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Atlanta VA Healthcare System

1670 Clairmont Rd., MHSL (116)
Decatur, GA 30033

[Psychology Training Program](#) | [VA Atlanta Health Care](#) | [Veterans Affairs](#)

Psychology Doctoral Internship Program 2023 Training Brochure



Director of Psychology Training

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APPIC Match Number: 123511

Application Deadline: November 1, 2023

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General Information

The Atlanta VA Healthcare System has six permanently funded psychology doctoral intern positions. All positions are generalist in nature; there are no tracks or emphasis/focus areas. The internship is a one-year, full-time training program with an expected workload of approximately 40 hours per week of direct service delivery and other training activities. This is a clinical training program with no formal protected research/dissertation time guaranteed for interns.

Accreditation Status

The psychology doctoral internship at the Atlanta VA Healthcare System has been continuously fully accredited by the American Psychological Association (APA) Commission on Accreditation (CoA) since 1985. We were most recently awarded full 7-year reaccreditation in November 2015 with our next site visit intended for 2022; however, the COVID-19 pandemic resulted in a temporary cessation of site visits in 2020 that has caused a substantial backlog. We have been advised by APA that our next site visit has accordingly been postponed to a projected timeline of Winter 2024 (January – March). Our accreditation status is not affected by this cycle shift. A comprehensive self-study was submitted to the CoA in April 2022 and is pending review.

Questions regarding the accreditation status of our program may be directed to:

American Psychological Association
Office of Program Consultation and Accreditation
750 First St., NE
Washington, DC 20002-4242
Telephone: (202) 336-5979
Email: apaaccred@apa.org

Training Year and Required Hours

The training year for the psychology doctoral internship at the Atlanta VA Healthcare System begins in late July and runs for 52 consecutive weeks (1 full year). VA pay periods officially run from Sunday to Saturday. The official start date for the 2023-2024 training year is therefore Sunday, July 30, 2023. Interns will report for duty on Monday, July 31, 2023. The final workday of the training year will be Friday, July 26, 2024. The next training year is anticipated to begin on Monday, July 29, 2024, unless an adjustment is made.

VA psychology internships are funded for 2,080 professional hours. Interns are accordingly expected to work 40 hours per week for a full year. Credit is given for federal holidays and use of paid leave. **The standard tour of duty for a psychology intern at the Atlanta VA Healthcare System is Monday through Friday, 8:00am to 4:30pm.** Interns should expect to periodically work slightly longer days in order to complete administrative tasks in a timely fashion. Small adjustments to the standard tour hours may be possible with permission of the Director of Training. **Interns are required to accrue a minimum of 440 hours of direct patient contact during the internship year to receive credit for successful internship completion.**

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: **7/1/2023**

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Internship Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:	
<p>The Director of Training pre-screens all completed applications submitted by the deadline to ensure basic eligibility criteria are met before a full application review is conducted. To receive consideration, applicants must have completed a <u>minimum of 500 supervised doctoral-level intervention hours and a minimum of 50 doctoral-level assessment hours.</u> Please note that terminal master’s hours do <u>not</u> count toward this requirement. Doctoral-level experience with full Wechsler intelligence tests (i.e., WISC, WAIS) is essential and doctoral-level experience with personality assessment using the PAI and/or MMPI is highly favored. The program also attends to applicants’ experience with integrated report writing.</p> <p>All interns are selected via the APPIC Match process. Only applications received via APPIC’s online selection portal from applicants in American Psychological Association (APA) or Canadian Psychological Association (CPA)-accredited psychology doctoral training programs in clinical or counseling psychology will be considered. Applicants should submit a completed AAPI, a curriculum vitae, three letters of recommendation, and official transcripts from all programs of graduate study in psychology. The Atlanta VA is committed to the recruitment and training of diverse interns. Consistent with the APA Commission on Accreditation, we define cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. <u>Applications from qualified diverse/minority individuals are strongly encouraged.</u></p> <p>Applications should be completed as soon as possible upon activation of the APPIC Selection Portal, but must be submitted no later than 11:59pm EDT on November 1, 2023 for consideration.</p>	

<p>The training faculty thoroughly review all applications that survive the pre-screening process and make recommendations regarding interviews to the Director of Training, who makes final decisions. Virtual interviews will be conducted in early January 2024 (1/8/24-1/11/24). All applicants will be notified of their interview status by e-mail at the address provided on the AAPI by 12/15/23. It is the responsibility of the applicant to ensure that current mailing and e-mail addresses and telephone numbers are provided.</p> <p>For questions about the application process or the training program please contact the Director of Training at andrea.burns@va.gov.</p>	
<p>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</p>	
<p>Total Direct Contact Intervention Hours</p>	<p>Yes, Amount = 500</p>
<p>Total Direct Contact Assessment Hours</p>	<p>Yes, Amount = 50</p>
<p>Describe any other required minimum criteria used to screen applicants:</p>	
<p>In order to be eligible for selection at any VA training program, the applicant must meet the following criteria: Am I Eligible v5.pdf (va.gov)</p> <p>Internship applicants also must meet the following criteria to be considered for any VA psychology internship program:</p> <ol style="list-style-type: none"> 1) Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible. 2) Approved for internship status by graduate program training director. <p>More information about eligibility criteria, including VA's status as a drug-free workplace, is available here: Resources for Health Professions Trainees Coming to VA Eligibility and Forms - Office of Academic Affiliations</p>	
<p>Financial and Other Benefit Support for Upcoming Training Year*</p>	
<p>Annual Stipend/Salary for Full-time Interns</p>	<p>35,321</p>
<p>Annual Stipend/Salary for Half-time Interns</p>	<p>NA</p>
<p>Program provides access to medical insurance for intern?</p>	<p>Yes</p>
<p>If access to medical insurance is provided:</p>	

Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	About 104
Hours of Annual Paid Sick Leave	About 104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	Federal holidays, paid administrative leave for professional development (e.g., dissertation defense)
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Internship Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	2019-2022
Total # of interns who were in the 3 cohorts	21
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=1
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=4, EP=0
Veterans Affairs Health Care System	PD=11, EP=4
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=1, EP=0
Other	PD=0, EP=0
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

Diversity Statement

The Atlanta VA Healthcare System serves Veterans who represent a wide variety of diversity dimensions including, but not limited to gender identity, gender expression, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The Atlanta VA psychology doctoral internship program is deeply committed to the appreciation of diversity and the development of culturally informed professional competencies. During the training year, trainees develop awareness, knowledge, and skills to enhance multicultural competence/cultural humility through a variety of experiences. These include diversity-focused presentations, readings, and learning activities; discussions with supervisors, peers, and other clinical staff; and direct provision of services to Veterans from diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and multicultural competence/cultural humility within the mental health profession and society as a whole.

The mission statement of the **Diversity Education Committee for Psychology Training (DEC-PT)** is as follows: The DEC-PT functions as an extension of the Psychology Training Committee to assist psychology trainees in developing multicultural competence/cultural humility, appreciating diversity in all its forms, and promoting social justice. Within its roles with the psychology internship and postdoctoral training programs, the DEC-PT seeks to cultivate an environment that supports open and respectful dialogue, exchange of ideas, and self-reflection.

The DEC-PT is comprised of Atlanta VA psychologists on the training staff who are invested in helping to promote trainees' culturally informed professional competencies and cultural humility for working with a highly diverse patient population and to explore how, as mental health professionals, our individual differences, worldviews, biases, theoretical frameworks, and life experiences affect our clinical and professional work. In conjunction with the Core Internship Training Committee, the DEC-PT facilitates the Multicultural Lunch and Learn series, the Multicultural Seminar series for interns, and the training rotation in Diversity. See the Didactics section for descriptions of all training activities.

Atlanta VA Information

The Atlanta VA Healthcare System provides healthcare services at 22 locations serving a 50-county area in northeast Georgia. Facilities include the Joseph Maxwell Cleland Atlanta VA Medical Center (VAMC) in Decatur and 21 community-based outpatient clinics. The Atlanta VA Healthcare System is one of the leading healthcare systems serving Veterans in the VA Southeast Network. We are an innovative care center within the Veterans Integrated Service Network 7 (VISN 7), which includes medical centers and clinics in Georgia, Alabama, and South Carolina.

The Joseph Maxwell Cleland Atlanta VA Medical Center, a Joint Commission-designated medical facility, sits on 26 acres in Decatur, GA – just minutes from downtown Atlanta. We offer 466 inpatient beds, including a 120-bed Community Living Center, a 40-bed domiciliary, and a 21-bed Residential Treatment Program. We are a teaching hospital that provides a full range of services, with state-of-the-art technology as well as education and research. Our affiliations include Emory University, Morehouse College, and many other educational institutions. We provide professional training in most major medical and surgical specialties and subspecialties, as well as many Associated Health disciplines including psychology, social work, chaplaincy, and pharmacy among others.

More information about the Atlanta VA Health Care System can be found online: [VA Atlanta Health Care | Veterans Affairs](#)

Please also see this [link](#) for a Land Acknowledgment Statement by Emory University, acknowledging the Muscogee (Creek) people who lived, worked, produced knowledge on, and nurtured the land where Emory's campuses and the Atlanta VA Healthcare System are now located.

Psychology Training Setting

Psychology training is conducted primarily within the context of the Mental Health Service Line (MHSL), a multidisciplinary department including professionals from psychology, psychiatry, and nursing. The mission of the MHSL is patient care, training, and research. There are currently approximately 120 full-time psychologists on staff at the Atlanta VA Healthcare System. Approximately half of the staff psychologists are appointed to the Extended Training Committee, comprising both the core training staff and ancillary supervisors. These psychologists are distributed among the various treatment teams within the MHSL. These teams include the Mental Health Outpatient Clinic; Community Based Outpatient Clinics; Substance Abuse Treatment Program; Health Psychology; PTSD Clinical Team; Geropsychiatry; Substance Use Disorders Domiciliary (SUD DOM); Primary Care Mental Health – Integration; Inpatient Psychiatry; Neuropsychology; and the Mental Health Front Door. A few psychologists on the Training Committee are also embedded in other Service Lines within the Healthcare System, including medical specialty clinics (e.g., Sleep).

Psychology training activities may take place in any of these settings, some of which are located at the main medical center and others of which are located at satellite clinics between 4 and 15 miles away from the medical center. Interns choosing to participate in rotations based at offsite locations spend full days at those locations and are not expected to travel between sites during a typical business day.

In addition to the doctoral internship, the Atlanta VA offers an APA-accredited psychology postdoctoral residency program, as well as advanced practicum training for local psychology doctoral students from programs including Emory University, Georgia State University, Mercer University, Auburn University, and the University of Georgia.

Remote Access and Telework

Interns at the Atlanta VA Healthcare System are issued VA laptops during orientation and are granted remote access capability. Interns are required to work on site at an Atlanta VA facility for at least the first quarter of the training year. Following that initial period, requests for establishing a partial telework agreement (allowing at most 1-2 days per week of work from home) will be considered if allowed by OAA, APA, and local policy. Approval for telework will depend upon each intern's selected rotations, graduated level of responsibility, and approval of (at minimum) the supervisor, the Director of Training, and both Service Line and facility leadership. Approval for telework at any point in the training year cannot be guaranteed and interns should be prepared to report to a VA clinic every day.

COVID vaccinations

In addition to other required vaccinations ([Recommended Vaccines for Adults | CDC](#)), all Atlanta VA employees, including Health Professions Trainees, are required to be vaccinated against COVID-19. All interns have access to COVID-19 vaccinations and boosters free of charge at the Medical Center. Exemptions to vaccination requirements must be formally requested through the Director of Training and Occupational Health prior to the start of the training year. All employees are required to follow PPE guidelines for their respective clinics. When required, PPE is provided on site. At this time, PPE is required only in select high risk clinics and trainees will be notified if masking is required.

Telehealth vs. In-person Patient Care

Veterans receiving outpatient mental health treatment through the Atlanta VA Healthcare System have the option to request in-person or virtual care appointments. The Atlanta VA utilizes the VA Video Connect telehealth platform to provide secure virtual video sessions. Atlanta VA Mental Health was using VA telehealth-to-home technologies for years prior to the COVID-19 pandemic and was effective at transitioning patients to that modality in larger numbers. Veterans have generally been very receptive to the accessibility and convenience of virtual mental health care. Face-to-face appointments are provided in all outpatient clinics. At this time the majority of outpatient mental health care is still being provided virtually; however, all interns should expect to see at least some patients in person and are required to offer all patients the option of in-person vs. virtual care.

Patient Population

While the VA patient population is predominantly adult male, there are ample opportunities for clinical work with women and other genders, and occasionally with married couples and families. Interns work with patients who differ in race, socioeconomic status, sexual orientation, gender identity, physical ability, education, and degree of psychopathology among numerous other diversity variables. Psychological services are provided to Veterans receiving medical, surgical, and psychiatric care in both inpatient and outpatient settings. Among the mental health patients, interns encounter a wide range of psychopathology including depression, anxiety, substance abuse, PTSD, schizophrenia, bipolar disorder, and personality disorders. In the area of medicine and surgery, there are opportunities to work with conditions such as neurodegenerative disorders and other neurological disorders, chronic pain, addictions, sexual dysfunction, smoking cessation, cardiac rehabilitation, palliative care, geriatrics, and HIV/AIDS.

See below for the 2022 patient population demographics for the Atlanta VA, as collected from MHSL data:

2022 MHSL Demographic Data: 39,857 uniques

Age	%
<25	0.88%
25-34	13.42%
35-44	18.70%
45-54	18.83%
55-64	23.33%
65-74	16.15%
75-84	7.78%
85+	0.91%
Sex	

Female	24.83%
Male	75.17%
Race	
American Indian or Alaska Native (s)	0.71%
Asian (s)	0.67%
Black or African American (s)	62.27%
Declined to Answer	4.71%
Native Hawaiian or Other Pacific Islander	0.63%
Unknown by Patient (s)	1.12%
White (s)	28.39%
Unanswered	3.37%

Local Area Information

The metropolitan Atlanta area has a growing population of more than 6 million, is a major convention center, and hosts major league sports franchises in football, soccer, baseball, and basketball. Atlanta is internationally known for its Symphony Orchestra, the Carter Center, and the Martin Luther King Center. It is also the home city of CNN, Coca-Cola, Delta Airlines, and the Home Depot, among other major corporations. Atlanta hosted the 2019 Super Bowl at Mercedes-Benz stadium, the third time the city has hosted that event. Atlanta hosted the Olympic Games in 1996 and has hosted the NBA All-Star Game, Major League Baseball's All-Star Game, and the NCAA Final Four. Atlanta also has developed a reputation as the "Hollywood of the South" thanks to the burgeoning presence of the television and film industry. Multiple major motion pictures and TV shows are filmed locally, including Netflix's "Stranger Things," and "Ozark," AMC's "The Walking Dead," installments of the "Hunger Games" and "Avengers" movie franchises, and the productions of Tyler Perry Studios. The city is widely known as a destination city for its food, music, history, and cultural significance.

The Atlanta area is rich in resources for medical research and treatment. Close to the VA are Emory University, the Centers for Disease Control, Children's Healthcare of Atlanta, and other clinical and educational facilities. Professional seminars and workshops are offered year-round in the private sector and may offer reduced tuition fees to interns.

Facility and Training Resources

Compliance with ADA – Our facility complies with VA Handbook 5975.1, "Processing Requests for Reasonable Accommodation from Employees and Applicants with Disabilities," which states that VA shall provide reasonable accommodations (Section 501 of the Rehabilitation Act) to individuals with disabilities to allow them to fully participate in the application process, perform essential job functions, and enjoy equal benefits and privileges of employment, in accordance with all applicable laws, regulations, and VA policies, unless to do so would cause a direct threat to health and safety or undue hardship to the operation of the unit. Reasonable accommodation requests are processed in accordance with the procedures contained in the Handbook, which is provided to interns during

orientation at the start of the internship. The Director of Training acts as advocate for psychology trainees in following the procedures needed to request and obtain reasonable accommodations by working with the Local Reasonable Accommodations Coordinator for access to and use of the built environment, transportation, communication, medical equipment, and information technology. All new buildings have been constructed to comply with the VA Barrier Free Design Standard, which is consistent with ADA Standards (see Appendix I.B.5.1.2); in addition, all existing buildings have been retrofitted and upgraded to be ADA-compliant.

Training Resources – Interns have full access to the same level of clerical and technical support as staff psychologists. They are provided computers that have full access to the hospital network, Microsoft Office, and access to the Internet. Printers and secure fax machines are readily available in all treatment areas of the hospital and satellite clinics. Support staff are available to assist interns in scheduling appointments, administrative tasks, coordination of multimedia equipment, and negotiating the Healthcare System's bureaucracy. Interns have access to technical support for their computers and telephones through the Information Technology Service, a representative of which works within the Mental Health Service Line (MHSL) and is available by phone or email. Additionally, the training program receives administrative support from a designated Program Support Assistant, who provides assistance with trainee onboarding, supplies, equipment requests, time and attendance coordination, and out-processing at the end of the training year.

The VA network has a number of psychological tests available to be computer administered. In addition to this inventory, the psychology training program has an extensive bank of psychological tests and materials. Professional journals are available online via VA Library Services (accessible through the Atlanta VA intranet) and via link with the Emory University Library. Multimedia equipment, including video and audio machinery, can be accessed through the Medical Media Service.

Consistent with accreditation standards all interns are guaranteed access to space equipped with computer workstations and phones for each trainee, as well as locked cabinets to secure sensitive information and personal belongings. Individual offices are available for patient care. Additional office space is available on clinical rotations for interns to use on rotation days. While space is always in high demand, interns are always provided with sufficient clinical and administrative space. Conference rooms and group therapy rooms throughout the Medical Center and other Atlanta VA facilities are used for group sessions, training program didactics, and group supervision.

Program Structure

Allocation of Time

The internship follows a two-term major/minor rotation structure. During each term (roughly half of the training year) interns spend two days per week on a major rotation, one day per week on a minor rotation, one day engaged with general/long-term psychotherapy cases and flex time, and one day in didactics and group supervision.

Orientation

Interns begin the training year with approximately two weeks of orientation to the VA, the Atlanta VA Healthcare System, and the training program. Interns meet with the Director of Training and with supervisors from all clinical rotations to review the available training opportunities. Interns also meet with relevant Mental Health Service Line leadership representatives and with members of the Diversity Education Committee for Psychology Training (DEC-PT). This process allows time for interns to begin to develop familiarity with the Healthcare System, clinical activities, record keeping, personnel issues, and procedures specific to the Mental Health Service Line. Each intern submits a de-identified testing report and gives a short case presentation of a therapy case from their doctoral

training. Interns also have the option to participate in a four-day intensive training workshop in Prolonged Exposure therapy (PE) for posttraumatic stress disorder at the beginning of the training year.

Training Plans and Evaluation

During the summer prior to internship orientation, incoming interns complete a **self-assessment** of their relative strengths and growth areas with respect to the profession-wide competencies (see below) and provide the Director of Training with information regarding their personal goals, needs, and preferences for the training year. During orientation, the Director of Training meets with each intern to develop a **personalized training plan** for the year. The goal of the training plan is to identify needed and desired learning activities to develop key competencies, to address deficits in skill or experience, and to gain exposure to new patient populations and methods of assessment and intervention. The Director of Training makes every effort to honor the preferences of the intern; however, the program reserves the right to require certain training experiences if a significant need is identified. The training plan may be revisited and amended at any point in the training year as new interests or needs are identified. At mid-year and end-of-year, all interns will formally review their training plans and progress with the Director of Training.

Evaluation of intern progress is ongoing throughout the training year and occurs both informally and formally. Informal feedback is provided continually in weekly supervision and in communication between training staff members and interns. Intern progress is formally discussed by the training staff in monthly meetings of the Core Internship Training Committee and any other active clinical supervisors of interns; areas of strength and areas for growth are documented in the Committee's meeting minutes. Interns are also formally evaluated by their clinical supervisors on a quarterly basis. The written feedback is reviewed between intern and supervisor and is submitted to the Director of Training for inclusion in the training file. At a minimum, interns meet with the Director of Training twice (at mid-year and at end-of-year) for formal discussions of progress and review of training plans. Additional formal feedback may be scheduled as needed. The Director of Training provides formal written feedback of intern progress to the Director of Clinical Training at each intern's doctoral training program at mid-year and end-of-year; additional communication will be made with the intern's DCT if significant deficits requiring remediation are identified and/or if the intern's successful completion of the program is at risk. The Director of Training is responsible for all written correspondence between the internship program and the graduate schools.

Requirements for Completion

Hours

Interns must complete 2080 professional hours, including a minimum of 440 patient contact hours within the 52-week training year in order to complete the internship. Interns are required to keep a record of their professional and clinical hours to ensure compliance with requirements in the state(s) of intended licensure. Accrued paid leave time and authorized absences for professional development activities are counted toward the 2080-hour requirement. Extensions of the training year may be necessary/allowable under extraordinary circumstances, (e.g., cases of unavoidable extended family or medical leave). However, any hours in excess of the 2080 funded hours for the training year that are needed for an intern to meet program requirements shall be unpaid.

Demonstration of Competency

As outlined above (see Program Structure), interns are continuously evaluated throughout the training year, with formal evaluations completed quarterly. Evaluation focuses on the successful demonstration of the profession-wide competencies outlined below (see Aims of the Training

Program and Expected Competencies). Interns must demonstrate at least intermediate competence in all areas by mid-year (meaning routine guidance/oversight is still needed from the supervisor) and readiness for entry level practice in all areas by end-of-year (meaning ability to independently function in a broad range of clinical and professional activities, to generalize skills and knowledge to new situations, and to self-assess when to seek additional training, supervision, or consultation) in order to successfully complete the program.

Aims of the Training Program and Expected Competencies

The primary aim of the Atlanta VA Healthcare System's psychology doctoral internship is to prepare diverse doctoral-level psychology interns to function competently, effectively, and ethically in professional roles that combine clinical service and scholarly inquiry in the field of health service psychology. We aspire to prepare interns to transition successfully, upon graduation, to advanced postdoctoral training programs or to secure entry-level employment in psychology at the GS-11 or equivalent level.

In accordance with this primary aim, the psychology doctoral internship program at the Atlanta VA Healthcare System strives to promote for all interns the development of the profession-wide competencies identified by the American Psychological Association's *Standards of Accreditation in Health Service Psychology*: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills. The program emphasizes training in clinical skills, with the recognition that competent clinical work is informed by science. Supervision and didactics are grounded in the current evidence base and strong efforts are made to expose interns to current research and scholarship.

Successful completion of the internship requires demonstration of each competency as follows:

1) COMPETENCE IN RESEARCH:

Element 1A: Critical Scholarship

The intern demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) as demonstrated in discussions with supervisors and/or performance in journal clubs, didactics, etc.

Element 1B: Dissemination of Scholarly Work

The intern demonstrates the substantially independent ability to effectively disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including Atlanta VA), regional, or national level.

Relevant Training Activities: In all clinical activities, interns are expected to seek and critically evaluate relevant literature. Interns are required to give one presentation (in the General Seminar, Assessment Seminar, or Multicultural Lunch & Learn) of their dissertation study or other research/scholarly activity. Interns also are required to present one Assessment Case Conference on a testing case from the current training year. Certain clinical rotations offer Journal Clubs and similar avenues for critical evaluation of research.

2) COMPETENCE IN ETHICAL AND LEGAL STANDARDS:

Element 2A: Conformity to Professional Guidelines and Policies

The intern is knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and any other relevant professional standards and guidelines. This includes

compliance with VA and program policies regarding timeliness of documentation, use of scheduled and unscheduled leave, etc.

Element 2B: Recognition and Resolution of Ethical Dilemmas

The intern independently recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.

Element 2C: General Ethical Conduct

The intern conducts themselves in an ethical manner in all professional activities.

Relevant Training Activities: Interns participate in ethics-themed seminar presentations in the context of the General Seminar. Interns work with supervisors on their clinical rotations and in their general psychotherapy and psychological testing cases to identify and resolve ethical problems/dilemmas.

3) COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

Element 3A: Awareness of Own Culture

The intern demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

Element 3B: Knowledge of Current Professional Standards for Diversity

The intern demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

Element 3C: Integration of Knowledge in Professional Conduct

The intern demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

Element 3D: Direct Clinical Practice

The intern demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity.

Element 3E: Working with Diverse Individuals

The intern demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Relevant Training Activities: Interns participate in a 10-session Multicultural Seminar Series, led by staff members of the Diversity Education Committee for Psychology Training, in the context of the General Seminar. Interns attend and participate in the monthly Multicultural Lunch and Learn Series. Interns address diversity issues in the context of their work on the clinical rotations, general psychotherapy cases, and psychological testing cases.

4) COMPETENCE IN PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Element 4A: General Professional Behavior

The intern behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Element 4B: Self-Reflection

The intern engages in self-reflection regarding their personal and professional functioning. They engage in activities to maintain and improve performance, well-being, and professional effectiveness.

Element 4C: Openness to Feedback

The intern actively seeks and demonstrates openness and responsiveness to feedback and supervision.

Relevant Training Activities: Interns are expected to demonstrate professionalism, self-reflection, and openness to learning in all training activities. Supervising staff model appropriate professional behavior. Presentations within the General Seminar help interns to adjust to their identity as interns within the VA Healthcare System.

5) COMPETENCE IN COMMUNICATION AND INTERPERSONAL SKILLS

Element 5A: Effective Relationships

The intern develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, support staff, and those receiving professional services.

Element 5B: Effective Communication

The intern demonstrates a thorough grasp of professional language and concepts. The intern produces, comprehends, and engages in communications that are informative and well-integrated.

Element 5C: Interpersonal Skills

The intern demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Relevant Training Activities: All training activities are relevant to this aim of the program. Staff are expected to model this area of competency for trainees at all times.

6) COMPETENCE IN ASSESSMENT

Element 6A: Knowledge of Diagnostic Classification

The intern demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

Element 6B: Understanding Behavior in Context

The intern demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).

Element 6C: Application of Knowledge to Assessment

The intern demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

Element 6D: Selection and Application of Assessment Methods

The intern selects and applies assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics. The intern collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Element 6E: Interpretation of Results

The intern interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

Element 6F: Communication of Findings

The intern communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Relevant Training Activities: Interns participate in an Assessment Seminar throughout the training year, featuring numerous presentations on diagnosis, clinical interviewing, and testing. Interns are required to complete at least one assessment-focused rotation (Neuropsychology or General Assessment). Most, if not all clinical rotations offer additional opportunities for diagnostic interviewing and communication of findings, and some offer additional opportunities for psychological testing.

7) COMPETENCE IN INTERVENTION

Element 7A: Effective Rapport

The intern establishes and maintains effective relationships with the recipients of psychological services.

Element 7B: Treatment Planning

The intern develops evidence-based intervention plans specific to the service delivery goals.

Element 7C: Therapeutic Interventions

The intern implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

Element 7D: Integration of Science and Practice

The intern demonstrates the ability to apply the relevant research literature to clinical decision making.

Element 7E: Therapeutic Flexibility

The intern modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.

Element 7F: Evaluation of Intervention Effectiveness

The intern evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

Relevant Training Experiences: At the outset of the training year interns present a brief case conference of a recent therapy case to members of the training staff. Throughout the training year interns may engage in psychological interventions including individual and group psychotherapy, psychoeducation, and family/couples' services. The clinical rotations and general psychotherapy cases offer the primary opportunities for intervention training.

8) COMPETENCE IN SUPERVISION

Element 8A: Observation

The intern applies the supervisory skill of observing in direct or simulated practice (e.g., peer supervision, role-playing) with psychology trainees or other health professionals.

Element 8B: Evaluation

The intern applies the supervisory skill of evaluation in direct or simulated practice (e.g., peer supervision, role-playing) with psychology trainees or other health professionals.

Element 8C: Giving Guidance and Feedback

The intern applies the supervisory skill of giving guidance and feedback in direct or simulated practice (e.g., peer supervision, role-playing) with psychology trainees or other health professionals.

Relevant Training Experiences: Interns engage in small group supervision of general psychotherapy cases every week throughout the training year and are expected to engage in peer supervision in that context. Some clinical rotations offer further opportunities for peer supervision/consultation and/or supervision of practicum students or interdisciplinary trainees. Interns also participate in seminar presentations focused on the development of supervision skills in the context of the General Seminar.

9) COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Element 9A: Respect for Other Professions

The intern demonstrates knowledge and respect for the roles and perspectives of other professions.

Element 9B: Direct or Simulated Consultation

The intern applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other healthcare professionals, interprofessional groups, or systems related to health and behavior. Examples of direct or simulated practice include but are not limited to role played consultation with others, peer consultation, provision of consultation to other trainees.

Relevant Training Experiences: Most clinical rotations offer opportunity for interdisciplinary treatment team collaboration for patient care. Interns are expected to collaborate with other professionals on the coordination of care for their general psychotherapy and psychological testing cases. Interns are expected to demonstrate respect for other professions in all training activities.

Training Experiences

General/Long-Term Psychotherapy Cases

Each intern carries a required caseload of three (3) general individual, group, or couples/family psychotherapy cases in addition to and independent of the therapy cases seen in the context of clinical rotations. General Psychotherapy cases are assigned by the Director of Training and are supervised by psychologists on the Training Committee and by psychology postdoctoral residents (with tiered supervision from licensed psychologists). The nature of the intern's caseload varies depending on the identified training needs and interests of the intern in balance with the demands of the Mental Health Service Line; however, interns are encouraged to maintain a diverse and generalist caseload, rather than to create a specialized focus. General cases are typically intended to be long-term therapy cases, ideally followed for the majority of the training year. One long-term psychotherapy case will be supervised by a member of the Training Committee during a weekly group supervision that meets for the duration of the training year. The remaining cases will be supervised by a postdoctoral resident (with tiered supervision from a licensed psychologist) or another member of the Training Committee.

Clinical Rotations

The 12-month internship year is divided roughly into two six-month rotation terms. For each term, interns select one major and one minor clinical rotation. Major rotations involve 16 hours (2 days) per week in the selected rotation area. Minor rotations involve 8 hours (1 day) per week in the selected area.

All rotations focus primarily on direct clinical service delivery. Interns work under the direct supervision of one primary supervisor for each rotation selected and receive a minimum of one hour of individual supervision per week on each rotation.

Selection of rotations depends upon the training plan of the intern. None of the clinical rotations is reliant on intern participation for its existence, thus ensuring that training considerations always take priority over service delivery for the clinic. **Interns are required to select a minimum of one assessment-focused rotation as a part of the training plan.**

Assessment-Focused Rotations

Interns must choose the General Assessment Rotation (a minor rotation) or the Neuropsychology Rotation (a major rotation) as one of their 4 clinical rotations for the training year. Interns are permitted to choose both rotations if a heavier focus on assessment is consistent with their training goals.

Descriptions of each assessment-focused rotation follow:

GENERAL ASSESSMENT ROTATION

Multiple available supervisors

*(*this rotation is only offered as a minor)*

This rotation provides interns the opportunity to develop their general competencies in psychological assessment. Interns are expected to complete at least six (6) general psychological assessment cases over the course of the rotation. Referrals are received from providers throughout the Mental Health Service Line and are assigned to interns by the Director of Training based on chronology and training needs. The emphasis of this training experience is on enhancing the intern's diagnostic, clinical interviewing, battery selection, writing, and overall assessment/testing skills. Each assessment case is unique and varies broadly along a spectrum of cognitive and personality evaluations. The Training Program accepts referrals for evaluation of ADHD, learning disorders, personality disorders, and general diagnostic clarification among others. There is no standard battery of tests or required report format; rather, interns are guided throughout the rotation in developing critical thinking skills regarding assessment and are encouraged to develop increasing independence with the ability to select appropriate instruments/measures, administer tests, interpret and write up results, and provide specific recommendations to the referral source.

- 1) Research:** Interns are expected to regularly review empirical evidence related to ongoing cases to help inform their clinical impressions.
- 2) Ethical and Legal Standards:** Interns work with their supervisor to identify and address ethical dilemmas as they proceed with clinical activities.
- 3) Individual and Cultural Diversity:** Interns will provide assessment to individuals of various ages, genders, races, ethnicities, sexual orientation, SES, religious orientation, and disability. Interns will identify appropriate normative data based on patient characteristics in interpretation of test data and consider individual differences. Interns will be able to identify weaknesses with available normative data in diverse populations and learn how to continue to provide appropriate evaluation.

- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate intern development of their own professional identities. Ongoing discussions of professional issues is encouraged and modeled.
- 5) **Communications and Interpersonal Skills:** Interns will have opportunities to continue to develop communication and interpersonal skills in working with patients. They will learn to communicate professional opinions and recommendations to patients. They will also develop skill in communication of their conceptualization of patients and their recommendations with other providers verbally and in written reports.
- 6) **Assessment:** Interns will complete at least 6 general psychological assessments over the course of the rotation. Most cases will include both cognitive and personality assessment measures. Interns will learn to complete an interview that includes psychosocial history, chief complaints, and current and historical psychological symptoms. They will also incorporate systematic behavioral observation and will learn to integrate all sources of information in conceptualization for each patient in making neurobehavioral diagnoses. Interns will write comprehensive integrated reports and meet with Veterans to go over the results of the assessment.
- 7) **Intervention:** Interns will make specific recommendations for follow up psychological intervention as indicated by the results of the assessment.
- 8) **Supervision:** One hour of supervision per week will be required. Supervisors is generally available to answer questions and have discussion outside of the scheduled supervision time. Interns with advanced competency in assessment may have some opportunity for peer supervision.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will be expected to consult with providers in other disciplines as needed to gather information deemed useful for patient care and to communicate the findings of the assessment.

NEUROPSYCHOLOGY ROTATION

Primary Supervisor – Lila K. Walker, Ph.D.

The Neuropsychology Program receives consultation requests primarily from a Cognitive-Memory Disorders Clinic, Neurology, Primary Care and Mental Health. Common referral questions may include evaluation for dementia, to aid in differential diagnosis, determination of treatment effectiveness, and evaluation of cognitive deficits associated with a specific neurologic or medical condition such as seizure disorder, Parkinson's disease, stroke, history of COVID-19 infection, etc. Training in neuropsychology focuses on understanding brain-behavior relationships. Emphasis is placed on integration of multiple sources of information, including comprehensive medical records review, systematic behavioral observation, and clinical interview in addition to the test data in the development of diagnostic impressions and appropriate treatment recommendations. Interns have the opportunity to develop skills in neuropsychological test administration; selection of appropriate instruments; interpretation of test results and translation of test results into a description of cognitive functioning; identification of cognitive patterns associated with various disorders such as Alzheimer's disease and other dementias, CVA, head injury, specific psychiatric syndromes (e.g., depression), etc.; development of appropriate and individually tailored recommendations; understanding the role of cognitive remediation and how neuropsychological test results can be utilized; and development of skill in written reports for hospital practice. In addition, interns will have the opportunity to incorporate and discuss considerations of Veterans' sociocultural identities (e.g., racial/ethnic, age, gender) with regard to neuropsychology test results.

Individual supervision is provided along with group supervision which includes Neuropsychology Practicum students. The Neuropsychology Rotation offers opportunities to participate in didactic seminars and presentations in collaboration with Neuropsychology within the Neurology Department at Emory University School of Medicine. Interns will have the opportunity to attend medical trainings which may include Neurology Grand Rounds, Psychiatry Grand Rounds, and brain cuttings.

Activities:

A major rotation will require 1 - 2 assessments weekly. This rotation is not offered as a minor.

Other didactic activities that are encouraged or required include: 1) regular readings of articles and chapters on neuroanatomy, neuropathology, and neurobehavioral syndromes related to ongoing cases; 2) participation in a neuroradiology review; 3) attendance at Neurology Grand Rounds and Psychiatry Grand Rounds; and 4) intern-led case discussion with practicum students.

Other optional activities that are open to interns include Emory Neuropsychology Case Seminar in the department of Physical Medicine and Rehabilitation, the Alzheimer's Disease Research Center Seminar and Parkinson's Disease Clinic.

- 10) Research:** Interns are expected to regularly review empirical evidence related to ongoing cases to help inform their clinical impressions.
- 11) Ethical and Legal Standards:** Interns work with their supervisor to identify and address ethical dilemmas as they proceed with clinical activities.
- 12) Individual and Cultural Diversity:** Interns will provide assessment to individuals of various ages, genders, races, ethnicities, sexual orientation, SES, religious orientation, and disability. Interns will identify appropriate normative data based on patient characteristics in interpretation of test data and consider individual differences. Interns will be able to identify weaknesses with available normative data in diverse populations and learn how to continue to provide appropriate evaluation.
- 13) Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate intern development of their own professional identities. Ongoing discussions of professional issues is encouraged and modeled.
- 14) Communications and Interpersonal Skills:** Interns will have opportunities to continue to develop communication and interpersonal skills in working with patients. They will learn to communicate professional opinions and recommendations to patients. They will also develop skill in communication of their conceptualization of patients and their recommendations with other providers verbally and in written reports.
- 15) Assessment:** Interns will complete 1 – 2 neuropsychological evaluations per week to include assessment of all cognitive domains. Interns will learn to complete an interview that includes psychosocial history, chief complaints, and medical history/symptoms. They will also incorporate systematic behavioral observation and will learn to integrate all sources of information in conceptualization for each patient in making neurobehavioral diagnoses.
- 16) Intervention:** In completion of neuropsychological testing, interns will make specific recommendations for follow up psychological intervention as needed, and interns will learn to identify types of intervention that might be beneficial in the context of cognitive impairments.
- 17) Supervision:** One hour of supervision per week will be required. Supervisor is generally available to answer questions and have discussion outside of the scheduled supervision time. Interns participate in monthly intern-led case discussion with neuropsychologists and other trainees on the rotation at that time. There may be opportunities for the intern to provide supervision to practicum students.
- 18) Consultation and Interprofessional/Interdisciplinary Skills:** Interns will be expected to consult with providers in other disciplines as needed to gather information deemed useful for patient care. Interns will also participate in didactic seminars with presentations from various specialists.

Other Clinical Rotations

Having selected at least one assessment-focused rotation for the training plan, each intern shall select their remaining rotations from the choices below. Interns are encouraged to select not only rotations that afford experience in familiar/favorite areas, but also rotations that will challenge and stretch them with new and unfamiliar clinical experiences. The available clinical rotations at the Atlanta VA Healthcare System are as follows:

ACUTE MENTAL HEALTH ROTATION (4PSY AND FRONT DOOR)

Primary Supervisors – Amy Wingard, Psy.D. and Kristen Thibodeau, Psy.D.

This rotation offers three options for experience in acute mental health services:

1. Inpatient Psychiatric rotation (4PSY) – Minor (1 day/week) with Dr. Amy Wingard

This rotation offers a recovery-oriented, acute inpatient psychiatric experience on a 40-bed unit at the main hospital. The unit consists of interdisciplinary treatment teams of providers including peer support specialists, psychiatrists, psychiatry residents, nurse practitioners, physician assistants, psychologists, licensed clinical social workers, pharmacists, chaplains, and trainees from different disciplines.

The Inpatient Psychiatric Rotation provides services to Veterans who range broadly in age, gender, ethnicity, sexual orientation, socioeconomic status, education level, adaptive functioning, and psychological symptoms. The intern will have opportunities to work with Veterans who present with a wide range of psychiatric diagnoses, including posttraumatic stress disorder, major depressive disorder, bipolar disorder, anxiety disorders, personality disorders, and psychotic spectrum disorders. Many patients also present with comorbid substance use disorders and complex medical issues. The duration of inpatient admission typically lasts between three and ten days.

The inpatient unit offers training in brief individual and group interventions in a fast-paced environment requiring flexibility on the part of the clinician. There are opportunities for training in a variety of evidence-based psychotherapies (EBP). Examples of individual EBPs to which interns could gain exposure include Cognitive Behavioral Therapy (CBT) for anxiety, depression, and psychosis, Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT), Social Skills Training (SST), and mindfulness skills.

2. Front Door Clinic – Minor (1 day/week) with Dr. Kristen Thibodeau

This rotation offers an acute mental health outpatient experience in the Joseph Maxwell Cleland Atlanta VA Medical Center in Decatur. The clinic consists of interdisciplinary treatment teams including social workers, psychologists, nurse practitioners, physician assistants and psychologists.

The Front Door Clinic provides services to Veterans who range broadly in age, gender, ethnicity, socioeconomic status, education level adaptive functioning and psychological symptoms. The intern will have opportunities to work with Veterans who present with a wide range of psychiatric diagnoses. The Front Door Clinic is designed to provide Veterans who are not yet connected to primary care or mental health services access to same day social work services and mental health care. Connected Veterans are also able to walk-in to the clinic if needed and a clinician will meet with the Veteran and determine immediate needs and get them in touch with their assigned mental health team.

The Front Door Clinic offers training in brief diagnostic assessments and crisis intervention, as well as short term and bridge therapy. Opportunities for training with memory screeners such as SLUMS and MoCA is available. This rotation is a great training opportunity due to the wide range of Veterans that present to the clinic, featuring presenting problems from adjustment disorders to major mental illness and from lifespan struggles including pregnancy

to geriatric issues. Interns on this rotation have the opportunity to interface with many different departments in the hospital from Palliative Care to Primary Care Mental Health Integration.

3. Acute Mental Health – Major (2 days/week) with Dr. Kristen Thibodeau

This major rotation would involve one day per week on 4 PSY and one day per week in the Front Door Clinic. If an intern selects to do a major rotation in Acute Mental Health, then the opportunity to complete psychological testing is available. Testing would include brief psychological assessment with the MMPI-2, Dementia Rating Scale, or DKEFS trails, but would require quick turnaround and would not be considered a comprehensive psychological evaluation.

The Acute Mental Health rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Activities vary by team, location and day but might include:

- 1) **Research:** Interns will demonstrate the independent ability to critically evaluate scholarly articles and to use these to inform evidenced-based practice.
- 2) **Ethical and Legal Standards:** Interns will work with their supervisors to identify and address ethical dilemmas encountered with Veterans and will demonstrate ethical behavior in all professional activities. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics, law, and related decision-making processes.
- 3) **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population that varies in age, gender identity, gender expression, race/ethnicity, sexual orientation, SES, religion, and other dimensions of diversity. Interns will engage in self-reflection related to multicultural competency development and will work with their supervisors to develop an enhanced understanding of and ability to apply culturally competent approaches to treatment.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professionalism and facilitate interns' development of their own professional identities, behavior, and effectiveness.
- 5) **Communication and Interpersonal Skills:** Interns will collaborate with members of a diverse interdisciplinary treatment team, those receiving professional services, and support staff. Interns will demonstrate effective interpersonal and customer service skills, manage difficult communication well, and effectively communicate and demonstrate an understanding of professional language and concepts in both oral and written documentation.
- 6) **Assessment:** Supervisors will work with interns to enhance their understanding of DSM-5 and apply this information in forming differential diagnosis, case conceptualization, and treatment planning. Brief outcome measurements are used in many of the services provided by interns. Brief psychological testing may be an option at the request of the treatment team.
- 7) **Intervention:** Interns will provide individual and group therapies and will gain exposure to evidenced-based psychotherapies. There are opportunities for work with severe mental illness, mood disorders, anxiety disorders, and PTSD. Treatment interventions are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- 8) **Supervision:** One hour of supervision per week will be required. Supervisors are generally available to answer questions and have discussions at other times during the week.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns may have the opportunity to participate in interdisciplinary staffing meetings.

DIALECTICAL BEHAVIOR THERAPY (DBT) PROGRAM ROTATION

Primary Supervisor – Martha Calamaras, Ph.D.

Rotation description – The mission of the Dialectical Behavior Therapy (DBT) Program is to provide specialized mental health care to Veterans who are diagnosed with Borderline Personality Disorder and struggle with severe emotion dysregulation and interpersonal difficulties. The treatment provided by the DBT Program is founded on the expectation that, with the provision of the best available care, Veterans can heal from the psychological impact of trauma and develop skills to create a life worth living. The DBT Program is located at the Henderson Mill Annex, approximately 5 miles from the main VAMC.

Interns rotating with the DBT Program will have the opportunity to provide individual DBT treatment, co-facilitate a DBT skills group, evaluate Veterans for appropriateness for the DBT Program, provide phone coaching, and participate in a weekly consultation team meeting.

The DBT Program rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary depending on supervisor and rotation day(s) but may include:

- 1) **Research:** Interns will participate in a weekly DBT consultation team meeting, during which current literature related to DBT treatment is discussed and reviewed. Interns will be expected to familiarize themselves with the current state of the science pertaining to DBT treatment.
- 2) **Ethical and Legal Standards:** Interns will work with their supervisors to identify and address ethical dilemmas encountered with Veterans. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics and law.
- 3) **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population in this program, varied in age, sex, race/ethnicity, sexual orientation, SES, trauma history, religion, and a multitude of other factors. Interns will work with their supervisors to develop a culturally competent and evidence-based approach to the treatment of severe emotional and behavioral dysregulation.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate interns' development of their own professional identities.
- 5) **Communication and Interpersonal Skills:** Interns will have the opportunity to develop relationships with a vibrant and diverse multidisciplinary team of clinicians and support staff. Interns will also develop skills with effective documentation of clinical encounters and with communication of clinical impressions to other providers.
- 6) **Assessment:** Interns will conduct complex differential diagnostic clinical interviews of Veterans newly referred to the DBT Program. The intern has the opportunity to develop skills with accurate and efficient clinical interviewing, mastery of DSM-5 diagnostic criteria, case conceptualization, and treatment planning.
- 7) **Intervention:** Interns are required to carry an individual therapy caseload. Interns may also co-facilitate a DBT skills group.
- 8) **Supervision:** Interns will participate in weekly individual supervision with primary DBT supervisor and weekly DBT consultation team meeting, comprising interdisciplinary staff. The DBT clinical team reviews and discusses current cases in a supportive DBT peer-consultant environment.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns will have the opportunity to participate in interdisciplinary staffings.

Major versus Minor Rotations in DBT:

Interns may choose to complete either a major or a minor rotation with the DBT Program. Minor rotations (1 day per week) generally consist exclusively of an individual therapy caseload and the participation in the DBT Consultation team meeting. Major rotations (2 days per week) will afford

opportunity for additional clinical activities (e.g., DBT evaluations, skills group facilitation) as well as the individual therapy caseload and DBT consultation team meeting.

DIVERSITY ROTATION

Primary Supervisors – Deauna Shauri-Webb, Psy.D. and Telsie A. Davis, Ph.D.

Within the Diversity Rotation, interns have the opportunity to provide direct therapeutic services to Veterans from diverse cultural backgrounds with a variety of clinical presentations. This rotation is designed to strengthen the intern's cultural competency and cultural humility through an active process of:

- (1) attaining knowledge and understanding of treatment disparities and cultural barriers experienced by Veterans with marginalized cultural identities
- (2) self-appraisal regarding the influence of culture, privilege, power, and unconscious bias on beliefs and behavior, particularly regarding psychological practice; and
- (3) demonstrating culturally responsive, effective, and affirming psychological intervention (e.g., assessment, conceptualization, diagnosing, therapy interventions, etc.)

Clinical cases will have a primary focus on the impact of the Veteran's cultural identity/-ies (i.e., race/ethnicity, gender, gender identity, sexual orientation, socioeconomic status, religion, disability, language, age, and intersections thereof) on their lived experience, clinical presentation, and/or treatment experience. Interns will provide culturally responsive, effective, and affirming services through engagement in the following modalities:

- (1) Individual therapy
- (2) Group therapy (as available)
- (3) Transgender Hormone Therapy (THT) and/or Gender Affirming Surgery (GAS) readiness evaluations (as available)
- (4) Capstone Project (*The independent study of a cultural topic or concern that results in a tangible product of benefit to Veterans receiving care within the Atlanta VAMC. Past projects include staff trainings on culturally responsive care of Transgender Veterans, development of group curriculum for Black male Veterans, development of group protocol for women who have endured intimate partner violence, development of a "How to Ask Questions about Cultural Identity" brochure, and a publication aimed at preparing trainees to effectively perform multicultural treatment*).

Major versus Minor Rotations for the Diversity Rotation:

Interns completing a major rotation will dedicate two days per week for six months to the rotation and engage in all four modalities. Interns completing a minor rotation will dedicate one day per week to the rotation and engage in three of the four modalities: individual therapy, THT or GAS evaluations upon availability, and their choice of a third modality being either group therapy or a Capstone Project. In the case that no groups are currently available, trainees will complete a Capstone Project in its stead.

Weekly supervision will facilitate the intern's development of cultural competence and cultural humility through the modalities in which they are involved. Supervisors will work to ensure interns become culturally self-aware; gain specific cultural knowledge about the Veterans with which they work; and learn culturally relevant case conceptualization, intervention, and assessment skills responsive, effective, and affirming to the Veterans with whom they work. In addition, interns will focus on the merit of respecting and understanding treatment implications of unequal privilege and power based on cultural difference in our society.

- 1) **Research.** Interns will become familiar with the empirical literature pertaining to cultural competence, cultural humility, equity, and treatment disparities as it relates to their clinical

practice. Interns will be expected to complete readings on related topics and apply them to their clinical work.

- 2) **Ethical and legal standards.** Interns will gain an understanding of ethical principles and standards of practice related to culturally responsive practice and work with their supervisor to effectively address ethical dilemmas or issues that may arise. Supervisors will demonstrate and model ethical behavior.
- 3) **Individual and cultural diversity.** Interns completing the Diversity rotation will gain specific knowledge about working with culturally diverse populations. They will learn to conceptualize within a multicultural framework and be able to identify their own cultural diversity variables as privileged and/or marginalized. Self-exploration and self-appraisal is an integral part of this rotation and interns are expected to be willing to learn about how their own cultural diversity factors, including privilege and potential biases, may interact and influence the therapeutic relationship and context.
- 4) **Professional values, attitudes, and behaviors.** Supervisors will model appropriate and expected professional behavior and facilitate interns' development of their own professional identity.
- 5) **Communication and interpersonal skills.** Interns will have the opportunity to communicate with an interdisciplinary team of professionals. Interpersonal skills are necessary to build trusting relationships with the Veterans and the Veterans' treatment providers.
- 6) **Assessment.** Interns on this rotation have the opportunity to complete THT or GAS evaluations (upon availability) for Veterans who identify as transgender or gender non-conforming and beginning the process of making their bodies more congruent with their gender identity. These assessments will help to determine whether a Veteran meets the WPATH criteria for engaging in these treatments. Interns will engage in clinical interviewing and continue to develop formal diagnostic and report-writing skills.
- 7) **Intervention.** Interns on the Diversity rotation will have the opportunity to engage clients in individual and group therapy. Individual patients will typically present with a specific diversity-related issue or a diversity factor that is impacting symptoms or diagnoses. For instance, a person who presents with a primary depressive disorder may have these symptoms exacerbated due to experiencing rejection from their church for reasons related to sexual orientation. Multicultural conceptualization models will be presented, and interns will gain experience making clinical formulations based on these models. Interns will have the opportunity to be a co-facilitator of a diversity-focused group (if space is available). We recognize diversity and multiculturalism in all of our patient interactions. If space is not available for an intern to co-lead a group specifically focused on diversity factors, other groups that do not have a specific primary diversity factor can be an option. With this option, the supervisor will focus on the salient diversity and multicultural issues that may arise within the group and how they impact the group dynamic and therapeutic context. Interns completing a Minor rotation who are not engaging in co-facilitation of a group will be expected to complete a Capstone project. Interns completing a Major rotation who are not engaging in co-facilitation of a group will be expected to see another individual patient.
- 8) **Supervision:** There are no consistent opportunities for training in supervision on this rotation.
- 9) **Consultation and interprofessional/interdisciplinary skills.** Interns will attend a monthly Diversity group supervision where they will engage in case presentations, discussion about various diversity-related topics as they arise (particularly in society), and will engage in activities designed to help them reflect upon their own experiences of privilege, power, and oppression. At present, Diversity group supervision meets the third Thursday of each month from 9:00-10:30am. Interns will be supported to engage in care coordination for Veterans, consultation with other treating providers, and have the option to complete a Capstone Project (see description above).

DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT PROGRAM (DRRTP) ROTATION
Primary supervisor – Vernee Anthony, Psy.D.

The mission of the Atlanta VA HCS DRRTP is to provide the best residential rehabilitative programming for Veterans with issues related to homelessness, mental health, medical and substance use disorders. The DRRTP consists of two main tracks: Domiciliary Care for Homeless Veterans (DCHV) track and the Substance Use Disorder (SUD) track. Interns will deliver psychological services to Veterans from both tracks. The DCHV track is a 90-day program and serves Veterans who predominantly present with homelessness and other psychosocial stressors. The SUD DOM is a 45-day program and serves Veterans who have a primary substance use diagnosis. Veterans commonly enter both programs with serious comorbid mental health or medical challenges that impact their daily functioning. Mental health diagnoses involve trauma, personality disorders and/or severe mental illness, depression, anxiety, and an array of other disorders. Veterans also present with comorbid medical conditions such as sleep disorders, musculoskeletal disorders, neurological disorders, cardiovascular problems, etc. Veterans in the DRRTP participate in evidence-based treatment provided by a multidisciplinary team that includes psychiatry, psychology, pharmacy, nursing, social work, vocational rehabilitation, nutrition, chaplaincy, recreational therapy and peer support. The DRRTP incorporates a therapeutic community model of care, which uses both peer and professional support to promote personal growth and accountability. It is founded on the belief that a community with a common goal can accomplish more than one person alone.

The rotation is designed to provide psychological intervention experience in the context of residential treatment. A few of the groups that are offered include Cognitive Behavioral Therapy, Communications and Relationships, Emotion Regulation (DBT Model), and Relapse Prevention (CBT Model). The intern's specific training will be individualized based on previous substance use treatment experience (not required) and training goals. Training opportunities include participation in treatment team meetings, supervision experience with practicum students, participation in Veteran-led community meetings, co-facilitation of evidence-based groups, individual therapy, diagnostic assessments, consultation with other disciplines and program evaluation and development.

The program is designed to offer interns a training experience that will encompass the 9 competencies identified earlier in this brochure. However, specific competencies will vary with rotation days.

- 1) **Research:** Interns have the opportunity to present information in a monthly lunch and learn regarding current trends that inform treatment with the DRRTP population. During individual supervision, interns can also be presented with articles or book chapters regarding aspects of substance use treatment for discussion.
- 2) **Ethical and Legal Standards:** Interns will discuss ethical and legal concerns with their supervisor as they arise. The ethics code and law will be reviewed during supervision as needed. When ethical dilemmas or legal issues arise, interns will be educated about appropriate procedures to resolve these conflicts.
- 3) **Individual and Cultural Diversity:** The Veterans served in the VA setting are diverse in regards to several cultural factors including age, race, gender, sexual orientation, socioeconomic status. Interns are encouraged to incorporate these variables during case conceptualizations, treatment planning and interactions with Veterans and staff. These factors will also be explored during individual supervision to assist with informing treatment.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors and staff will model professionalism when working with Veterans as well as their colleagues. Interns will be encouraged to develop their identities as a psychologist, colleague, and supervisor.
- 5) **Communication and Interpersonal Skills:** Our treatment teams are multidisciplinary and interns will often interface with other disciplines (e.g., psychiatrists, nurse practitioner, nurses, social workers, recreational therapist, vocational rehabilitation specialist and peer support specialist) to

coordinate veteran care. Interns will work closely with staff in treating our Veterans but also present clinical impressions (verbally and written) based upon assessments, individual and group therapy observations. Interns will also have an opportunity to participate in daily huddles and weekly treatment team meetings.

- 6) **Assessment:** Interns will be afforded the opportunity to conduct comprehensive diagnostic assessments during the rotation. Interns will become familiar with the DSM-5 criteria for substance use disorders and related mental health diagnoses. Interns will utilize this information to inform treatment planning.
- 7) **Intervention:** Interns will carry an individual caseload of Veterans presenting with an array of clinical diagnoses including but not limited to severe mental illness, trauma, personality disorders, medical challenges, and psychosocial stressors. Interns will be trained in providing short term therapy utilizing different modalities. Additionally, interns will be trained in various group modalities and topics. Interns will co-facilitate core groups in the DRRTTP.
- 8) **Supervision:** Interns will participate in weekly individual supervision. If interns are supervising practicum students, they will also receive weekly supervision of supervision.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** In addition to collaborating with the multidisciplinary team in the DRRTTP, interns will have the opportunity to interface with mental health providers in other departments within the VA as well as providers outside of the mental health field and/or the VA.

Major versus Minor Rotations in DRRTTP:

The DRRTTP offers major or minor rotations. The minor rotation requires one day per week and students will hold an individual therapy caseload of 2 patients. The major rotation requires two days per week and students will hold an individual therapy caseload of 3 patients. Students will work with the DRRTTP supervisor to select the rotation day(s) that best suit their interests and schedules. Students on major and minor rotations will also co-facilitate groups and engage in interdisciplinary staff meetings.

GENERAL MENTAL HEALTH (GMH) Rotation

Primary Supervisors – Carly Hanks, Ph.D. (Alpha BHIP) and Miriam Hancock, Ph.D. (AVC BHIP)

This rotation offers a generalist training experience within a Behavioral Integration Program (BHIP) at one of our outpatient Mental Health Clinics (MHC). BHIPs are interdisciplinary treatment teams that typically include psychologists, licensed clinical social workers, psychiatrists, registered and advanced practice nurses, pharmacists, peer support specialists, chaplains, and may include trainees from different disciplines. Our training sites include the main hospital and the Atlanta Veteran's Clinic (AVC). Training and services rendered are grounded in a recovery-oriented, evidence-informed, time-limited treatment model.

Our BHIP teams provide services to a diverse veteran population that ranges broadly in age, ethnicity, religion, sexual orientation, gender identity, socioeconomic status, education level, adaptive functioning, and disability. Our Veterans present with a wide range of psychiatric diagnoses including Posttraumatic Stress Disorder, Major Depressive Disorder, Bipolar Disorder, other anxiety disorders, personality disorders, and psychotic spectrum disorders. Many patients also present with comorbid substance use disorders and complex medical issues. Interns will engage in self-reflection related to multicultural competency development and will work with their supervisors to develop an enhanced ability to apply culturally competent approaches to treatment.

Interns will conduct intakes, develop case conceptualization and treatment planning skills, and provide individual and group therapy. There are opportunities to practice a variety of individual evidence-based psychotherapies (depending on the trainee's interests and prior experience) including Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Interpersonal Therapy,

Cognitive Processing Therapy, Prolonged Exposure, and Written Exposure Therapy. There are also opportunities to practice alternative approaches such as time-limited integrative, psychodynamic, or insight-oriented psychotherapy for Veterans who are not candidates for EBPs. In all cases, treatment planning will rely on appropriate case conceptualization and will typically incorporate measurement-based processes (application of psychometrically valid assessment instruments to evaluate treatment progress). Examples of groups that are offered include Psychoeducational “101” classes, CBT or ACT for Anxiety or Depression, CBT for Anger Dysregulation, STAIR, Mindfulness Training, and Relaxation Training.

Interns will have the opportunity to develop consultation and interdisciplinary skills with other team members, as well as others treatment teams within the VA (e.g., PCT, SATP, Health, etc.). This includes opportunities to participate in interdisciplinary team meetings, provide didactic presentations to the BHIP team (optional), and refer to/coordinate with other mental health programs as needed.

The GMH rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by team and by day but may include:

- 1) **Research:** Interns will demonstrate the independent ability to critically evaluate scholarly articles and to use these to inform evidenced-based practice.
- 2) **Ethical and Legal Standards:** Interns will work with their supervisors to identify and address ethical dilemmas encountered with Veterans and will demonstrate ethical behavior in all professional activities. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics, law, and related decision-making processes.
- 3) **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population that varies in age, sex, race/ethnicity, sexual orientation, SES, religion, disability and other dimensions of diversity. Interns will engage in self-reflection related to multicultural competency development and will work with their supervisors to develop an enhanced understanding of and ability to apply culturally competent approaches to treatment.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professionalism and facilitate interns’ development of their own professional identities, behavior, and effectiveness.
- 5) **Communication and Interpersonal Skills:** Interns will collaborate with members of a diverse interdisciplinary treatment team, those receiving professional services, and support staff. Interns will demonstrate effective interpersonal and customer service skills, manage difficult communication well, and demonstrate understanding of professional language and concepts in both oral and written documentation.
- 6) **Assessment:** Supervisors will work with interns to enhance their understanding of the DSM-5 in forming differential diagnosis, case conceptualization, and treatment planning. Brief outcome measurements are used in many of the services provided by interns.
- 7) **Intervention:** Interns will have opportunities to practice a variety of individual evidence-based psychotherapies and other therapeutic approaches. There are opportunities for work with mood disorders, trauma disorders, anxiety disorders, and severe mental illness. Treatment interventions are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- 8) **Supervision:** Interns may have the opportunity to supervise practicum students who are training at GMH or engage in peer-to-peer supervision with trainees from other disciplines. Interns may supervise individual and/or group interventions.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns may have the opportunity to participate in interdisciplinary staffing meetings.

Major versus Minor Rotations in GMH:

Interns who choose a **major** rotation will complete 1 intake per week, will co-lead 1-2 evidence-informed groups per week, and will carry caseload of 4-6 individual therapy patients per week

(proportions dependent on training goals). Interns who choose a **minor** rotation will co-facilitate one evidence-informed group per week and carry a caseload of 3-5 patients.

Depending on the intern's training goals and supervisor availability, it is possible to shape the rotation toward a specific focus. Options may include: practicing a specific psychotherapy (e.g., ACT or CBT), working with a specific diagnostic group (e.g., trauma-related disorders, mood disorders, psychotic disorders) or building group therapy experience. Specific training opportunities will vary somewhat based on training site location, supervisor selection, and rotation days.

GERIATRICS & EXTENDED CARE/PALLIATIVE PSYCHOLOGY ROTATION

Primary Supervisor – Jennifer Dean, Ph.D.

*(*this rotation is only offered as a minor)*

The Atlanta VA Palliative Care Service is a consult service and includes an inpatient consult service and outpatient palliative care clinic. The Palliative Care team consists of a psychologist, two nurse practitioners, five physicians, two social workers, a pharmacist, an administrative program specialist, an RN case manager, and two chaplains responsible for providing comprehensive management of physical, psychological, social spiritual, and existential needs of patients with progressive life-threatening or life-limiting illnesses and their families. This rotation would primarily focus on training on the inpatient consult service, but may involve opportunities for outpatient therapy:

- The **consult service** responds to consults from the medical teams when there is a Veteran that would benefit from palliative care services. When Veterans leave the VA, they are typically followed in the palliative care outpatient clinic.
- The **outpatient clinic** provides individual therapy, brief assessment of psychological needs, family therapy, and caregiver support to Veterans with life-limiting illness.

The primary training objectives of this aspect of the rotation are:

- 1) Participate as a member of a palliative care interdisciplinary team
- 2) Conduct psychological consultations with patients and families to provide clinical assessment, diagnostic impressions, and make appropriate treatment recommendations
- 3) Conduct bedside psychotherapy with inpatients who are experiencing difficulty adjusting to and coping with a life-threatening illness, psychosocial and medical stressors, as well as end-of-life issues
- 4) Provide psychological interventions to families in distress
- 5) Conduct psychological assessment when clinically indicated
- 6) Participate in interdisciplinary family meetings
- 7) Enhance understanding about biopsychosocial management of palliative care patients with and without a premorbid psychiatric disorder
- 8) Enhance skills in assessing medical decisional capacity
- 9) Develop familiarity with the End-of-life (EOL) process
- 10) Develop competence with intervention strategies related to Veterans with life threatening illness and EOL:
 - a. Coping with pain & other distressing symptoms related to a medical condition
 - b. Coordination of care with all Healthcare providers
 - c. Explanation of purpose of having an advance directive
 - d. Promote social support, meaningful relationships
 - e. Provide emotional support to patient and family
 - f. Assist in maintaining realistic goals, including quality of life (QOL)
 - g. Address existential issues, fears, concerns
 - h. Promote coping with loss/debility/lack of control

- i. Identify opportunities for grief work/ completion of unfinished business

The Palliative Psychology rotation offers training opportunities across many of the competency areas identified earlier in this brochure of the training program. Specific activities might vary slightly by day, but can include:

- 1) **Research:** Interns will be provided with scholarly articles on the practice of Palliative Psychology as part of their orientation to the rotation. They may be involved in related discussion as part of their supervision.
- 2) **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and interns will be assisted to recognize and address any ethical and legal dilemmas.
- 3) **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of Veterans and staff and will be challenged to think critically about their own diversity variables as it relates to culturally responsive care of Veterans.
- 4) **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
- 5) **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding care of Veterans. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.
- 6) **Assessment:** Although this is not a major focus of this rotation, Interns will develop the ability to conduct brief assessments and to write corresponding brief progress notes.
- 7) **Intervention:** Interns will have the opportunity to provide clinical assessment, diagnostic impression, and make appropriate treatment recommendations. Interns will have the opportunity to engage in intervention strategies related to end of life care. Interns will enhance clinical competence in providing short term psychotherapy on an inpatient basis. Caseload may involve individual, couples, and/or family treatment.
- 8) **Supervision:** There are no opportunities for supervision training on this rotation.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-MH professionals to assist with Veterans' medical care. Interns will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurses, physicians, pharm Ds, chaplains, social workers, etc.

HEALTH PSYCHOLOGY ROTATION

Primary Supervisor – Sharon Shatil, Ph.D.

This rotation offers a variety of opportunities for psychoeducational and cognitive-behavioral interventions for patients with a variety of medical conditions. Patients treated on the Health Psychology rotation frequently experience medical crises or chronic illnesses. Veterans seen on this rotation may need assistance with lifestyle change to better manage their conditions, or they may be in need of therapy to address depression, anxiety, or emotional distress secondary to their medical condition. Patients are often referred from across the medical center including but not limited to subspecialties of Rehabilitation Medicine, Pain Anesthesiology, Cardiology, Oncology, Pulmonary Clinic, Urology, Sleep Medicine, and the Primary Care teams.

This rotation is designed to provide both assessment and intervention experience as it relates to the intersection of physical and mental health. Emphasis is placed on conceptualization using the Biopsychosocial Model and cognitive-behavioral therapy. Additionally, trainees will become familiar with attitude change approaches, such as motivational interviewing as well as targeted interventions related to improving health-related behaviors and coping with the effects of chronic disease.

Treatment modalities include a combination of individual and group therapy. Treatments such as stress management, habit modification, relaxation procedures, mindfulness training, and CBT (for both chronic pain and insomnia) are commonly used.

At the internship level, the aim of the Health Psychology Rotation is to provide the interns with an introduction to the foundations of Health Psychology as a field; therefore, the emphasis is on breadth and gaining understanding of the competencies, theories, and skills sets specific to Health Psychology. To this end, the intern will have the opportunity to gain experiences in multiple different subspecialties of health psychology in which we have staff presence.

Major versus Minor Rotations in Health Psychology:

Interns may select to do either a Major or Minor in Health Psychology. Interns rotating in Health Psychology as either a major or a minor rotation will participate in *some, but not all* of the emphasis areas described below. Interns that choose to do a minor rotation in Health Psychology must choose to focus their experience in one particular area of health psychology (for example: chronic pain or sleep). Interns who opt to do a major in health psychology will gain experience in multiple (but not all) of the areas described below; the exact experiences may vary from intern to intern.

Health Psychology Specialty Clinics/Rotations:

Behavioral Sleep Medicine Program (based at Atlanta Veterans Clinic): A high percentage of Veterans suffer from sleep disturbance: 50-53% with sleep apnea syndromes, and 40-50% with some form of insomnia. Interns may evaluate and conduct individual therapy for increasing PAP therapy adherence, and treatment of insomnia, nightmares, and circadian rhythm sleep-wake disorder, as well as conduct group intervention for insomnia. General treatments used include Cognitive Behavioral Treatment for Insomnia, Imagery Rehearsal Therapy, Motivational Interviewing, and CPAP Desensitization. Mindfulness may be integrated into, or used separately from, these treatments.

Chronic Pain Management/Pain Psychology Program (based primarily at the Medical Center): Patients referred to the Psychology Pain Management program may present with pain of varying severity, which often has not fully remitted despite medical interventions. In addition to suffering from chronic pain conditions such as arthritis, fibromyalgia, chronic migraines, and varying degrees of structural spinal damage/degeneration, these patients may also present with co-morbid depression, anxiety, adjustment disorder, and/or substance abuse issues which complicate the clinical presentation. Interns may participate in a wide variety of activities including conducting individual pain-focused assessments, co-facilitating group interventions, and providing individual pain-focused psychotherapy. Primary treatment modality is Cognitive Behavioral Therapy for Chronic Pain (CBT-CP).

Psycho-oncology Program (based at the Medical Center): Psychology trainee will provide outpatient psychological services to Veterans diagnosed with hematological and/or oncological disorders/diseases. These services include distress screening and assessment of Veterans living with cancer, offering brief interventions (e.g., pain management, sleep hygiene, behavioral activation, relaxation strategies) or longer-term therapy (e.g., adjustment to life-threatening illness, addressing end of life issues and preparatory grief) for patients at varying points in the disease trajectory. Trainees will also have opportunities to engage Veterans in goals of care conversations. Caregiver support will also be offered to family members. There may also be opportunity for anticipatory grief counseling. Trainees will also gain experience co-facilitating and leading cancer related support groups.

Smoking Cessation Program (based at the Medical Center): Smoking is one of the leading causes of preventable death in the United States and there is a great demand within the Atlanta VA for tobacco cessation intervention. Interns opting for this training experience may have the opportunity to co-lead a structured psycho-educational counseling program that emphasizes cognitive-behavioral interventions. These groups provide experience with techniques of effective habit change, group facilitation, as well as increased familiarity with the medical consequences of smoking and other forms of tobacco use.

MOVE! Program (based at the Medical Center): Interns may have the opportunity to co-lead MOVE groups with Health Behavior Coordinator or other Health Psychology Team member. Behavioral group therapy is offered monthly to Veterans enrolled within the MOVE program who desire assistance with making diet, exercise, and lifestyle changes with the intent of reducing weight and improving health. Emphasis is placed on behavior change principles for weight loss.

Other Possible Health Psychology Offerings (depending on staff availability):

Cardiac Psychology Program/Cardiac Rehabilitation (based at the Medical Center): Cardiovascular disease is one of the leading causes of veteran morbidity and mortality. Interns may have the opportunity to assist Veterans in making healthy lifestyle changes and provide psychoeducation on wellness promotion for outpatient cardiology patients. Clinical activities may include assessment and intervention for psychological factors impacting cardiac health, increasing medical compliance, preparation for stressful and invasive procedures, emotional support following surgical procedures (e.g., ICD or stent placement, bypass surgery, etc.), tobacco cessation, and weight management, all within the context of cardiac rehabilitation. Interns may also co-facilitate psychotherapy groups for Veterans with heart disease and attend multidisciplinary team meetings within the Home-based Cardiac Rehab program.

Sexual Health Counseling (based at the Medical Center): Prevalence rates of sexual dysfunction are high among Veterans with co-occurring chronic health conditions, mental health disorders, addictive behaviors, and those taking prescription medications for these co-occurring conditions. Sexual health consults are an option for Veterans who report a unique and complex sexual functioning difficulty that cannot be handled independently by either medical or mental health providers. Interns may have the opportunity to conduct or observe individual sexual-health focused assessments and individual sexual-health focused psychotherapy. Some general treatments used are mindfulness informed cognitive behavioral therapy, sensate focus, communication skills training, and motivational interviewing/enhancement techniques. Please note this service/training experience does not treat compulsive sexual behavior disorders or provide traditional couple's counseling.

The health psychology rotation will provide training opportunities for the intern in all competencies identified earlier in this brochure as specific aims of the training program, with the exception of supervision. Specific activities may vary to some degree based on major vs. minor.

- 1) Research:** Interns will gain experience in becoming consumers of clinical research and applying this knowledge to their clinical practice of health psychology. Interns will be expected to complete reading on health behavior change and evidence-based interventions for various health populations; interns will be expected to discuss these readings with supervisor and apply to their clinical work. Interns will become familiar with various techniques used for program evaluations and assessment of patient change; these techniques will be informed by the current literature on these topics.
- 2) Ethical and legal standards:** Interns will become familiar with ethical standards and legal guidelines for working within this clinical setting (VA as well as working within medical clinics),

including recognizing clinical and ethical dilemmas and seeking supervision on such issues. Supervisors will model ethical behavior.

- 3) **Individual and cultural diversity:** Interns will gain experience working with Veterans with a wide array of cultural diversity (age, sex, race/ethnicity, sexual orientation, SES, cultural understanding of illness, etc.). Interns will work on incorporating awareness of both patient and provider variables into their conceptualization of Veterans seen for individual appointments while on the health rotation. Interns will be encouraged to be thoughtful about the way in which multicultural factors influence the patient's presentation and engagement in both psychological and medical treatment.
- 4) **Professional values, attitudes, and behaviors:** Supervisors will model appropriate and expected professional behavior and facilitate interns' development of their own professional identities.
- 5) **Communication and interpersonal skills:** Interns on the health psychology rotation will demonstrate an ability to communicate with professionals across disciplines using appropriate oral and written communications. Interns will become aware of how to communicate psychological and administrative information effectively across various settings and situations.
- 6) **Assessment:** Interns on this rotation will complete a variety of assessments related to various health psychology referral questions (to possibly include pain psychology evaluations, sexual health evaluations, sleep psychology intakes, pre-surgical evaluations, etc.). The interns will have the opportunity to develop skills in targeted clinical interviewing, administration and interpretation of standardized measures of symptomology, and providing appropriate treatment recommendations based on these evaluations.
- 7) **Intervention:** While on the health psychology rotation, interns will have the opportunity to carry an individual caseload and may have the opportunity to co-lead groups. Opportunities are available for training in CBT-Insomnia (CBT-I), CPAP desensitization, IRT, CBT for Chronic Pain, ACT for chronic pain, and behavioral/health behavior change interventions for smoking cessation and weight management. There may also be the option of training in behavioral/health change interventions for cardiovascular health/stress management or sexual health concerns.
- 8) **Supervision:** No consistent opportunities for training in supervision on this rotation.
- 9) **Consultation and interprofessional/interdisciplinary skills:** Interns will assist various medical staff (physicians, nurses, medical residents, etc.) with evaluation and treatment planning for medical patients whose status is affected by psychological and behavioral factors. Interns will learn how to effectively communicate this information to the referring provider in either verbal or written form (or both). An emphasis in this area will be learning how to communicate psychological information to professionals outside the field of psychology.

MEDICAL INPATIENT CONSULTATION-LIAISON ROTATION

Primary Supervisor – Walid Nassif, M.D.

*(*this rotation is only offered as a minor)*

This minor rotation provides interns with the opportunity to interview current inpatients on the medical units for whom mental health evaluations have been requested. Types of issues seen include behavior problems, suicidality, psychosis, personality issues, delirium, dementia, somatoform disorders, and mental status evaluations for capacity to make informed decisions. Interns interview patients at the bedside as part of a multi-disciplinary team supervised by a psychiatrist. Interns begin by observing interviews by other members of the team and are expected to conduct independent interviews as their level of comfort permits. Following the interview, interns present results to the team, engage in a discussion about the clinical findings and the differential diagnosis and then accompany the team on a "rounds-style" interview of all patients interviewed by all members of the team that day.

Recommendations are made to the medical team based on the results of the interviews. Interns' notes are entered in the patient's record and are closely reviewed/discussed by the psychiatrist.

- 1) **Research:** Interns will be provided relevant articles on the practice of Psychosomatic Medicine as part of their rotation. They will be involved in related discussions during clinical supervision.
- 2) **Ethical and Legal Standards:** Interns are expected to discuss ethical concerns and maintain awareness of legal considerations in managing acutely ill hospitalized Veterans. Appropriate standards will be demonstrated by supervisors, and interns will be assisted in recognizing and addressing any ethical and legal dilemmas.
- 3) **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of Veterans and staff and will be challenged to think critically about their own diversity variables in order to provide culturally competent care for Veterans.
- 4) **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
- 5) **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding the care of Veterans. They will additionally use these skills in appropriate documentation of all patient encounters in the Electronic Medical Record.
- 6) **Assessment:** Diagnostic assessments are an integral part of the Consultation-Liaison rotation, and interns will encounter a large proportion of Veterans with cognitive disorders along with mainstream psychiatric disorders. Interns will develop the ability to conduct brief cognitive assessments, interpret their findings and recommend appropriate measures for further workup and management of such Veterans. They will also be exposed to medical pathology and develop a basic understanding of its impact on patients' mental status.
- 7) **Intervention:** Interns will have the opportunity to engage in clinical assessments, develop diagnostic impressions, and make appropriate treatment recommendations with the direct support and supervision of the attending psychiatrist. Interns will have the opportunity to engage in understanding issues related to end of life care and develop interventions based on a bio-psychosocial model. Interns will enhance clinical competence in providing short term psychotherapy on an inpatient basis.
- 8) **Supervision:** Interns will interact with medical students on this rotation and will be encouraged to communicate and demonstrate their unique skills related to the psychological dimension of Psychosomatic Medicine. There are no formal expectations of supervision training on this rotation.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have a continuous role in providing education and consultation to medical professionals on the wards and in the Intensive Care Units in order to assist with Veterans' care. On Consultation-Liaison, interns will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurse practitioners, physicians, medical students, Consultation-Liaison and Geropsychiatry fellows. They will also routinely communicate and interact with medical staff, chaplains, social workers and other members of the medical teams.

PRIMARY CARE MENTAL HEALTH – INTEGRATION ROTATION

Primary Supervisor – Debra Geisel, Psy.D.

PCMHI psychologists are co-located in each primary care clinic to assist Veterans with establishing care with appropriate mental health services. They are available for same-day warm hand-offs from primary care providers, provide brief screenings to assess symptoms, conduct short-term psychotherapy (i.e., typically four to six 30-minute sessions) for appropriate Veterans, provide education and consultation to PC staff, and provide triage/referrals to Veterans requiring specialty mental health care. PCMHI rotations may be available in the general primary care clinics, Women's Wellness clinic, and Infectious Disease clinic. Interns will be advised of current availability during orientation.

General Primary Care: These teams are the standard Primary Care clinics to which Veterans are assigned based on their home address and desired treatment facility. Interns rotating in this clinic serve a heterogeneous veteran population.

Women's Wellness Clinic: The Atlanta VA Medical Center provides care to over 24,000 women Veterans which is more than any other VA facility in the country and the Women's Wellness Primary Clinic staff provides primary care and gender-specific care for over 3000 assigned Veterans. Interns working with the Women's Wellness Clinic will gain experience working with women Veterans in group and individual therapy, as well as conducting initial screenings. Interventions may focus on mental health issues as well as gender specific health concerns including coping with unwanted pregnancy, pregnancy loss, infertility, and coping with diagnosis of diseases such as cancer, heart disease, and sexually transmitted diseases. All presenting Veterans are screened for a history of military sexual trauma and interns will become familiar with this screening and making appropriate treatment referrals. Interns will have the chance to consult directly with other clinic staff including physicians, nurses, social worker, nutritionist, and pharmacist.

The PCMH rotation offers training opportunities across many of the competency areas identified earlier in this brochure of the training program. Specific activities may vary slightly by clinic and by day, but may include:

- 1) **Research:** Interns will be provided with scholarly articles on the practice of PCMH therapy as part of their orientation to the rotation as well as literature focused on specific needs of the clinic population. Interns will also be encouraged to seek out literature relevant to the diversity factors and presenting concerns of the population to enhance their clinical work. They may be involved in related discussion as part of their supervision.
- 2) **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and interns will be assisted to recognize and address any ethical and legal dilemmas.
- 3) **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of Veterans and staff and will be challenged to think critically about their own diversity variables as it relates to culturally competent care of Veterans.
- 4) **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
- 5) **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding care of Veterans. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.
- 6) **Assessment:** Interns will develop ability to conduct brief assessments with use of brief measures for diagnosing, providing treatment recommendations, and documentation.
- 7) **Intervention:** Interns will have the opportunity to develop case conceptualization, treatment planning, consultative and referral skills. Interns will enhance clinical competence in providing short term psychotherapy on an outpatient basis and provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment. Depending on the setting, caseload may involve individual and/or group treatment.
- 8) **Supervision:** There are no opportunities for supervision training on this rotation.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-mental health professionals to assist with Veterans' medical care. Interns will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurses, physicians, pharmacists, nutritionists, social workers, etc.

Major versus Minor Rotations in PC/MH Integration:

Interns must select one PC/MH clinic in which to focus, for both major (two full days per week) or minor (one full day per week).

PTSD CLINICAL TEAM (PCT) ROTATION

Primary Supervisor – Kristen Lamp, Ph.D.

The mission of the PTSD Clinical Team (PCT) is to provide state of the art, specialized mental health care to Veterans with symptoms of posttraumatic stress disorder (PTSD). The treatment provided by the PCT is founded on the expectation that, with the provision of the best available care, Veterans can heal from the psychological impact of trauma and recover from PTSD symptoms. There is a strong emphasis on the use of evidence-based treatments, primarily Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). The PCT is located primarily at the Henderson Mill Annex, approximately 5 miles from the main VAMC, with additional services available at the South Fulton VA Clinic, approximately 15 miles from the main VAMC.

Interns rotating with the PTSD Clinical Team (PCT) provide assessment and treatment services to Veterans served within this clinic. Veterans may present with a personal history of Military Sexual Trauma (MST), combat-related trauma, childhood abuse, intimate partner violence, and/or other types of trauma (e.g., accident, assault). Interns may have the option to choose a particular population to focus on, depending on the training plan and past experience with trauma-focused treatment. Interns will have the opportunity to participate in an intensive training workshop in PE at the start of the training year. Training in CPT is completed individually, and utilizes materials from CPT workshops, online trainings, and relevant research. Most interns on the PCT rotation will focus on developing basic mastery of one of those evidence-based treatments. In some cases (e.g., for interns with substantial prior experience with PE or CPT) interns will be able to work with more than one EBP modality. Additional opportunities for utilization of second-line treatments for PTSD (e.g., Written Exposure Therapy) may be available.

The PCT rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary depending on supervisor and rotation day(s) but may include:

- 1) **Research:** Interns may participate in a biweekly Journal Club, in which articles in the current trauma literature are reviewed and critiqued. Interns will be expected to familiarize themselves with the current state of the science pertaining to trauma and its treatment.
- 2) **Ethical and Legal Standards:** Interns will work with their supervisors to identify and address ethical dilemmas encountered with Veterans. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics and law.
- 3) **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population in this program, varied in age, sex, gender identity, race, ethnicity, sexual orientation, SES, trauma history, religion, and a multitude of other factors. Interns will work with their supervisors to develop a culturally competent and evidence-based approach to the treatment of trauma-related problems.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate interns' development of their own professional identities.
- 5) **Communication and Interpersonal Skills:** Interns will have the opportunity to develop relationships with a vibrant and diverse multidisciplinary team of clinicians and support staff. Interns will also develop skills with effective documentation of clinical encounters and with communication of clinical impressions to other providers.
- 6) **Assessment:** Interns may conduct complex differential diagnostic clinical interviews of patients newly referred to the PCT. The intern has the opportunity to develop skills with accurate and efficient clinical interviewing, mastery of DSM-5 diagnostic criteria, case conceptualization, and treatment planning. Occasional, limited opportunities for psychological testing may also present themselves.
- 7) **Intervention:** Interns are required to carry an individual therapy caseload. Opportunities for training and supervision in PE, CPT, and other trauma-focused interventions are available.

Interns may also co-lead psychoeducational groups. As noted above, most interns will focus on development of mastery of one evidence-based psychotherapy for PTSD, unless they have prior experience with one or more of the relevant therapies.

- 8) **Supervision:** Interns may participate in a biweekly Peer Consultation group, comprising interdisciplinary staff and trainees at various levels (e.g., psychology practicum students, interns). Participants review and discuss current therapy cases in a supportive peer-consultant environment.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns may have the opportunity to participate in interdisciplinary staffing meetings.

Major versus Minor Rotations in PCT:

Interns may choose to complete either a major or a minor rotation with the PTSD Clinical Team. Minor rotations (1 day per week) generally consist exclusively of an individual therapy caseload and the development of competence with PE or CPT. Major rotations (2 days per week) will afford opportunity for additional clinical activities (e.g., intake evaluations, group facilitation) as well as the individual therapy caseload.

SUBSTANCE ABUSE TREATMENT PROGRAM (SATP) ROTATION

Primary Supervisor – Joy Reeves, Psy.D.

Substance Abuse Treatment Program (SATP - Intensive Outpatient Program (IOP)): is an intensive outpatient program designed to help Veterans with substance use disorders learn the principles of recovery. The goal is to meet each veteran where they are as it relates to their substance use and recovery goals. We subscribe to the Harm Reduction Model. The program has adopted the University model, and each treatment plan is individualized and developed based on the veteran's reported goals. A few of the groups offered include Framework (education about the principles of recovery), Home Group (process group), Anger Management, Tobacco Cessation, Health Relationships, Mindfulness Based Relapse Prevention, Sober Living Skills and Seeking Safety (for Veterans with a comorbid substance use disorder and post-traumatic stress disorder). Level 1 services are offered in SATP which include individual therapy (Motivational Enhancement Therapy (MET)), family and couples therapy, aftercare groups and medication management.

SUD/PTSD clinicians also provide trauma-focused individual therapy for Veterans with co-occurring diagnoses. In addition to the intensive outpatient treatment program, SATP also features an Evaluation, Stabilization and Placement (ESP) Unit and an Opioid Agonist Program. ESP clinicians conduct comprehensive assessments to develop a plan of treatment for Veterans (e.g., intensive outpatient treatment, detoxification, residential treatment). ESP staff also offers psychoeducational groups. The Opioid Agonist program is designed for those Veterans being treated with Suboxone and Methadone. Group therapy is also offered in this program. Our substance abuse program is co-located, with programming at both the main VAMC and at Fort McPherson Campus (approximately 15 miles from the main facility).

The intern's training experience will be individualized based on previous substance abuse treatment experience (not required) and training goals. The program is designed to offer interns a training experience that will encompass the 9 competencies identified earlier in this brochure. However, specific competencies will vary with rotation days.

- 1) **Research:** Interns will have an opportunity to participate in clinical consultation groups. Staff members present information regarding current trends in substance abuse treatment. During

individual supervision, interns will also be presented with articles or book chapters regarding aspects of substance abuse treatment for discussion.

- 2) **Ethical and Legal Standards:** Interns will discuss ethical and legal concerns with their supervisor as they arise. The ethics code and law will be reviewed during supervision as needed. When ethical dilemmas or legal issues arise, interns will be educated about appropriate procedures to resolve these conflicts.
- 3) **Individual and Cultural Diversity:** The Veterans served in the VA setting are diverse in age, race, gender, sexual orientation for example. Interns will be encouraged to incorporate these variables during case conceptualizations and treatment planning. These factors will also be explored during individual supervision to assist with informing treatment.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors and staff will model professionalism when working with Veterans as well as their colleagues. Interns will be encouraged to develop their identities as a psychologist, colleague, and supervisor.
- 5) **Communication and Interpersonal Skills:** Our treatment teams are multidisciplinary and interns will be afforded the opportunity to interface with other disciplines (e.g., psychiatrists, psychologists, nurse practitioners, nurses, social workers, addiction therapists, and peer support specialist). Interns will work closely with staff in treating our Veterans but also present clinical impressions (verbally and written) based upon assessments, individual and group therapy observations. Interns will also have an opportunity to participate in weekly treatment team meetings.
- 6) **Assessment:** Interns will be afforded the opportunity to conduct comprehensive assessments during the rotation. Interns will become familiar with the DSM-5 criteria for substance use disorders and related diagnoses. Interns will utilize this information to inform treatment planning. Interns may also spend time in the ESP department to further expand their assessment skills.
- 7) **Intervention:** Interns will have an individual caseload as criteria of the rotation and will be trained in various group modalities and topics. Interns will co-facilitate process and psychoeducational groups (e.g., Framework, Home Group, Anger Management, Sober Coping Skills, and Seeking Safety).
- 8) **Supervision:** Interns will participate in weekly individual supervision and may also participate in our clinical consultation and supervision groups. During consultation and supervision, staff present and discuss challenging clinical cases.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** In addition to collaborating with providers with SATP, interns will have the opportunity to interface with mental health providers in other departments within the VA as well as providers outside of the mental health field (legal).

Major versus Minor Rotations in SATP:

In addition to conducting assessments and co-facilitating groups, interns who elect a minor rotation will have a caseload of 1-2 Veterans. Those interns who select the major rotation will carry a caseload of 2-4 Veterans. Interns will be required to attend recovery meetings (e.g., Alcoholics Anonymous (AA) Narcotics Anonymous (NA)) with the goal of gaining context for recovery.

Didactics

There are two required weekly didactic seminars and one required monthly seminar that run throughout the training year. Interns present on their own research/dissertation studies in the context of one of these seminars, depending on the topic. The required didactics are as follows:

Assessment Seminar: This weekly seminar covers the fundamentals of psychological assessment and testing, encompassing cognitive and personality factors. This seminar is presented primarily by in-house psychology and psychiatry staff, with occasional outside consultants/speakers. At the outset of the training year, seminars are focused primarily on topics related to general skills in differential diagnosis, clinical interviewing, and evaluation of suicide risk. As the training year progresses, the seminar places more emphasis on special issues and topics, such as forensics, objective personality

assessment measures (primary MMPI-2-RF and PAI), projective tests, and ADHD. Additionally, seminars on neuropsychological assessment are interwoven throughout the training year. Lastly, as another component of this seminar, interns present case conferences on recent testing cases they have performed and are provided with feedback from members of the Training Committee, psychology staff, and their fellow interns/postdocs. Case conferences begin in January and occur once per month. Interns are required to present at least one case conference during the training year.

General Seminar: This weekly seminar focuses on general and professional topics in health service psychology. The seminar covers advances in the treatment of Veterans, psychotherapeutic techniques, ethics and law, supervision, clinical research, current issues in the field of psychology, professional development, and culturally diverse populations. This seminar is presented both by in-house staff and outside consultants.

Multicultural Seminar Series: This seminar series spans approximately 10-12 weeks of the General Seminar and is coordinated and led by members of the Diversity Education Committee for Psychology Training (DEC-PT). The seminar generally begins around the mid-point of the training year. The Multicultural Seminar focuses on topics relevant to the patient population at the Atlanta VA and the trainees' overall development as culturally competent mental health providers. During the seminar, self-exploration and openness to personal growth is strongly encouraged, supported, and modeled by members of the DEC-PT. The seminar attends to the intersections of diversity dimensions and how therapeutic process is impacted by the therapist's own identity and worldview as well as the patient's. In keeping with the APA Ethics Code, the Atlanta VA Psychology Training Program does not require trainees to disclose personal information in program-related activities. At the same time, the program recognizes that self-reflection is an important part of the supervisory process and is a crucial aspect of developing multicultural competence/cultural humility. The program also acknowledges that developing insight into our own identities and personal histories is a delicate process – one that is best accomplished within a welcoming, nurturing, and judgement-free context. The training program works to provide such an environment, with hopes that trainees will feel comfortable engaging in the self-reflection necessary to develop a meaningful appreciation for diversity in all its forms. In an effort to create a supportive and constructive learning environment, personal disclosures made by trainees as part of their diversity training will be treated sensitively and respectfully. Psychologists providing training aim to create working relationships in which trainees will feel safe exploring personal feelings, thoughts, beliefs, and life experiences that affect their multicultural competencies/cultural humility.

Multicultural Lunch & Learn: This third required didactic is a monthly lunch-time presentation series that is open to all psychology staff and required for all psychology trainees. Through didactics, experiential activities, and discussion, Lunch & Learn presenters address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence/cultural humility. Examples of previous presentations include: "Clinical Impact of the Psychologist's Cultural Identities;" "Intersecting Identities and Complexities of LGB Identity Development Models;" "Colorism among African Americans;" "Using Our Powers for Good! A Discussion about Therapist Privilege and the Empowerment of Clients;" and "Disability as a Diversity Variable."

Emory University Psychiatry Grand Rounds: In addition to the required didactics, interns can attend the Emory University School of Medicine Department of Psychiatry and Behavioral Sciences Grand Rounds series. These seminars are presented approximately every other week during Emory University's academic year. Grand Rounds presentations cover a wide range of topics including summaries of current research, treatment techniques, and presentations from prominent figures in psychiatry and the behavioral sciences. They are presented by the Emory School of Medicine via teleconference to the Atlanta VA.

Supervision

Rotation supervision follows an apprenticeship model with considerable ongoing contact between supervisor and intern, in addition to at least one hour of scheduled, formal supervision each week on both the major and minor rotations. Rotation supervisors are all licensed psychologists and members of the Extended Training Committee, with the single exception of the Medical Inpatient Consult-Liaison Service rotation, which is supervised by a licensed psychiatrist. Per VA supervision guidelines, interns are assigned a Graduated Level of Responsibility at the start of the training experience, designating the level of oversight/supervision required (i.e., room, area, or available) for each clinical service to be performed (e.g., assessment, individual therapy, group therapy). Interns earn greater autonomy as they demonstrate competence with each clinical skill. Per APA and VA requirements, direct observation is considered an essential method for assessing competence. Observation may occur live or via video and/or audio recordings.

General psychotherapy case supervision is provided by two different supervisors, both of whom supervise the intern for the full training year. As noted above, one general therapy case is followed in a group supervision format with a small group of 3-4 interns and a member of the Extended Training Committee. The supervision groups meet weekly for 1.5 hours. The purpose of this training experience is to provide a mechanism for tracking the trainee's development as a psychotherapist over the course of the internship and to provide an opportunity for interns to participate in collaborative peer supervision. Additionally, within the context of group supervision, interns are encouraged to compare and contrast the theoretical models and approaches learned in their graduate programs and work to broaden their therapeutic repertoires, particularly in terms of using relational models of psychotherapy. The other two general therapy cases are supervised individually by a member of the Extended Training Committee, or by a postdoctoral resident with tiered supervision from a member of the Extended Training Committee. Interns meet with their individual general therapy case supervisors weekly for 1 hour.

Supervision of general assessment cases involves additional scheduled, formal supervision with testing case supervisors. Interns are assigned one assessment supervisor for each term (half) of the training year. Less formal supervision occurs during seminars and case conferences. Assessment supervision may be scheduled weekly or less frequently, depending on the needs of the intern and the demands of the case.

Per APA guidelines, all interns receive a minimum of four hours of scheduled supervision each week, including a minimum of two hours of individual, face-to-face supervision. Use of tele-supervision (i.e., supervision via phone, computer, or other distance technologies) is typically rare and usually restricted to extra contact as needed between regular supervision meetings or consultation with testing case supervisors regarding selection of assessment methods or report edits (**noted exceptions: extenuating circumstances, such as during a local/national/global emergency or crisis – see also page 1 section on COVID-19 Adaptations**). In accordance with APA's *Standards of Accreditation* all supervisors must directly observe the intern's work (either live or via video/audio recording) during each evaluation period. Supervisors endeavor to balance observation and assurance of competency with increasing autonomy for the intern as competence is demonstrated across the year.

Flex Time

Interns have approximately 4 hours per week of "flex time," which may be utilized for various purposes depending on the training plan and the needs and preferences of the intern. Interns may use their flex time for dissertation work, committee service, program development/evaluation projects, or additional clinical care hours. Interns who are falling behind in their client contact hours as of the mid-year evaluation period will be required to pick up extra client contact hours during their flex time in the 2nd term to maximize the likelihood of meeting all requirements by the end of the training year.

Training Staff

The Extended Training Committee consists of approximately 50 licensed staff psychologists at the Atlanta VA Healthcare System who have been approved by their supervisors and the Psychology Training Advisory Board to offer clinical supervision and training to psychologists-in-training. Biographical sketches for a subset of supervisors expected to offer clinical supervision and hold leadership roles in the training program are presented below.

VERNÉE A. ANTHONY, Psy.D. – Primary Supervisor, DRRTP Rotation – (Clinical Psychology, Georgia School of Professional Psychology at Argosy University, 2014) is a Psychologist at the Atlanta VA Medical Center's Domiciliary Residential Rehabilitation Treatment Program (DRRTP). Dr. Anthony codeveloped the Atlanta VA's first SUD Dom program within the DRRTP that opened in October 2016. Dr. Anthony oversees program development and evaluation, including creating and implementing the Virtual Care Program (VCP) at the Atlanta VA's Domiciliary Residential Rehabilitation and Treatment Program (DRRTP) to support continuity of care, safely, to domiciliary residents during the COVID-19 pandemic. Dr. Anthony coordinates internship training and serves as the primary supervisor for interns at the SUD Dom. As co-creator of the Collaborative Care Model, she aims to integrate Hepatitis C screening and treatment into residential substance use programs. Her professional interests include program evaluation and development, individual psychotherapy, and supervision and training.

ISAIAH ARES-CHRISTIAN, Psy.D. – Supervisor, General Mental Health Rotation – Depression Track – (Clinical Psychology, Rutgers Graduate School of Applied and Professional Psychology, 2017) is a Clinical Psychologist at Atlanta VA Healthcare System's General Mental Health Clinic located at the main hospital. He supervises individual CBT cases and leads various groups for Veterans with primary mood disorders such as Behavioral Activation, Cognitive Therapy for Depression, Problem Solving Therapy, and a Grief Support group. His professional interests include program evaluation and development, evidence-based psychotherapy, psychological testing, and supervision and training.

MILLIE C. ASTIN, Ph.D. – Clinical Director, PTSD Clinical Team (PCT) – Dr. Astin began her career as a clinical psychologist in 1993 and has specialized in the treatment of PTSD and anxiety disorders. She has worked in academia conducting PTSD treatment outcome studies, in private practice, and for the last 15 years at the Atlanta VA working with Veterans with PTSD and other trauma-related disorders. In addition to her clinical duties, Dr. Astin serves as a consultant and trainer for the VA PE Dissemination Program, and is the local site investigator for several multi-site PTSD treatment studies.

ANDREA B. BURNS, Ph.D. – Director of Psychology Training – (Clinical Psychology, Florida State University, 2006) directs the APA-accredited internship and postdoctoral training programs at the Atlanta VA Healthcare System and serves as the Practicum Coordinator. She oversees all aspects of the training programs, chairs the Core Internship and Core Postdoc Training Committees, and serves on the Diversity Education Committee for Psychology Training (DEC-PT). Dr. Burns also coordinates general therapy and assessment case assignments for interns and postdoctoral residents. Her clinical time is spent with the PTSD Clinical Team (PCT), where she provides individual evidence-based psychotherapies (e.g., PE, CPT, WET) to Veterans with PTSD secondary to all types of traumas. Dr. Burns serves as a consultant for the VA's national PE training initiative and co-facilitates the PE training offered to interns at the start of the training year. She also serves on the national VA Psychology Training Council's Executive and Administrative Committees and offers mentorship to other training directors nationwide through both VAPTC and APPIC. Dr. Burns has served as a therapist on several VA multisite randomized controlled trials investigating the efficacy of various psychotherapeutic interventions in the treatment of PTSD. Other clinical and research interests

include major depression and suicide. In all her work she is committed to the utilization of a scientific approach to psychology, including the prioritization of empirically supported treatments. Dr. Burns is a former Atlanta VA intern and Emory University School of Medicine postdoc and has worked for the Atlanta VA since 2007. She has two children, three cats, and a mild-to-moderate Diet Coke addiction and will happily talk with you at length about whatever she is binge-watching these days.

MARTHA CALAMARAS, Ph.D. – Primary Supervisor, DBT Rotation – (Clinical Psychology, Georgia State University, 2014) is a clinical psychologist in the Dialectical Behavior Therapy (DBT) Program who specializes in the treatment of posttraumatic stress disorder, borderline personality disorder, and eating disorders.

MICHELLE CASIMIR, Ph.D., ABPP – DEC-PT Chair – (Clinical Psychology – Georgia School of Professional Psychology at Argosy University - 2014) is a board-certified psychologist with the Atlanta VA and an Assistant Professor with the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine. Currently, Dr. Casimir is the Acting Chief of the Atlanta VA's residential program (Domiciliary). Her expertise includes working with individuals who present with trauma, personality disorders and severe mental health challenges, utilizing an approach that is both culturally responsive and sensitive. This focus is imperative in her work with marginalized Veterans who struggle with homelessness, substance use disorders and complex medical conditions. She trains and supervises practicum students, interns, postdoctoral fellows and psychiatry residents. Outside of her VA and Emory work, Dr. Casimir, is the Immediate Past President of the Georgia Psychological Association. Her work involves advocating for all licensed psychologists in the state of Georgia, helping the profession in effective change through public policy and legislation, being more intentional about promoting and maintaining a diverse discipline, and continuing to lay a strong foundation for the future of the profession. Dr. Casimir strongly believes in developing and maintaining relationships across systems, an approach that has helped her to improve patient care, provide advanced levels of supervision and training and, advocate for our profession both regionally and nationally.

TELSIE A. DAVIS, Ph.D. – Primary Supervisor, Diversity Rotation – (Counseling Psychology, Georgia State University, 2011) is a licensed psychologist in Mental Health Specialty Services on the Concurrent Track specializing in the integrated treatment of PTSD and Substance Use Disorders. Dr. Davis earned her B.S. in Psychology from Ga Tech and her Ph.D. in Counseling Psychology from Georgia State University where she was an APA Minority Fellowship Program Mental Health and Substance Abuse Services Fellow. She completed her doctoral internship in psychology and trauma, and a two-year, full-time postdoctoral fellowship focused on comorbid PTSD and substance use disorders among African American women at Emory University School of Medicine. Dr. Davis has 11 peer-reviewed publications, four book chapters, and over 100 international, national, state, and local invited talks and workshops in the areas of culturally responsive treatment and cultural equity, integrated treatment of trauma and substance use, and the treatment of African American women. She currently serves as co-chair of the Diversity Rotation for Psychology Training, and co-chair of the Mental Health Service Line DEI Committee at the Atlanta VAMC. She is also an Assistant Professor and recent past Vice Chair of Faculty Development for Diversity, Equity, and Inclusion for the Department of Psychiatry at Emory University School of Medicine.

JENNIFER K. DEAN, Ph.D. – Primary Supervisor, Palliative Care Rotation – (Counseling Psychology; Georgia State University, 2009) is a member of the interdisciplinary Palliative Care team and primary supervisor for the Palliative Care rotation. Her professional interests include equity issues in healthcare, Acceptance and Commitment Therapy, Interpersonal therapy, Women's Issues, and psychotherapy at End of Life.

CATHERINE G. DEERING, Ph.D., ABPP – Group Supervision Leader – (Clinical Psychology, University of Rhode Island, 1991) is a part-time consulting psychologist. She leads a weekly supervision group for the psychology interns. Dr. Deering is a Professor of Psychology at Clayton

State University and Adjunct Professor at the Emory University School of Medicine. Her professional interests include group therapy training, family therapy, and teaching.

KELCI C. FLOWERS, Ph.D. – Assistant Director of Training for the Postdoctoral Residency Program; Supervisor, PCT Rotation – (Clinical Psychology, University of Georgia, 2014) is a psychologist with the PTSD Clinical Team. Dr. Flowers' work focuses on diagnostic evaluations and evidenced-based psychotherapy with individuals diagnosed with PTSD, Borderline Personality Disorder, and other comorbid disorders. These treatments include Prolonged Exposure therapy, Cognitive Processing Therapy, Written Exposure Therapy, and Dialectical Behavioral Therapy. Dr. Flowers is also committed to integrating cultural adaptations of evidence-based treatments for PTSD (particularly for African Americans) and assessing health behaviors that negatively affect PTSD symptoms (e.g., poor adherence with C-PAP for sleep apnea). Dr. Flowers completed her internship and postdoc at the Miami VA Healthcare System. She also served as the Assistant Director of Training for the Postdoctoral Residency program for the 2021-2022 and 2022-2023 training years.

KRYSTAL S. FRIESON BONAPARTE, Ph.D., MPH, ABPP – Supervisor, SATP Rotation – (Counseling Psychology University of Kentucky, 2015) is a psychologist with the Substance Abuse Treatment Program (SATP). She serves in the role of a SUD/PTSD clinician providing individual and group psychotherapy and psychoeducation services to Veterans with SUD and/or PTSD. Her clinical and research interests focus on the biopsychosocial health issues of oppressed, marginalized, and underserved populations along with an emphasis in health behavior, substance use, trauma, and HIV/AIDS/STI treatment, education, and prevention. She is especially interested in exploring and addressing the inequities of health disparities that surround marginalized populations. She is also committed to promoting a climate of multicultural transformation and cultural humility within the Atlanta VA Healthcare System through her participation with the Mental Health Service Line Diversity, Equity, and Inclusion Committee. Dr. Frieson Bonaparte is a former Tuscaloosa VA intern and Emory University School of Medicine postdoctoral fellow.

DEBRA GEISEL, Psy.D. – Primary Supervisor, Primary Care Mental Health-Integration (Women's Wellness Clinic) – (Clinical Psychology, Georgia School of Professional Psychology, 2014) is a Primary Care/Mental Health Integration (PCMHI) psychologist in the Women's Wellness clinic. She provides initial mental health screenings, brief individual and group therapy, and provides consultative services within a team focused on women's health issues. Her professional interests include working with women Veterans, trauma, grief, reproductive health, and supervision and training. Dr. Geisel completed her doctoral internship and postdoctoral residency at the Atlanta VAHCS. She is the Women's Mental Health Champion for the Atlanta VAHCS and a former Board member of the Georgia Psychological Association. She served as the Acting Assistant Director of Training for the Postdoctoral Residency program from August 2020 to February 2021, as well as the Assistant Director of Training for the Internship program for the 2021-2022 training year.

MIRIAM H. HANCOCK, Ph.D. – Primary Supervisor, General Mental Health Rotation – Trauma, Stress, and Anxiety Track – (Clinical Psychologist, University of Memphis, 2007) is a psychologist on the Trauma, Stress, and Anxiety Team at the Atlanta VA General Mental Health Clinic. She also serves as Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine. She has worked as a psychologist for the VA since 2008 and spent the first 7 years in PTSD clinics before shifting to a BHIP team. She has fifteen years of experience supervising psychology trainees. Her theoretical orientation is Integrative and centered around evidence-based processes. She routinely provides PE, CPT, ACT and Mindfulness Training, or some integration of these, in a time-limited format and tailored to clinical indications and SMART goals. She has completed VA rollouts in PE and CPT and VA CALM (Mindfulness). She also completed a 2-year Mindfulness Meditation Teacher Certification Program with Jack Kornfield and Tara Brach through UC Berkley. She has been teaching Mindfulness to Veterans since 2010 and has a long-standing meditation practice including multiple silent meditation retreats. She is passionate about systems

design, program development and evaluation, and issues around ethical utilization of limited VA therapy resources.

CARLY HANKS, Ph.D. – Assistant Director of Training for the Internship Program; Primary Supervisor, General Mental Health Rotation – Depression Track – (Clinical Psychology, Palo Alto University, 2018) is the Assistant Director of Training for the Internship program and a Clinical Psychologist in the General Mental Health Clinic located at the main hospital. She provides individual and group psychotherapy for Veterans with a wide range of clinical disorders. Dr. Hanks is also the team lead for the Continuity of Care Team which coordinates and provides bridge care for Veterans discharging from acute care. In addition to her work with the VA, Dr. Hanks specializes in working with gender diverse individuals. Her professional interests include working with complex presentations, HIV+ clients, multiculturalism, individuals presenting with a LGBTQ focus, and supervision and training. Dr. Hanks is also a co-coordinator of the postdoctoral resident seminar.

RAEGAN HANLON, Psy.D. – Supervisor, Health Psychology – Psycho-oncology – (Clinical Psychology, Xavier University, 2006) Dr. Raegan Hanlon completed her doctorate in psychology at Xavier University in 2006. She served 13 years as a staff psychologist and working as part a multidisplinary team on the Hospice and Palliative Unit at the Miami VAMC. There, she was devoted to treating Veterans and helping them live fully until they reached the end of their life, while simultaneously offering emotional support to their family. Dr. Hanlon had an active role in developing and enhancing the Bereavement Initiative at the Miami VA and was active at the VISN level as well. Dr. Hanlon also helped to establish and build the psycho-oncology program at the Miami VA. She transferred to the Atlanta VA in August 2020; joining the health psychology team. Her primary responsibilities include developing/enhancing the psycho-oncology program, participating in pain focused psychotherapies, and offering behavioral interventions to Veterans living with chronic illness. Dr. Hanlon is also involved in supervision and training.

CURTIS N. HOOKS, Ph.D. – Supervisor, Health Psychology – Behavioral Sleep Medicine – (Clinical Psychology, University of Mississippi, 2020) is a clinical psychologist in the Sleep Medicine Clinic. He provides assessment and treatment of various sleep problems including insomnia, nightmares, circadian rhythm sleep wake disorders, non-use or low adherence to CPAP due anxiety/claustrophobia, and other sleep management concerns. He has extensive experience providing CBT-I, and his training in this intervention includes participation in the national VA EBP training program. In addition to sleep, Dr. Hooks' interests include integrative and holistic care, mindfulness, acceptance and commitment therapy (ACT), and diversity/multiculturalism. Dr. Hooks is a former Atlanta VA intern and postdoctoral resident.

SIMONE HUNTER, Psy.D. – Supervisor, Primary Care Mental Health-Integration (West Cobb) – (Clinical Psychology, American School of Professional Psychology at Argosy, Washington DC campus, 2013) is a Clinical Psychologist with the PCMHI team at West Cobb primary care clinic. She provides initial mental health screenings, brief individual therapy, and provides consultative services within the PACT teams. She completed her doctoral internship at the Columbia, SC VAMC and went on to complete her postdoctoral fellowship at the Hefner VAMC in North Carolina. She worked with the VISN 6 telehealth trauma clinic at the Hefner VA from 2013-2018 and transferred to the Atlanta VAMC in 2018. While here at the Atlanta VA she has worked in both GMH clinics and PCMHI.

MICHELA KANE, Psy.D. – Supervisor, DBT Rotation – (Clinical Psychology, Nova Southeastern University, 2019) is a psychologist in the Dialectical Behavior Therapy (DBT) Program. Dr. Kane specializes in the treatment of borderline personality disorder and severe emotion dysregulation. She is also trained in a variety of evidence-based psychotherapies for PTSD, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), and Skills Training in Affective and interpersonal Regulation (STAIR). She is committed to working with women Veterans and conceptualizing from a feminist theory orientation. In addition, she is a former Atlanta VA intern and postdoctoral resident (women Veterans focus).

KRISTEN E. LAMP, Ph.D. – Primary Supervisor, PCT Rotation – (Counseling Psychology, Loyola University Chicago, 2013) is a psychologist with the PTSD Clinical Team, a consultant for the VA Prolonged Exposure Training program (PE), and a consultant for the National Center for PTSD (NCPTSD). She conducts diagnostic evaluations and provides individual psychoeducation and evidence-based trauma-focused therapy for Veterans who present with diverse backgrounds, military experiences, and co-occurring treatment needs. In addition to her clinical work, she serves as a local site investigator for multi-site treatment outcome studies, and contributes to research and program evaluation efforts. Her research interests include treatment engagement and treatment outcomes in evidence-based PTSD treatment. Dr. Lamp completed her internship and postdoc at the VA Ann Arbor Healthcare System/University of Michigan.

MIKE MARTIN, Ph.D. – Psychology Executive, Group Supervision Leader – (Counseling Psychology, Auburn University, 1999) serves as Psychology Executive for the Atlanta VA Healthcare System. His interests include administration and leadership, clinical supervision, Primary Care/Mental Health Integration, telehealth, ethics, neuropsychology, and psychological adjustment to trauma and disability. He provides group supervision, individual supervision, didactic presentations, and testing supervision to psychology trainees.

HANNAH MARTYN, Ph.D. – Supervisor, Health Psychology, Pain Psychology – (Clinical Psychology, Northern Illinois University, 2019) is a Clinical Psychologist at Atlanta VA Healthcare System's Health Psychology Team. Clinically, Dr. Martyn serves as a pain and health psychologist for the Atlanta VA Healthcare System. She provides interventions for the management of chronic pain and illness and the impact on quality of life using psychoeducation, CBT and Acceptance and Commitment based strategies. Her professional interests outside of health psychology include obsessive-compulsive disorder, women's reproductive mental health, and supervision and training. Dr. Martyn is a former Atlanta VA intern and postdoctoral resident.

WALID NASSIF, M.D. – Primary Supervisor, Medical Inpatient Consultation-Liaison Rotation – Dr. Walid Nassif completed Medical School at St. Joseph University in Beirut and began residency training in Psychiatry at Pitie-Salpetriere Hospital in Paris. He moved to Rochester NY in 1986 and completed his residency training at the University of Rochester in 1990. He pursued a CL fellowship afterward and also secured a Geropsychiatry Fellowship. He has held various academic and teaching positions since at the University of Rochester, with the US Army and at Emory University. He has worked primarily in Consultation-Liaison and has accumulated decades of experience in the field of CL. He is currently the Lead Psychiatrist at the Atlanta VA Medical Center and the Director of the Consultation-Liaison service there. He also is the site director for the Emory University CL and Geropsychiatry fellowship programs. He has continued to lecture extensively throughout his career, and recently published an article in Current Psychiatry on the Assessment of Capacity in patients with SUDs.

ANTHONY ONYEMENEM, Psy.D. – Supervisor, Health Psychology Rotation – (Clinical Psychology, Loma Linda University, Loma Linda, California, 2014). Dr. Onyemenem joined the Health psychology team in August 2019. He is currently the Health Behavior Coordinator and Tobacco Cessation Lead Clinician for the facility. He also provides interventions for the behavioral management of chronic pain. In addition, Dr. Onyemenem provides pre-surgical evaluations for procedures such as gastric bypass, spinal cord stimulators and organ transplants. Dr. Onyemenem focuses on helping Veterans engage in positive health behaviors and better management of chronic illnesses such as diabetes, hypertension and currently runs the tobacco cessation groups at the medical center.

JOY REEVES, Psy.D. – Primary Supervisor, SATP Rotation – (Clinical Psychology, Georgia School of Professional Psychology, 2008) – is the Clinical Director for the Substance Abuse

Treatment Program (SATP) at Fort McPherson and Pike campuses. In addition to her duties as clinical director, she also provides individual therapy. She is the primary supervisor for the SATP Rotation and a supervisor on the Diversity rotation when she does not have a SATP trainee. Her theoretical approach is best characterized as integrative with an emphasis on psychodynamic/object relations, interpersonal approaches, and cognitive behavioral therapy. Her professional interests include substance use disorder treatments, PTSD treatments (as well as co-occurring SUD and PTSD treatments), Women's Issues, Moral Injury, Supervision and Training, and Diversity. She completed her psychology internship at the Gulf Coast VAMC in Biloxi, MS. Dr. Reeves is Assistant Professor of Psychiatry & Behavioral Science for Emory and Morehouse Schools of Medicine. She is also a member of Emory University's Racial, Ethnic, Cultural and Minority (RECM) committee.

SHARON R. SHATIL, Ph.D., DBSM – Primary Supervisor, Health Psychology Rotation – (Clinical Psychology, Marquette University, 2012) is a Clinical psychologist in the Sleep Medicine Clinic and part-time in the Whole Health for Life Clinic. In Behavioral Sleep Medicine, she provides assessment and treatment of problems such as insomnia disorder, nightmare disorder, CPAP non- or under-use, circadian rhythm sleep wake disorder, and adjustment to narcolepsy. She is currently an active member of the Diversity Education Committee for Psychology Training and is a former Secretary of the DEC-PT and a former Co-Chair of the Multicultural Lunch & Learn series. She is a coach and consultant for the National VA EBP training program for CBT-i. Dr. Shatil completed her internship and residency at the Atlanta VA HCS. As an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine, she provides training in Behavioral Sleep Medicine to medical residents and fellows. She served as the Acting Assistant Director of Training for the Postdoctoral Residency program from March to August 2021. Her professional interests, other than health psychology, include mindfulness and compassion, multiculturalism, and supervision and training.

DEAUNA V. SHAURI-WEBB, Psy.D. – Primary Supervisor, Diversity Rotation; Resident Supervision of Supervision Facilitator – (Clinical Psychology, Georgia School of Professional Psychology, 2011) is a psychologist at the Atlanta VA Healthcare System where she proudly serves our nation's Veterans. She conducts individual and group psychotherapy with Veterans who are experiencing a wide-range of clinical disorders and currently works in the Infectious Diseases Clinic serving HIV+ Veterans. Dr. Shauri-Webb is the LGBTQ+ Veteran Care Coordinator for the hospital where she helps to connect Veterans to affirming care. She supervises the Diversity Rotation and facilitates the Supervision of Supervision seminar for postdoctoral fellows. Dr. Shauri-Webb's clinical interests include diversity and multiculturalism, working with individuals who have experienced abandonment and rejection, HIV+ clients, trauma, PTSD, anxiety disorders, individuals with an LGBTQ+ focus, and clinical supervision. Dr. Shauri-Webb is an active member of the Georgia Psychological Association and the American Psychological Association and currently serves on ASPPB's Item Review Panel for the EPPP where she reviews test questions to determine if they hold any cultural bias.

KRISTEN THIBODEAU, PsyD, Primary Supervisor, Acute Mental Health Rotation – (Clinical Psychology, Florida Tech) is a psychologist who is involved in acute care at the Joseph M Cleland VA Medical Center in Decatur. Her job duties in Front Door include brief diagnostic evaluations both in person and through tele-health and assessing walk-in emergencies to determine whether they need to go to the ED to be evaluated for a psychiatric admission. In addition, Dr Thibodeau provides bridge therapy services to patients who need to be seen more urgently for treatment. Consultation to the Front Door team is provided, as well as, collaboration with the interdisciplinary team. Dr Thibodeau also works on 4 PSY and on that floor her duties include both individual and group psychotherapy. Her interests include but are not limited to diagnostic assessment and formal psychological testing, grief work, mental health emergency care and training and supervising doctoral students.

LILA K. WALKER, Ph.D. – Primary Supervisor, Neuropsychology Rotation – (Clinical Psychology, Northern Illinois University, 1991) is a neuropsychologist within the Neuroscience and Mental Health Service Lines who provides neuropsychological evaluations of patients referred from various medical and mental health specialty areas. Dr. Walker has provided supervision in neuropsychology to psychology practicum students, psychology interns, and neuropsychology post-doctoral fellows for more than 20 years. She has developed and implemented the Neuropsychology Rotation for Psychology Interns and Neuropsychology Practicum Students at the Atlanta VAMC and has coordinated with neuropsychologists and various medical specialists (i.e., neurology, neuroradiology, neuropathology) at the VAMC and at Emory School of Medicine to coordinate didactic seminars for the Neuropsychology Rotation. In addition to the outpatient medical setting, Dr. Walker has had extensive experience in providing psychological and neuropsychological evaluations in inpatient psychiatric settings, forensic settings, university settings and rehabilitation settings. Dr. Walker has been an invited speaker on Neuropsychology for Medical Residents and providing multiple lectures at Emory School of Medicine/Neuropsychology, Georgia State University (GSU) and Mercer University.

AMY WINGARD, Psy.D. – Primary Supervisor, Inpatient Psychiatric Rotation (4PSY) – (Clinical Psychology, Georgia Professional School of Psychology) is a psychologist, who is involved in acute care at the Atlanta VA Healthcare System located in the main hospital in Decatur, Georgia. She is committed to providing evidence-based treatments to Veterans with a wide range of presenting mental health concerns. Her duties include individual and group therapy, psychological testing, crisis intervention, positive behavior support plans, consultation, and collaborating with an interdisciplinary team. Dr. Wingard also offers couples and family therapy to facilitate discharge planning. For example, she facilitated a family session so that the family felt better prepared to integrate the veteran back into their home. She is also experienced in providing groups pertaining to Dialectical Behavior Therapy, Cognitive Behavior Therapy, Motivational Interviewing, and Social Skills Training. With regard to psychotherapy, she is proficient in Cognitive Behavioral Therapy, Cognitive Behavioral Therapy for Psychosis, Dialectical Behavior Therapy, and Time Limited Dynamic Therapy. Her interests include but are not limited to severe and persistent mental illness particularly psychosis, mood disorders, personality disorders, and training and supervising doctoral students.

Trainees

Programs represented in recent cohorts:

2023-2024

Emory University – Clinical Ph.D.
Georgia State University – Clinical Ph.D.
Mercer University – Clinical Psy.D.
Mercer University – Clinical Psy.D.
Nova Southeastern University – Clinical Psy.D.
St. Louis University – Clinical Ph.D.

2022-2023

Adler University – Clinical Psy.D.
Florida State University – Clinical Ph.D.
Georgia Southern University – Clinical Psy.D.
University of Wyoming – Clinical Ph.D.
Utah State University – Combined Ph.D.
Yeshiva University – Clinical Psy.D.

2021-2022

Indiana University/Purdue University Indianapolis – Clinical Ph.D.
Mercer University – Clinical Psy.D.

Mercer University – Clinical Psy.D.
St. Louis University – Clinical Ph.D.
University of Miami – Clinical Ph.D.
University of North Carolina – Charlotte – Clinical Ph.D.
University of Tennessee – Knoxville – Counseling Ph.D.

2020-2021

Baylor University – Clinical Psy.D.
Chicago School of Professional Psychology (Argosy Teach-Out) – Clinical Psy.D.
East Tennessee State University – Clinical Ph.D.
Howard University – Counseling Ph.D.
La Salle University – Clinical Psy.D.
University of Iowa – Counseling Ph.D.
Western Michigan University – Clinical Ph.D.

2019-2020

Duquesne University – Clinical Ph.D.
Georgia State University – Clinical/Community Ph.D.
Georgia State University – Counseling Ph.D.
Miami University – Clinical Ph.D.
The University of Memphis – Clinical Ph.D.
University of Indianapolis – Clinical Psy.D.
University of Mississippi – Clinical Ph.D.

2018-2019

Howard University – Clinical Ph.D.
Kent State University – Clinical Ph.D.
Northern Illinois University – Clinical Ph.D.
Nova Southeastern University – Clinical Psy.D.
University of Houston – Counseling Ph.D.
University of Kentucky – Counseling Ph.D.
University of Miami – Clinical Ph.D.

2017-2018

Catholic University of America – Clinical Ph.D.
Pacific Graduate School of Psychology – Clinical Ph.D.
University of Akron – Counseling Ph.D.
University of Louisville – Counseling Ph.D.
University of Maryland at College Park – Counseling Ph.D.
Wright Institute – Clinical Psy.D.

2016-2017

Duquesne University – Clinical Ph.D.
Florida State University – Counseling/School Ph.D.
Georgia State University – Clinical Ph.D.
Georgia State University – Counseling Ph.D.
Rutgers University – Piscataway/New Brunswick – Clinical Psy.D.
University of Cincinnati – Clinical Ph.D.

2015-2016

Emory University – Clinical Ph.D.
Emory University – Clinical Ph.D.
Georgia State University – Clinical/Community Ph.D.
University of Georgia – Clinical Ph.D.

University of Texas – Austin – Counseling Ph.D.
University of Texas – Austin – Counseling Ph.D.

2014-2015

California School of Professional Psychology – San Francisco at Alliant University – Clinical Psy.D.
Emory University – Clinical Ph.D.
Jackson State University – Clinical Ph.D.