSM-5-TR categories and diagnoses as well as the ability to incorporate observational data. Residents apply knowledge of the recovery model of the Veteran's Health Administration to include acknowledgment of Veterans' strengths.
   2. Residents demonstrate the ability to complete comprehensive diagnostic interviews, including appropriate history and the ability to understand human behavior within context.
   3. Residents demonstrate the ability to select appropriate tests, techniques, and methods for psychological assessment, taking into account relevant empirical literature and issues of diversity characteristics of each Veteran assessed. Residents demonstrate the ability to administer assessments appropriately.
   4. Residents demonstrate independence in scoring and interpretation of assessments accurately and will consult with specialty providers and supervisors as needed with the expectation that less consultation will be necessary as the year progresses depending on the type of assessment and the residents' respective level of experience.
   5. Residents communicate findings effectively in both written and oral form to the supervisor and to the Veteran. Clear and concise recommendations will be provided to the requesting provider in a timely manner.

B. Evaluation of Competencies:
   1. Residents are evaluated on their ability to correctly administer assessment measures through direct observation by supervisors and/or psychometrists.
   2. Residents complete at least 15 comprehensive integrated reports with appropriate assessments selected, correct administration, justified conceptualizations, accurate diagnoses, and meaningful recommendations. Residents review each step of the assessment process during supervision.
   3. Residents receive live observation in the form of direct observation and/or reviewing of video recordings of assessments at least once per quarter.
   4. Evaluations of residents are completed quarterly by each supervisor, noting quality of assessments.

AIM #7: To produce psychologists with advanced skills in psychological interventions.

A. Competencies:
   1. Residents demonstrate the ability to establish and maintain therapeutic rapport with Veterans and will maintain awareness of and utilization of process and interactional factors in the relationship.
   2. Residents develop case conceptualizations informed by psychological theory and research and will review case conceptualizations in weekly individual and group supervision as appropriate.
   3. Residents formulate appropriate treatment plans in collaboration with Veterans that include evidence-based interventions.
   4. Residents implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

5. Residents apply relevant research literature with regard to making clinical decisions and modifies and adapts evidence-based approaches as necessary with respect for diversity and when a clear evidence-base is lacking. The resident manages crises appropriately with supervisor involvement as necessary.
6. Residents evaluate the effectiveness of intervention through the course of therapy and adapts goals and methods appropriately.

B. Evaluation of Competencies:
1. Residents review conceptualizations, treatment plans, delivery of interventions, efficacy of interventions, and discharge planning during supervision.
2. Residents receive live observation in the form of direct observation and/or reviewing of video recordings of assessments at least once per quarter.
3. Residents appropriately triage, assess, and provide interventions for Veterans in crisis situations through risk assessment, safety planning, and welfare checks.
4. Evaluations of residents are completed quarterly by each supervisor, noting quality of interventions.

AIM #8: To produce psychologists prepared to provide clinical supervision of other developing psychologists.

A. Competencies:
1. Residents demonstrate and develop further knowledge of clinical supervision including supervision models and practices acquired through training in didactic activities and supervision experiences on residency (individual, group, and peer supervision). Residents demonstrate the ability to compare their supervisors' approaches to supervision with other models experienced in past supervision relationships and the ability to discuss models and expectations of supervision.
2. Residents demonstrate the ability to develop and maintain appropriate relationships with psychology trainees and will demonstrate the ability to provide productive feedback to other trainees in the supervision settings (peer supervision, group supervision, consultation, and potentially layered supervision of a practicum student).

B. Evaluation of Competencies:
1. Residents provide group supervision to interns on a weekly basis while receiving live supervision.
2. Residents provide peer supervision to interns on a monthly basis.
3. Residents have the opportunity to provide layered supervision to practicum students and/or interns depending on their level of skill and readiness.
4. Evaluations of residents are completed quarterly by each supervisor, noting understanding of and use of supervisory principles.

AIM #9: To produce psychologists with advanced skills in consultation and interdisciplinary skills.

A. Competencies:
1. Residents demonstrate knowledge and respect for the roles and perspectives of other professions involved on treatment teams including psychology, psychiatry, social work, nursing, primary care, peer support, as well as other specialties and support staff throughout the medical center.
2. Residents communicate effectively with Veterans and their families through verbal, written and electronic consultation.
3. Residents work effectively with interdisciplinary professionals to address referral questions, make treatment recommendations, and coordinate patient care. Residents seek input from other disciplines when needed and utilizes treatment teams appropriately.

B. Evaluation of Competencies:
   1. Residents are observed in treatment team meetings and in written communications among team members.
   2. The documentation of residents is reviewed daily by their supervisors.
   3. Evaluations of residents are completed quarterly by each supervisor, noting consultative and interdisciplinary roles.

PROGRAM STRUCTURE

Residents complete a 2,080 hour residency year Residents select a specialty focus for the year in areas such as trauma, SMI, dual diagnosis, geriatrics, residential care, and others. Each semester, residents spend approximately half their clinical time in a primary rotation in this specialty area.

Specialty	Potential Rotations
General Mental Health	Behavioral Health Interdisciplinary Program (BHIP)
Crisis Interventions	Primary Care Mental Health Integration (PC-MHI) Acute/Chronic Psychiatry Inpatient Suicide Prevention
Serious Mental Illness	Acute/Chronic Psychiatry Inpatient Psychosocial Rehabilitation Recovery Center (PRRC) Suicide Prevention
Trauma	PTSD Clinical Team (PCT) Military Sexual Trauma (MST) PTSD-RRTP
Residential Care	Geropsychology PTSD-RRTP SA-RRTP
Dual Diagnosis	Substance Abuse Services (SAS) SA-RRTP Acute/Chronic Psychiatry Inpatient
Geriatrics	Geropsychology Home-Based Primary Care (HBPC) Psychological Assessment (cognitive/capacity evaluations)

Each semester residents also have secondary rotations which are determined in consultation with supervisors and the Training Directors. Secondary rotations are designed to address relative clinical skill weaknesses as well as improve skills in residents' particular clinical interest area. Secondary rotations can be selected as one major (16-hours per week, one semester), two minor (16-hours per week, one quarter), or two half-time (8-hours per week, one semester) rotations. Note, not all training opportunities are available in all of these combinations and not all rotations are available at all three sites. See the table below for further information.

In all rotations the clinical experiences focus on the resident’s training needs rather than on clinical service delivery. Residents provide short and long term individual, couples, and group psychotherapies throughout the year utilizing the latest evidenced based practices (EBPs) with

patients with diverse psychopathology. Assessment competencies are met through psycho-diagnostic, capacity, neuropsychology, and pre-organ transplant evaluations of which residents complete at least 15 integrated reports. Interdisciplinary teams and consulting is integral to our training model and residents fully participate in these processes. Supervision is provided by supervisors within each rotation.

Required Residency Experiences

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Primary Clinical	**Speciality Training Focus** (~12-16 hrs/wk, including 1 hour of individual supervision)											
Didactics	**Neuropsychology Seminar Series, Neuroanatomy Seminar Series, Diversity Video Teleconference, AHEC Trainings, other Didactics, and Group Supervision** (4 hrs/wk)											

Elective Option #1: 2 Major Secondary Rotations

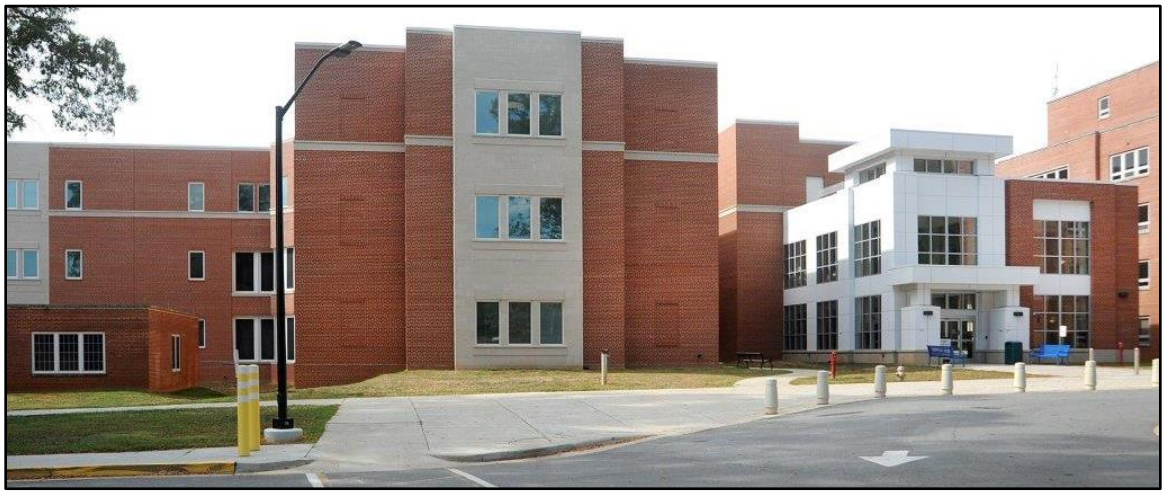
Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Secondary Clinical	**Major Secondary Rotation #1** (~12-16 hrs/wk, 1 hour of supervision)						**Major Secondary Rotation #2** (~12-16 hrs/wk, 1 hour of supervision)					

Elective Option #2: 1 Major and 2 Minor Secondary Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Secondary Clinical	**Major Secondary Rotation #1** (~12-16 hrs/wk, 1 hour of supervision)						**Minor Secondary Rotation #2** (~12-16 hrs/wk)			**Minor Secondary Rotation #3** (~12-16 hrs/wk)		

Elective Option #3: 1 Major and 2 Half-Time Secondary Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Secondary Clinical	**Major Secondary Rotation #1** (~12-16 hrs/wk, 1 hour of supervision)						**Half-Time Secondary Rotation #2** (~7-8 hrs/wk)					
							Half-Time Secondary Rotation #3 (~7-8 hrs/wk)					



SUPERVISION

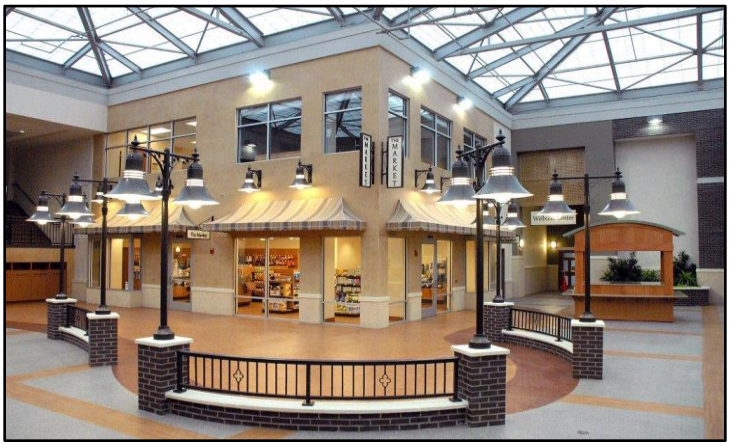
Over seventy psychologists comprise the core faculty and supervisory staff of the residency program (see section on Training Faculty). Residents are assigned a primary supervisor for the entire training year and at least two secondary supervisors for six months each. Residents receive at least one hour of individual supervision from each supervisor each week. Residents also receive weekly group supervision with the Training Director to discuss clinical issues, particularly the implementation of evidenced-based practices. Thus, residents receive at least three hours of formal supervision each week and supervisors are also available for emergent consultation as needed.

Supervisors assist the resident in establishing a caseload, adjusting to work in the clinical arena, and acquiring the types of experiences necessary for that particular individual to grow in the role of psychologist. Live observation rooms, audiotapes, videotapes, and telehealth platforms may be used in the supervision process. Supervisors mentor the resident via modeling (teaching and supervising the skills and professional demeanor appropriate to that particular setting). Supervision transitions from directive to a more collegial style as the resident progresses toward independent practice. Supervisors ensure that the resident's objectives are met and write midterm and final evaluations of resident performance, incorporating the feedback of any psychologists who provide additional supervision.

TRAINING EXPERIENCES

Training Rotation	Major 16 Hrs/Wk 1 Semester	Minor 16 Hrs/Wk 1 Quarter	Half-Time 8 Hrs/Wk 1 Semester	SBY	CVC	KER
Behavioral Health Interdisciplinary Program	Yes	Yes	Yes	Yes	Yes	Yes
Home-based Primary Care	Yes	Yes	No	Yes	Yes	Yes
Whole Health	Yes	Yes	Yes	Yes	Yes	Yes
Neuropsychology	Yes	No	No	Yes	Yes	No
Cognitive Rehabilitation	Yes	No	Yes	Yes	No	No
Geropsychology	Yes	Yes	Yes	Yes	No	No
Primary Care Mental Health Integration	Yes	Yes	No	No	Yes	Yes
Acute/Chronic Psychiatry	Yes	Yes	No	Yes	No	No
Psychosocial Rehabilitation Recovery Center	Yes	No	No	Yes	No	No
Trauma Services						
PTSD Clinical Team	Yes	No	Yes	Yes	Yes	Yes
Military Sexual Trauma	Yes	No	Yes	Yes	Yes	No
PTSD Residential	Yes	No	No	Yes	No	No
Addiction and Recovery						
Substance Abuse Services	Yes	Yes	Yes	Yes	Yes	Yes
Substance Abuse Residential	Yes	Yes	Yes	Yes	No	No
Telemental Health Hub Program	No	No	Yes	No	Yes	No
Suicide Prevention	No	Yes	Yes	Yes	Yes	Yes
Psychological Assessment	Yes	No	Yes	Yes	Yes	Yes

Note. SBY = Salisbury main campus;
CVC = South Charlotte Health Care Center;
KER = Kernersville Health Care Center.



ROTATIONS

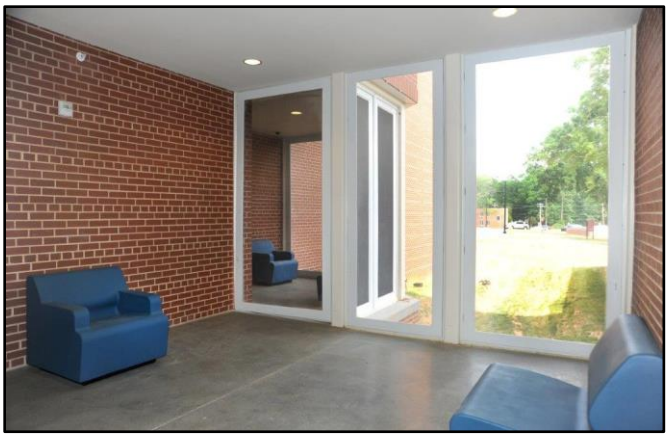
- **Behavioral Health Interdisciplinary Program (BHIP)**
  - Available at the main Salisbury campus or in either of our large Health Care Centers (HCCs) in Charlotte or Kernersville.
  - A full range of evaluation, psychotherapy, and consultative services are available.
  - Residents function as part of a BHIP team, meeting with Veterans to determine treatment needs and providing consultative services.
  - Assessment services include cognitive evaluations, personality or psychiatric assessment, and capacity evaluations.
  - Individual, marital/couples, family, and group therapies are available, based on clinical indications. Some of the current therapy groups include: Cognitive Processing Therapy, Seeking Safety, Dialectical Behavioral Therapy, Anger Management, Grief, Interpersonal, and psychoeducational groups.
  - The goal of the residency is for each resident to have a highly varied caseload, not only in terms of population and psychopathology, but also in terms of the psychological knowledge and skills required to meet the Veteran's needs.

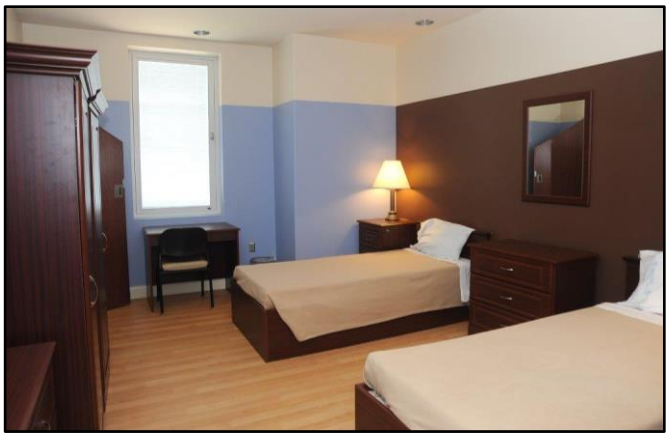
- **Primary Care - Mental Health Integration (PCMHI)**
  - PCMHI is a mental health team embedded in the primary care setting to receive warm hand-offs from primary care staff. The team includes health psychologists, clinical social workers, and a psychiatrist working collaboratively with medical staff in a fast-paced environment.
  - Referred patients are seen within minutes of referral unless the patient opts for a later scheduled appointment.
  - PCMHI staff offer treatment in the primary care setting for multiple concerns, such as anxiety, depression, bereavement, adjustment disorder, stress, chronic pain, coping with illness, and lifestyle issues affecting mood and health.
  - The rotation emphasizes quick delivery of mental health services, effective communication among interdisciplinary staff, and attention to medical conditions and medication effects. Residents in PCMHI have opportunities for rapid assessment, co-facilitation of small groups and classes, consultation with medical providers, crisis intervention, and short-term therapy.

- **Whole Health**
  - Residents collaborate with a Health Psychologist with clinical emphasis on health and wellness coaching in service of health promotion and disease prevention.
  - WH provides EBPs for Veterans seeking support to address sleep and chronic pain. This may include interventions such as mindfulness, clinical hypnosis, and biofeedback.
  - A variety of health programs are available including the MOVE! Program focusing on diet/nutrition education and healthy weight management, Tobacco Cessation, Chronic Pain Management, Sleep, Mindfulness and Meditation, and Tinnitus Management. Services may be provided in individual and group contexts.
  - Assessment opportunities are available including pre-spinal cord stimulator, pre-organ transplant, and pre-bariatric surgery evaluations.
  - Additional opportunities through Whole Health include staff education about health and well-being.

- **Home-Based Primary Care (HBPC)**
  - The HBPC team operates similarly to a primary care clinic, but provides all needed services in the Veterans' homes. The team is a multidisciplinary group that includes a Nurse Practitioner, a Nurse Case Manager, an Occupational Therapist, a Clinical Pharmacy Specialist, a Dietician, a Social Worker, and a Psychologist.
  - Enrolled Veterans must be home-bound, meaning that the Veteran has functional deficits, such as mobility or sensory impairments, that make it difficult or impossible for the Veteran to leave the home without significant assistance. In addition, the Veteran must have a primary diagnosis that is medical in nature.
  - Common medical problems include Chronic Obstructive Pulmonary Disease (COPD), Parkinson's Disease, metastatic cancer, stroke, severe brain injury, diabetes, and dementia, to name a few. Residents also work with Veterans suffering from less commonly seen diseases such as Huntington's Chorea and Amyotrophic Lateral Sclerosis (ALS).
  - Many Veterans have concurrent mental health issues, most often mood disorders, panic, PTSD, and anxiety. Common treatment interventions consist of helping Veterans cope with chronic illness and lifestyle changes, assisting Veterans in understanding and being an active participant in their treatment plan, and providing stress management skills training to caregivers.
  - Opportunities exist for residents to utilize evidence-based practices in accordance with residency program training requirements. Additionally, the resident is called upon to provide the behavioral health treatment of chronic pain, tobacco use, and tinnitus.
  - Residents perform decisional capacity evaluations to assess the capability of Veteran to make informed decisions such health care and independent living.
  - This training opportunity focuses upon the provision of empirically supported mental health interventions, as well as the role of a psychologist in an integrated approach between primary care providers and mental health providers.

- **Acute/Chronic Psychiatric Units**
  - A 23-bed acute unit provides short-term inpatient treatment for mental health conditions (e.g., severe depression, relapsing psychotic disorders, acute PTSD episodes, detoxification of substance abuse disorders). The primary treatment goal is stabilization and discharge into continuing outpatient care or transfer to more specialized residential care as needed. Direct admissions, transfers from other units within the hospital, and transfers from regional hospitals are accepted.
  - A 23-bed chronic unit is for Veterans requiring longer-term psychiatric hospitalization including Veterans with severe psychiatric and behavioral problems that interfere with community placement and Veterans needing additional stabilization and treatment.
  - Rotation provides a broad range of clinical experiences. Residents provide short-term/problem-focused individual and group psychotherapy, conduct psychological evaluations (e.g., diagnostic, cognitive screening, capacity, etc.), participate in interdisciplinary treatment team meetings, participate in family sessions, and provide consultation to the treatment team as appropriate.
  - Opportunities exist for unit programming and didactic participation based on length of rotation and individualized training goals.
  - Due to patient turnover in this environment, this rotation requires trainees to work on site at least two consecutive days to ensure adequate time for assessment turnarounds and consistency of care.

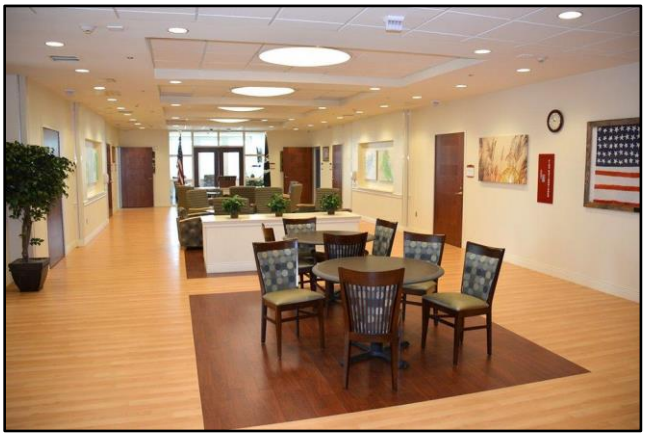


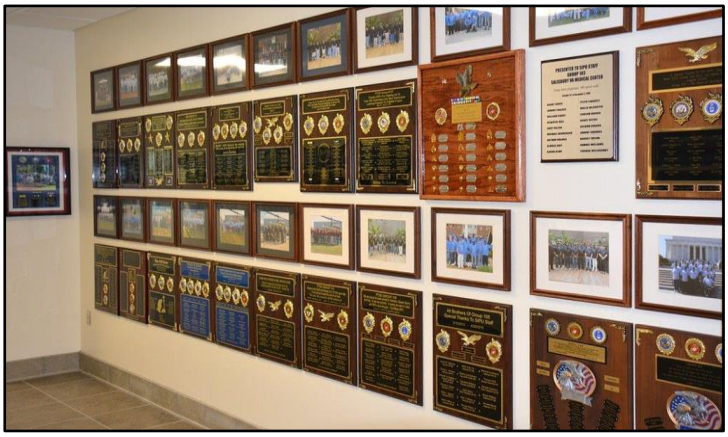


- **<u>Psychosocial Rehabilitation Recovery Center (PRRC)</u>**
  - The PRRC assists Veterans with serious mental illness and significant functional impairment in their recovery journeys. PRRC programs seek to help Veterans integrate more fully into the community, make progress towards self-determined goals, and participate in meaningful life roles.
  - The PRRC is an outpatient transitional learning center where Veterans can learn skills that aid them in this process and in promoting personal wellness.
  - The PRRC offers classes on a variety of topics, such as Social Skills Training, Illness Management and Recovery, Seeking Safety, Wellness Recovery Action Planning, Get Moving! Get Well!, and Coping Skills.
  - Additional services offered include peer support services, psychotherapy, nursing consultation, care coordination, and Veteran-centered recovery planning.
  - Residents have the opportunity to become a member of a multidisciplinary treatment team, to facilitate or co-facilitate PRRC classes, to serve as a program Recovery Coach for Veterans, and to provide psychotherapy. Residents may also have the opportunity to engage in program development and evaluation.

- **<u>Trauma Services</u>**
  - **Posttraumatic Stress Disorder Clinical Team (PCT)**
    - The PCT is devoted to the treatment of Veterans, active duty, National Guard, and reservists presenting with PTSD due to combat, childhood abuse, accidents/disasters, and other traumatic events.
    - The clinic's core services are trauma-focused evidenced-based practices. In addition, a range of groups are also offered.
    - Interns develop specialized skills to assess and differentiate trauma sequalae; provide individual CPT, PE, or WET to appropriate Veterans; and may co-faciliate and/or lead group therapies.
  - **Military Sexual Trauma (MST)**
    - The Military Sexual Trauma (MST) is a recovery-based program with utilization of evidenced-based treatments to assist both male and female Veterans with MST in their recovery process.
    - Residents in this rotation participate in all stages of treatment, including conducting MST intakes, doing individual therapy, and co-facilitating a wide variety of groups (MST Education, Seeking Safety, DBT skills, Shame Resilience, ACT, and CPT).
    - Residents may also assist with various outreach events across the hospital.

- **Posttraumatic Stress Disorder-Residential Rehabilitation Treatment Program (PTSD-RRTP)**
  - The PTSD-RRTP offers a 23-bed, six-week, residential program for the treatment of male and female Veterans with PTSD.
  - The multidisciplinary team is comprised of staff from psychology, psychiatry, social work, nursing, medicine, and support services.
  - Interns co-facilitate an extended CPT group several times per week and provide psycho-educational groups or classes.
  - Additional opportunities, including exposure to non-traditional treatment approaches such as tai chi, yoga, and acupuncture, are available according to interns' training needs and time considerations.





- **<u>Addiction and Recovery</u>**
  Residents selecting the Addiction and Recovery rotation gain clinical experience in outpatient and residential environments. Both programs follow a combined psychotherapy, psychoeducation, and aftercare approach to treatment.

  - **Substance Abuse Services (SAS**)
    - SAS is an outpatient service that includes Early Skills Training for those who are new to recovery, Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Seeking Safety, Relapse Prevention, Intensive Outpatient Programming (IOP), and Recovery Support.

  - **Substance Abuse-Residential Rehabilitation Treatment Program (SA-RRTP)**
    - SA-RRTP is a 35-bed residential treatment unit for Veterans with substance use disorders and dual diagnoses. The interdisciplinary team includes psychology, psychiatry, social work, nursing, substance abuse counseling, vocational rehabilitation, and support services. The program utilizes cognitive-behavioral relapse prevention techniques, motivational interviewing, and other evidenced-based interventions.
    - Residents participate in the multidisciplinary team process, individual and group psychotherapy, screenings for SA-RRTP, psychodiagnostic interviews, and psychoeducational programming. Residents may also have the opportunity to participate in program development and in-service training.

- **Suicide Prevention (SP)**
    - The rotation focuses broadly on increasing understanding of VA SP resources and the functions of the SP team, and on improving suicide risk assessment and management skills.
    - Residents attend weekly team meetings, manage Veterans with a High Risk Flag (HRF), follow-up on Veterans Crisis Line (VCL) calls, and review records to provide recommendations about the assignment, renewal, or discontinuation of a HRF.
    - Residents may be called upon to act as a liaison between trainees and SP staff to best coordinate information and training, and are in an excellent position to provide consultation to other teams and providers about SP services.
    - Attendance at an Applied Suicide Intervention Skills Training (ASIST) workshop, as well as monthly Morbidity and Mortality (M&M) presentations are expected. Residents have the opportunity to assist in all stages of the M&M including medical record review and preparation, consultation, and presentation to the Mental Health department.
    - This rotation offers a unique opportunity for program development and related small research projects to be completed over the course of the rotation. Residents are encouraged to select a question or topic of interest to them and that addresses a need within the SP program. Possible topics might include:
        - Developing a protocol for managing high frequency VCL callers.
        - Hospital-wide training for staff (recognizing and assessing for risk, appropriate documentation, when and how to submit a consult to the SP team, etc.).
        - Researching and disseminating information about suicide risk within special populations.
        - Developing an “FAQ” or resource folder for providers to assist in responding to questions about suicide risk, documentation, contacts and resources, etc.
    - Optional activities may include participation in SP outreach events, helping to develop materials for a monthly SP mailing, responding to consultative requests for unique cases, and assisting in the development and facilitation of staff trainings.
    - Several training opportunities are available. Examples have included Veterans in Pain training by American Chronic Pain Association and online teleconferences relating to suicide and/or management of risk factors.

- **Psychological Assessment**
    - The Psychological Assessment rotation (only available as a minor rotation) provides a deeper assessment experience without electing for a full neuropsychology rotation.
    - A key component to the rotation is increasing knowledge and clinical skill with a core set of common measures (MMPI-3, RBANS, PAI, Rorschach, etc.) across a number of referral contexts. The goal is to deepen assessment knowledge and skill through an increased and focused assessment experience based on the resident's training goals.
    - Areas of focus could include health psychology evaluations (pre-surgery evaluations, transplant assessments), brief cognitive evaluations, psychiatric diagnostic clarity assessments, ADHD assessments, use of MMPI-3, and capacity evaluations.
    - Trainees on this rotation learn to accurately administer, score, and interpret various instruments and generate reports using precise language. Evidence-based assessment and advanced interpretive knowledge are stressed.
    - At least eight evaluations are expected to be completed. Assessment type and tests used will be based on interests and training needs of individual residents.

- **Neuropsychology**
  - The Neuropsychology department includes seven neuropsychologists (three of whom are board-certified), two psychometrists, and one support staff.
  - Rotations occur at the main Salisbury campus or in either of our large Health Care Centers (HCCs) in Charlotte or Kernersville.
  - Assessent services include evalulations for ADHD, differential diagnosis (type of dementia, dementia vs. mental health etiology), cognitive impairment secondary to neurological condition (Parkinson's, multiple sclerosis, post-stroke), head injury and blast exposure, pre-surgery (DBS, organ transplant), and capacity evaluations. On occasion, Polytrauma evaluations are available.
  - Veterans served range in age from 20s through 90s with most presenting as medically complex with numerous comorbidities.
  - Cases are specifically selected based on the resident's training goals; they are NOT assigned based on clinic need. The resident works with the supervisor to identify the types of cases and training experiences that best benefit their development.
  - Participation in the MIRECC Functional Neuroanatomy and Advanced Neuropsychology seminars is required.

- **Cognitive Rehabilitation**
  - Provides experience implementing cognitive rehabilitation techniques with Veterans in individual and group formats. Cognitive Rehabilitation focuses on teaching and implementing compensatory strategies to improve daily functioning. Weekly groups provide psychoeducation about cognition, instruction on compensatory strategies, and homework to reinforce skills. Individual session focus on tailoring strategies and techniques to target weaknesses.
  - Veterans range in age and present with a variety of conditions including mild/major neurocognitive disorder, TBI/PTSD, and ADHD, and older Veterans who would like to learn more about the cognitive aging process and strategies for successful aging.
  - This is typically offered as a six-month halftime rotation (7-8 hours/week). There may be opportunity for a fulltime rotation, particularly if the resident selects involvement in both groups and individual modalities. The resident selects the programs of interest including FACT, SmartThink, a Managing ADHD in Adulthood group, and individual patients as available.
  - FACT (Functional Adaptation and Cognitive re-Training) is a multidisciplinary team intervention designed for Veterans with a concussion or mild/moderate brain injury who continue to have cognitive complaints. Small groups focus on compensatory strategies, psychoeducation, social comprehension and skill development, and vocational skills.
  - SmartThink is a group available to any Veteran who would like to improve memory, attention, or other cognitive function. It covers six modules including Healthy Brain, Sleep, Attention, How Memory Works, How to Improve Memory, and Problem Solving.
  - Attendance at MIRECC Functional Neuroanatomy and Advanced Neuropsychology seminars is required.

- **<u>Geropsychology</u>**
    - Geropsychology training opportunities are available in several settings, including the outpatient rotation, long-term care (the Community Living Center), and Hospice/Palliative Care.
    - The Community Living Center (CLC) is a 120-bed inpatient facility which provides long-term care for older adults and disabled Veterans, short-term rehabilitation services for Veterans recovering from illness or injury, and specialized care for Veterans with dementia. The CLC offers a unique opportunity for residents to work with older adults with complex medical, social, cognitive, and psychiatric conditions.
    - The Hospice/Palliative Care program is a 12-bed inpatient hospice unit which affords residents the opportunity to obtain experience in addressing psychological issues faced by Veterans and their families at the end-of-life.
    - The geropsychology training experiences emphasize the opportunity to collaborate with interdisciplinary teams and aim to help residents develop specialized knowledge and skill competencies in the psychological assessment and treatment of older adults.
    - This rotation can also be tailored to complete bedside cognitive and capacity evaluations, to provide consultation to the interdisciplinary treatment team, and to assist in the development of behavioral modification plans for cognitively impaired Veterans through STAR VA.
    - This rotation is primarily F2F services in Salisbury.

RESEARCH

The Salisbury VAMC is a key site in the Mid-Atlantic Mental Illness Research, Education and Clinical Center (MA-MIRECC), one of 10 MIRECC centers nation-wide which act as major translational research programs for the VA. Residents may choose to participate in post-deployment mental health and traumatic brain injury research and collaborate with the two MIRECC research fellows. Additionally, collaboration among the Residents at the Hefner VAMC, other VAMCs in VISN 6, and Wake Forest School of Medicine offer a wide breadth of research opportunities.

DIDACTICS and ADDITIONAL TRAINING EXPERIENCES

Residents spend an average of four hours per week in seminars and didactic activities. All seminars and didactic activities support the program's efforts to produce practitioner-scholars capable of translating theory, knowledge, and scientific inquiry into practice. Didactic offerings incorporate the application of an empirical knowledge base to case formulation, including awareness of multicultural and diversity issues, treatment planning, and treatment implementation.

- **Didactics**
  - Residents choose from a series of EBP trainings at the beginning of the year to have the opportunity to implement those skills during the residency. Other EBP overviews and trainings are provided throughout they year to ensure familiarity with a wide variety of interventions. Ongoing supervision in the delivery of these therapies develop competence. These therapies may include but are not limited to:
    - Cognitive Behavioral Therapy for Depression (CBT-D)
    - Cognitive Behavioral Therapy for Insomnia (CBT-I)
    - Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
    - Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD)
    - Problem Solving Therapy (PST)
    - Motivational Interviewing and Motivational Engagment Therapy (MI/MET)
    - Social Skills Training (SST)
    - Acceptance and Commitment Therapy (ACT)
    - Interpersonal Psychotherapy (IPT)
    - Cognitive Processing Therapy (CPT)
    - Prolonged Exposure (PE)

  - The **Psychology Seminar Series** is taught by doctoral-level psychology staff, supplemented occasionally by other relevant disciplines such as Pharmacy or Psychiatry. Core seminars such as on supevision and ethical issues are augmented by topics of interest selected by the residents.

  - Residents may choose to attend alternating weekly 1½ hour **Neuropsychology Seminars and Functional Neuroanatomy Seminar Series** which focus on understanding the biological and psychological functioning of the brain. Seminars are structured for the postdoctoral level and for Houston Conference Guidelines for postdoctoral training in neuropsychology for the MIRECC Fellows. Seminars involve a mix of guest speakers, didactics, group discussion, and board certification mock exams. This seminar includes numerous other training sites videoconferencing in to attend as hosted by the Salisbury site.

  - A required monthly **Diversity Video-Teleconference** (V-Tel) is offered solely to post-doctoral residents by a consortium of 12 VAMCs around the country. Each month, a presentation and discussion focuses on a different aspect of diversity.

  - In addition to the above, residents attend an ongoing series of **Continuing Education Workshops**, organized by the Northwest Area Health Education Center (NW AHEC) of Wake Forest University's School of Medicine. These monthly workshops are presented by visiting mental health professionals for three to eight hours depending on the topic. These seminars cover topics specifically requested by Mental Health and Behavioral Sciences staff. There are also monthly scheduled Psychiatry Grand Rounds from Wake Forest University which are available and broadcasted via V-Tel equipment in the

outpatient mental health clinic. There are also monthly Psychiatry Journal clubs which faculty and trainees may attend.
    - Residents also select from a variety of specialized topics of virtual monthly national conferences to attend covering such topics as PTSD, geropsychology, Best Practices, Measurement Based Care, and other speciality topics.

- **Additional Training Experiences**
    - Residents supervise the 6 psychology interns in weekly clinical group supervision and monthly peer supervision. Residents have opportunites to engage in individual layered supervision of other trainees in the delivery of clinical services.

    - Three additional opportunities are available for Residents to gain specialized experience in clinical hypnosis, biofeedback, family therapy, DEI, and research. The time commitment for these options must be negotiated out of the other rotations.

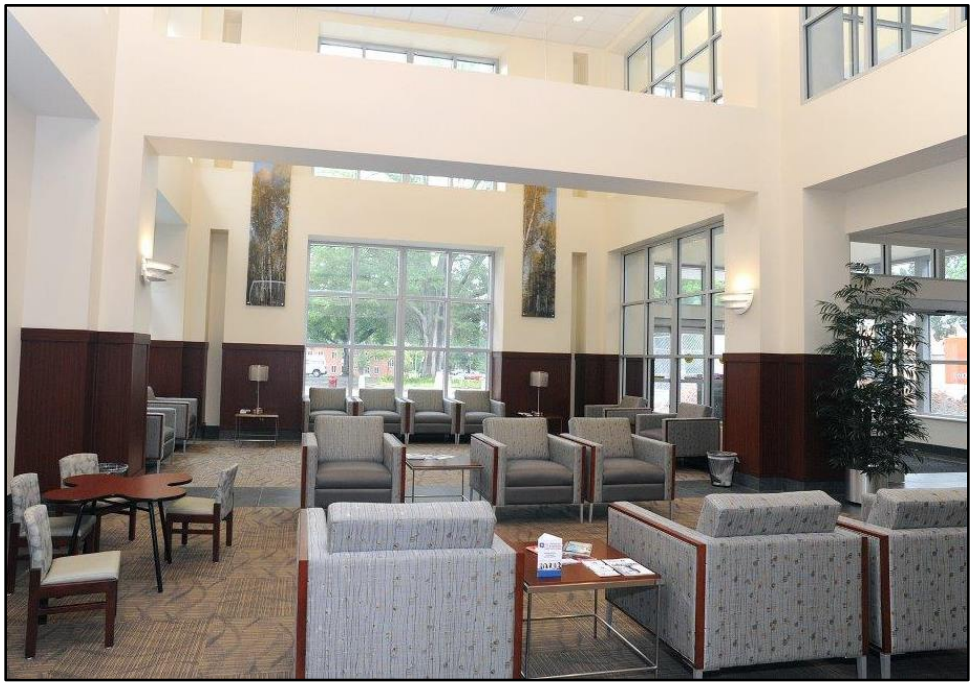
    - The **Clinical Hypnosis Seminar** is a one-year commitment which meets 90 minutes a week for the entire training year. During the first half of the year, participants are exposed to the history, theory, phenomena, and controversies of contemporary hypnotic practice. Various inductions and the uses of clinical hypnosis are learned through didactic, observational, small group experiential, and clinical practice. During the second half of the year, seminar participants begin to see Veterans for clinical hypnosis, as appropriate to participant skill level and interests. Supervision and instruction is provided by the Clinical Hypnosis Consultation Team, made up of Dr. John Hall (contact person), Dr. Christina Vair, Mr. Bill Hayes, Ms. Sara Kennedy, Ms. Becky Norman, and Dr. Yoshiko Yamamoto.

    - **Biofeedback** gives the resident experience implementing Heart Rate Variability Biofeedback (HRV Biofeedback). HRV Biofeedback is a non-pharmaceutical intervention that is an adjunctive treatment for a variety of conditions including PTSD, anxiety disorders, chronic pain, insomnia, and stress management. The resident will undergo 20 hours of training in the proper implementation of HRV biofeedback, and will primarily utilize biofeedback tools and techniques in Whole Health and BHIP rotations

    - The **Marriage, Couples, Family Therapy (MCFT)** gives the resident experience in co-facilitating therapy as well as receiving live supervision and feedback. Initially, the resident would be paired with a staff psychologist. As the training year progresses, residents may be paired with other trainees in a leadership role. The therapy sessions are observed by other psychology and mental health staff and students as part of the training process. Feedback is provided to the therapists by the observation team and provided to the couple/families by the therapists. Residents have the opportunity to be a co-therapist or observer for a variety of cases, including a multi-family group.

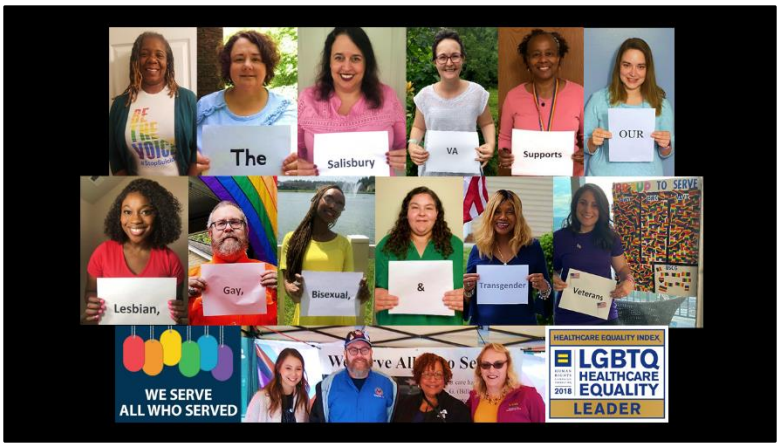
    - The **Diversity, Equity, and Inclusion (DEI)** experience provides an opportunity to become involved in projects that will improve culturally-informed care for Veterans and support the ongoing development of a more culturally-aware workplace for employees. Residents will attend the Inclusion, Diversity, Equity, and Access (I-DEA) Committee meetings, select or propose at least one project, and will spend two to four hours/week working on their project. Residents are matched with a Supervisor to help guide the development of their project. See "Diversity Programming" below for additional information on the I-DEA Committee.

- Although the residency year is devoted to the development of clinical skills, an optional **research experience** is available. Research at the Salisbury site of the Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC) focuses on neuropsychology and neuroimaging of post-deployment conditions. For residents with interest in completing a research project with the MIRECC, an individualized experience is tailored. This is based on available projects in the MIRECC at that time, number of trainees interested, and individual resident goals and interests. A variety of possible projects are identified, and the resident selects a project to join. A typical experience includes attendance to lab meetings monthly to update progress, participating in writing meetings, contributing to a manuscript to earn co-authorship, and/or presentation at a conference or meeting. Time expectation is two hours per week, lasting through the completion of the project which may occur outside of the standard 40 hour/week tour.



DIVERSITY PROGRAMMING AT SALISBURY

The Salisbury VAHCS strives to be a welcoming and supporting environment for all staff, trainees, Veterans, and families. We adopt a broad definition of diversity in an effort to be inclusive of all people. We encourage our trainees to explore not only their patients' identities, but also their own in an effort to grow in understanding.



Diversity Mentoring Program

The purpose of the Diversity Mentoring Program is to provide an opportunity for residents to discuss elements of diversity, equity, and inclusion with a mentor in a non-evaluative context. Residents might explore personal experiences related to diversity, discuss how to navigate professional or training environments, examine diversity in relation to Veterans or colleagues, unpack current events, or explore other aspects of personal and professional development. We believe it is our responsibilty to create an environment where our residents have the space and support to grow.

Inclusion, Diversity, Equity, and Access (I-DEA) Committee

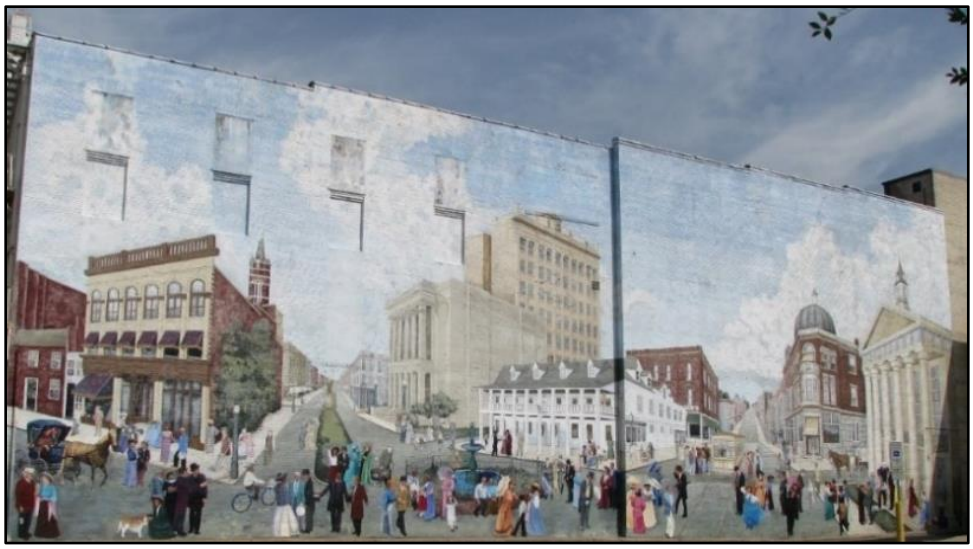
The purpose of this interdisciplinary group is to identify and address issues of equity and inclusion within the organization, develop strategies and recommendations for facility leadership, and provide resources with the goal of fostering an affirming and supportive workplace for all. The committee helps develop strategies to build inclusive, psychologically safe and culturally sensitive teams. I-DEA may also identify issues relevant to inclusive patient care. The committee meets monthly; interested residents may attend meetings and become involved as interest and time permits. Residents who wish to be more involved with the I-DEA committee's activities should consider the DEI experience (see "Additional Training Experiences" above).

Cultural Conversations

The Mental Health department hosts virtual discussions each month that encourage staff to engage in candid conversations in an effort to build communication and a sense of community. A psychologist moderates the conversations and each week, a different question or issue is explored together. The meetings are voluntary and include psychologists, psychiatrists, administrative staff, trainees, social workers, peer specialists, and support staff.

LGBTQ+ Care

Salisbury VAMC is dedicated to serving the needs of our LGBTQ+ Veterans and is rated a "Top Performer" by the Healthcare Equality Index. We have an LGBTQ+ consultation team that meets bi-monthly to educate, consult, support, build networks, and create a welcoming environment at our VA for all Veterans. Every campus has an LGBTQ+ Point of Contact to increase our presence as clinical advocates and increase our accessibility to Veterans. A Veteran Care Coordinator liaises with the VISN and National LGBTQ+ administrations. We participate in Pride Celebrations in multiple cities in our catchment area to let LGBTQ+ Veterans know that they are very welcome at our VA. We also run clinical/support groups for transgender and LGB Veterans. Of note, the VA is in the process of a system-wide change in healthcare policy that would allow Veterans diagnosed with Gender Dysphoria to have the gender affirming surgeries as part of their healthcare at VA. Residents are welcome to contribute to the consultation team, participate in Pride events, or co-facilitate groups.



ADMINISTRATIVE POLICIES AND PROCEDURES

At the time of this publication, funding is available for two residents. The stipend for the year is $52,838. No unfunded or part-time positions are available. Residents receive 11 federal holidays, up to 5 days of administrative leave for continuing education/ conference attendance, and 15 days of leave for illness, vacation, or personal time. The VA also provides medical, vision, and dental healthcare insurance benefits for residents. Borrowing privileges and extensive use of computerized library search services are available from the VAMC and Wake Forest Libraries.

The Hefner VAMC Psychology Residency program has established due process procedures for the training program (these are detailed in our Psychology Training Program, MH & BS Service Line Memorandum 11M-2-00-6). Our program does not require self-disclosure as part of the training year application process or training year activities. We collect no personal information about you when you visit our website.

Health Professions Trainees (HPT), including residents, may be subject to random drug testing. VA will initiate dismissal from against any trainee who is found to use illegal drugs, including marijuana, on the basis of a verified positive drug test. Dismissal will be initiated against any trainee who refuses to be tested. HPTs are required to receive all vaccinations listed on the CDC's list of recommended vaccines for healthcare workers, including COVID-19 and flu vaccinations (Meningococcal not required for psychology). Applicants should ensure they are able to meet this requirement prior to application. Recommended Vaccines for Healthcare Workers | CDC

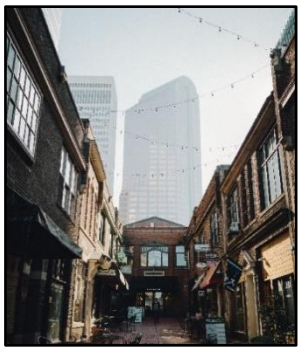
HPTs are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

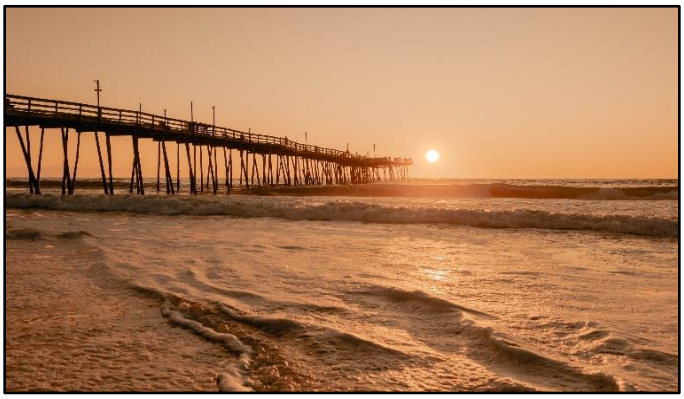
LOCAL INFORMATION

The W.G. (Bill) Hefner Veterans Affairs Medical Center is located in Salisbury, North Carolina. Salisbury is nestled in the rolling hills of the Central Piedmont region and is a small city of approximately 34,000 with significant historical and natural attractions. The larger metropolitan areas of Charlotte, Winston-Salem, and Greensboro are all within a 45-minute drive. Beach and mountain resort areas are easy weekend trips with lakes and many fine golf courses in close proximity. The pleasant climate and relatively affordable cost of living make the area a popular relocation or retirement area.

While providing all the attractions of a small town, Salisbury also offers many big city amenities including a symphony, an art gallery, local live theater, children's theater, historic museums, and opportunities for dining and entertainment. The nearby metropolitan areas offer many additional cultural opportunities including theater, opera, regional fairs and festivals, and professional sports. Carowinds and the National Whitewater Center are both located in Charlotte. For sports enthusiasts, Charlotte is home to the Carolina Panthers NFL team and the Charlotte Hornets NBA team. Kannapolis, NC is home to the Chicago White Sox Single A minor league team, the Intimidators, and downtown Charlotte is the home of the White Sox AAA team, the Charlotte Knights, and the minor league AHL hockey team, the Charlotte Checkers. Many well known collegiate teams, including UNC-Chapel Hill and Duke, are also found in the Carolinas. Concord, NC is home to Charlotte Motor Speedway, where two major NASCAR races are held yearly. Concord also has a historical downtown area and Concord Mills, a popular shopping mall, and Great Wolf Lodge and Water Park which attracts visitors from throughout the southeast. The Charlotte area has consistently ranked in recent top 10 lists of popular moving destinations for millenials.

Salisbury is easily accessible from Interstate 85. Air travel is convenient through either of two major airports (the Charlotte-Douglas International Airport or the Piedmont Triad Airport). Amtrak train service and bus lines are also available.





PSYCHOLOGY STAFF

Locations: VAMC = Veterans Administration Medical Center; HCC = Health Care Center; CBOC = Community Based Outpatient Clinic.
Programs: BHIP = Behavioral Health Interdisciplinary Program; HBPC = Home-Based Primary Care; MST = Military Sexual Trauma; PCMHI = Primary Care-Mental Health Integration; PRRC = Psychosocial Rehabilitation and Recovery Center; PCT = PTSD Clinical Team; SA-RRTP = Substance Abuse Residential Rehabilitation Treatment Program.
Interests: ACT = Acceptance and Commitment Therapy; CPT = Cognitive Processing Therapy; DBT = Dialectical Behavioral Therapy; IPT = Interpersonal Therapy; PE = Prolonged Exposure; TBI = Traumatic Brain Injury.
Italics = Former intern, resident, and/or fellow of the Salisbury Psychology Training Program.

Name	Title	Degree (Date)	Interests
Laura M. Abood, Ph.D.	WH, Charlotte HCC	University of New York at Binghamton (1993)	Health Psychology; Interdisciplinary team work; Whole Health; Program development; Training; Geropsychology
Shannon Adcock, Ph.D.	BHIP, Kernersville HCC	University of North Carolina at Greensboro (2023)	Therapy: CPT, PE, WET, MI, DBT, CBT-I, ACT for anxiety.
John Allmond, Psy.D.	Suicide Prevention and Substance Abuse Services, Salisbury VAMC	Regent University (2009)	Health psychology; Suicide Prevention; Marriage and Family; Integration of Faith/Spirituality; CBT for Depression, Insomnia, and Chronic Pain
Patricia P. Ansbro, Psy.D.	BHIP, Salisbury VAMC; Marriage, Couples, and Family Therapy	Baylor University (1991)	IPT; Couples and family therapy; Anger Management; Interdisciplinary Team Functioning; ACT
Cheri Anthony, Ph.D.	Suicide Prevention Program Manager	University of Southern California (1989)	Suicide Prevention; Gerontology
Shanyn Aysta, Psy.D., ABPP	Peer Support Program Manager	Rosemead School of Psychology, Biola University (2001)	Recovery; Leadership Development; Object-relations psychotherapy; Integration of faith systems and psychotherapy; Supervision; Whole Health Coaching
Julia Becker, Psy.D.	Program Manager, Kernersville HCC	PGSP Stanford PsyD Consortium Program (2012)	Post Deployment; Overcoming Barriers to Veteran Engagement in MH Services; Structured Approach Therapy (SAT); Exposure and Behavioral Couples and Family Therapies; Treatment refractory Impulse Control & Emotion Dysregulation Challenges; Post VA PTSD treatment completion
Karen Benson, Ph.D.	HBPC, Kernersville HCC	University of North Texas (2014)	Geropsychology; Caregiver Support; Non-pharmacological interventions for dementia-related distress behaviors; Psychotherapy with individuals with cognitive impairment
Frank Bettoli, Ph.D.	HBPC, Salisbury VAMC	University of Kentucky (1997)	Humanistic, Existential, and Interpersonal Therapy; Geropsychology; Trauma
Corinne Bolander, Psy.D.	VISN 6 Telemental Health Hub	Regent University (2012)	Evidence based psychotherapy; Trauma focused psychotherapy; Telehealth; Posttraumatic Growth
Natalie Brescian, Ph.D.	Caregiver Support Program, VISN 6	Colorado State University (2010)	Geropsychology; Cognitive and capacity evaluation; Dementia; End-of-life issues; Interprofessional team development; Teaching; Medico-legal issues
Brandon Bryan, Psy.D.	Coordinator, PCT and PTSD-RRTP; Co-Training Director	Virginia Consortium Program in Clinical Psychology (2008)	Humanistic and CBT; Trauma and Resilience; Moral Injury

Name	Title	Degree (Date)	Interests
David L. Butler, Ph.D., ABN	Clinical Neuropsychologist, FACT and SmartThink Coordinator	Virginia Tech University (1982)	Neuropsychology; Cognitive rehabilitation
Allison Campbell, Ph.D.	WH Pain Psychologist, Kernersville HCC	University of North Carolina at Greensboro (2021)	Chronic Pain; Behavioral Sleep Medicine; Health Psychology; Integrated Healthcare
Alexa Casey, Psy.D.	BHIP, Salisbury VAMC	Wright State University School of Professional Psychology (2002)	PTSD; DBT; CBT; EMDR; Somatic Therapy; Virtual Therapy; Family and Couples Treatment
Jessica Cloer, Psy.D.	HBPC, Charlotte HCC	Argosy University, Atlanta (2005)	Health Psychology; Geropsychology; Caregiver support; Trauma and Resilience
Meghan Cody, Ph.D.	Whole Health, Kernersville HCC	University of Virginia (2012)	Evidence-Based Practices; CBT; Integrated Care; Psychosocial Oncology; Health Psychology/Behavioral Medicine
Megan Constance, Psy.D.	BHIP/PCT, Charlotte HCC; Charlotte Psychology Training Coordinator	Midwestern University (2019)	Trauma; Mindfulness; ACT; Psychological assessments; Supervision
Lynda Cox, Psy.D.	BHIP, Kernersville HCC	Nova Southeastern University (1994)	Trauma; Substance abuse
Amy Dawson, Ph.D.	VISN 6 Telemental Health Hub	Arizona State University (2018)	PTSD; CPT; PE; WET
Candace DeCaires-McCarthy, Psy.D.	PCT, Kernersville HCC; LGBT Point of Contact	Rutgers University (2014)	PTSD Recovery; Evidence Based Treatments; Couples Psychotherapy; LGBT issues and Telehealth
Ryan A. DeHaas, Ph.D.	SA-RRTP, Salisbury VAMC	Rosalind Franklin University of Medicine and Science (2002)	Assessment and treatment of substance abuse and dual-diagnosis; Anxiety sensitivity and substance abuse; Health psych and B Med; Psychological adjustment to acute and chronic medical conditions
Sandra I. Dias, Ph.D.	VISN 6 Telemental Health Hub	New York University (2014)	Trauma; Adjustment to civilian world; CBT; ACT-D; Couple's therapy; Health psychology (i.e., chronic pain); Diversity and multicultural perspective; Working with female veterans
Herman Diggs, Ph.D.	HBPC, Kernersville HCC	Southern Illinois University at Carbondale (2014)	Assessment and treatment of older adults; PTSD; Substance Use Disorders; Motivational Interviewing
Kristie Earnheart, Ph.D.	HBPC, Charlotte HCC	University of North Texas/University of North Texas Health Science Center Consortium (2006)	Geropsychology; Medical Psychology; Death and Dying/End of Life Issues
Kara Felton, Psy.D.	SA-RRTP, Salisbury VAMC	Marywood University (2017)	Recovery-Oriented Treatment; Trauma and Resilience; Dual Diagnosis; STAIR; EBPs (e.g., CBT-SUD, CBT-CP, CPT, PE); SMI; Issues of Sexuality; Supervision
Nicole Freeman-Favia, Psy.D.	BHIP, Charlotte HCC	Wright State University School of Professional Psychology (2020)	DBT; Couples therapy; Mind Body Medicine; Insomnia; Whole Health; Older Adults
Megan Freese, Ph.D.	PCT, Salisbury VAMC; Telehealth Specialist	Illinois Institute of Technology (2009)	EBPs for PTSD (e.g., CPT, PE, CBCT); ACT; EBPs via telehealth technology; Parenting.

Name	Title	Degree (Date)	Interests
Elyse Freilich, Ph.D.	BHIP, Charlotte HCC	Georgia State University (1992)	PTSD; Complex Trauma; Moral Injury; Anxiety Disorders across the lifespan; Developmental Disorders; Learning Differences; Projectives; Interdisciplinary Approaches; Biopsychosocial factors in mental wellness; Program Development and Implementation
Nancy Furst, Psy.D.	Psychology Program Manager, Charlotte HCC	American School of Professional Psychology; D.C. (2013)	PTSD; Anxiety and Trauma disorders; ACT; Mindfulness; LGBTQ+ Mental Health Care
Angela Gonzalez-Gonyer, Psy.D.	PCT, Charlotte HCC	American School of Professional Psychology at Argosy University; Hawaii (2010)	Evidence-based practices with emphasis on PTSD; EMDR; Interpersonal process
Jennifer Haist, Ph.D.	PTSD/SUD Psychologist, Salisbury VAMC	West Virginia University (2014)	Evidence-based practices with emphasis on PTSD and SUD treatment; ACT; Mindfulness; Telemental health; Training and Supervision
John Hall, Ph.D., ABPP	Whole Health Pain Psychologist, Charlotte CBOC	University of Louisville (1995)	Chronic Pain; Clinical Hypnosis; Whole Health; Complementary & Integrative Care; HIV; LGBTQ+ Concerns; Social & Structural Determinants of Health; Religion & Spirituality in Care
Lise Hall, PsyD	BHIP, Kernersville HCC	Xavier University (2001)	Assessment
Elizabeth Howarth, Ph.D., ABPP	PRRC Coordinator, Salisbury VAMC	Southern Illinois University Carbondale (2012)	Psychosocial Rehabilitation and Recovery; SMI; Mindfulness; Whole Health
Cassie Hudson, Ph.D.	BHIP, Charlotte HCC	University of North Carolina at Charlotte (2014)	Patient-Centered Care; Posttraumatic Growth (PTG); Recovery; Trauma; Health Psych; Interdisciplinary Teams; Training, Education & Supervision; Program/Systems Evaluation & Improvement; TBI
Christopher Hummel, Psy.D.	Suicide Prevention 2.0, VISN 6 Telemental Health Hub	Argosy University (2002)	Suicide prevention; CBT-SP; PST-SP; ASPI; Violence prevention
Holly Hunley, Ph.D.	Psychology Program Manager; VISN 6 Telemental Health Hub	Loyolya University – Chicago (2008)	Telemental Health, Virtual Care, and Technology in Care; PTSD; EBPs; Measurement Based Care; Program Evaluation; Administration and Leadership;
Greg Inman Ph.D.	BHIP, Kernersville HCC	Georgia State Univeristy (2002)	Couple therapy (IBCT); PTSD (CPT); Bereavement
Lyssa Israel, Ph.D.	BHIP, Salisbury VAMC; LGBTQ+ Veteran Care Coordinator	Fairleigh Dickinson University (1996)	Cognitive Therapy; PTSD; LGBTQ+ advocacy
Alex Jadidian, Ph.D., ABPP	BHIP, Charlotte HCC; Telemental Health Coordinator	University of Florida (2014)	Cognitive Behavioral and Integrated Therapy; EBPs; ADHD
Jeffrey Jones, Psy.D.	VISN 6 Telemental Health Hub	Florida Institute of Techology (2002)	PTSD
Sita "Chandana" Kanithi, Psy.D.	VISN 6 Telemental Health Hub	California Institute of Integral Studies (2007)	Evidence-based psychotherapies; PE; CPT; IPT-D; Complementary and Integrative Health Interventions: Mindfulness; Clinical Hypnosis

Name	Title	Degree (Date)	Interests
Richard Kennerly, Ph.D.	Coordinator, Neuropsychology	University of North Texas (2006)	Neuropsychological Assessment; Biofeedback
Matthew Konst, Ph.D.	Director, VISN 6 Telemental Health Hub	Louisiana State University (2008)	Autism; Intellectual Disabilities; Dementia; TBI; Research on comorbid conditions; Trauma; Sleep disorders; CBT
Amanda Landwehr, Psy.D.	PCT, Charlotte HCC	Nova Southeastern University (2021)	CBT; EBPs; Trauma and Resilience
Jennifer Luescher, Ph.D.	Acute/Chronic Inpatient, Salisbury VAMC	University of Florida (2004)	EBPs; Mindfulness; Resilience; Diversity and Inclusion
Emelie McFarland, Psy.D.	Community Living Center (CLC), Salisbury VAMC; Behavioral Recovery Outreach	Chestnut Hill College (2019)	Geropsychology; Dementia Care; Behavioral Support and Management
Michael L. McIntosh, Psy.D.	VISN 6 Telemental Health Hub	Illinois School of Professinoal Psychology – Argosy University/Chicago (2009)	EBPs for Suicide Prevention; CBT-SP; PST-SP; SPI; Combat Related PTSD; PE; CPT;
Holly Miskey, Ph.D., ABPP-CN	Neuropsychologist; Co-Training Director; Co-Director MIRECC Postdoctoral Fellowship	University of North Carolina at Greensboro (2013)	Executive functions; Prefrontal lobe functioning; PTSD and cognitive functioning; TBI; blast exposure
Kristina Nagy, Psy.D.	Whole Health Oncology, Salisbury VAMC	Wisconsin School of Professional Psychology (2020)	Health psychology; Chronic pain and sleep issues; Death and dying/end of life; CBT and Psychodynamic therapies; Assessment
Leah Powell, Ph.D.	BHIP, Charlotte HCC	Indiana State University (2006)	Major Depression Disorder; PTSD; Moral Injury; Race- Based Trauma; Spiritual Interest and Grief/Mindfulness through Marital, Group and Individual Therapies
Devon Redmond, Ph.D.	BHIP, Charlotte HCC	University of North Carolina at Chapel Hill (2010)	Cognitive behavioral therapy; Interpersonal psychotherapy; Depression; Anxiety; Autism Spectrum Disorder; ADHD; Learning Disorders; Anger management; CES; Biofeedback
Rebecca Resavy, Psy.D.	Neuropsychologist, Charlotte HCC	American School of Professional Psychology; D.C. (2013)	Dementia; Cultural intersectionality with aging; Capacity evaluations; Caregiver inclusion and support; Ethical considerations; Recovery oriented feedback; Disaster response
Julianne Y. Richard, Ph.D.	PCT, Salisbury VAMCA	Oklahoma State University (2018)	Assessment and treatment of PTSD; Evidence Based Practices; Clinical Supervision; Serious Mental Illness (SMI); Assessment
Kevin Richard, Ph.D.	PTSD-RRTP	Oklahoma State University (2018)	Humanistic and CBT; Motivation and Emotion; Narrative Therapy; Cognitive Therapy; Solution Focused Therapy
Ashley Rose, Psy.D.	BHIP, Salisbury VAMC	Marshall University (2013)	Trauma and resilience; Health behavior; Integrative psychotherapy; Rural populations; Personality
Ramona Rostami, Ph.D.	Neuropsychologist, Salisbury VAMC	Fuller Graduate School of Psychology (2018)	Dementia; Cognitive Rehabilitation; Neuroanatomy
Meredith Rowland, Ph.D.	Coordinator, Transitional Residence House	Binghamton University (2009)	Substance Abuse Disorders; Residential Treatment; Assessment

Name	Title	Degree (Date)	Interests
Stephen Russell, Psy.D.	Assistant Chief of Staff, BHIP, Salisbury VAMC	Regent University (2005)	Serious Mental Illness; Psychosocial Rehabilitation; Family/Marital Therapy; Religious/Spiritual Diversity
Ashley Sansone, Psy.D.	PRRC, Salisbury VAMC	Marshall University (2020)	SMI; Dual Diagnosis; Recovery-Oriented Treatment; Positive Psychology; Housing Concerns
Nicole Sciarrino, Psy.D.	VISN 6 Telemental Health Hub	Nova Southeastern University (2018)	PTSD/trauma; Intensive/massed treatment delivery
Chantal Seshadri, PsyD	VISN 6 Telemental Health Hub	Loyola College in Maryland in Clinical Psychology (2008)	PTSD and Depression; EBPs: CPT, CBTD, CBCT, ACTD, WET; Early childhood mental health; Fetal Alcohol Spectrum Disorder
Kossi Sevon, Psy.D., ABPP	BHIP, Kernersville HCC	Illinois School of Professional Psychology, Chicago (2017)	Assessment; Anger management; Evidence based practices (CBTD, CBTCP, PE); Supervision; Consultations
Robert Shura, Psy.D., ABPP-CN	Polytrauma Neuropsychologist; Co-Director MIRECC Postdoctoral Fellowship	Marshall University (2013)	Performance and Symptom Validity; TBI; ADHD; Psychometrics; Neuroanatomy
Amy Smith, Psy.D.	MST Coordinator; VISN 6 MST Point of Contact	Regent University (2010)	Assessment and treatment of PTSD; ACT; MST-related issues
J. David Spriggs, Psy.D.	PCMHI, Kernersville HCC	Wheaton College (2001)	Couples therapy; Christian Counseling; Treatment of older adults; Cognitive Therapy
Julia Stone, Psy.D.	EBT Team, V06 Telemental Heatlh Hub	Immaculata University (2014)	Evidence-Based Therapies for PTSD (CPT, PE, WET, CBCT); ACT-D; CBT-I
Melissa Switzer, Psy.D.	Intensive Services Program Manager	Xavier University (2015)	Serious Mental Illness; Recovery Model; Whole Health; Leadership
Raphael D. Thigpen, Psy.D.	BHIP, Charlotte HCC	Wright State University School of Professional Psychology (2002)	Pain Management; PTSD; SUD; Diversity
Christina L. Vair, Ph.D.	Clinical Director, Whole Health	University of Colorado at Colorado Springs (2012)	Complementary and integrative health; Clinical hypnosis; Biofeedback; Implementation science; Health equity; Employee wellness
Beth Broj Ward, Psy.D.	BHIP, Charlotte HCC	Nova Southeastern University in Clinical Psychology (2020)	ACT; DBT; CPT; Trauma Related Disorders
Ann Williams, Ph.D., ABPP	VISN 6 Telemental Health Hub	University of North Carolina at Greensboro (2012)	Assessment and treatment of PTSD; Evidence-Based Practices; Telemental Health; Multicultural Considerations; Resilience
Nicolas Wilson, Psy.D.	BHIP, Kernersville HCC	Forest Institute of Professional Psychology (2015)	PTSD; Substance abuse; OCD; Depression; Person-centered therapy; Motivational interviewing; Internal family systems; CPT, WET, CBT-I, DBT; Interpersonal psychotherapy
Yoshiko Yamamoto, Ph.D.	BHIP, Kernersville HCC	Fielding Graduate University (2009)	EBPs and Hypnosis for PTSD/Traumas, Anxiety, Depression, and smoking cessation; Mindfulness
Julia D. Yearwood, Psy.D., ABPP	BHIP, Charlotte HCC; Evidence Based Psychotherapy Coordinator	Florida Institute of Technology (2015)	EBPs; Chronic pain; Sexual orientation and gender identity; Program evaluation

Name	Title	Degree (Date)	Interests
Michael Zande, Ph.D.	VISN 6 Telemental Health Hub	Nova Southeastern Univeristy (1988)	Depression; IPT for Depression; Anxiety; Geriatrics

PREVIOUS RESIDENTS' GRADUATE SCHOOLS

2023 – 2024
University of Tennessee – Knoxville
Florida Institute of Technology
Seattle Pacific University

2022 – 2023
None

2021 – 2022
Our Lady of the Lake University

2020 – 2021
Marshall University
Wisconsin School of Professional Psychology

2019 – 2020
La Salle University

2018 – 2019
Oklahoma State University
Rosemead School of Psychology, Biola University

2017 – 2018
Argosy University, Chicago
University of Arkansas

2016 – 2017
University of Southern Mississippi
University of Tennessee – Knoxville

2015 – 2016
University of North Carolina-Charlotte
Regent University

2014 – 2015
University of Florida
Nova Southeastern University

2013 – 2014
Regent University

2012 – 2013
Argosy University, D.C.

2011 – 2012
Regent University

2010 – 2011
Tennessee State University

2009 – 2010
University of Missouri

2008 – 2009
Virginia Consortium Program in Clinical Psychology