



Psychology Internship Program

Corporal Michael J. Crescenz Veterans Affairs Medical Center
3900 Woodland Avenue
Philadelphia, PA 19104 (215)
823-5800
<http://www.philadelphia.va.gov/>

General Internship MATCH Number: 217311
Clinical Neuropsychology focus MATCH Number: 217312
Applications Due: November 1st, 2023

Accreditation Status

The doctoral internship at the Corporal Michael J. Crescenz VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association. The program was first accredited in March 2013, and was re-accredited in August, 2021, for 10 years. Questions regarding the accreditation process and status may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 3365979.

Application & Selection Procedures

Criteria for acceptance into the program

According to VA policy, internship funding can be provided only to students who are U.S. citizens and are enrolled in an APA or CPA-accredited doctoral program in clinical or counseling psychology. A detailed explanation of eligibility requirements for all VA internships can be found in this brochure and at <https://www.psychologytraining.va.gov/eligibility.asp>

Prospective interns must have the support of their graduate program to progress to internship. Only 52 week, full-time internships are available. The Corporal Michael J. Crescenz VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we strive to select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans; have VA practicum experience or demonstrate an interest in a VA career; identify themselves as members of historically underrepresented groups on the basis of racial or ethnic status, as representing diversity on the basis of sexual orientation, or as representing diversity on the basis of disability status. This may be indicated on the application (see Application Process below).

Application Process

We rely on the APPIC website for all application materials. We do not ask for any other information than is requested by the APPIC Application for Psychology Internships (AAPI Online). Please seriously consider your interest in the Corporal Michael J. Crescenz VA as a site to which you apply, as we have only six internship slots. These are currently distributed in the following manner: five to the General Internship; one to the Neuropsychology focus. We serve a diverse population and encourage applicants who represent racial, cultural or other elements of diversity to identify this within the submitted cover letter.

Directors of Training

Susan DelMaestro, Ph.D.
Director of Psychology Internship Training

Elyssa Kushner, Psy.D.
Asst. Director of Psychology Internship Training

*This document contains links to sites external to Department of Veterans Affairs.
VA does not endorse and is not responsible for the content of the external linked websites.*

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Philadelphia, PA 19104
*Phone: (215) 823-5800, Ext 20-4456, 20-5888
Fax: (215) 823-4231*

Candidate Interviews

Candidates will be informed by e-mail by November 29th as to whether or not they have been invited for a personal interview. Interviews will be held remotely using video conferencing on December 11th, 13th and 14th and January 3rd and 5th. Interviews are a two-way process: a chance for us to meet and learn more about you, and an opportunity for you to meet us and get a better understanding of our program. We're committed to getting to know our applicants, including learning more about their unique skillsets, backgrounds, previous training experiences, and even favorite foods and interests. (We take great pride in Philadelphia - the sixth largest city which has so many offerings of cultural events, outdoor activities and great food options too!) Your interview day will begin with a group program orientation for an hour that is comprised of a detailed overview of internship and information about living in Philly with aspects of the city's diversity and cultural highlights. The day continues with a series of interviews with the training director or assistant director, and with two or more staff psychologists. We are also happy to arrange video conferencing meetings with specific staff psychologists at your request on interview day or shortly thereafter. Lastly, there will be a group meeting with the current intern class that will be non-evaluative and an opportunity to learn more details about the internship. The total interview process should take five to six hours. We understand that choosing an internship is a major decision made more difficult by the inability to actually visit the Crescenz VAMC and the City of Philadelphia. Thus, we encourage you to reach out at any time with questions that will help you make an informed decision. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Match Process

We will follow the match policies established by APPIC. Note that we have a track with a Neuropsychology focus for the 2024-2025 training year, and our program uses two match numbers for positions: one for the General Internship (#217311) and one for the Clinical Neuropsychology (#217312) focus. Please take note of the match numbers for which you wish to apply. Applicants may apply for both tracks. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services.

Psychology Setting

The CMCVAMC is part of the VISN 4 VA Healthcare Network, serving Veterans in the city of Philadelphia, as well as Southeastern Pennsylvania and Southern New Jersey. In addition, the CMCVAMC manages several community-based outpatient clinics (CBOCs) in Camden, Burlington, and Gloucester County, NJ; Center City Philadelphia; and Horsham, PA. The CMCVAMC currently has over 90,000 veterans from varying backgrounds and cultures enrolled for healthcare. With a full complement of inpatient and outpatient treatment programs, VA Centers of Excellence and specialty programs designed to meet the healthcare needs of Veterans, the CMCVAMC delivers an outstanding educational experience across a variety of professions.



CMCVAMC Psychology is organized as a section within Behavioral Health. The Psychology service has grown in the past twenty years from 12 to over 70 doctoral-level psychologists. Psychologists serve in a wide range of clinical and research settings including: Primary Care-Mental Health Integrated Care team; the VA Home-Based Primary Care Program; the Mental Health Clinic (MHC); the Inpatient Behavioral Health Unit; the Community Living Center (CLC); the Addictions Recovery Unit (ARU); the Opioid Treatment Program (OTP); the Post-deployment Clinic (PDC); the Sleep Clinic; the Polytrauma Team; the Psychosocial Rehabilitation and Recovery Center (PRRC); the Residential Rehabilitation Treatment Program; the Mental Illness Research, Education and Clinical Center (MIRECC); the Center of Excellence for Substance Abuse Treatment and Education (CESATE); the Center for Health Equity, Research and Promotion (CHERP); and several community-based outpatient clinics. As members of interdisciplinary teams, psychologists work across settings to facilitate the integration of mental health service into each veteran's healthcare delivery. Our five VA Centers of Excellence and numerous clinical research projects offer an atmosphere of dynamic exchange between rigorous academic research and clinical applications. CMCVAMC has recruited and retained highly qualified psychologists from a wide variety of theoretical orientations, many from VA training programs, and many of whom specialize in evidence-based treatments. Staff include multiple national VA trainers, consultants, and experts for VA rollouts of EBTs including Prolonged Exposure (PE), Cognitive Behavioral Therapy (CBT) for Depression, Cognitive-Behavioral Treatment for Insomnia, and Integrated Behavioral Couples Therapy, and the network trainer for the Primary Care-Mental Health Integration competency-based training; all of these trainings are part of the internship program. (Buckle up, it is a great training year!) Staff turnover is generally minimal, assuring continuity of patient care and programs, and our department continues to grow to support the clinical needs of our Veteran population, offering opportunities for future employment.

The Behavioral Health Service of the CMCVAMC recognizes the diverse veteran population that we serve. As such, the Behavioral Health Diversity Team was founded to take an interdisciplinary approach in prioritizing the improvement of diversity, inclusion, and cultural competency throughout the service. The Behavioral Health Diversity Team is led by two Psychologists who are also active members of the Internship Training Committee. As part of the team, members of Psychology, Psychiatry, Social Work, and Nursing meet monthly to expand diversity in hiring and retention of staff as well as provide training, education, and consultation. Consultation opportunities have included feedback on research materials, team-building within hospital teams, and in delivering patient care. The Behavioral Health Diversity Team also generates a monthly newsletter highlighting upcoming cultural competency trainings, educational materials, and local resources. Trainees are encouraged to participate in the Behavioral Health Diversity Team.

The CMCVAMC has an extensive history of excellence in health profession education. The Psychology Internship began in 2011 and was originally accredited by APA in March of 2013. In 2014, psychology training was further expanded to include two postdoctoral residency positions with an emphasis in Interprofessional Mental Health and two postdoctoral residency positions with an emphasis in Clinical Neuropsychology. For the past four years, we have been awarded funding for an additional Interprofessional Mental Health residency in Health Promotion/Disease Prevention. For the past two years, we were also awarded funding for an additional general internship position.

A separate Psychology research fellowship, the Advanced Fellowship in Mental Illness Research and Therapy, is designed for post-doctoral training primarily in research. This fellowship program is administrated differently from the program described above and information about this program can be found here: <https://www.mirecc.va.gov/visn4/Education/fellowship3.asp>.

The CMCVAMC is adjacent to and closely affiliated with, the University of Pennsylvania whose psychiatry residents and medical and nursing students rotate through CMCVAMC Behavioral Health. CMCVAMC psychologists are integral to the education of these trainees. Psychology trainees have some access to didactic training in conjunction with the University of Pennsylvania's Psychiatry Grand Rounds Program and have opportunities for professional collaboration on research endeavors with University-affiliated faculty. Most CMCVAMC supervising psychologists have University of Pennsylvania faculty appointments. CMCVAMC is at the heart of highly ranked hospitals and universities, which adds to the rigor of our training program. We recently participated in a collaboration between different internship sites in Philadelphia including those at Penn and Children's Hospital of Philadelphia to encourage exchanges between interns in varied settings and broaden didactic opportunities.

Internship Program Tables: Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 8/4/23

Program Disclosures

<p>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?</p>	<p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p>N/A</p>	

Internship Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:</p>						
<p>We seek applicants who have strong basic skills in assessment and intervention, and a sound clinical and scientific knowledge base from their academic program. Applicants looking for strong generalist training are a particularly good match for our program, given the diversity of clinical experiences that comprise the training year. Additionally, we value applicants with a background and/or genuine interest in pursuing competency in the areas of integrated care and evidence-based treatments, as they are a focus of our program. Applicants for our Clinical Neuropsychology focus are a good match if they have experience and interest in human brain-behavior relationships, the diagnosis and description of central nervous system dysfunction using neuropsychological methods, feedback to patients with specific recommendations and specialty referrals, and integration of neuropsychological science with practice. We are proud to serve a population with rich diversity in terms of race, ethnicity, socioeconomic status and era of service, and providing high quality care that is attuned to individual and cultural differences is strongly emphasized. All things being equal, consideration is given to applicants who identify themselves as Veterans, have VA practicum experience or demonstrate an interest in a VA career; identify themselves as members of historically underrepresented groups on the basis of racial or ethnic status, as representing diversity on the basis of sexual orientation, or as representing diversity on the basis of disability status. This may be indicated on the application (see Application Process above).</p> <p>The program requires that applicants have received a minimum number of hours of the following at the time of application:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">• Total Direct Contact Intervention Hours:</td> <td style="width: 20%;">Yes</td> <td style="width: 30%; text-align: right;">350</td> </tr> <tr> <td>• Total Direct Contact Assessment Hours</td> <td>Yes</td> <td style="text-align: right;">50</td> </tr> </table>	• Total Direct Contact Intervention Hours:	Yes	350	• Total Direct Contact Assessment Hours	Yes	50
• Total Direct Contact Intervention Hours:	Yes	350				
• Total Direct Contact Assessment Hours	Yes	50				

Describe any other required minimum criteria used to screen applicants:

Internship applicants must also meet these criteria to be considered for any VA Psychology Internship Program (<http://www.psychologytraining.va.gov/eligibility.asp>):

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. Applicants 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.

VA Eligibility Criteria also require:

3. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.
4. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
5. Interns are subject to fingerprinting and background checks prior to start of internship. A selected intern must pass these checks in order to begin employment with the VA.
6. VA conducts drug-screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Financial and Other Benefit Support for Upcoming Training Year

- Annual Stipend/Salary for Full-Time Interns **36,565**
- Annual Stipend/Salary for Half-Time Interns **N/A**
- Program Provides access to medical insurance for intern? **YES**
- If access to medical insurance is provided:
 - Trainee contribution to cost required? **YES**
 - Coverage of family member(s) available? **YES**
 - Coverage of legally married partner available? **YES**
 - Coverage of domestic partner available? **NO**
- Time off:
 - Hours of Annual Paid Personal Time Off (PTO and/or Vacation) **4 hours every 2 weeks**
 - Hours of Annual Paid Sick Leave **4 hours every 2weeks**
 - 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? **Negotiated on a case-by-case basis**
- Other Benefits (please describe): Maternity/Paternity leave is also available through use of sick leave, annual leave, and then Leave Without Pay (LWOP), with any LWOP hours to be made up at the end of the training year. In addition to the annual leave and sick leave, interns may be granted up to five days authorized absence for approved training activities and conferences and VA postdoctoral fellowship interviews, including one day for dissertation defense.

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
	PD	EP
Total # of interns who were in the 3 cohorts	19	
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	8	1
Military health center	0	0
Academic health center	4	0
Other medical center or hospital	1	0
Psychiatric hospital	0	0
Academic university/department	1	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	1
School district/system	0	0
Independent practice setting	3	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

As an example of post-internship positions, interns from the 2022-2023 class went on to the following postdoctoral residencies: Crescenz VAMC (2), University of Pennsylvania Center for the Treatment and Study of Anxiety (2), the Arlington/DC Behavioral Therapy Institute, and the CBT Center for Anxiety and OCD. One intern was employed by the Federal Bureau of Prisons directly following internship. For the 2021-2022 cohort, one was employed by the Crescenz VAMC and five chose residencies at: Crescenz VAMC (2), San Francisco VA Trauma Program, Stanford University Medical Center Outpatient Clinic, and the Seattle VAMC MIRECC. The 2020-2021 class went on to the following postdoctoral residencies: Crescenz VA MIRECC, San Francisco VA Trauma Program, Advent Health, University of Pennsylvania Center for the Treatment and Study of Anxiety, Rutgers University Applied Psychology Sports Medicine and an independent private practice group in NYC. Interns from the 2019-20 internship class went on to the following positions: two were employed at the Crescenz VA in Philadelphia; four have residencies at the Syracuse VAMC Integrated Medicine Center, the University of Wisconsin Behavioral Medicine Department, Stanford University Medical Center Outpatient Clinic, and LaPage Associates Therapy and Forensic Evaluation Practice. Past cohorts have done residencies at the Crescenz VAMC, the Seattle VAMC, the Stanford Sleep Center, Pittsburgh VA Trauma Residency, Center for Traumatic Stress in the Department of Behavioral Sciences at Rush University Medical Center in Chicago, and the Columbia University Medical Center Department of Psychiatry Adult Anxiety, Mood & Personality Disorders.

Training Model and Program Philosophy

The philosophy of our psychology training program is best described as scholar-practitioner. We advocate the integration of clinical research with clinical practice. This involves the development of skills in critical analysis of research and the application of research into clinical practice.

Our training model is developmental and designed to promote professional competence through a sequence of training experiences that are graded in complexity. Interns will move from close supervision and more intensive instruction to relatively autonomous functioning over the course of each rotation.

Program Aims and Competencies

The mission of the training program is to provide experiences necessary to function as ethical, scientifically grounded, psychologically flexible and highly skilled psychologists. Interns and Residents will develop skills in the delivery of a broad range of mental health services as members of interdisciplinary teams in the VA's integrated healthcare delivery system.

The primary goal of the Crescenz VA Psychology Internship Program is to train interns to be competent in the general practice of health service psychology, and specifically to develop skills in the provision of high-quality evidence-based mental health care. Our training program incorporates a diversity of clinical experiences to provide interns with well-rounded, generalist training that will equip them to work successfully in a variety of clinical environments, including interdisciplinary team settings. Given the nature of our patient population, opportunities to gain experience working with trauma and PTSD are infused throughout all of our rotations. The internship program will highlight the integration of mental health services into primary care consistent with the patient-centered medical home. Training in evidence-based practices will be a key component of training throughout the internship experience. Interns will take an active role in developing their own training plan and in adjusting it to meet their needs and emerging interests. A cornerstone of our training philosophy is an emphasis on breadth while also allowing for in depth training in focused areas of interest. The purpose of our internship program is to prepare interns for post-doctoral residencies or entry-level positions in health service psychology.

The training program will provide specific training in team-based care as part of interprofessional teams in primary care and specialty care. Training will emphasize the importance of patient-centered care, including matching the level of care with patient need (stepped care). Trainees will engage other team members in a collaborative approach to care that involves drawing from the expertise of different disciplines and sharing in problem-solving so as to best meet veterans' needs. Measurement-based care, improved access to treatment and patient preferences in care will be emphasized.

Competencies that will be nurtured and assessed during the internship are outlined below. Of note, competencies in interprofessional collaborative practice will be evaluated for interns and residents, but residents will have the further requirement to meet specific benchmarks.

Research/Scholarly Inquiry

1. Able to critically evaluate and disseminate research or other scholarly activities (case conferences, presentations, publications) at the local, regional or national level
2. Able to integrate current scientific knowledge with clinical practice
3. Has realistic goals for scholarly activities for the year
4. Develops and carries out research project over the course of the year

Ethical and Legal Standards

1. Has knowledge of and acts in accordance with current version of the APA Ethical Principles and Code of Conduct
2. Has knowledge of and acts in accordance with relevant laws, rules and policies governing health service psychology at the CMC VAMC, as well as the local, state, regional and federal levels

3. Has knowledge of and acts in accordance with relevant professional standards and guidelines
4. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas
5. Conducts self in an ethical manner in all professional activities

Individual and Cultural Diversity

1. Has understanding of how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
2. Has knowledge of current theoretical and empirical knowledge base as it relates to diversity in all professional activities including assessment, intervention, research, supervision/consultation and interprofessional work
3. Integrates knowledge of individual and cultural differences in the conduct of professional roles, and has ability to apply framework for working effectively with areas of individual and cultural diversity not previously encountered; works effectively with individuals whose group membership, demographic characteristics or worldviews conflict with their own
4. Applies their knowledge and work effectively with the range of diverse individuals and groups encountered during training

Professional Values and Attitudes

1. Conducts self in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others
2. Aware of own competence and limitations as a clinician; engages in self-reflection regarding personal and professional functioning; engages in activities to maintain and improve performance, well-being and professional effectiveness
3. Open and responsiveness to feedback and supervision; responds to consultation/supervision with constructive action or changes
4. Possesses an appropriate level of confidence in clinical abilities; responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training
5. Demonstrates accountability, dependability and responsibility
6. Shows commitment to continuing developmental professional goals
7. Demonstrates maturity of judgment in clinical and professional matters

Communication and Interpersonal Skills

1. Develops and maintains effective relationships with colleagues, supervisors, supervisees, organizations, communities and those receiving professional services
2. Produces and comprehends oral, nonverbal and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts
3. Participates in seminars, didactics and team-based meetings
4. Demonstrates ability to document patient contacts timely and effectively
5. Demonstrates effective interpersonal skills and the ability to manage difficult communication well

Assessment

1. Demonstrates clinical interviewing, record review, differential diagnostic skills and knowledge of DSM-V
2. Completes interview, testing and written report within reasonable time frame
3. Selects and applies assessment methods that are drawn from the best empirical literature, and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the goals of assessment and diversity characteristics of the client
4. Demonstrates accurate and standardized administration and scoring of assessment measures
5. Interprets assessment results to inform case conceptualization and recommendations, avoids decision-making biases and distinguishes aspects of assessment that are subjective from those that are objective
6. Communicates orally and in written documents the findings and implications of the assessment in an effective manner to clients, family members and other providers

7. Uses evidence-based assessment in treatment plan formulation and to track treatment progress over time

Intervention

1. Demonstrates ability to establish and maintain effective relationships with clients
2. Develops evidence-based individualized treatment plan and goals in collaboration with clients
3. Conceptualizes client's presenting problem within a theoretical approach appropriate to the client/population
4. Implements interventions that are well-timed, effective, and informed by scientific literature, assessment findings, diversity characteristics and contextual variables
5. Uses assessment data and relevant research findings to measure treatment progress and inform clinical decision making; adapts intervention goals and methods consistent with ongoing outcome evaluations
6. Demonstrates ability to intervene in groups skillfully, with focus on each session's goals and tasks
7. Recognizes and appropriately responds to patient crises
8. Has awareness of process/relationship issues occurring within the therapeutic relationship, and personal issues interfering with ability to provide clinical services
9. Able to adapt evidence-based approaches, intervention goals and methods when clinically indicated or when clear evidence base is lacking

Supervision

1. Demonstrates knowledge of supervision models and practices
2. Applies this knowledge in direct or simulated practice with psychology trainees or other health professionals
3. Provides colleagues and other trainees feedback and guidance (in group supervision and or case conferences)
4. Effectively handles ethical and boundary issues in supervision

Consultation and Interprofessional/Interdisciplinary Skills

1. Demonstrates knowledge and respect for the unique roles of other professionals, fostering a climate of respect and shared values
2. Consults independently with other professionals to coordinate care of their clients
3. Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, or with other health care professionals or groups
4. Able to determine and clarify referral issues, and to use knowledge of one's professional role and those of other professionals to address mental and physical health care needs of client
5. Demonstrates ability to communicate assessment and/or intervention results to referral source, individual, family members, or team in an understandable and integrative manner

Program Structure

Interns will complete four 6-month rotations (2x2). One rotation will be working in a patient-centered medical home model of care, either on the Primary Care-Mental Health Integration rotation or on the Health Promotion Disease Prevention rotation, and one rotation will be in Evidence-Based Therapies. The two additional six-month rotations include a variety of clinical experiences and will be selected by the intern prior to the start of internship. Prior to beginning the internship, interns will consult with the directors of training and supervising psychologists to select those training experiences that best meet their individual training needs and interests. This provides an excellent opportunity to preview what your training year will look like before joining us. We do our best to ensure you do rotations that you are most interested in during the first half of the training year to be competitive for postdoctoral positions. Interns will be expected to provide long-term treatment throughout the year to Veterans in one of the outpatient settings, and interns will participate in comprehensive assessments in one or more assessment clinics. They will complete 2,080 hours of training including at least 520 hours of direct patient contact. Interns will be given at least four hours of weekly supervision, two hours of which will be individual supervision. Additionally, interns will have at least two hours of weekly didactic instruction. Time for research will be available throughout the year. The internship program will expose interns to a broad clinical and diverse

population, a variety of treatment modalities and milieus, a variety of theoretical orientations and supervisors, and will emphasize training in the various roles of a professional psychologist.

Training Experiences

Below is the description of each of the rotations from which an intern can choose. All interns will complete a Patient-Centered Medical Home rotation (Primary Care-Mental Health Integration [PCMHI] or Health Promotion Disease Prevention [HPDP]) and a rotation in Evidence-Based Therapies (EBT). In addition, interns will choose two additional six-month rotations. Interns will also have therapy, assessment and research experience throughout the year. Interns may be asked on certain rotations to work flexible hours, such as an evening a week, to improve access to care for Veterans, but required hours would not exceed 40 hours per week. The specific program developed by an intern must meet the approval of the Directors of Training.

Clinical Neuropsychology Focus Supervisors: *Solomon Kalkstein, Ph.D., ABPP-CN, Megan Glenn, Psy.D., Agnieszka Kleczek, Ph.D., Carissa Lane, Psy.D., J. Cobb Scott, Ph.D.*

For the 2024-2025 training year, we will continue to offer one internship position with a Clinical Neuropsychology Focus. The goal of the CMCVAMC Clinical Neuropsychology Focus position is for interns to develop both generalist, entry-level skills as a Clinical Psychologist and advanced, specialty training in Neuropsychology. Together with supervision, the Neuropsychology Focus rotations will provide the intern with at least 50% of their clinical time in neuropsychology activities. Our program will prepare the Neuropsychology Intern to be competitive for application to an advanced, two-year neuropsychology fellowship program with training objectives in accordance with the Houston Conference Guidelines on Specialty Education and Training in Clinical Neuropsychology.

Although a separate focus, the Clinical Neuropsychology intern will be considered a member of the larger internship cohort. As such, they will complete the same required 6-month training rotation in PC-MHI/HPDP as the other interns, as described below. However, Neuropsychology Focus interns will complete two additional six-month rotations that focus on clinical neuropsychology. Typically, Neuropsychology Interns will see patients in the Neuropsychology Consultation Service for both six-month rotations and will complete two 6-month minor rotations in other neuropsychology services within the CMCVAMC, including the Geriatric Neuropsychology Service, Parkinson's Disease Research, Education, and Clinical Center (PADRECC), or Polytrauma Clinic (Polytrauma Network Site). Opportunities for assessment within the Inpatient Mental Health Clinic or Inpatient Medical Unit are also available, as time permits. For the 6 months in which the Neuropsychology Interns are *not* completing the training rotation in PC-MHI/HPDP, they will have the opportunity to see patients in the Evidence-Based Practice (EBP) rotation and to take on additional neuropsychology-related intervention activities. These neuropsychology-related intervention activities include: 1) reserved time for weekly feedback appointments; and 2) co-leading psychoeducational/cognitive rehabilitation groups, including the NEW LEAF and ADHD Skills Group (see below).

Additionally, our larger CMCVAMC neuropsychology training program provides a rich interdisciplinary environment with seminars, invited lectures, and opportunities for collaboration with faculty across disciplines and departments, and the Neuropsychology Intern will be expected to participate together with the fellows in the full neuropsychology didactics program. Extensive research opportunities will be available to the Neuropsychology Intern, including preparation of presentations and manuscripts, critical reviews or meta-analyses, archival data analysis, and grant preparation (as appropriate). Potential research mentors include both CMCVAMC neuropsychologists and faculty members from the University of Pennsylvania.

Training will incorporate methods appropriate to COVID pandemic considerations, if necessary, and will include opportunities for assessment and intervention with a variety of patient populations, including traumatic brain injury, neurological disease, neuromedical disorders, mental health disorders, and chronic health conditions. Clinical Neuropsychology interns will be expected to become proficient in all stages of the neuropsychology process, including chart review, test administration, scoring, case conceptualization, case presentation, report writing, and feedback. Our clinical neuropsychology postdoctoral fellows will also provide additional tiered supervision and mentorship.

Additional specific information on rotations is provided below.

Neuropsychology Consultation Service

Supervisors: Solomon Kalkstein, PhD, ABPP-CN; J. Cobb Scott, PhD

Interns will conduct comprehensive neuropsychological assessments with a broad range of patient populations, including neurodegenerative diseases, cerebrovascular disease, cancer, epilepsy/seizure, substance abuse, ADHD, and cognitive dysfunction secondary to a medical or psychiatric condition. Many referrals come from the Mental Health Clinic, which provides multidisciplinary care through a team approach. Extensive experience in differential diagnosis and brain-behavior relationships will be provided. Training will emphasize the importance of providing detailed recommendations focused on evidence-based interventions, where appropriate, as well as compensation for deficits and accentuation of strengths that can be utilized by referral sources, the patient, and caregivers. Training will also focus on using the research literature and psychometric theory to make logical, evidence-based clinical predictions. In addition, interns will participate in feedback sessions and provide evidenced-based psychoeducational interventions, as appropriate.

Geriatric Neuropsychology Service

Supervisors: Megan Glenn, PsyD & Agnieszka Kleczek, PhD

The Geriatric Neuropsychology Service is comprised of multiple components, each offering unique and valuable experiences working with interdisciplinary teams in order to assess and treat medically and psychiatrically complex older Veterans with neurocognitive disorders. The *Memory Disorders Clinic* is an outpatient assessment clinic that receives consults from across hospital disciplines, with most referrals coming from primary care. The clinic will provide the intern with focused experience in a fast-paced environment, with three patient appointments per day. During this time, the intern will be expected to complete a targeted clinical interview, conduct a brief neuropsychological assessment, and score the battery. Test results are then reviewed in an interdisciplinary team meeting following the clinic. Separately, the *Geripsych Clinic* is an outpatient, interdisciplinary consult team, comprised of neuropsychology, geriatric psychiatry, occupational therapy, and social work, with the purpose of assessing the cognitive, functional, and behavioral needs of older Veterans with comorbid neuropsychiatric disturbances and their care partners. Finally, the *Geriatric Patient Aligned Care Team (GeriPACT) Rotation* allows for neuropsychology interns to integrate with geriatric medicine fellows in order to collaboratively assess and plan treatment for older Veterans with declining physical status, more than one chronic disease, and neurocognitive symptoms. During each Geriatric Neuropsychology Service rotation, the intern will interface with other members of the Clinic teams through consultation and/or interdisciplinary team meetings, and the intern will participate in feedback and psychoeducation. Recommendations will focus on evidence-based interventions, such as cognitive remediation and psychotherapy, as well as supportive home-based interventions that may be useful to patients and their caregivers.

Parkinson's Disease Research, Educational, and Clinical Center (PADRECC)

Supervisor: Solomon Kalkstein, PhD, ABPP-CN

The PADRECC is a movement disorders clinic that is composed of expert clinicians from various fields of health care, including neuropsychologists from the CMCVAMC Behavioral Health Service. Neuropsychological evaluations are provided in order to assess for Parkinson's Disease-related dementia as well as other conditions, and to assist with treatment planning, such as appropriateness for Deep Brain Stimulation surgery. Targeted evaluations will be performed and, because PADRECC patients are sometimes not connected with Behavioral Health, recommendations for evidence-based psychotherapy, where appropriate, will be emphasized. Interns will engage in debriefing with the referring PADRECC neurologists and will interface with medical residents and fellows rotating through the PADRECC. Interns will likely be able to attend one Deep Brain Stimulation surgery during this rotation.

Polytrauma Clinic

Supervisor: Carissa Lane, Psy.D.

The CMCVAMC is a Polytrauma Network Site, and the intern will therefore interface with the Polytrauma interdisciplinary team, whose members include the Neuropsychologist, OT, PT, Vestibular Therapist, Speech Therapists, Case Managers, Social Workers, Nurse Practitioners, Psychiatrists, and Low Vision Specialist. The intern will conduct comprehensive neuropsychological evaluations to be used for diagnosis and evidence-based treatment planning. Education will be provided regarding the unique issues and problems associated with dual diagnoses of TBI and behavioral health conditions, and the implications for treatment. The intern will develop expertise in formulating recommendations that are rehabilitative, educational, and inclusive of behavioral health concerns.

Inpatient Mental Health Clinic

Supervisors: Megan Glenn, PsyD, Solomon Kalkstein, PhD, ABPP; J. Cobb Scott, PhD

CMCVAMC includes both medical and psychiatric inpatient units. Interns will perform assessments on an as-needed basis and will assist with all aspects of the neuropsychological assessment (i.e., interview, test administration, test scoring, interpretation, and report writing). Frequent referral requests in this setting involve both cognitive and personality/diagnostic clarification. In this setting, the intern will be required to work efficiently to assist with providing in-person feedback to the medical and/or behavioral health team. The inpatient treatment team will be consulted prior to assessment for relevant acute considerations and will be debriefed after the evaluation so that results can inform inpatient treatment as well as discharge planning.

Cognitive Skills Groups

Supervisors: Megan Glenn, PsyD; Solomon Kalkstein, PhD, ABPP

Fellows will have the opportunity to participate in intervention groups that were initiated by the CMCVAMC neuropsychology service in response to patient needs. The NEW LEAF group is an 8-week course for Veterans with mild cognitive impairment who are 60 years of age and older. It encompasses evidence-based, cognitive and health promotion strategies, with the aim of bolstering cognitive functioning, maintaining functional independence, and improving physical and mental well-being. The ADHD Skills Group focuses on psychoeducation and helps group members identify and prioritize problem areas. Skill-building primarily targets organization, time management, and decision-making and utilizes worksheets and in-group exercises to teach and concretize behavior change.

Rotations

One PCMH rotation and the Evidence Based Therapies rotation are required.

*** Primary Care-Mental Health Integration/Patient Centered Medical Home (PCMH)**

Supervisors (vary): Shelby Munschauer Psy.D., Elizabeth Phelps, Psy.D., and Amy Helstrom, Ph.D. and Radhika Pasupuleti, Ph.D.(as needed)

The Crescenz VA Primary Care clinics are fast-paced, outpatient primary care medical settings. Behavioral health services are well integrated into primary care practice following the Patient Centered Medical Home (referred to in the VA as Patient Aligned Care Team (PACT)) model of treatment. Interns on this rotation will work as members of the PC-MHI team (the Behavioral Health Laboratory, or BHL) including psychology technicians, nurses, a psychiatrist, psychologists, and social workers, who work closely with primary care staff. They will have the opportunity to conduct initial functional assessments based on “warm handoffs” from primary care providers for patients with a wide range of mental and behavioral health issues. They may provide similar evaluations in response to behavioral health consults from primary care. In order to support collaboration with PACT staff, interns will participate in weekly group consultation with a psychiatrist and other BHL staff. Interns also will also responsible for evaluation and monitoring of patients, providing education and support, influencing adherence to guidelines by providing “on-time, on-target” information to primary care providers, and collaboratively making appropriate care decisions. Measurement-based care will be emphasized, and interns will apply this in the context of evidence-based treatment modalities for primary care veterans with depression, anxiety, alcohol misuse, insomnia, subsyndromal or mild PTSD, adjustment disorder, and chronic pain. Interns in this rotation will provide brief individual treatment and typically lead/co-lead psycho-education or wellness groups (examples: Problem-Solving Training; Coping with Grief, Healthy Aging).

*** Health Promotion Disease Prevention/Whole Health**

Supervisors: Rachel Allen, Psy.D., Kristyna Bedek, Psy.D., Cathy Bykowski, Ph.D.

Health Promotion/Disease Prevention (HPDP) is a VA-initiative dedicated to reducing the burden of chronic disease by targeting unhealthy behaviors (e.g., diet, exercise, tobacco and alcohol use, chronic stress) and promoting patient empowerment through self-management behaviors. The HPDP program is

part of the Whole Health Team at the CMCVAMC. Briefly, Whole Health is a cultural transformation designed to empower and equip Veterans with evidenced based self-care skills that they can use to support their overall health and well-being to live their life to the fullest. This assignment incorporates a strong behavioral medicine focus and emphasizes the unique health psychology skill set involved in the provision of both individualized patient-centered care and population-focused care to support veterans in making positive health behavior changes. On this rotation the intern will work with the facility's Whole Health Psychologist, Health Behavior Coordinator (HBC), and HPDP Program Manager in the provision of direct clinical care (individual and/or group) as well as several, or all, of the following components consistent with HPDP initiatives: medical staff education and training, consultative services, program development/management/evaluation, performance improvement, and various other health care leadership/administrative tasks. Specific clinical opportunities include facilitating or co-facilitating groups such as stress management, Sleep Well, MOVE! weight management groups, mindful eating, diabetes management, tinnitus management, CPAP adherence, and stop smoking, as well as individual treatment focused on weight management, smoking cessation, insomnia, medication adherence, coping with chronic illness, CBT for functional GI disorders, needle phobia, and psycho-oncology. Interns will have the opportunity to supervise practicum students on this rotation and will work closely with the Postdoctoral Resident.

***Evidence-Based Therapies Rotation**

Supervisors: Elyssa Kushner, PsyD, Emory Marino, PsyD, Kristin Taylor, PhD

This required, major rotation offers the intern the opportunity for comprehensive training in two of the Department of Veterans Affairs' Evidence-Based Psychotherapy initiatives, Prolonged Exposure for PTSD and Cognitive Behavioral Therapy for Depression. This includes full training workshops for each of these treatments early in the year followed by supervised cases during the rotation where the intern is trained to meet standard competencies in providing these treatments. Interns who are able to successfully complete their assigned cases in CBT-D and who meet the competency requirements may apply for VA equivalency training status in this modality upon licensure. In addition, this rotation also includes training in the assessment and treatment of a wide variety of exposure-based treatments for anxiety disorders including GAD, OCD, social anxiety, panic disorder, and specific phobias. Evidence-based assessment including general clinical interviews, disorder-specific clinical interviews, and regular use of self-report assessments is integral to the rotation as we support the use of measurement-based care to inform case conceptualization and improve treatment outcomes. Training in assessment includes competencies in multicultural-informed assessment, such as use of the Cultural Formulation Interview and assessment of racial trauma.

Interns will have the opportunity to provide evidence-based psychotherapies in both individual and group formats. Currently, all interns on the rotation cofacilitate a CBT for depression group. This group content and structure adheres closely to the standards of the VA national rollout CBT for depression group and is co-facilitated by Dr. Kushner, an author and developer of the protocol and a national consultant for the CBT for Depression and CBT for Depression in Groups training programs. Additional opportunities for group facilitation may also be available depending on a particular intern's interests and the current group offerings in our clinic.

The EBP rotation includes one hour of weekly individual supervision provided by one of the supervisors above, one hour of group supervision, and one hour of professional group consultation related to the delivery of EBPs for PTSD. This consultation meeting is attended by both trainees and more experienced clinicians and includes a lively discussion of specific cases as well as general questions about the implementation of Cognitive Processing Therapy and Prolonged Exposure for PTSD.

Our weekly EBP group supervision provides space for discussion of new referrals, review of relevant literature, facilitation of culturally competent/humble practice, and provision of additional didactics specific to the treatments we utilize. Case discussion emphasizes the synthesis of research evidence, clinical acumen, and cultural and individual factors. Each intern is expected to complete a presentation at the end of the rotation about an evidence-based psychotherapy relevant to our Veteran population and of interest to them.

PTSD Clinical Team (PCT)

Supervisors: Susan DelMaestro, PhD, Nicole Kremer, PsyD

As an active member of the PTSD Clinical Team, the intern will provide treatment planning and trauma-focused therapy for Veterans with PTSD. This rotation offers a solid foundation for understanding the impact of trauma on all aspects of a Veteran's life, and the intern will have the opportunity to treat clients typically followed by the PTSD team, including those with histories of combat exposure, MST, and childhood trauma. The intern will be actively involved in all aspects of treatment offered by the PCT, and learn to do detailed intake assessments, engage in developing treatment goals and treatment decision-making with Veterans, and provide evidence-based treatments for PTSD. Emphasis is on providing a time-limited course of therapy that is intensive and trauma-focused. The intern will learn different approaches to treatment for PTSD, primarily Prolonged Exposure and Cognitive Processing Therapy, and provide these treatments in accordance with the client's stated goals, symptoms, and readiness for intensive trauma work. There may also be opportunities to learn more about other EBP treatments for PTSD such as Narrative Exposure Therapy and EMDR. The intern may have the opportunity to co-lead an EBP-informed group or develop their own group. As an integrated member of the PCT, the intern will also participate in weekly team meetings, and contribute to discussions on case formulations, treatment approaches, and program design.

Inpatient Behavioral Health (2 units, 40 total beds) Supervisors: *Brett Schur, PhD*

The inpatient service at the Crescenz VAMC is an excellent opportunity for psychology interns to gain exposure to examples of serious mental illnesses in their most acute presentations. The service consists of two 20-bed units serving Veterans with a broad spectrum of acute psychological disorders. One unit is oriented to Veterans with addictive disorders, who also often present with a variety of co-morbid conditions. The other unit primarily serves Veterans with severe mental illness, including bipolar disorder, depression, a range of psychotic disorders, anxiety disorders, and post-traumatic disorders. Sleep difficulties, traumatic brain injury, other neurocognitive disorders, history of military sexual trauma and moral injury, as well as disorders of emotion regulation are common concomitant problems. The inpatient service is an opportunity to see and interact with patients who are manic, delusional, paranoid, profoundly depressed, or acutely suicidal in a safe and protected environment.

Psychologists on the inpatient service participate in a daily interdisciplinary treatment team meeting, lead a daily psychology group on each unit, and offer short term individual psychotherapy interventions. Psychology interns are involved in each of these roles, co-leading or leading groups, offering short-term psychotherapy, and representing psychology in interdisciplinary meetings and interactions. Groups tend to be psychoeducationally oriented, with emphasis on knowledge and skills which can improve daily functioning of Veterans, including automatic negative thoughts, recognition and regulation of emotions, relapse prevention, relationship skills, illness education, and mindfulness skills. In this role, an intern has the opportunity to learn group management skills with a set of patients who are heterogenous in their diagnostic presentations and their functioning levels.

Individual psychotherapy sessions are necessarily oriented to short-term interventions, with an emphasis on illness education, emotion regulation skills, relapse prevention, and symptom management. In many cases, we think of each session as a one-time, self-contained intervention. The therapist must quickly establish rapport, listen to the patient, and determine a direction for the intervention, and hopefully leave the patient with a new skill or concept within the span of the session. One of the principal goals of individual therapy is to provide the Veteran with a positive therapy experience to pave the way for transition into ongoing outpatient psychological care. Cognitive interventions for management of active psychosis are sometimes offered.

Strong emphasis is placed on collaborating with professionals from all the disciplines involved in the treatment program, including psychiatrists, social workers, nursing staff, clinical pharmacists, and recreation therapists. There may also be an opportunity to participate in tiered supervision of psychology practicum students. Of course, we follow an approach of graduated responsibility. An incoming intern will have a period of orientation to the unit and shadowing a senior psychologist before seeing patients

independently. Groups are co-led by a psychologist and a trainee for much of the year, although there is ample opportunity to gain the experience of flying solo in a group setting.

The overarching goal of this experience is to develop skills that will lead to professional competence as a psychotherapist and diagnostician, including flexibility to work with a variety of clinical presentations in both individual and group therapy settings, comfort with interdisciplinary collaboration, sensitivity to individual and cultural differences, and high standards of ethical practice and professionalism. Additionally, the unit is a rich learning environment for trainees from various disciplines and additional educational opportunities are available as part of this rotation, including case conferences and grand rounds by expert Penn faculty and consultants. We recommend that every intern gain an experience on a hospital inpatient service during the course of their training.

Residential Rehabilitation Treatment Program (RRTP) (known as Snyder House) *Supervisor: Suzilene Board, Psy.D.*

Snyder House is a 40 bed residential treatment program for veterans who have a mental health diagnosis (e.g., PTSD, depression, anxiety, substance use, schizophrenia) who may or may not be homeless or at risk of homelessness. The rotation offers a unique opportunity for interns to be a part of a team that includes two psychologists, a psychiatrist, nursing staff, a vocational rehabilitation specialist, a peer specialist, a recreational therapist, an addiction therapist, social workers, a nurse practitioner, and a pharmacist. The psychologists at Snyder House serve as Team Leaders for the multidisciplinary team and offer individual and group therapy. Interns will be encouraged to be an active part of the team and learn how to take on a leadership role, while also providing individual and group therapy. The length of stay varies from 30-90 days, with the average being 90 days for vets who are homeless, but usually shorter for those who are stably housed and in treatment primarily for their mental health and substance abuse needs. Interns will have the opportunity to work with veterans through their entire episode of care during their rotation.

Snyder House's model is strength-based and recovery oriented. It helps veterans work on all areas of living and improve their quality of life. The facility is located in the heart of South Philadelphia. It offers a home-like environment to residents, with each veteran having his/her own bedroom and bathroom, along with a dining area, recreational rooms, laundry rooms, and separate men and women's gyms. The emphasis of the Homeless Domiciliary portion of the program is to re-integrate the veteran back into his or her community including reconnecting with medical and psychiatric care, family and friends, housing and vocational/avocational activities. The goal for all veterans while in the program is to assist the veterans in returning to a healthy lifestyle through practicing healthy coping skills, interpersonal connectedness and communication within the milieu and preparing them for returning their respective environments with additional tools to be successful.

Sleep Clinic

Supervisors: Philip Gehrman, PhD, Elaine Boland, PhD

In this 6-month rotation, interns will be introduced to the field of Behavioral Sleep Medicine in the setting of an interdisciplinary sleep medicine clinic. Interns will work as part of a treatment team that includes providers from psychology, medicine, nursing and respiratory therapy. The rotation will involve learning to conduct detailed clinical evaluations of sleep and sleep disorders. The primary sleep disorder that we see is insomnia, and interns are trained in the delivery of cognitive behavioral treatment for insomnia (CBT-I) using a case conceptualization approach. Other treatments include imagery rehearsal for trauma-related nightmares, light therapy and melatonin for circadian rhythm disorders, and behavioral interventions to promote adherence to CPAP for sleep apnea. Interns will be exposed to a wide range of sleep disorders over the course of the rotation. Treatment is typically delivered one-on-one but group CBT-I is an option as well. There may be opportunities to provide treatment to veterans at other facilities or in their home using clinical video telehealth. There are ongoing sleep-related research projects and data available that interns can be involved in analyzing for their independent research project.

Comorbid Substance Use and PTSD

Supervisor: Mark Campanile, Psy.D.

Interns on this 6-month rotation will utilize case conceptualization to inform individually-tailored interventions for PTSD and substance use, with an emphasis on integration of treatment. The co-occurring nature of the two disorders is such that over time, addiction interferes with amelioration of the trauma disorder and symptoms of the trauma disorder in turn discourage seeking or obtaining recovery from addiction. Training opportunities will include learning to complete level of care assessments for veteran's presenting with SUD, co-leading group, and providing individual psychotherapy. The intern will learn an array of modalities to work with PTSD/SUD populations with an emphasis on approaches that address symptoms simultaneously with recognition of their connectivity. The intern will attend weekly multidisciplinary team meetings for both clinics and learn about medication-assisted treatment for substance use disorders. Therapy approaches include Anger Management, Relapse Prevention, Motivational Interviewing, DBT Skills Training, CPT, PE, CM and Harm Reduction. The intern will receive clinical and didactic training, and one hour of weekly supervision that includes review of audiotaped sessions.

Comorbid Substance Use and EBT for MH Disorders

Supervisor: Josh Rutherford, Psy.D.

Interns on this 6-month rotation will utilize case conceptualization to inform client-centered treatment and interventions for various co-occurring mental health presentations (e.g., depression, anxiety disorders, PTSD) and substance use disorders. As many substance use disorders typically present with co-occurring mental health disorders, it is advantageous to treat the whole person and support them on their path to recovery from substance abuse while also monitoring and treating other mental health concerns they present with. Interns will be immersed in the harm reduction model of treating substance use disorders, as well as relapse prevention, and develop skills in motivational interviewing, as well as other evidence-based approaches to treating substance use disorders (CBT-SUD; ACT). Interns will also enhance their skills in implementing evidence-based treatments for a variety of other mental health concerns, utilizing interventions from CBT for depression and anxiety, ACT, DBT, and interpersonal process. The intern will receive one hour of individual supervision that includes review of audiotaped sessions, as well as didactic training in these approaches and interventions.

Home Based Primary Care (HBPC)

Supervisor: Marla S. McLaughlin, PhD

VA Home Based Primary Care (HBPC) provides comprehensive longitudinal primary care in the homes of veterans with complex chronic disabling medical issues that significantly interfere with their ability to come to the hospital/clinics for medical and/or mental health care. HBPC is based on the Patient Aligned Care Team (PACT) model, and the care is delivered by an interprofessional team comprised of medicine, nursing, social work, physical therapy, occupational therapy, dietetics, pharmacy, and psychology. Most HBPC patients are geriatric, mainly older males with varied military experiences (WW-II, Korean War, and Vietnam War) but some are younger and/or female, and all are considered homebound due to the complexity and/or severity of their medical conditions. HBPC confronts a wide range of medical issues, including diabetes, cardiovascular disease, neurological issues (e.g., stroke, ALS, MS, Parkinson's), chronic pain, and terminal illness. Other health issues to consider are hearing loss, visual impairments, or cognitive impairments/dementia, which can make therapy challenging but also provide an invaluable experience for dealing with the special issues of the elderly population and being creative in communicating. HBPC patients often need skilled services, case management, and assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living. Some of our patients live alone and lack social support, but a large number of HBPC patients live with their families and spouses. Family members are often present during the psychology sessions, with the consent of the Veteran. Many of the patients have had no previous experience with mental health and are often struggling with stereotypes of psychological care that have to be addressed by the treating provider.

Therefore, rapport building is the most important first step with this population in order to make the Veteran and their family feel comfortable with mental health providers visiting their homes.

Trainees will learn how to provide patient-driven, proactive, personalized, team-based care oriented toward maximizing adjustment, coping, and quality of life for veteran and caregivers, in the wake of biopsychosocial losses associated with aging, increased dependency, and fear of disease process. Engaging with the HBPC team is an integral component of this rotation; the intern will attend a weekly Interdisciplinary Team Meeting, consult regularly with nurses and providers, and make treatment recommendations. Common referrals to psychology include: performing dementia assessments, implementing interventions to increase adherence with medical treatment regimens, processing end of life issues, and helping veterans cope with grief, depression, anxiety, and other psychological issues related to the aging process. Opportunities for caregiver intervention focused on improving patient well-being and reducing caregiver stress are also available. HBPC psychologist will accompany the trainee off site, as mental health services are conducted in the Veteran's own home; interns can expect to spend substantial time traveling in a VA supplied vehicle.

Trainees will have the opportunity to conduct and provide: initial mental health evaluations, brief individual therapy, family psychotherapy, crisis intervention, safety planning, cognitive assessment, capacity assessment, psychoeducation, and caregiver support. Contrary to the other HBPC disciplines, there is no recommended follow-up frequency for psychology appointments and the scheduling is done by the psychologist based on clinical opinion, treatment needs, and workload.

This is an excellent rotation to gain a solid foundation of common medical conditions in older adults and how those conditions may impact overall mental and cognitive health, to deepen knowledge about cultural diversity, and to provide psychotherapy in a more unstructured setting. It offers great flexibility and will be tailored to the trainee's interests and stage of professional development.

PCMHI and Brief EBP Interventions

Supervisor: Radhika Pasupuleti, PhD

Interns on this 6-month rotation will work within a primary care-based brief treatment framework. They will utilize a biopsychosocial model perspective to deliver evidence-based treatments, such as CBT, behavioral activation, and other brief treatment manuals. Presenting concerns typically include depression, anxiety, coping with chronic illness, and other behavioral medicine referrals. In addition, supervision and training will be structured around topics of health disparities and improving cultural competency, as it relates to clinical care and professional development. Training opportunities will include individual treatment and potential collaboration with other providers in offering health-based psychoeducational groups. In keeping with the PCMHI model, the intern will provide 30-minute brief assessment and intervention, as well as triage to behavioral health services or mental health services, as appropriate. Communication and collaboration with primary care and mental health providers is emphasized to ensure continuity of care and foster a comprehensive approach to chronic disease management.

VJS CBOC Evidence-Based Therapies Rotation

Supervisor *Paige Novick-Kline, PsyD*

This rotation is located at the Victor J. Saracini Community-Based Outpatient Clinic (CBOC) in Horsham, PA, a suburb located about 20 miles north of downtown Philadelphia. This rotation offers the intern the opportunity to learn evidence-based approaches to treating a wide range of psychological disorders, including but not limited to PTSD/trauma, Anxiety Disorders, and Depression, within the setting of an interdisciplinary treatment team at a community-based VA clinic. Interns will have the opportunity to work closely with the supervisor for a comprehensive training experience focused on honing skills in diagnostic evaluation, case conceptualization, and treatment planning; further developing and fine-tuning skill in conducting EBTs (both individually and in a group setting), including Acceptance and Commitment Therapy and Mindfulness-based interventions; Prolonged Exposure, Exposure Therapy, and Exposure with Response (Ritual) Prevention; and an introduction to other therapies including EMDR, yoga and meditation as clinical interventions, and body-based interventions. Moreover, interns will have the opportunity to explore topics such as diversity, ethics, and issues related to treating special populations,

as well as their own professional development. Interns will have the opportunity to engage in evidence-based assessment including clinical interviewing and regular use of self-report assessment measures, as well as to provide evidence-based therapies in both individual and group formats. This rotation includes one hour of weekly individual supervision, as well as participation in weekly treatment team meetings (as the intern schedule allows), and to contribute to discussions on case formulations, treatment approaches, and program design.

The Pain Clinic Rotation

Supervisor: Jean Artt, Ph.D.

Interns rotating through the Pain Clinic will have the opportunity to train within an highly interdisciplinary team treating veterans with chronic pain, and complex psychiatric and medical presentations. Initially, students can expect to gain knowledge about the neuroscience of chronic pain and the nervous system, and biomedical treatment versus biopsychosocial treatment of pain. Students will carry a caseload of individual psychotherapy cases, co-facilitate multidisciplinary Rehab Skills for Chronic Pain group, attend interdisciplinary team meetings where complex cases are presented, and participate in joint intakes with Pain Clinic nurse practitioners. Students will work in collaboration with MDs, NPs, Pharmacy, Addiction Psychiatry, PT, OT, and RNs in developing treatment plans for veterans with chronic pain, providing and receiving consultation from these disciplines, and increasing skill in communicating feedback and recommendations between these disciplines.

Overall learning targets for the Pain Clinic Rotation include opportunities to learn CBT for Chronic Pain, ACT for Chronic Pain, biofeedback for pain conditions, and practice these protocols in a complex population. Students will also gain a deeper understanding of how and why the biomedical system often inadequately addresses chronic pain, the psychological and health consequences that can result from this, and how a psychologist can function on an interdisciplinary team in a versatile role to support engagement in a biopsychosocial approach to pain management. Additionally, chronic pain often intersects with many different individual identities, and students can expect to gain skill in validating and discussing the intersection between various identities and pain experience. Similarly chronic pain, trauma symptoms, and substance use often co-occur, and students will increase competency in understanding the co-action of these issues, the associated complex ethic/risk issues that can present, and how to prioritize treatment accordingly in collaboration with the team.

Other training experiences

Year-long Therapy Training

All interns will have a therapy supervisor assigned at the beginning of the internship who will supervise cases over the course of the internship and provide the intern with long-term therapy experience. The therapy caseload will range from 5-7 cases based on other trainee therapy experiences and time commitments; selection of cases will be decided with the long-term supervisor. Interns can select from either individual and group therapy at the MHC, telehealth individual and group therapy at MHC/CBOC, or couples therapy.

General Mental Health Clinic Therapy Rotation

Supervisors: Christine McGinnis, PsyD, Susan Moslow, PsyD, Joseph Tomlins, PhD

This rotation is embedded in the general mental health clinic (MHC). Interns will have 8 hours of their 40 hour workweek blocked for this rotation. Within the 8 hours, the intern will receive 1 hour of weekly supervision and have 7 hours blocked for various clinical duties (e.g., intakes, individual therapy, group therapy, and note writing). Interns will have the opportunity to conduct psychotherapy both in-person and via telehealth.

The MHC serves a broad spectrum of veterans in terms of diversity and mental health conditions. Interns will work with a veteran population diverse in age, gender, race/ethnicity, LGBTQ+ identities, spirituality, theater of war served, etc. Interns will also receive opportunities to work with myriad mental health conditions such as combat-related PTSD, military sexual trauma (MST), depressive disorders, anxiety disorders, grief, substance use disorders, serious mental illness, personality disorders, and minority stress.

Therapy cases will be selected from the Mental Health outpatient clinic based in part on the preferences of the intern and the supervisor to help ensure a well-rounded internship experience. Interns may be asked to work flexible hours, such as one or two evenings a week (still keeping to a 40-hour work week), to improve access to care for Veterans. This therapy experience is intended to offer interns the chance to conduct psychotherapy that may extend for much of the year, with the opportunities that afford for extended assessment and case formulation, as well as for customizing standardized techniques and approaches to (often complex) individual treatment needs. Some veterans may work with an intern throughout the entire year; others may receive a dose of an evidence based psychotherapy (EBP) and terminate following the episode of care. Particular attention may also be paid to issues such as the “frame” of therapy, stance of the therapist, reflective practice, tracking process as well as content, a range of models for measuring progress, multiple meanings of the therapy experience for the patient, and professional developmental challenges.

There are many opportunities for group therapy and interns can co-lead or jointly run groups based on their areas of interest and expertise. Interns have most recently been involved in facilitating an outpatient DBT skills group, an ACT for PTSD group, a Self-Compassion group, and a CPT group for MST as part of their outpatient experience.

Supervision will use a scaffolding model. This means supervision will be more hands on at first (e.g., education on EBP’s, veterans culture, the VA system), and transition to a more collaborative approach as the intern develops various clinical and professional competencies. To do this, supervision will focus on honing the intern’s proficiencies in case conceptualization, diagnosis, treatment planning, and provision of EBP’s. Supervision will also be mindful of cultural competencies (e.g., providing affirming therapy, unlearning/navigating internal biases), ethics, traversing interdisciplinary-related issues, and professional development.

Supervisor: Joseph Tomlins, Ph.D.

The intern will have the opportunity to be supervised in the provision of EBP’s such as cognitive processing therapy (CPT), prolonged exposure (PE), cognitive behavioral therapy for depression (CBT-D), acceptance and commitment therapy (ACT), and LGBTQ+ affirmative psychotherapy .

The intern has the option to cofacilitate any of the groups run by Dr. Tomlins. These groups include the men’s MST group, the LGBTQ+ group, and the transgender & gender nonconforming group. The intern will have the option of participating in one group all year or rotating through the three groups throughout the year.

Supervisor: Christine McGinnis, Psy.D.

There is an opportunity to become an integrated member of an interdisciplinary team with specific emphasis on women’s mental health and receive specialized training in women’s mental health across the lifespan. Interns will be supervised on clinical intakes, case formulations, and provision of individual psychotherapy with women identifying Veterans. The intern will develop and co-facilitate gender specific group therapy. In addition to CPT and other cognitive frameworks, supervision will draw on relational perspectives.

Supervisor: Susan Moslow, Psy.D.

The intern will have the opportunity to be supervised in a manner most consistent with appreciating the developmental needs and goals of the intern. Initial meetings will address how intersecting identities and psychology training thus far have influenced one’s practice with anticipation that individuality in practice is supported. In doing so, we will work under the frameworks of multiple theoretical orientations to include

EBP's: PE, CPT, ACT for Depression and DBT. Case conceptualization from a Psychodynamic and ACT perspective will be offered, addressing transference and countertransference, object relations, defense mechanisms and acceptance.

Telehealth CBOC Group Psychotherapy, Supervisory, and Individual Evidence Based Psychotherapy Rotation

Supervisor: Lea Girsh, PhD

This unique, 8 hour/week, experience will allow the intern to provide long-term treatment throughout the year providing telehealth individual and co-lead group therapy (with Dr. Girsh). Interns will also provide tele-supervision for a doctoral student. Patients will be located at a satellite clinic in Horsham PA, and the intern will be located on-site at CMCVAMC. The intern will learn evidence based approaches to treating psychological disorders, including but not limited to PTSD/Military Sexual Trauma, Anxiety Disorders, Depression, Grief/Loss, Marital Discord, and Insomnia. The intern will be co-leading one or two different groups with the supervisor. Groups may include CBT- Insomnia Group, Women's Support Treatment Group, Orientation to Psychotherapy Group, and Couples Group. Supervision will focus on honing the student's case conceptualization, diagnosis, and treatment planning skills; further developing skill in conducting EBP; exploring topics such as diversity, ethics, and issues related to treating special populations; and professional development. Some of the EBP's that the intern will become trained in include PE, CPT, CBCT-PTSD, CBT-I, MI, ACT, Exposure with Response Prevention, Panic Control Training, Mindfulness Based Interventions, and CBT-Depression. Interns will carry a caseload throughout the year, of individual therapy patients. One hour of weekly telehealth individual supervision and direct supervision during group therapies will be provided as needed. Interns will also have the unique opportunity to gain supervisory skills by remotely supervising a doctoral student throughout the year. The goal at the end of this training experience will be to develop skills in conducting Evidence-Based Treatment for a variety of diagnoses and clinical presentations; fine tune individual and group therapy skills; gaining supervisory skills; understand issues of diversity and special populations; further develop one's strong professional identity and the ethical and competent provision of psychological treatment. The focus throughout the year will be to continue improving areas of professional growth as a future psychologist.

Couples Therapy

Supervisor: Steven L. Sayers, PhD, Adam Brooks, PhD

Couples therapy is a year-long training experience that includes a 4-month training seminar, weekly supervision, and experience treating a range of couples receiving treatment at the Crescenz VA Medical Center. Previous experience or training in providing couples therapy is not required but is helpful. Interns who select to receive couples therapy training will receive an hour of weekly therapy supervision. The primary modalities taught will be Integrative Behavioral Couple Therapy (Jacobson & Christensen), an integrative model for treating infidelity (Gordon, Baucom, & Snyder), and a couples brief family consultation approach (Niv). Interns will be asked to work one evening a week (still keeping to a 40-hour work week) to improve access to treatment for couples. This training experience will be limited to one to two interns per training class, at the discretion of the supervisor.

Psychological Assessment

Supervisors: Agnieszka Kleczek, PhD, Solomon Kalkstein, PhD, Cobb J. Scott, PhD

Assessment is incorporated into each primary rotation and may include clinical interviews, structured interviews, and screenings for depression, anxiety, substance use, post-traumatic stress, and cognitive functioning. In addition, interns will participate in comprehensive assessments in one or more assessment clinics that may include General Adult or Geriatric assessments and will spend on average 2 hours per week on this rotation. Further, interns will have monthly assessment meetings for case discussion and/or as a didactic opportunity.

Research Project

All interns will be expected to complete a small-scope program evaluation or research project over the course of the internship and present the findings at the end of the training year in a poster session. Interns will have opportunities for research through clinical rotations, supervisory relationships, Centers of Excellence such as the MIRECC, the Parkinson's Disease Research, Education, and Clinical Center (PADRECC), the Center for Health Equities Research (CHERP), the Center for Substance Abuse and Treatment and Education (CESATE), the VA National Center on Homelessness Among Veterans, the Primary Care-Mental Health Integration team, and ongoing clinical research projects. Interns will develop skills in treatment research design and methods, manuscript development, and the ethical conduct of research.

Didactics

Internship didactic offerings are a highlight of the training year and reflect our program's commitment to evidence-based practices and developing skills within a cross-cultural framework.

Evidence based treatment trainings are held at the beginning of the year and again at mid-year. All interns will be fully trained in four to five EBTs by the completion of internship. Within the first month of internship, two-day CBT for Depression and three-day Prolonged Exposure trainings are held. Shortly thereafter, PCMHI-Whole Health trainings are provided. In the second half of the year, extended trainings in Acceptance and Commitment Therapy and CBT for Insomnia are held. All trainings are led by experts in the field, many of whom are VA national consultants.

The intern didactic seminar will meet one weekday afternoon for two hours and will include staff presentations and/or case presentations. Group supervision for all interns will be held for an additional one hour each week; interns will use this format to discuss competencies involved in being a supervisor, and use role plays and other exercises to practice supervision skills. Professional development will also be a focus of group supervision. Within each rotation, interns will also attend relevant didactic seminars. In addition, a one-hour assessment journal club and a one-hour Geriatric Concentration/Issues in the Aging Veteran Population didactic will occur monthly. A new addition, a neuropsychological assessment series, is offered at the beginning of the year to enhance knowledge of neuropsychological testing and test administration prior to doing hands on assessments.

Twice a month, interns will attend a cultural competency didactic series with an emphasis on intersectionality and military culture. Trainees will have an opportunity to expand education and engage in self-reflection. Topics incorporate the impact of current events and historical contexts and have included racial/ethnic considerations, gender and sexual orientation, religion and spirituality, physical ability, addressing microaggressions and implicit bias, assessing racial trauma, and more. In the second half of the training year, interns have the opportunity to present a case, in which they integrate a diversity-oriented conceptualization into treatment. Throughout the year, interns are also welcome to discuss cases openly during this didactic. Finally, trainees will attend an annual immersion experience where they visit and learn about community resources for historically underrepresented or disadvantaged groups (e.g., individuals facing homelessness, LGBTQ community).

Additional opportunities for interns include attending and participating in the following: Psychology Staff Meetings, multidisciplinary team meetings, Grand Rounds, inpatient clinical case conferences, outpatient clinical case conferences, and professional conferences. These opportunities provide Psychology staff and trainees with continuing education, communication, and collaboration. Interns will be expected to attend monthly psychiatry grand rounds and case presentations. Didactic opportunities through the University of Pennsylvania Grand Rounds Series will also be open to interns.

Professional Psychologist Mentorship Program

The Mentorship Program allows Interns to acquire additional guidance and support as they more fully define and develop their roles as professional psychologists. A mentor is a member of the VA's Behavioral Health Service who has chosen to participate in the year-long mentorship program; they may be active in research and/or administration, or have leadership roles at the VA. Through this non-evaluative relationship with a mentor, interns will gain exposure to different parts of professional life so

they can fully experience the many roles of a professional psychologist and, more specifically, a VA psychologist. A mentor can facilitate and oversee research or administration projects, offer direction to resources that are part of the larger VA community, and provide advice about professional activities that will enhance career goals. This program emphasizes that professional success is multifactorial and career development resides within the context of personal development. Allowing trainees to develop both personally and professionally as psychologists requires role models who have successfully negotiated the challenges encountered early in a psychologist's career. While choosing a mentor is optional, we hope that each intern will take advantage of this special opportunity to work closely with a member of our community.

Potential interns will be informed of the mentorship program during the interview process. During orientation week, new interns will be provided a list of participating staff, including information related to clinical and research interests, availability for meetings and additional specialized areas for mentoring such as networking skills, work-life balance, early career development, and leadership skill development. In addition, mentors will be encouraged to provide personal and biographical information, as potential mentees may wish to select a mentor based on shared ethnic or cultural background and values.

Requirements for Completion

All VA pre-doctoral internships are exactly 52-week experiences. To successfully complete the program, each intern needs the combination of supervised professional experience, any educational leave (authorized absence), accrued sick and annual (vacation) leave to total 2080 hours (2088 hours in a leap year). In the event of extended sickness, time off for pregnancy and child care, or other exigencies, the intern may have to be placed on leave without pay (LWOP) status, thereby delaying his or her finishing the internship along with the cohort class and necessitating the continuation of training into the subsequent training year. This in no way is meant to be punitive in nature, rather it is just a fact of life associated with signing a letter of commitment for any VA internship.

In response to the emergency conditions due to COVID-19, the Office of Academic Affiliation has developed guidance for the use of leave. In addition to accrued sick and annual leave, health profession trainees are eligible for Weather and Safety Leave, telework, or authorized absence for a limited period. The Federal Government is a leader in the use of innovative workplace arrangements like telework. Telework can help essential Federal functions to continue during emergency situations. Trainees will be given the opportunity to acquire training in Telehealth and be eligible for telework in the event of emergency conditions. All telework must be approved by the DEO and VA Site Training Directors.

Program Evaluation - Intern Assessment

The effectiveness of the training program's ability in meeting stated goals and objectives will be measured and evaluated through a variety of formal and informal methods. Intern progress will be evaluated throughout the program by supervisors and the co-Directors of Training. Additionally, interns will have the opportunity to evaluate both their supervisors and the overall program.

Intern's development of knowledge and skills relevant to competency areas will be evaluated through direct observation, interviews, surveys, audio tape, video tape, discussion of clinical interaction, review of written work, case presentation, and surveys of interdisciplinary team members. Specific benchmarks and minimal thresholds of achievement will be established for each competency. These benchmarks will be communicated to interns at the beginning of each rotation. Interns will be expected to demonstrate intermediate to advanced skills in core competencies of health service psychology.

Performance will be regularly assessed by individual supervisors and multidisciplinary team members. In addition, intern documentation of clinical work will be reviewed and signed by intern supervisors. At mid-rotation (quarterly for outpatient psychotherapy), supervisors will give specific feedback to interns on their progress toward meeting the established competencies, provide a formal written evaluation, and implement a remedial program for interns who fail to progress. At the end of each rotation (mid-rotation for outpatient psychotherapy rotation), supervisors will assess the knowledge and skills gained by interns and complete a second written evaluation. Behavioral anchors for each competency and degree of

supervision needed will be rated. Interns will also be monitored by faculty on their contributions to seminars and didactics, and collaboration in research endeavors.

Interns will participate in the completion of psychological evaluation reports for review by their assessment supervisors for at least one 6-month assessment rotation. Interns may integrate multiple sources of data, such as a clinical interviews, standardized assessment methods (i.e., a personality or intellectual assessment measure), and self-report measures. The following skills may be evaluated by the assessment supervisor: knowledge and skills in clinical interviewing, test selection, test administration, interpretation of interview and test data, written and oral communication skills, recommendations, and delivery of feedback to the Veteran. A formal evaluation will be completed by the assessment supervisor while the intern is on an assessment rotation.

The psychotherapy rotation includes regular submission of audiotapes of a full session to the therapy supervisor. Interns will also present a case once or twice during the training year. Evaluation will be given orally in the form of scholarly exchange and feedback about the case, and a written evaluation will be completed by the therapy supervisor quarterly.

The training committee will meet monthly to evaluate trainee progress. Quarterly training committee meetings will focus on the individual needs and achievements of interns relative to the program's expected competencies. The co-Directors of Training will also interview and/or survey the supervisors directly to determine their evaluation of the interns' progress. If competency problems are noted during the training year, a remediation process will occur. This process is in the Intern Handbook and will be outlined to interns at the beginning of training. At the end of the year, the Training Committee will summarize interns' progress and determine whether the intern has successfully completed the internship.

Program Evaluation - CMCVAMC Psychology Program Assessment

At mid-rotation (or quarterly for outpatient psychotherapy rotation), interns will give supervisors feedback on the quality of their learning experience and supervision and communicate their perceived strengths and learning needs. At the end of each rotation, interns will complete a written evaluation on the quality of their learning experience and supervision. Interns will also complete an anonymous written evaluation of each weekly seminar to assess quality of didactics and guide future programming. A formal grievance process is described in the internship handbook. Incoming interns will be informed of the procedures to follow when they have a complaint or problem that requires formal resolution.

The Training Committee will meet monthly to evaluate the effectiveness of the training program and provide oversight of supervisory responsibilities including frequency, duration, quality, timeliness, and documentation of supervision. At the completion of each rotation, written evaluations completed by the interns will be submitted to the co-Directors of Training and reviewed and discussed by the Training Committee to consistently monitor and evaluate the effectiveness of the training program as it progresses through the year and make changes as needed. Surveys will be sent out to former interns of the proposed program to identify job placement, licensure, how helpful the internship was for professional development in retrospect, and the extent to which former interns have gained VA Psychology positions. The program will be modified based on feedback to meet market demands and achieve the goal of graduating interns prepared for post-doctoral training or entry level psychology positions.

Facility and Training Resources

Interns will be provided with office space equipped with telephone, voicemail and a networked computer for individual psychotherapy and assessment hours, space for telemedicine appointments, and larger rooms for groups. Interns will also be allotted time and space to allow for peer interaction, support, and socialization. Instruction on the VA's computerized Patient Record System (CPRS) will be given during interns' initial orientation followed by specific instruction in documentation of psychological services given by the training committee members. Conference space is available for seminars, committee meetings and other didactics.

Interns will receive the same level of clerical and technical support as a staff psychologist and will have access to computers that offer SAS statistical package. In addition, the CMCVAMC maintains a

professional library that offers an array of bound literature as well as access to various electronic journals, including full access to MEDLINE, ProQuest, New England Journal of Medicine, etc. All interns will have full access to these resources.

Administrative Policies and Procedures

The Crescenz VA's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the co-Directors of Training.

Due Process: All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed to every intern during orientation and reviewed with them subsequently. A copy of our due process policy is available on request.

Privacy policy: We collect no personal information from you when you visit our web site.

Self-Disclosure: We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

No tolerance policy: The Crescenz VA strives to maintain a culture of respect for all, and policies are in place that include "no tolerance" for remarks, behavior or other interpersonal conduct that convey disrespect for others. A trainee handbook is provided to all incoming interns and residents and includes additional administrative policies, including grievance and due process procedures. The handbook is available to all potential applicants upon request.

Eligibility requirements (see also <https://www.psychologytraining.va.gov/eligibility.asp>):

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executiveorder/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. The VA as a Federal facility prohibits use of **medicinal** and recreational marijuana/cannabis/CBD for all employees. The information below has been verified by

our Employee Assistance Program leadership and, in the past, trainees have been asked to submit to random screenings.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/appforms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTYPE=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information regarding specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;

- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

DRUG TESTING

Some internship programs perform drug testing prior to and/or during the internship year. One of the most misunderstood issues in this area is with regard to the recreational and medical use of marijuana (cannabis) as well as products containing THC (tetrahydrocannabinol) or CBD (Cannabidiol). Some students assume that having a prescription for marijuana/cannabis, being matched to an internship program that is located in a jurisdiction that allows the recreational use of marijuana/cannabis, or obtaining a medicine over-the-counter (e.g., CBD oils) means that their use of these substances will be acceptable to internship programs. However, this is an incorrect assumption. **The Crescenz VA Medical Center in Philadelphia prohibits the use of marijuana/cannabis, THC, and/or CBD in SOME or ALL circumstances, and will refuse to hire a student who tests positive regardless of medical need, the presence of a prescription, the fact that it was obtained over-the-counter, or its legal status. A positive random drug screen may result in termination from the internship program.**

APPLICANTS: The VA as a Federal facility prohibits use of *medicinal* and recreational marijuana/cannabis/CBD for all employees. The information has been verified by our Employee Assistance Program leadership and, in the past, trainees have been asked to submit to random screenings. If you use any of these substances, regardless of its purpose or legal status, the successful completion of internship may be threatened.

Training Committee

Rachel Allen, Psy.D.

Philadelphia College of Osteopathic Medicine, 2019

CMCVAMC Position: Clinical Psychologist, Whole Health Education Champion

Interests: Health Behavior Change, Behavioral Medicine, Health Psychology, Cardiac Psychology, Consultation/Liaison Psychology, Insomnia, Geropsychology

Email: rachel.allen5@va.gov

Jean M. Arlt, Ph.D.

Temple University, 2019

CMCVAMC Position: Clinical Psychologist, Pain Clinic, PM&R

Interests: Pain neuroscience, biofeedback, kinesiophobia, chronic pain and PTSD, personality disorders and biomedical care, weight and eating disorders

Email: jean.arlt@va.gov

Kristyna Bedek, Psy.D.

La Salle University, 2009

CMCVAMC Position: Health Behavior Coordinator (HBC); Primary Care-Mental Health Integration psychologist

Interests: health behavior change, insomnia/sleep, tobacco cessation, weight management Email:

Kristyna.bedek@va.gov

Elaine Boland, Ph.D.

Temple University, 2014; Assistant Professor, U of Penn

CMCVAMC Position: Mental Illness Research Education and Clinical Center (MIRECC) Investigator, Sleep Center Psychologist

Interests: Behavioral sleep medicine, depression treatment

Email: elaine.boland@va.gov

Adam C. Brooks, Ph.D.

St. John's University, 2005

CMCVAMC Position: Clinical Psychologist, Couples Counseling

Interests: Couples Counseling, Addiction, Cults and Extremist Religious Movements, Cognitive – Behavioral Treatment, Motivational Interviewing

Email: adam.brooks@va.gov

Cathy Bykowski, Ph.D.

University of South Florida, 2016

CMCVAMC Position: Clinical Psychologist, Health Behavior Coordinator

Interests: Healthy Behavior Change, Health Psychology, Insomnia, Stress Management, Weight Management, Motivational Interviewing

Email: cathy.bykowski@va.gov

Mark Campanile Psy.D.

Immaculata University, 2014;

CMCVAMC Position: Program Manager Addiction Recovery Unit Psychologist

Interests: Trauma, Addiction, Moral injury, Group therapy, Interprofessional Development

Email: Mark.Campanile@VA.GOV

Susan DelMaestro, Ph.D.

St. John's University, 1988; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Director of Psychology Internship and Residency Training, PTSD Clinical Team Psychologist

Interests: Treatment of complex PTSD, EMDR, Supervision.

Email: Susan.Delmaestro@va.gov

Frances Ennels, Psy.D., LPC

Chestnut Hill College, 2016

CMCVAMC Position: Clinical Psychologist, Behavioral Health Lab

Co-Chair of the Behavioral Health Diversity Team

Interests: Health psychology, measurement based care, integrated care, trauma, cultural and diversity-informed practice

Email: Frances.Ennels@va.gov

Cynthia A. Galan, Psy.D.

Immaculata University, 2004

CMCVAMC Position: Lead Psychiatric Inpatient Clinical Psychologist

Interests: Psychosis. CBT. Supervision. Group process.

Email: Cynthia.Galan@va.gov

Phillip Gehrman, Ph.D., CBSM

University of California, San Diego, 2003; *Clinical Associate in Psychiatry, U of Penn; Adjunct faculty, Widener University*

CMCVAMC Position: Clinical Psychologist, Sleep Clinic

Interests: CBT for insomnia

Email: Philip.Gehrman@va.gov

Lea Girsh, Ph.D.

Long Island University, 2005; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Horsham Outpatient Clinic Psychologist

Interests: Combat military trauma, MST, PTSD and familial impact, schizophrenia

Email: Lea.Girsh@va.gov

Rebecca Helms, Psy.D.

La Salle University, 2008; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Health Behavior Coordinator (HBC)

Interests: Behavioral medicine, whole health, weight management, health behavior change, insomnia, & psycho-oncology

Email: Rebecca.Helms@va.gov

Amy Helstrom, Ph.D.

University of Colorado, 2003; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Assistant Director of Psychology Residency Program; Primary-Care Mental Health Integration Team Psychologist; Mental Illness,

Research, Education, and Clinical Center Investigator

Interests: PTSD and addictive disorders, behavioral health issues among OEF/OIF veterans

Email: Amy.Helstrom@va.gov

Solomon Kalkstein, Ph.D.

Columbia University, Teachers College, 2006; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Psychologist

Interests: Neuropsychological assessment, ADHD, and anger management

Email: Solomon.Kalkstein@va.gov

Johanna Klaus, Ph.D.

University of Miami, 2004; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Chief of Psychology

Interests: Implementation of evidence-based interventions, Health psychology

Email: Johanna.Klaus@va.gov

Agnieszka Kleczek, Ph.D.

California School of Professional Psychology, 2003; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Psychologist Community Living Center

Interests: Clinical neuropsychology

Email: Agnieszka.Kleczek@va.gov

Nicole Kremer, Psy.D.

Wright State University, 2002

CMCVAMC Position: Clinical Psychologist, PTSD Clinical Team

Interests: Health psychology, meditation/mindfulness, trauma, Acceptance-Commitment Therapy (ACT)

Email: Nicole.Kramer@va.gov

Elyssa Kushner, Psy.D.

La Salle University, 2006

CMCVAMC Position: Assistant Director of Psychology Internship; EBP Co-Coordinator; Staff Psychologist

Interests: Evidence-based psychotherapies for anxiety disorders and depression

Email: Elyssa.Kushner@va.gov

Carissa Lane, Psy.D.

Wheaton College, 2020

CMCVAMC Position: Neuropsychologist (Polytrauma)

Interests: Acquired brain injury, aging, dementia

Email: Carissa.Lane@va.gov

Danielle Lespinasse, Ph.D.

University of Florida, 2015

CMCVAMC Position: Clinical Psychologist, Behavioral Health Lab; co-founder Behavioral Health

Diversity Team; co-chair Diversity & Inclusion Executive Committee Interests: Health psychology, weight management, mindfulness, cultural competency & cultural humility, motivational interviewing

Email: Danielle.Lespinasse@va.gov

Sean Lincoln, Ph.D.

Boston University, 1993

CMCVAMC Position:

Interests: PTSD, sexual trauma and women's psychology, cultural competency, biracial issues

Email: Sean.Lincoln@va.gov

Emory Marino, Psy.D.

La Salle University, 2015

CMCVAMC Position: Staff Psychologist, PTSD Clinical Team

Interests: Evidence-based psychotherapies for anxiety, depression, and PTSD; Acceptance and Commitment Therapy and other third-wave behavioral treatments; self-compassion and the treatment of shame/self-criticism; LGBTQ+ populations

Email: Em.Marino@va.gov

Christine McGinnis, Psy.D.

Chestnut Hill College, 2011

CMCVAMC Position: Staff Psychologist, MHC

Interests: Psychodynamic psychotherapy, positive psychology, posttraumatic growth, intergenerational transmission of trauma, women veterans, eating disorders

Email: Christine.Mcginnis@va.gov

Marla S. McLaughlin, PhD

Fordham University, 1999; Clinical Associate in Psychiatry, U of Penn

CMCVAMC Position: Psychologist – Home-Based Primary Care (HBPC) Team

Interests: Psychological impact of medical issues, geropsychology, neuropsychology, caregiver burden, grief/loss, end of life issues, compassion fatigue, interprofessional team dynamics Email:

Marla.McLaughlin@va.gov

Susan Moslow, Psy.D.

Immaculata University 2006

CMCVAMC Position: Staff Psychologist, Mental Health Clinic

Interests: Psychodynamic Psychotherapy, Buddhist Psychology, and the following evidenced based practices: Acceptance and Commitment Therapy for Depression, Prolonged Exposure and Dialectical Behavior Therapy.

Email: Susan.Moslow@va.gov

Shelby Munschauer, Psy.D.

Nova Southeastern University, 2016

CMCVAMC Position: Behavioral Health Lab Clinical Psychologist, Military Sexual Trauma (MST) Coordinator

Interests: Interdisciplinary and integrated care; health psychology

Email: shelby.munschauer@va.gov

Paige Novick-Kline, PsyD

La Salle University, 2005

CMCVAMC Position: Staff Psychologist

Interests: Evidence-Based treatment of anxiety disorders, trauma, and depression; Acceptance and Commitment Therapy (ACT)

Email: Paige.Novick-Kline@va.gov

Radhika V. Pasupuleti, Ph.D.

University of Rhode Island, 2013

CMCVAMC Position: Clinical Psychologist, BHL; Assistant Director/CBOC Lead, BHL

Interests: Multicultural psychology, trainee cultural competency, PCMHI, CBT for chronic pain, geriatric mental health, and whole health/mindfulness.

Email: radhika.pasupuleti@va.gov

Elizabeth Phelps, Psy.D.

Philadelphia College of Osteopathic Medicine, 2016

CMCVAMC Position: Clinical Psychologist, BHL, PCMHI at VJS

Interests: Sleep disorders, integration of mental health care into primary care medical clinics, behavioral health consultant model of care

Email: Elizabeth.phelps@va.gov

Josh Rutherford, Psy.D.

M.A., Boston University, 2008

Psy.D., La Salle University, 2017

Adjunct Instructor in Clinical Psychology, La Salle University, 2022-Present

CMCVAMC Position: Clinical Psychologist, Addiction Recovery Unit (ARU)

Interests: Substance Use Disorders, Mood Disorders, Anxiety Disorders, PTSD, LGBTQ+ Identity Development

Email: joshua.rutherford@va.gov

Steven Sayers, Ph.D.

University of North Carolina at Chapel Hill, NC, 1990; *Associate Professor of Psychology in Psychiatry, U of Penn*

CMCVAMC Position: Co-Associate Director for Education, VISN 4 Mental Illness Research, Education, and Clinical Center; Psychology Director, Advanced Fellowship Program in Mental Illness Research and Treatment

Interests: Medical and psychiatric illness and marital and family processes

Email: Steven.Sayers@va.gov

Brett E. Schur, Ph.D.

Ph.D., University of North Dakota, 1989

Adjunct Instructor in Clinical Psychology, Philadelphia College of Osteopathic Medicine, 2020-present

CMCVAMC Position: Clinical Psychologist, Inpatient Psychiatry

Interests: Serious & Persistent Mental Illness; Ethics; Suicide Prevention

Email: brett.schur@va.gov

J. Cobb Scott, Ph.D.

University of California, San Diego, 2009; Assistant Professor, U of Penn

CMCVAMC Position: Director, Neuropsychology Postdoctoral Residency

Interests: Trauma, TBI, substance use disorders, neuropsychology, neuroimaging Email:

James.Scott2de50a@va.gov

Kristin Taylor, Ph.D.

Temple University, 2011

CMCVAMC Position: EBP Coordinator; Suicide Prevention Coordinator; Psychologist, PTSD Clinical Team

Interests: CBT for depression and anxiety, suicide assessment and prevention, evidence-based treatment of PTSD

Email: Kristin.Taylor2@va.gov

Joseph Tomlins, Ph.D.

Palo Alto University, 2016

CMCVAMC Position: Clinical Psychologist

Interests: combat-related PTSD, military sexual trauma, diversity & inclusion, minority stress, LGBTQ+ issues, veterans issues, and evidenced-based psychotherapy.

Email: joseph.tomlins@va.gov

Erin Ulloa, PhD

University of South Florida, 2006

CMCVAMC Position: Director, Primary-Care Mental Health Integration Team (BHL); Psychologist, Health Promotion Disease Prevention Program Manager

Interests: Behavioral Medicine, health behavior change, stress management

Email: Erin.Ulloa@va.gov

Peter Yeomans, Ph.D.

Drexel University, 2008; *Clinical Associate in Psychiatry, U of Penn*

CMCVAMC Position: Clinical Director of the PTSD Clinical Team; PCT Psychologist

Interests: PTSD-SUD, family therapy, CPT, moral injury

Email: Peter.Yeomans@va.gov

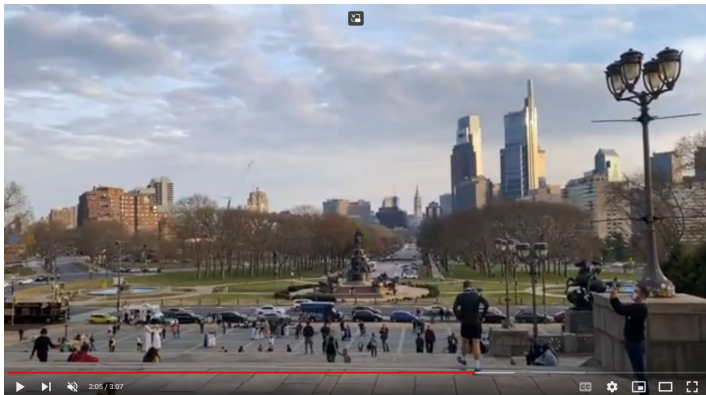


Local Information

The CMCVAMC is part of the VISN 4 VA Healthcare Network, serving Veterans in the city of Philadelphia, as well as Southeastern Pennsylvania and Southern New Jersey. In addition, the CMCVAMC manages several community-based outpatient clinics (CBOCs), which include clinics in Camden, NJ; Burlington County, NJ; Gloucester County, NJ; West Philadelphia; and Horsham, PA. The CMCVAMC currently has over 90,000 veterans from varying backgrounds and cultures enrolled for healthcare. It is located a short distance from downtown Philadelphia and across the street from the University of Philadelphia.

A little bit about Philadelphia: The city is an exciting hub for education, culture and diversity. With a wealth of American history, active art community, sports teams, and cuisine, Philadelphia also boasts the world's largest landscaped urban park. Philadelphia is centrally located in the Northeast, only a short car or train ride to Baltimore, Washington, D.C., and New York City and about an hour from the Jersey shore and the Pocono Mountains. Not been to Philly, or just want to experience it for a few minutes? Check out this video created by one of our fabulous psychologists!

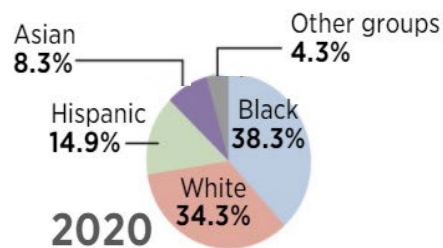
<https://www.youtube.com/watch?v=MrJjS2mbwA>



Some more facts about Philadelphia you may not know:

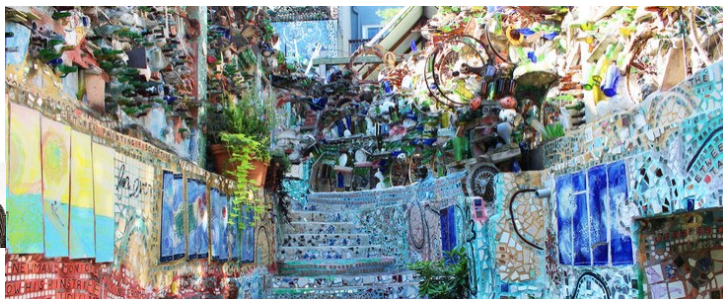
Present Day Philadelphia

- 6th most populous U.S. City ~ 1.6M people
- Millennial and immigrant populations are growing rapidly
 - Foreign born population is 14.1%
- Approx. 12.7% of Philadelphians under 65yo are living with a disability
- LGBTQ+ population – 4.2%
- 5th most walkable major city in America
- Great public transit and a fairly accessible city



Arts & Culture

- More outdoor sculptures and murals than any other US city
- Variety of art and history museums
- Curtis Institute of Music is one of the world's premier conservatories
- Philadelphia Orchestra is one of top 5 in the US



Directions to the Crescenz VA Medical Center

The Crescenz VA Medical Center is located at the corner of University and Woodland Avenues and 38th Street in West Philadelphia. The address is 3900 Woodland Avenue, Philadelphia, PA 19104. For driving directions, please check the CMCVAMC website at: <http://www.philadelphia.va.gov/visitors/directions.asp>.

Hotels within walking distance include the Sheraton University City Hotel in Philadelphia and the Hilton Inn at Penn.

The Crescenz VA is also accessible by public transportation. For more information, go to the SEPTA website at www.septa.org.