Salem VAHCS

Postdoctoral Residency Program

Applications due: January 1, 2024

Salary: $52,005

Salem VA Health Care System
Esther Brahmstadt, PsyD
Director of Training
Psychology Postdoctoral Programs
1970 Roanoke Boulevard (116B1)
Salem, Virginia 24153
(540) 982-2463, extension 1285
http://www.salem.va.gov/

Updated September 20, 2023

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Accreditation Status

The Clinical Psychology postdoctoral residency at the Salem VA Healthcare System (HCS) is accredited by the Commission on Accreditation of the American Psychological Association. Our last site visit was in April of 2023, and we received ten years of accreditation. The next site visit for the Clinical Psychology program is anticipated for 2033. Our Clinical Neuropsychology program transitioned from Accredited under Contingency to fully accredited as of August 2023. The next site visit for Neuropsychology is anticipated for 2026.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association
750 1st Street, NE Washington, DC 20002-4242
(202) 336-5979
APAACCRED@APA.COM
APA-Accredited Programs

Welcome

Salutations! We are pleased you are considering the Salem VAHCS for your psychology postdoctoral training. If you have any questions or would like additional information, please reach out to the training director, Dr. Esther Brahmstadt (Esther.Brahmstadt@va.gov).

Current Positions Available

We are recruiting for a total of 5 residency positions for the 2024-2025 year. These positions are in traditional practice areas of Clinical Psychology, with emphases in the following: Geropsychology (2 positions), Substance Use Disorders (1 position), PTSD (1 position), and Integrated Mental Health Care (BMED/PCMHI: 1 position). We are not currently recruiting for the Clinical Neuropsychology residency positions or the Clinical Psychology Evidence Based Practice (EBP) position. Virtual interviews will be utilized for residency recruitment.

Postdoctoral Admissions, Support, and Initial Placement Data

As required by the APA Commission on Accreditation, below is the current Postdoctoral Residency Admissions, Support, and Initial Placement Data for the **Clinical Psychology Program.**

Date Program Tables are updated: 09/20/2023

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Postdoctoral Program Admissions	NA
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
We seek applicants who have a sound clinical and scientific knowledge base from their academic program and internship; strong entry-level professional skills in standard assessment, intervention, and research techniques; and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment. Our selection criteria focus on all aspects of the application materials, with emphases placed upon background training and experience and an applicant's articulation of training goals and professional aspirations. The Salem VA Health Care System in which our training program resides is an Equal Opportunity Employer. We are committed to the recruitment and training of a diverse group of residents. Consistent with the APA Commission on Accreditation, we define cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Applications from qualified minority/diverse individuals are encouraged. **Applicants must meet the following prerequisites to be considered for our program:** 1. Completion of an internship accredited by APA or CPA or completed a VA-sponsored internship. 2. Doctoral degree from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program must be completed prior to starting; OR	

doctorate in another areas of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology must be completed prior to starting. 3. All requirements of doctoral degree, including dissertation, are completed. 4. Approved for residency status by their graduate program and internship training director and meet all degree requirements before beginning residency. 5. U.S. citizenship- See https://www.psychologytraining.va.gov/eligibility.asp for general information about VA eligibility and Am_I_Eligible_v5.pdf (va.gov) for a helpful checklist. 6. Male applicants born after 12/31/1959 must have registered for the draft by age 26. 7. Residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.	
Describe any other required minimum criteria used to screen applicants:	
At time of application, the trainee must submit documentation from their dissertation chair regarding the status of dissertation. Applicants should submit their applications using the APPA CAS Online Application. Applicants for residency must submit their materials at: https://appicpostdoc.liaisoncas.com/applicant-ux/#/login This APPA CAS application should include the following: 1. A **letter of intent** which specifies your future professional goals, details how the residency will contribute toward your achievement, and identifies the emphasis/specialty area for which you are applying. Applicants may request consideration for more than one focus area but should apply only to areas believed to be a strong fit. 2. A current **curriculum vitae**. 3. Official graduate school **transcript**(s). 4. **Three (3) letters of reference** from supervisors who are directly familiar with your clinical work. 5. A **letter from your dissertation chair** documenting the timeline for completion of the dissertation if not yet complete, or confirming successful completion. If your dissertation Chair is also a clinical supervisor providing one of your three letters of recommendation, the Chair may address your dissertation status in the same letter. A separate letter on that subject is not required under that circumstance.	

6. A **letter from your internship Director of Training** documenting your status as an intern, whether any probationary or remedial actions have been taken, whether you are on track to successfully complete your internship, and your anticipated internship completion date.

The following information includes requirements for eligibility for an appointment as a VA Health Professions Trainee. Many of the required forms below are requested FOLLOWING an accepted offer, but all applicants to our program should be aware that the following will all be required to begin a residency at any VA site **and could impact ability to onboard with the program.**

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.

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. Most 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. This is defined for this purpose as individuals born male on their birth certificate regardless of current gender. 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. Waiver requests are rare and will be reviewed on a case-by-case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take six months for a verdict.

4. 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/executive-order/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 will be 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. Please refer to the following for additional information: https://www.va.gov/OAA/docs/VHA_HPTsDrug-

FreeWorkplaceOAA_HRA.pdf

6. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). 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/docs/2021TQCVLGuideFINALv4.pdf

7. 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, Covid Vaccine, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are EXTREMELY rare.

8. Primary source verification is required for all your prior education and training. An official final transcript will be required.

9. Additional 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/hpt-eligibility.asp. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

10. VA identity proofing requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://vaww.oicam.va.gov/wp-content/uploads/2022/03/PIV-Credential-Identity-Verification-Matrix.pdf

Additional information regarding eligibility requirements:

11. Trainees receive term employee appointments and must meet eligibility requirements for appointment: https://www.psychologytraining.va.gov/eligibility.asp

12. Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: https://www.sss.gov/register/benefits-and-penalties/ and https://www.sss.gov/register/

*** Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws,

policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.*** In determining whether a person is suitable for Federal employment, the following factors will be considered a basis for finding a person unsuitable and taking a suitability action: • Misconduct or negligence in employment; • Criminal or dishonest conduct; • Material, intentional false statement, or deception or fraud in examination or appointment; • Refusal to furnish testimony; • 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; • Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation; • Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and • Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question. *Additional considerations.* VA considers prior conduct before approving an appointment for a VA position. Factors considered include: • The nature of the position for which the person is applying or in which the person is employed; • The nature and seriousness of the conduct; • The circumstances surrounding the conduct; • The recency of the conduct; • The age of the person involved at the time of the conduct; • Contributing societal conditions; and The absence or presence of rehabilitation or efforts toward rehabilitation.	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Residents	52,005
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for Residents?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes

Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): Access to on site fitness center and credit union. Administrative leave also available with supervisory and medical center approval for activities such as presentations at conferences.	
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Residency Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of residents who were in the 3 cohorts	12
Total # of residents who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0 EP=0
Veterans Affairs Health Care System	PD=0 EP=11
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=1
Other	PD=0, EP=0
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	NA

Psychology Setting

The Salem VAHCS Psychology staff is comprised of over 30 doctoral level staff. Psychology falls under the Mental Health Service Line (MHSL) and the Executive Psychologist, Dr. Brian Shenal, provides administrative direction and supervisory oversight for all staff. Supervisory staff is a particular strength of the program. Psychology has an exceptional reputation in the medical center and psychologists are members of the Medical Staff. A number of our staff psychologists have completed post-doctoral

residencies with emphasis/specialty areas including neuropsychology and behavioral neurology, neuropsychology and rehabilitation psychology, primary care-mental health integration, general mental health and evidence-based practices, geropsychology, substance use disorders, and posttraumatic stress disorder.

There is a strong emphasis on evidence-based assessment and treatment. Psychologists actively involve trainees in ongoing programs of clinical research, resulting in peer-reviewed co-authored papers and conference presentations. Salem VAHCS psychologists are leaders in our field nationally and regularly present at national conferences and serve on VISN, National, and Medical Center committees, such as the VA Psychology Training Council and the Salem VAHCS Research and Development Committee. Several psychologists have been national consultants and/or trainers for best practice initiatives, such as the Prolonged Exposure Training, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Depression, and Motivation Interviewing/Motivational Enhancement Therapy Initiatives. Psychology staff members are also involved in the psychiatry or medical residency programs as educators and/or supervisors. Overall, the Psychology service is dedicated to contributing to best practices guidelines, providing high quality direct professional care, being informed by and/or informing clinical research, and providing an exceptional training experience.

Psychologists are deployed throughout the medical center and serve in a number of leadership positions. The Executive Psychologist also serves as the Associate Chief/Clinical Services of the MHSL. Psychologists are employed in supervisory positions within the Psychology service and also in supervisory and coordinator positions in many inter-professional/interdisciplinary programs including: Center for Traumatic Stress, Behavioral Medicine and Primary Care-Mental Health Integration Teams, prevail Center for Chronic Pain, the Substance Use Disorders (SUD), and PTSD Residential Rehabilitation and Treatment Program, the Center for Aging and Neurocognitive Services (CANS), the Evidence-Based Psychotherapy Team, the Psychosocial Rehabilitation and Recovery Programs, Palliative Care, and the Employee Assistance Program.

Salem HCS also offers an APA-accredited internship program, typically training four interns each year. We customarily supervise practicum level students from Virginia Polytechnic Institute and State University, Virginia Tech, and Radford University. Finally, members of our Psychology staff are actively involved in our medical residency training program. Many staff hold faculty appointments at the University of Virginia School of Medicine and the Virginia Tech-Carilion School of Medicine. Staff provide

didactic training and clinical supervision to Psychiatry and Medical residents and Medical students through multiple program areas.

In addition to Psychology and Psychiatry training programs, the Salem VAHCS is a major training facility in the region and has many students, interns, and residents in most areas and in all phases of health care education. Students come from a variety of programs including Virginia Tech-Carilion School of Medicine, Edward Via College of Osteopathic Medicine, Jefferson College of Health Sciences, and Radford University.

The Salem VAHCS' commitment to educational programs is evident in the generous funding made available for professional continuing education, development, and training activities. The Psychology staff offers their own continuing education program, with over 15 scheduled hours per year. To complement our regularly scheduled trainings, MHSL has also sponsored and/or hosted trainings by nationally regarded experts in evidence-based treatments, including Dialectical Behavior Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, Motivational Interviewing, and Acceptance and Commitment Therapy. Additionally, Psychology staff participate in Grand Rounds offered by the Hospital and Psychiatry as well as other training opportunities in the community. Both staff and trainees are granted ample administrative leave to attend educational activities outside the medical center. In addition, we host a Psychology journal club and clinical case conference, as well as specialized didactic series in neuropsychology, geropsychology, general mental health, and substance use disorders. Due to the quality of staff, strong leadership, and the priority placed on training, we have been able to attract our top candidates in recruitment of staff, interns, postdoctoral residents, and practicum students.

Training Model and Program Philosophy

Training Model

The Scientist-Practitioner model guides our psychology training programs. Our ideal is that of a psychologist who is skilled in the understanding and application of clinical research and scientific methods to their practice. Barlow, Hayes and Nelson (1984) speak of three roles of scientist-practitioners: that of research consumers and implementers, practice evaluators, and research generators and disseminators. The first two roles are expected of all our professional psychologists, residents, and interns. Many of our doctoral staff also participate in research production and/or information dissemination. Residents are expected to participate in these opportunities throughout

their training year. Residents are also expected to participate in the mentoring and training of interns, psychiatry residents, pharmacy students, and practicum students in the areas of research design and ethics when these opportunities are available.

We value a developmental approach to training in which tasks of increasing difficulty and complexity are given to residents throughout the course of their residency as they demonstrate their ability and readiness to take on new responsibilities. Supervision is expected to match the needs of the resident in a way that facilitates professional development and progression.

Program Philosophy

A special focus of our residency is fostering the growth and integration of residents' personal and professional identities. We emphasize the need for balance in our lives. This results in our insistence on a 40-hour work week and encouraging our residents to pursue interests outside of psychology, such as recreation, exercise, family, and friendships. Professional identity development, especially in the areas of employment location and selection, is assisted by seminars about job searches, licensure, program development, mental health administration, and supervision. Psychology staff are very open to providing informal assistance in these areas. Finally, the atmosphere in the Mental Health Service Line at the Salem VAHCS is quite collegial. We value our residents highly, appreciating them both as professional colleagues and as resident human beings.

Commitment to Global Inclusion and Diversity

Salem VAHCS is committed to fostering an inclusive and multiculturally competent environment for Veterans, trainees, and staff. This includes consideration of the multilayered systems in which we operate (e.g., professional psychology as a field, Psychology service within VA, Psychology within clinic/BHIP teams and supervisory relationships/dyads, and community contacts/resources). Exploring, celebrating, and respecting individual and cultural differences within our Psychology Service is one of the ways we endeavor to provide high quality and culturally competent care. In addition to the MDC (see below), we have inclusion opportunities at the Salem VAHCS within the Women's Health Clinic, the DEI Committee, and through the LGBTQ+ Veterans Care Coordinator.

Multicultural Diversity Committee (MDC)

In 2017, as an extension of the Salem VAHCS Psychology Training Program, the **Multicultural Diversity Committee (MDC)** began formal membership and activities. Over the years, the MDC has continued to evolve in response to member contributions and dynamic social contexts. Through didactics, open forum discussion, program development, and other group-based activities, we strive to supplement and implement the knowledge, skills, and strengths of our membership and communities into both patient care and ongoing professional development.

In brief, MDC strives to support its members in the following:

1. Build awareness and understanding of one's own personal/cultural history, attitudes, and biases and how these may affect how one understands and/or interacts with others
2. Develop procedures and recommendations to promote, recruit, retain, and value cultural and individual differences within Psychology Service.
3. Grow competencies in the provision of multiculturally-informed care while striving to promote equitable opportunities—regardless of race, ethnicity, sexual orientation, gender identity, age, language, abilities/disabilities, socioeconomic status, geographic region, religion/spirituality, or other defining characteristics—for all staff and trainees (and, ultimately, the Veterans we serve).

The MDC currently meets once each month and works on small and large projects as needed. Membership is comprised of a subset of Psychology staff from varying clinics (MHC, CTS, BMed/PCMHI, SUD, CANS), predoctoral interns, and postdoctoral residents. Through the MDC chair (a permanent and voting member of the APA accredited Postdoctoral Training Committee), members provide ongoing and as-needed consultation to the broader Psychology Training Program(s) and host didactics open to the Psychology Service. Though not required, members of MDC may elect to engage in hospital-wide DEI (i.e., Diversity, Equity, and Inclusion) efforts and/or use MDC as a consultation resource to inform clinical care and long-term projects.

An open and supportive environment to host difficult discussions is vital to growth. For example, in response to member and trainee feedback (and in addition to supervisors, MDC, and Director of Training), Salem VAHCS offers a mentorship matching program in collaboration with Education Service and maintains a Psychology ombudsperson for trainees and staff. We value your ideas for enhancing

diversity and inclusion efforts within the Psychology Service (and more broadly). Should you join our team, we look forward to collaborating and supporting you in actualizing your goals for growth.

Program Aims and Competencies

The overarching aim of the residency experience is to provide the resident with advanced skills that will enable them to function effectively as a scientist-practitioner in their emphasis or specialty area. The five emphasis areas of our clinical psychology postdoctoral training program are Geropsychology, Post-Traumatic Stress Disorder (PTSD), Integrated Mental Health Care (IMHC: BMED/PCMHI), and Substance Use Disorders (SUD). These residency programs are each one year in length. The Geropsychology position emphasizes the provision of services to rural populations. All positions have included training in telemental health. The overall program provides comprehensive training and clinical experiences designed to teach, develop, and enhance the requisite skills for effective practice as a clinical psychologist functioning in PTSD, primary care, evidence-based practices, geropsychology, and substance use settings, as well as for effective leadership in these areas. A second aim of the program is to equip residents with the consultative/liaison, teaching, leadership/administration, and supervisory skills to be prepared for the marketplace and be able to incorporate the aforementioned skills into their practice.

Consistent with our Scientist-Practitioner model, our goal is to provide residents with training in the areas of empirically supported treatment (EST) and evidence–based practices in each emphasis area; develop specific clinical, assessment, and research skills in each of these emphasis areas and promote training which ensures that clinical research and clinical practice inform one another. Our developmental approach to training also informs our purpose for the program, including the following: improve each resident's confidence in clinical, research, consultative, teaching, administration/leadership, and supervisory skills over the course of the residency year and aid each resident in their shift from student to professional.

To meet these aims, the core competencies expected for the Geropsychology, PTSD, IMHC, and SUD resident include: Integration of Science and Practice, Ethical and Legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment, Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision.

Specific responsibilities of the resident are, in part, determined by individual needs, interests, and level of readiness. Residents should complete the program with a sense of expertise and competence in the emphasis or specialty area of their choice. Our residents are well-prepared for a wide variety of psychology positions. Our expectations for residency are that the residents develop core competencies that will translate well into clinical, teaching, research, administrative, or combined positions and that the residents have time and experience to thoughtfully consider and plan for a career path that most fits their interests.

Specific Program Goals training experiences are highlighted below.

Program Structure

Residents have clinical and assessment experiences that comprise the majority of their training time. Approximately 50% of time is spent on clinical and assessment duties. This is individualized somewhat by each resident at the onset of the residency year.

The specific experiences for each resident are articulated below but, at minimum, residents receive both group and individual therapy experience. All Clinical Psychology residents are required to be involved in the provision of at least (3) comprehensive testing batteries. This can include the provision of testing or the supervision of interns providing testing to Veterans, with such tests as the MMPI-2, PAI, MCMI-III, WAIS-IV, or WMS-IV, as well as numerous other measures appropriate for the presenting problem. Residents also take the lead on, complete, and present a research proposal with thorough literature review, a research project, or program development project over the course of the year (approximately 5-20% of time depending on scope of project). Residents function in the role of clinical supervisor to Psychology interns, practicum trainees, medical students, Psychiatry residents, and/or Geriatric Medicine residents and fellows (approximately 10%), though there has been some impact on this due to Covid-19. Interprofessional treatment team participation and consultation (10%) includes being active members of the Psychology Staff, as well as participation in weekly Psychology Staff meetings, monthly Training Committee meetings, and interdisciplinary/interprofessional meetings specific to their emphasis/specialty area. To enhance their understanding of the literature and prepare them to supervise, mentor, and/or teach as leaders in their respective fields, the residents are responsible for offering at least 2 didactic seminars- 1 seminar is on Empirically Supported Treatments and 1 is on a topic relevant to their emphasis area. Each resident also serves in at least 1 leadership/administration position (e.g., co-leader of an inter-disciplinary team, coordinator of Journal Club, Project Manager of a

Performance Improvement Project, etc.) and/or completes an administrative or leadership project. Lastly, residents participate in our Postdoctoral Residency Seminar Series. This includes didactics on relevant topics for the residents, including Research and Grant Writing, Administration of Mental Health, Professional Development Issues, and Supervision. Residents also participate in didactic series that occur within their own emphasis and specialty areas. Teaching, leadership, and didactics account for approximately 10% of the resident's time.

Residents receive a minimum of 4 hours of training or supervision per week. At least 2 of these hours includes supervision with a licensed clinical psychologist. Supervision of clinical therapy cases emphasizes the provision of treatments with empirical support (e.g., Prolonged Exposure Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Depression, Motivational Interviewing). Supervisory techniques available include: co-leading of groups, direct observation, audio/video taping, and/or clinical case presentation. On occasion, supplementary supervision may be provided by members of other professional disciplines when desired and appropriate.

Teaching methods include a mentorship model of supervision in which the resident functions as a junior colleague under the direction and guidance of our staff psychologists. Each resident develops a comprehensive training plan for the year, with the help of their assigned Primary Mentor, Research Mentor (if different from the Primary Mentor), and the Director of Training (DOT). Specific training and teaching modalities include modeling in clinical and research team meetings, use of focused readings in the resident's areas of emphasis, review of administrative and policy issues governing the VHA and specific program areas, and regular participation in educational opportunities, such as Grand Rounds, training workshops and professional conferences. In addition, the residents participate in the weekly Postdoctoral Residency Seminar Series, didactics within their emphasis and specialty areas, and meet monthly with DOT.

A priority of our training program is the provision of exceptional educational experiences for all trainee levels. Therefore, we place a high value on evaluating the efficacy of our training efforts. This is reflected in a multifaceted program evaluation process that includes evaluation of mentors, the program, and each resident. To evaluate our residency mentors and program, residents: a) meet with the DOT every month which includes a discussion on whether their expectations and goals for the training year are being met and to offer suggestions for improvement; b) evaluate all didactic seminars using our Seminar Evaluation Presenter and Training Feedback Forms; c) complete formal written evaluations of each primary mentor at the end of the year and of the residency program at the midpoint and end of the

year; d) complete 2 year follow-up evaluations that assess: type of career/ position of the resident (e.g., research, clinical, combined), type of setting/employment (e.g., VA, medical school, university), research productivity (e.g., peer-reviewed journal articles, conference presentations, grants), leadership roles, teaching experiences, supervision experience, consulting experience, perceived preparedness for leadership roles in the emphasis area, and any recommendations for program improvement. To evaluate whether Clinical Psychology residents have met set out goals and objectives, residents are formally evaluated by their primary mentors and the training program twice, once at the mid-point and once at the end of the residency. This is done by using our Clinical Psychology Residency Competency Assessment Form. The Clinical Psychology Residency Competency Assessment Form requires residents to demonstrate competency in each of the following areas: Integration of Science and Practice, Ethical and Legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment, Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision. To ensure residents are achieving our set standards, the DOT remains in direct contact with all supervisors and facilitates necessary interventions as soon as problems are recognized. In addition, informal verbal feedback is given to residents throughout the course of the year and formal evaluations are used to provide residents with written feedback on whether they are meeting program expectations. For residents who are not meeting competency standards, a stepped intervention system is in place to address issues expeditiously and is clearly delineated in our Psychology Training Policy. Finally, residents are also evaluated by trainees for whom the resident provides supervision using our Supervisor Competency Evaluation.

Our residency begins in August. A resident is on duty 40 hours per week and works 52 weeks. Residency positions are designed to provide sufficient time to complete the required duties within a 40-hour workweek. However, it is reasonable to anticipate spending some off-duty hours reviewing professional literature, treatment manuals, etc. Residents may only work 40 hours in their normal work week. It is expected that the residents will be available for duty for essentially the full 52- week period. Excessively early completion or long, non-emergent absences are discouraged.

Training Experiences

Residents are involved in activities appropriate for each emphasis or specialty area.

Geropsychology Resident

The Rural Geropsychology Resident will be exposed to training that is consistent with the Pikes Peak Model for training in professional Geropsychology. The provision of services to older Veterans living in rural areas will be emphasized. This position will provide the opportunity to address and resolve the unique difficulties presented by an aging population by providing psychological interventions targeting issues relevant to aging including dementia, caregiver stress, depression, anxiety, pain, grief, and adjustment in lifetime developmental stages. Evidence-based interventions, such as REACH-VA (for caregivers of individuals with dementia) and STAR-VA (an interdisciplinary, non-pharmacological approach to the management of dementia-related distress behaviors in Community Living Centers) are emphasized. The Resident will also further refine their skills in assessing psychological and cognitive functioning (including evaluation of psychiatric disorders, dementia, stroke). These services will be provided in a variety of inpatient and outpatient treatment settings in a diversity of clinics including the Center for Aging and Neurocognitive Services' (CANS) Geropsychology Outpatient Program, the Community Living Center (CLC), the Memory Assessment Clinic, Palliative Care, Home-Based Primary Care, Primary Care-Mental Health Integration, Neuropsychology, and the Evidence-Based Practice Interprofessional Team in the Mental Health Clinic. The Rural Geropsychology Resident will also work with patients through telehealth in a particular effort to enhance services for Veterans living in rural settings. In addition to the Postdoctoral Resident training seminar, the Geropsychology Resident will attend a weekly videoconference seminar, presented in collaboration with several VA Geropsychology postdoctoral residency programs nationwide. Residents will be expected to complete a research and/or program development project related to aging, dementia care, or other area of interest. The Rural Geropsychology Resident is involved in the training and supervision of psychology interns and students, as well as psychiatry residents in CANS. Further, the resident assumes a leadership role in managing performance improvement activities within CANS. The Rural Geropsychology Resident will be expected to consult on a regular and frequent basis with staff on interdisciplinary teams in CANS, in the CLC, and throughout the medical center to provide comprehensive, person-centered care for geriatric Veterans and their families.

PTSD Resident

The PTSD resident is exposed to best practice treatments and assessments for PTSD, as well as clinical research. In addition, residents gain a solid understanding of the needs of veterans with chronic PTSD, those who are recently returning from deployment, and those exposed to Military Sexual Trauma.

Residents will be exposed to the use of technology to aid treatment of veterans and to reduce barriers to care. Since the COVID-19 pandemic, a significant proportion of the therapy sessions have moved to virtual delivery and residents will gain experience with delivery of EBP's for PTSD in both face-to-face and virtual formats. Residents are trained in at least three of the following treatments, under the supervision of licensed clinical psychologists skilled in these approaches: Prolonged Exposure Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, Written Exposure Therapy (WET), Present Centered Therapy (PCT), Concurrent Treatment of PTSD and Substance Use Disorders (COPE), and/or STAIR/NST. Residents have the option to provide PTSD treatment to Veterans on outpatient basis and on a residential unit. Residents are trained in group (DBT) and individual treatments and also conduct diagnostic evaluations and psychological assessments. Residents are exposed to research and readings on treatments for PTSD. Residents serve as active team members on our PTSD research projects. There are several ongoing projects in which the resident may become involved. Some examples include: an examination of response to PE vs. CPT, implementation of contingency management, examination of drop-out rates, residential implementation of WET in the DOM SUD (grant funded) and cost effectiveness of DBT. The resident is expected to complete one research or program development project over the course of the year, resulting in a submission to a peer-reviewed journal, grant submission, and/or a presentation at a national conference. Residents consult with other providers throughout the Medical Center regarding referrals and treatment of referred patients. The resident is a member of the Center for Traumatic Stress (CTS) Team, which meets weekly for both administrative and clinical purposes. This meeting is essential for increasing the resident's understanding of the administrative complexities of an outpatient PTSD clinic, as well as advancing clinical and consultative skills. Residents are expected to fully participate in team meetings, present clinical cases to team members, and are active in team discussions. In addition, the resident may also participate in any of the following teams: a) the DBT Consultation Team; b) the MHC/EBP team which meets weekly for clinical and weekly for administrative purposes and other teams as relevant. If a resident wants PTSD experience on a residential unit, they can choose to do a portion of their training year on the Domiciliary PTSD Unit. The resident would be a part of the multidisciplinary team on the DOM PTSD unit and provide massed evidence-based trauma treatment to Veterans with complex PTSD (e.g., individual PE, CPT, or WET 3x/week). Some leadership opportunities are also available in the area of trauma/PTSD, including organizing outreach opportunities, coordinating PTSD and/or MST Awareness Month activities, and facilitating transition to a hospital-wide DBT program.

Integrated Mental Health Resident

The Integrated Mental Health Care (IMHC) position involves three primary experiences: Primary Care-Mental Health Integration (PC-MHI), integrated care in specialty medicine clinics, and Behavioral Medicine.

In the PC-MHI experience, the resident receives training and experience in providing same-day mental health access in a busy primary care setting. This co-located, collaborative care service delivery model of PC-MHI provides full-time, accessible mental health providers to primary care staff and patients. Key aspects of primary care-mental health integration are mental health involvement in addressing depression, anxiety, substance use, chronic pain, health behaviors, and provider-patient communication. The primary responsibilities for the resident are receiving same-day warm hand-offs from primary care, providing brief therapy in the primary care setting, and consultation to primary care staff.

The Behavioral Medicine (BMED) Clinic is a multidisciplinary clinic which provides psychological services, including psychotherapy and assessment, for Veterans dealing with mental health issues related to co-occurring medical illnesses that initially present in Primary Care or other medical contexts (e.g., Acute Care, Extended Care). BMED also conducts psychological evaluations to assess candidacy, and assist in treatment planning, for patients seeking organ transplantation, bariatric surgery, spinal cord stimulator implants, and elective amputations. Additionally, housed within the BMED clinic is our Interdisciplinary Eating Disorders Team, consisting of a psychologist, dietitian, and physician. There is opportunity to be involved in interdisciplinary team meetings, conduct intake assessments, and provide both individual and group treatments to Veterans with eating disorders.

The integrated mental health team also works with several specialty medicine clinics to provide a full range of clinical and consultative services, such as Cardiology, Infectious Disease (HIV), Oncology, Nephrology, and Sleep Clinic. Additional interdisciplinary teams that the resident can work with include Salem's PREVAIL Program for Chronic Pain (an interdisciplinary team (IDT) based on the Whole Health framework to develop patient-centered treatment plans) and a multidisciplinary weight management (MOVE!) team. It is notable that since a high proportion of patients followed by BMED are immunocompromised, interventions provided to medical clinics may be offered via phone or video telehealth-based during the Covid-19 pandemic. Extra care is taken to prioritize safety for the Veteran as well as staff members and trainees.

Treatment and intervention approaches residents will be exposed to include: Cognitive Behavioral Therapy for Insomnia (CBT-I), Cognitive Behavioral therapy for Chronic Pain (CBT-CP), Problem Solving Training, Motivational Interviewing, brief interventions for alcohol use, supportive therapy, and patient and family education.

The resident will complete a research or program development project during the post-doctoral year. Residents may participate in research involving pain interventions, provider-patient communication, program evaluation of PC-MHI and shared medical appointments, or other program development and assessment projects identified as a need in the primary care setting. Finally, the resident has the opportunity to participate with primary care and mental health leadership on projects aimed at improving mental health care in medical clinics.

Substance Use Disorder Resident

The Substance Use Disorder resident will work with Veterans throughout the entire continuum of care for substance use disorders, providing services that include assessment, education, group therapy and individual therapy. The resident will work with an interdisciplinary team that fosters the provision of mental and behavioral health services using a patient-centered, recovery-oriented model. The team is comprised of staff supervisors from various disciplines (Psychology, Psychiatry, Social Work, Nursing, Kinesiotherapy, Recreation Therapy, and Nutrition) and trainees (Psychiatry residents, Social Work interns, Psychology externs, and Psychology interns). The resident will provide time-limited, evidence-based treatment to Veterans with a range of substance use and other mental health disorders. These services typically include assessments, residential CBT-based relapse prevention and dual diagnosis groups, outpatient CBT-SUD individual and/or groups, aftercare groups, outpatient programing, and dual diagnosis groups, as well as individual Motivational Enhancement Therapy sessions. If a resident is interested in working with Veterans dually diagnosed with SUD/PTSD, they will have the opportunity to provide individual trauma treatment to Veterans such as Written Exposure Therapy and Nightmare Rescripting. Residents would also have the opportunity to provide massed trauma treatment (e.g., Prolonged Exposure, Cognitive Processing Therapy and Written Exposure Therapy 3x/week) to dually diagnosed Veterans in the DOM PTSD program. The resident will provide tiered supervision to trainees. The resident will be exposed to didactics on evidence-based practices as well as the opportunity for in-depth, on-going supervision in the provision of Motivational Interviewing that includes coding of session tapes for competency. The resident will also be required to be involved in a research project. There are

opportunities to be involved in ongoing research on basic-science, and treatment and implementation research, as well as application for research grants.

Training Sites

The core training sites for the Geropsychology resident are the Center for Aging and Neurocognitive Services, Primary Care-Mental Health Integration, and the Community Living Center. The core training site for the PTSD resident is the Center for Traumatic Stress (CTS). The primary training sites for the Integrated Mental Health Care resident is the Primary Care-Mental Health Integration clinic and the Behavioral Medicine program. The core training site for the SUD resident is within the Substance Use Disorders Treatment Program, which includes inpatient, outpatient, and consultation services. Residents may also elect to complete additional minor rotations in areas outside of their primary focus to complement their training. Each of these clinics is described in detail below, listed alphabetically.

Behavioral Medicine Clinic (BMED)

The Behavioral Medicine Clinic is a multidisciplinary clinic which provides psychological services, including psychotherapy and assessment, for Veterans dealing with mental health issues related to co-occurring medical diagnoses disorders that initially present in Primary Care or other medical contexts (e.g., Acute Care, Extended Care). BMED provides a full range of clinical and consultative services to medical specialty clinics, such as Interventional Pain Clinic, Cardiology, Infectious Disease (HIV), Oncology, Nephrology, and Sleep Clinic.

BMED also conducts psychological evaluations to assess candidacy, and assist in treatment planning, for patients seeking organ transplantation, bariatric surgery, spinal cord stimulator implants, and elective amputations. Treatment approaches include skills training for specific patient populations, psycho-educational groups for patients and families, techniques for increasing health enhancing behaviors, individual cognitive-behavioral therapy, motivational interviewing, and lifestyle change groups. A strong component of this rotation is regular opportunities to work with staff and trainees from numerous disciplines, including Psychology, Medicine, Social Work, Pharmacy, Psychiatry, Nutrition, and Nursing.

Center for Aging and Neurocognitive Services (CANS)

The Center for Aging and Neurocognitive Services is an interdisciplinary clinical, education and research center that is comprised of the Clinical Neuropsychology Program, Memory Disorders Program, and the

Geropsychology Program. In addition, cognitive rehabilitation and other intervention services can be provided through the CANS. The Clinical Neuropsychology Program provides assessment and treatment for the patients, caregivers and families of Veterans with suspected neurocognitive disorders. Memory Disorders Services provide assessment and treatment of patients, caregivers, and families of Veterans with Alzheimer's disease, dementia, and other memory disorders. The Geropsychology Program provides both inpatient and outpatient assessment and intervention services to aging Veterans and their families. The staff in CANS includes: 3 geropsychologists, 1 psychiatrist, 1 clinical social worker, and 1 medical support assistant. We are currently recruiting for neuropsychologists. Psychology residents, interns, practicum students, Pharmacy residents, and Psychiatry residents are regularly involved in the team. Team members consult with Nursing, Neurology, Radiology, Audiology, Speech-Language Pathology, PM&R, PT, and OT. Current research opportunities include third-wave therapies for older adults, geropsychology interventions in a rural setting, loneliness in older Veterans, mindfulness in caregivers, and suicide prevention for older adults during times of transition.

Center for Traumatic Stress (CTS)

The Center for Traumatic Stress is a clinical, education, and research center comprised of two programs: PTSD Clinical Team (PCT) and the Military Sexual Trauma Treatment Program (MST). The PCT specializes in providing evidence-based care to Veterans diagnosed with PTSD secondary to both military and non-military related traumatic events. The MST program offers extensive clinical services for all Veterans who have experienced sexual trauma(s) while in the military. Both programs offer telemental health services, including use of video teleconferencing to patients in need of clinical services closer to their homes. CTS offers comprehensive clinical services to Veterans through these programs, beginning with diagnostic assessment, consultation, and comprehensive treatment planning. Interventions offered are generally individual, time-limited, empirically supported treatments (e.g., Dialectical Behavior Therapy, Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy, and COPE). DBT skills group is offered as part of the DBT program. Education is provided by CTS staff to patients, family members, returning Veterans, hospital staff, and the community. The Center also conducts clinical research focusing on effectiveness of PTSD treatments, treatment retention (drop-out), as well as other clinical studies. The team is comprised of psychologists, psychology interns, postdoctoral residents, and practicum students. Team members regularly consult with staff and trainees from Psychiatry, Social Work, Primary Care, Supported Employment, and Psychology. In addition, we frequently communicate and consult with staff from the Substance Use and PTSD Residential Rehabilitation and Treatment

programs (RRTP). Residents are expected to function as full team members: collaborating with other staff, participating in administrative meetings, and presenting clinical and research topics during weekly team meetings.

Community Living Center (CLC)

The Community Living Center provides patient-centered (according to the HATCH model), interdisciplinary team-based delivery of short-term, rehabilitative care, and longer-term care for Veterans who require end of life care, prolonged active rehabilitation, or lack clinically appropriate community alternatives. Veterans in the CLC are referred for psychological and/or neuropsychological assessment, as well as short-term or long-term individual and/or caregiver support. Psychology provides assistance with the implementation of an interdisciplinary, non-pharmacological approach to the management of dementia-related distress behaviors (i.e., the STAR-VA program). The CLC Psychologist also collaborates with recreation therapists to provide a twice-weekly cognitive stimulation/reminiscence therapy group for residents with dementia and/or depression. Finally, Psychology provides regular consultation to the CLC's interdisciplinary team (consisting of nursing staff, physicians, physical therapists, occupational therapists, recreation therapists, speech and language pathologists, kinesiotherapists, pharmacists, etc.).

Domiciliary PTSD Program (DOM-PTSD)

The DOM-PTSD is a 5-week residential program that provides massed PTSD treatment (e.g., individual trauma treatment 3x/week). This is a coed program that serves Veterans with combat trauma, military sexual trauma and non-military trauma histories. DOM-PTSD offers individual and group therapy. Individual therapies include evidence-based treatments such as Prolonged Exposure, Cognitive Processing Therapy and Written Exposure Therapy. Group therapy includes homework groups, as well as psychosocial groups provided to Veterans in both the DOM-SUD and DOM-PTSD programs (e.g., Behavioral Activation, Mood Management and Mindfulness). The multidisciplinary team is composed of psychologists, social workers, nurses, a nurse practitioner, a pharmacist, a psychiatrist, a recreation therapist, and a dietician.

Home-Based Primary Care (HBPC)

Home-Based Primary Care is a comprehensive, interdisciplinary primary care program that provides services to Veterans in their homes. The team is composed of physicians, nurse practitioners, social

workers, psychology, an occupational therapist, a recreational therapist, a pharmacist and a dietician. The clinic provides long-term medical, social, rehabilitative and behavioral care to veterans who are unable to come to one of our facilities. Psychology provides assessment and intervention to veterans and their families to address mental health issues that are affecting their medical care, health status and/or functional capacity. This opportunity was impacted during the pandemic and it is difficult to predict if it will be affected in the upcoming training year.

Mental Health Clinic (MHC)

The Mental Health Clinic (MHC) at the Salem VAHCS is an interdisciplinary program that provides outpatient psychological, medical, psychiatric, and social work services to Veterans. The EBP interprofessional team housed within this outpatient clinic is coordinated by a clinical psychologist. Staff in the MHC includes clinical psychologists, clinical social workers, psychiatrists, clinical pharmacists, and nursing staff. This is also a training site for outpatient Psychiatry residents through the Virginia Tech/Carilion School of Medicine and Research Institute, who provide medication treatment and management along with psychiatric staff. Psychologists in the MHC provide time-limited, evidence-based psychotherapy to Veterans with various psychological concerns and symptoms (e.g., depression, anxiety, bipolar, post-traumatic stress disorder, adjustment stress, couples treatment). Individual, couples and group therapy are offered, and primarily target anxiety and depressive disorders. Team members regularly consult about referrals from Primary care, Psychiatry, Substance Use Disorders, Social Work, Nursing, and other Psychology specialty areas.

Motivational Interviewing/Motivational Enhancement Therapy

Training in Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) is offered through the medical center's Substance Use Disorders Treatment Program. Training consists of a half-day seminar followed by 4x 2-hour training sessions which are spaced over 2 months. Individual clinical practice supervision and tape coding using the Motivational Interviewing Treatment Integrity (MITI) scale is provided by VA certified MI/ MET trainers. Although substance use is a frequent target behavior, there is also opportunity to use MI skills to facilitate changes to a variety of health-relevant behaviors.

Palliative Care (PC)

Palliative Care provides services to terminally ill Veterans and their families enrolled in the inpatient Hospice Program. Psychology is part of an interdisciplinary team that provides veterans and their families with care addressing a variety of needs related to end of life issues, grieving and bereavement. This rotation has been affected by COVID-19 in the past and we cannot accurately predict if it will be affected in the upcoming training year.

Primary Care-Mental Health Integration Team (PCMHI)

Salem's Primary Care-Mental Health Integration Team (PCMHI) is comprised of psychologists, social workers, a psychiatrist, and a clinical pharmacist who provide MH services located within VAMC Salem's three Primary Care clinics and the Women's Health Clinic. The Primary Care Service Line has a total of 22 full-time primary care providers, all members of Patient Aligned Care Teams. The PCMHI team provides full-time, open-access, predictable, integrated availability of mental health staff to these providers and primary care patients. Specifically, the PCMHI team assists primary care providers with screening and identification of mental health issues, as well as provision of brief, evidence-based treatment (e.g., CBT for pain, insomnia, anxiety, and depression, Motivational Interviewing for health behavior change, smoking cessation, problem-solving therapy). The team also facilitates or co-facilitates several groups (e.g., Sleep Hygiene, Mindfulness in Primary Care, MOVE!, Tobacco Cessation, Tinnitus Management). The PCMHI team supports coordination of care among primary care, mental health specialty clinics, and other sub-specialty clinics (e.g., neurology and pain clinics, gastroenterology, nutrition, emergency departments). The team also has an active role in providing targeted training regarding mental illness identification, management, communication skills, and behavioral management to primary care providers, primary care staff, residents, interns, and nursing students. Program development and research projects that residents have taken the initiative on have included service utilization and patient adherence, behavioral health outcomes around pain management, and metabolic issues such as diabetes and obesity.

Substance Use Disorders Treatment Program (SUD)

The Salem VAHCS Substance Use Disorders Treatment Program (SUD) offers a variety of services for Veterans experiencing substance use disorders. Primary programs include: the Substance Use Disorders Rehabilitation Treatment Program (SUD DOM), Outpatient, and Substance Use Disorder Aftercare. Modes of treatment include individual and group psychotherapy and educational classes. Evidenced-Based Treatment approaches include Cognitive-Behavioral Therapy for Substance Use

Disorders (CBT-SUD), Motivational Enhancement Therapy, and Contracts, Prompts and Reinforcement. Funded and unfunded applied clinical research is a key part of these treatment programs. The team is comprised of staff supervisors from various disciplines (Psychology, Psychiatry, and Social Work, among others) and trainees (psychiatry residents, social work interns, psychology externs, and psychology interns).

Requirements for Completion

To successfully complete the residency, residents must demonstrate competency in all core areas identified on the Clinical Psychology Residency Competency Assessment Form. Competency standards require that residents meet exit criteria in each core competency area. If a resident's performance falls below competency standards, the procedures established in the Psychology Training Due Process Procedures are followed. The resident needs to meet competency standards by the conclusion of a full year of training (52 weeks, 1784 training hours).

Facility and Training Resources

The Salem VAHCS has the infrastructure in place to facilitate a strong learning environment for our residents. Residents have private offices equipped with telephones and networked PC's and telehealth equipment, providing access to an extensive array of information and materials. This includes patient care databases, on-line mental health test instruments and interviews, the internet, and library databases and materials. Also available are numerous hard-copy psychological assessment instruments, as well as a library of empirically validated treatment manuals, self-help materials, and other treatment resources. Study materials for EPPP are also available to residents. Funds are available for purchasing additional materials on an as needed basis. Residents also have access to service line clerical support staff, basic office supplies, and office equipment, such as fax machines, voice mail, and copy machines. Several research databases from staff-initiated research projects are available to residents, as is statistical software, such as SPSS. Our residents are able to use the medical center's library services, which provide access to on station journals and those accessed through inter-library loan. The residents also have administrative support, including program support assistants (one who is specifically assigned to the Psychology Training Program). A variety of more personal facilities housed on-station and

available to residents include a fitness center, canteen and retail store, credit union, post office, and barber shop.

Administrative Policies and Procedures

Administrative Leave

Residents may be granted Administrative Leave (LN) for educational and professional activities outside the medical center, including attendance at training workshops, seminars and professional conferences and conventions. Please note that travel for conferences was affected by the pandemic. We are unable to predict if travel be affected in the upcoming training year.

Due process

As Psychology residents are not part of the VA's Bargaining Unit, the established Veterans Affairs Grievance Procedure is not applicable. We have developed internal procedures that are reviewed extensively during orientation to safeguard due process for the residents, staff, and the integrity of the training program. As this is a training program, the primary goal is to provide comprehensive training to trainees. Whenever feasible, supervisors are urged to address any potentially problematic areas with a trainee as early in the rotation/residency year as possible so steps can be taken to address the problem quickly and thoroughly.

Self-disclosure

An area of professional competence is a resident's ability to engage in self-reflection. Residents are expected to demonstrate openness and use positive coping strategies to manage personal and professional stressors to maintain professional functioning, so that quality patient care continues uninterrupted. The resident is also expected to cope with professional challenges, such as new responsibilities or patient crises, and to demonstrate awareness of any personal and professional problems, issues, and/or stressors that may impact their professional practice. The resident is expected to seek supervision and/or personal therapy to resolve issues if needed. Personal stressors can include the impact of emotional issues stemming from the resident's prior and current personal and professional history and relationships. The willingness to openly and non-defensively address the potential impact of one's emotional issues on professional practice and relationships, therefore, is an expected and essential aspect of the supervisory process.

Collecting personal information

We do not collect any personal information when someone visits our website.

Licensure

The program structure, training experiences, and level of supervision results in exceeding licensing requirements for the Commonwealth of Virginia. EPPP study materials are available at this site. If residents plan on pursuing licensing in another state, accommodations are made, when possible, to ensure eligibility for licensing in the chosen state. Residents are encouraged to sit for the licensing exam during the training year. To date, all residents have earned licensure during, or very shortly after, completion of the residency.

Use of distance education technologies for training and supervision

The large majority of supervision and training is conducted face to face at our Medical Center but COVID affected this in the past. Several areas utilize shared didactic trainings that complement our face-to-face training opportunities (e.g., a multi-site Geropsychology training series). Clinical training opportunities have mostly remained consistent as before the pandemic, but we cannot accurately predict how COVID may affect the next training year.

Training Staff

Listed below is our supervisory staff, along with their degree, university, and year of graduation. Also listed are clinical and/or research interests.

Select Salem VAHCS Psychology Staff

Drew Bassett, Ph.D., Auburn University, 2019. Motivational interviewing, mental health integration, health behavior change and weight management, brief therapies, gaming disorder.

Esther Brahmstadt, Psy.D., Philadelphia College of Osteopathic Medicine, 2012. Director of Training for Psychology Postdoctoral Programs. Health behavior change, eating disorders, adaptation to chronic illness, pre-transplant psychological evaluations, cultural humility, empirically supported treatments. Cognitive Behavioral Therapy for Depression (CBT-D) trainer/consultant.

Victor Bullock, Psy.D, Radford University, 2021. Psychologist in Substance Use Disorders. Psychological Assessment, substance use disorders, motivational interviewing, Cognitive Processing Therapy, treatment engagement, first responder psychology.

Sarah Lucas Buyck, Ph.D., Florida State University, 2009. Integrating mental health into medical settings, primary care mental health, chronic pain, adaptation to chronic illness, weight management, interprofessional education.

Rena "Liz" Courtney, Ph.D., Gallaudet University, 2018. Development and implementation of evidence-based treatments for chronic pain, assessment, spirituality, interdisciplinary team, complementary and integrative health (CIH) and Whole Health, Appalachian culture, Deaf culture.

Deanna Dragan, Ph.D., The University of Alabama, 2021. Geropsychology, end-of-life care, ACT, mindfulness, program evaluations, religiousness/spirituality, LGBTQ+, and community-based participatory research.

A. Meade Eggleston, Ph.D., Ohio State University, 2007. Substance use disorders, dual diagnosis, pain, motivational interviewing, CBT, and other empirically supported treatments.

Betty Gillespie, Ph.D., Virginia Polytechnic Institute and State University, 1993, Bereavement, End-of-Life Care, Family and Couples Therapy, Substance Use Disorders, Psychological Assessment.

Lauren Hagemann, Ph.D., Yeshiva University, 2015. Treatment of age-related issues/concerns, chronic pain (in older adults), behavioral management of dementia-related distress behaviors, caregiver support, life review/reminiscence therapy, mindfulness, ACT, modified CPT for those with mild cognitive impairment, capacity evaluation.

Natalie E. Hicks, Psy.D., Florida Institute of Technology, 2021. Staff Psychologist in PCMHI, Behavioral Medicine, and PREVAIL Center for Chronic Pain. Integration of mental health in primary care and subspecialty medicine clinics, adjustment to chronic illness, pre-transplant assessment, CBT-CP, biofeedback.

Dana Rabois Holohan, Ph.D., American University, 2000. Director of Training for Psychology-Internship and Practicum Programs. Sexual trauma, treatment of personality disorders, shame, DBT, PTSD, and empirically supported treatments.

Lauren E. Hurd, Ph.D., University of Arkansas, 2020. PTSD/Substance Use Disorder Psychologist. Primary interests include Concurrent Treatment of PTSD and SUD through Prolonged Exposure Therapy (COPE), Cognitive Processing Therapy, and Written Exposure Therapy. Other interests include: CBT for Insomnia

Matthew T. Jameson, Ph.D., Western Michigan University, 2015. Interests include clinical behavior analysis, third wave behavior therapies, Relational Frame Theory (RFT), Motivational Interviewing (MI), exposure-based approaches for PTSD, and applied social psychology.

Mark E. Jones, Ph.D., Virginia Polytechnic Institute and State University, 2007. Behavioral medicine, Geropsychology, Home-Based Primary Care (HBPC) Psychology.

Steven J. Lash, Ph.D., Virginia Polytechnic Institute and State University, 1992. Substance use disorder research & treatment, motivational interviewing, and cognitive-behavioral therapy.

Philip K. Lehman, Ph.D., Virginia Polytechnic and State University, 2008. PTSD/Substance use disorder dual diagnoses, motivational interviewing, and social influence-based interventions, such as normative feedback and commitment strategies.

Katie LeSauvage, Psy.D., Spalding University, 2007. Mental health recovery, psychosocial rehabilitation, healthcare administration, Acceptance and Commitment Therapy, and severe mental illness.

Katherine Luci, Psy.D., ***ABPP***, James Madison University, 2010. Board Certified in Geropsychology. Aging, behavioral management of dementia-related distress behaviors, capacity evaluations, caregiving, life review/reminiscence therapy, mindfulness, ACT, multicultural therapy, resilience.

Emily Marston, Ph.D., University of Virginia, 2011. Prolonged Exposure, Written Exposure Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, Mindfulness and Motivational Interviewing.

Pam Melton, Ph.D., American University, 1994. Recovery from illness; Client-centered Care; Mental health continuum of care; Holistic approach to Assessment and Treatment; Equine Assisted Psychotherapy.

Lisa Mieskowski, Ph.D., University of Alabama, 2018. Psychologist in the Mental Health Clinic with a training background in geropsychology. Mood-focused EBPs (e.g., Acceptance and Commitment Therapy, Interpersonal Therapy, Cognitive Behavioral Therapy), gender/sexuality-affirming mental health services, telemental health/accessibility, and stress management.

Beth Morris, Ph.D., University of South Florida, 2014. Psychologist in the Center for Traumatic Stress. Combat stress recovery, Cognitive Processing Therapy, Prolonged Exposure Therapy, military culture.

Kampbell Salehi, Psy.D., Argosy University, 2002. Staff Psychologist at the Center for Traumatic Stress. Combat stress recovery, MST, Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy, and empirically supported treatments.

Jennifer A. Self, Ph.D., Washington State University, 2010. Substance Use Disorders and comorbid serious mental illnesses, Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Written Exposure Therapy, Mindfulness and Recovery.

Brian V. Shenal, Ph.D., ABPP, Virginia Tech, 2001. Board Certified in Clinical Neuropsychology. Associate Chief, Mental Health Service Line and Executive Psychologist. Neuropsychology Residency Director. Neuropsychology, tele-neuropsychology, emotion and cardiovascular correlates, traumatic brain injury, and disaster/emergency psychology.

Shannon Shortt, Psy.D., William James College, 2021. Staff Psychologist and Coordinator in Primary Care Mental Health Integration. Primary interests include motivational interviewing, communication in integrated healthcare, brief interventions in primary care, acceptance and commitment therapy (ACT), interprofessional education, and reflective local practice.

Lizzie Stein, Ph.D., University of New Mexico, 2019. Psychologist and Program Coordinator in Psychosocial Rehabilitation and Recovery Center (PRRC), EBP Coordinator. Interests include developing programming and providing treatment focused on recovery from serious mental illness and increasing integration into the community.

Julie Usala, Ph.D., SUNY-Binghamton University, 2016. Staff Psychologist in the Center for Traumatic Stress (CTS) and DOM-PTSD programs. Prolonged Exposure Therapy, Written Exposure Therapy, Cognitive Processing Therapy, and Dialectical Behavior Therapy. Other interests include Alcohol Use Disorders, Motivational Interviewing, and Military Sexual Trauma (MST).

Sarah Voss Horrell, Ph.D., University of Wyoming, 2008. Military Sexual Trauma (MST) Coordinator. Staff Psychologist in Center for Traumatic Stress. Cognitive Processing Therapy (CPT) Trainer/consultant. Interests in Prolonged Exposure Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, and treatment efficacy.

Trainees

Our residents are from a wide range of national programs. All our trainees have traditionally done quite well in their job searches, receiving multiple offers. Our feedback from our graduates is that they feel quite prepared for the job market and have been very successful in their careers.

Year and Graduate Program	Emphasis Area	Employment after Residency
2022-2023		
Florida Institute of Technology	Neuropsychology	Private Practice
Florida Institute of Technology	Neuropsychology	Resident-Year 2
Nova Southeastern University	Neuropsychology	Hospital/Medical Center
Texas A&M University	PTSD	Staff Psychologist—VA
Palo Alto	Geropsychology	Staff Psychologist--VA
Marshall University	Geropsychology	Staff Psychologist-VA
University of Central Florida	PTSD	Staff Psychologist—VA
2021-2022		
Rosalind Franklin University	EBP	Health Systems Specialist-VA
Florida Institute of Technology	PCMHI	Staff Psychologist-VA
Texas A&M University	PTSD	Current Resident
University of Alabama—Tuscaloosa	Geropsychology	Staff Psychologist-VA
Georgia Southern University	Geropsychology	Staff Psychologist-VA
Florida Institute of Technology	Neuropsychology	Current Resident -Year 2
Nova Southeastern University	Neuropsychology	Current Resident -Year 2
2020-2021		
East Carolina University	Neuropsychology	Private Practice
Florida Institute of Technology	Neuropsychology	Current Resident-Year 2
Xavier University	PCMHI	Private Practice
East Tennessee State University	Geropsychology	VA Geropsychologist
University of Michigan	Geropsychology	VA Geropsychologist
2019-2020		
East Carolina University	Neuropsychology	Year 2 Residency
Marywood University	Neuropsychology	Neuropsychologist
Palo Alto University	PTSD	Staff Psychologist-VA
University of Louisville	Geropsychology	Staff Psychologist-VA
Xavier University	Geropsychology	Staff Psychologist-VA
2018-2019		
JFK University	Geropsychology	Staff Psychologist-VA
Nova Southeastern University	Geropsychology	Staff Psychologist-VA
Gallaudet University	EBP	Staff Psychologist -VA
Marywood University	Neuropsychology	2nd year resident
University of Akron	Neuropsychology	Private Practice
Southern Illinois University--	PTSD	Outpatient Clinic/Hospital

Carbondale University of Kansas	SUD	Staff Psychologist-VA
2017-2018 University of Alabama George Mason University University of Kansas University of Akron Xavier University	 Geropsychology Geropsychology Neuropsychology Neuropsychology PTSD	 Staff Psychologist-VA Private Practice Staff Psychologist-VA 2nd Year Resident Staff Psychologist-VA
2016-2017 Long Island University University of Wyoming University of Kansas Philadelphia College of Osteopathic Medicine University of South Carolina Binghamton University-SUNY	 Geropsychology EBP Neuropsychology PC-MHI PTSD SUD	 Staff Psychologist-VA Private Practice 2nd Year Resident Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA
2015-2016 Yeshiva University – Ferkauf Graduate School of Psychology Tennessee State University University of Maryland- Baltimore County Georgia Southern University University of Central Florida Texas Woman's University	 Geropsychology EBP Neuropsychology PC-MHI PTSD SUD	 Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Asst Professor/School of Medicine Community Medical Center
2014-2015 University of Alabama University of North Carolina Greensboro Purdue University East Carolina University University of Toledo	 Geropsychology EBP Neuropsychology PC-MHI PTSD	 Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA
2013-2014 Virginia Commonwealth University Purdue University University of North Texas University of Tulsa	 EBP Neuropsychology PC-MHI PTSD	 Staff Psychologist-VA 2nd Year Resident Psychologist -VA Staff Psychologist-VA
2012-2013 Antioch University	 Neuropsychology	 VA Residency

University of South Carolina Northern Illinois University	PC-MHI PTSD	Staff Psychologist-VA Staff Psychologist-VA
2011-2012 University of Louisville James Madison University Philadelphia College of Osteopathic Medicine University of Virginia	 Geropsychology Neuropsychology PC-MHI PTSD	 Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA
2010-2011 James Madison University LaSalle University Washington State University	 Geropsychology PC-MHI PTSD	 Neuropsychology Resident Staff Psychologist-VA Staff Psychologist-VA
2009-2010 Florida State University Pepperdine University	 PC-MHI PTSD	 Staff Psychologist-VA Psychologist-DOD
2008-2009 Virginia Tech Temple University	 PC-MHI PTSD	 Staff Psychologist-VA Staff Psychologist-VA

All graduated residents successfully obtained licensure status.

Local Information

Roanoke is at the southern edge of Virginia's Shenandoah Valley. It is in the heart of the Blue Ridge Country, with the Blue Ridge Mountains to the east and the Alleghenies to the west. The cities of Roanoke, Salem, and Vinton are politically separate but geographically contiguous. Along with surrounding suburban Roanoke County, they represent a population of about 225,000 people. This active, productive metropolitan area is the center of health care, finance, trade, services, and transportation for most of Southwestern Virginia, as well as parts of West Virginia and North Carolina. Recreational activities are numerous and varied. Two municipal Civic Centers present a broad spectrum of public entertainment from opera to sports. The Center in the Square offers an art center, live theater, a science museum, and planetarium. Area colleges maintain their own schedule of cultural events and invite speakers with national and international reputations. Spring brings minor league professional baseball to a state-of-the-art ballpark in Salem. Fall brings college football, and the mountains turn to color along the Blue Ridge Parkway and beyond. Nearby, Smith Mountain Lake boasts 500 miles of

shoreline with sailing, water skiing, and twenty pound plus striped bass. Stocked trout streams flow through the cities themselves. Golf, tennis, and hiking are minutes from most any doorstep. Educational facilities include two private colleges and a community college that are in the immediate area. Within reasonable commuting distance are several other colleges, including Virginia Polytechnic Institute and State University, Virginia Military Institute, Mary Baldwin College, Radford, and Washington and Lee University.

Retail shopping opportunities are plentiful. There are many shops in downtown Roanoke and Salem, as well as a quaint Farmer's Market. There are two major shopping malls and many smaller, older shopping centers as well. Numerous excellent restaurants serving a variety of American, traditional southern and multi-ethnic cuisines suit nearly every diner's taste. Housing is plentiful and reasonably priced. Apartments meeting the needs of most of our residents can be rented for $1,000-2000, including utilities, depending on size and location. These are generally unfurnished garden style apartments, which often provide laundry facilities, pools, clubhouses, and tennis courts. More basic, less expensive accommodations can be found, and there are houses for rent for those so inclined or desire more space. Furniture rental is also available.

Though the urban Roanoke Valley is a modern metropolitan area of some size and complexity, it retains some of the slower pace and charm of a small city. It is truly a wonderful place to live, work, and learn.

COVID-19 Information for applicants

The impacts of Covid-19 have been felt in every area of our lives, including work and training. As best as possible, we adapted many of our training experiences to be conducted using Video to Home technologies to minimize risk to patients and staff. We followed CDC guidelines and recommendations. Trainees' participation in inpatient settings and Home-Based Primary Care (HBPC) have been routinely evaluated, with the goal of maximizing training experience while minimizing risk to patient and trainees. It is impossible to fully predict the impact on the training opportunities in the upcoming year but those that were affected during the pandemic include: reducing off station experiences like HBPC, restrictions of trainees on the CLC, supervision and didactics using virtual platforms, and use of mock assessments when in person assessment was not recommended. Trainees are considered essential by our Medical Center, and are viewed as important components of our healthcare delivery to our nation's Veterans. Residents have access to private offices which were very helpful as we moved to more virtual platforms. Residents have also utilized larger spaces for face-to-face appointments to minimize close face to face contacts. Residents in good standing are currently eligible to telework up to 8 hours/week.