

Psychology Internship Program



South Texas Veterans Health Care System (STVHCS)

Attn: Dr. Allyson Ruha, Psychology Internship Training Director
Northwest Health Care Center
9939 Texas 151 Access Road
San Antonio, TX 78251

210-617-5121

<http://www.southtexas.va.gov/psychology/>

(158711) General Psychology
(158712) Geropsychology
(158713) Primary Care/Health Psychology
(158714) Trauma Psychology
(158715) Neuropsychology
(158716) Severe Mental Illness
(15817) Rural Mental Health

Applications due: November 1

Audie L. Murphy Memorial Veterans Hospital
San Antonio, Texas



Accreditation Status

The psychology internship program at the **South Texas Veterans Health Care System (STVHCS)** is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The APA CoA can be reached at: 750 First Street NE, Washington, DC 20002-4242; Telephone: 800-

374-2721; 202-336-5979; TDD/TTY: 202-336-6123. The program received re-accreditation for **10 years**, with the next site visit expected in **2027**.

APPIC Member Status

The psychology internship program is an APPIC member program. Contact APPIC Central Office at 17225 El Camino Real, Suite #170, Houston TX 77058, email at appic@appic.org, Phone: 832-284-4080 Fax: 832-284-4079.

Application & Selection Procedures

All selection procedures will be virtual for the **2024-2025** internship class year. If invited to interview, applicants will be notified by email and offers will be extended to participate in a **virtual program overview**, followed by **virtual interviews**.

Eligibility for All Programs

1. 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 and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. 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.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows 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.
5. All new VA employees, including psychology interns, must meet certain health requirements, including self-certification that you are physically/mentally fit to perform the functions the internship requires, baseline tuberculosis screening, and that all Centers for Disease Control recommended vaccinations are up to date. This includes a requirement to be vaccinated against COVID-19 or to obtain an exception for medical or religious reasons.

Additional Eligibility Criteria for Internship

1. Internship applicants also must meet these criteria to be considered for any VA Psychology Internship Program: Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible.
2. Approved for internship status by graduate program training director. The VA Office of Academic Affiliations requires Directors of Clinical Training complete a TQCVL form prior to start of Internship.

Eligibility for VA Employment

To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an APA-accredited graduate program in Clinical or Counseling psychology AND must have completed an APA-accredited internship in Psychology, with the emphasis area of the degree consistent with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

South Texas Veterans Health Care System Policy on Discrimination

Equal opportunity in employment will be provided for all qualified persons. Consistent with the basic principles and policies governing personnel administration, all personnel actions and employment practices are based solely on merit and fitness without regard to race, color, religion, sex, national origin, age, physical or mental disability, reprisal, and sexual orientation.

Our internship program does not discriminate against and will provide reasonable accommodation for qualified individuals with disabilities when such an adjustment or change is requested and needed at work for a reason related to a medical condition. Requests for accommodation do not need to be made during the application process. However, if accommodations are needed, requests should be submitted as soon as possible after selection to enable the program to make necessary arrangements.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables were updated: 9/1/23

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Internship Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
<p>Applicants with strong academic preparation, demonstrated research with culturally/ethnically diverse and/or Veteran populations, and who are making good progress on their dissertation are desired. A substantial amount and variety of previous supervised experience with adults in public sector medical settings is also desirable.</p> <p>Although we require a minimum of 1000 practicum hours, excessive practicum experience is not necessarily helpful, particularly if it impedes a student's progress on important academic activities.</p> <p>Application ratings are based on the applicant's academic work and accomplishments, breadth and quality of previous clinical training, solid foundation in intervention (e.g. individuals, groups, evidence based therapies) and psychological assessment, demonstration of scholarly potential through peer-reviewed publications and/or national conference presentations, match between the training program and the applicant's goals and needs, and letters of recommendation. Personal qualities sought include maturity,</p>	

<p>self-awareness, integrity, flexibility, and outstanding interpersonal skills.</p> <p>STVHCS serves a large Latino/a Veteran population. We especially encourage applications from applicants with knowledge and experience with individual and cultural diversity issues and Spanish-language fluency.</p> <p>The Psychology Training Program is committed to ensuring diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientation, disabilities, geographic locations, and life experiences.</p>	
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	
Total Direct Contact Intervention Hours	No
Total Direct Contact Assessment Hours	No
Total Practicum Hours including Intervention, Assessment, Supervision, and Support:	Yes, 1000 total hours
Describe any other required minimum criteria used to screen applicants:	
Dissertation must be successfully proposed at time of application.	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns	33,812
Annual Stipend/Salary for Half-time Interns	NA
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
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 2 weeks
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, determined on case by case basis
Other Benefits (please describe):	NA
11 federal holidays; Interns receive generous paid leave for conferences, dissertation defense, interviews for postdoctoral appointment within the federal government, and other approved educational activities	
Initial Post-Internship Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of interns who were in the 3 cohorts	21

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=2, EP=0
Veterans Affairs Health Care System	PD=14, EP=0
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=2, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=2, 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.	

APPLICATION MATERIALS

Students interested in applying must submit the following through the APPIC Application for Psychology Internship (AAPI) online system:

1. A required cover letter stating which internship area(s) you are applying to.
2. Online AAPI
3. A current curriculum vitae
4. Three letters of recommendation
5. Original (official) transcripts of all graduate work

APPLICATION STEPS

1. Complete the online AAPI, which is available on APPIC's website.
2. Submit all materials by November 1, 2023.
3. Note: No electronic paperwork needs to be submitted directly to us; use the AAPI application online system. The letters of recommendation and curriculum vita are included in the AAPI.
4. Applications will be reviewed and applicants no longer under active consideration for interviews will be notified by email by December 1, 2023.
5. Interviews are scheduled for interns under active consideration in early December and January.
6. Applicants matched with this internship program will be notified of acceptance by APPIC on Match Notification Day.

Applicants should feel welcome to contact the Training Director by email at allyson.ruha@va.gov with any questions regarding the application process.

As a member of the Association of Psychology Postdoctoral and Predoctoral Internship Centers (APPIC), our program follows all APPIC policies regarding the intern selection process. Our Internship site strictly abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant. Applicants are encouraged to read the complete text of the regulations governing program membership and the match process from the APPIC website.

INTERNSHIP MATCH ID NUMBERS

(158711) General Psychology
(158712) Geropsychology
(158713) Primary Care/Behavioral Health
(158714) Trauma Psychology
(158715) Neuropsychology
(158716) Severe Mental Illness
(158717) Rural Mental Health

Selection

Completed applications are initially reviewed and ranked by the Training Director and Assistant Training Director in consultation with the Training Committee. Competitive candidates are invited to interview. Interviewers rate the quality of applicants on their academic preparation, letters of recommendation, assessment experience, intervention experience, experience with evidence based therapies, commitment to individual and cultural diversity, research productivity, goodness of fit, and interview impressions. These ratings are averaged and used to produce rough rank-ordered lists. The final rank-ordered list for each position is reached by consensus by the Training Director/Assistant Training Director and emphasis area faculty, with adjustments being made for goodness of fit to our site, demonstrated clinical and research work with culturally diverse populations, and dedication to Veteran care. Our rank-ordered lists are then submitted to APPIC for the national match.

Appointment is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Any misrepresentation of facts in the application may be cause for dismissal. Prior to starting, Interns are required to have immunizations (or proof of immunity) for measles, mumps, rubella, and varicella. Finally, it is important to note that a CERTIFICATION OF REGISTRATION STATUS or CERTIFICATION OF U.S. CITIZENSHIP is required to become a VA Intern. The Federal Government requires that male applicants who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed by the VA. It is not necessary to submit this form with the application, but if you are selected for this internship and fit the above criteria, you will have to sign it. The VA conducts drug screening exams on randomly selected personnel as well as new employees.

** Applicants requiring accommodation due to disability are asked to request such assistance at the time they receive notification of matching.*

Interviews

Applicants can schedule interviews following email invitation from the Training Director. Typically, about 70 applicants are invited for interviews (10 for each focus/emphasis area). Applicants invited to interview for more than one emphasis area can do so on the same interview date. Interns under active consideration are notified by e-mail or phone by December 1st so that they can schedule interviews. All interviews will be conducted VIRTUALLY. Interviews will be scheduled in early December and January.

Interviews are typically 8am to 1pm and include a program overview, meetings with the Training Director, two other supervisors/faculty training staff, a Psychology Fellow, and a Q&A meeting with current interns. A final Q&A is held with the Training Director, Chief of Psychology (as available), and Chair of our Diversity Training Committee (as available).

Couples

We are happy to consider applications from couples. The APPIC computer match system is capable of accommodating couples who wish to intern in the same geographic area. There are other APA-accredited programs within commuting distance of our program please review them on the APPIC website.

Class of 2021-2022 at the VA Psychology Leadership Conference in San Antonio, June 2022

From left: Kadija Moon, Jessica Stinson, Austin Lemke, Somer Yoho, and Temara Holt



Class of 2021-2022 during a Diversity Committee coordinated Cultural Immersion experience

From left: Somer Yoho, Austin Lemke, Kendall John, Jessica Stinson, Temara Holt, and Kadija Moon



Class of 2019-2020 Cultural Immersion Experience; Día Day Los Muertos, Downtown San Antonio

From left: Olga Galli, Laurie Russell, Jasmonae Blodgett, Bonnie Scott, Christina Thai, Mercedes Gremillion



Class of 2018-2019

Top: Julia Lopez, Mary Dozier, Ryan Andresen, Patrick Smith

Bottom: Dr. Allyson Ruha (TD), Christine Breazeale, Chrystal Fullen, Rebecca Shorter, Beverly James (previous Academic Program Coordinator)



Class of 2018-2019 at the VA Psychology Leadership Conference in May 2019

Dr. Allyson Ruha (TD), Patrick Smith, Ryan Andresen, Julia Lopez, Christine Breazeale, Chrystal Fullen, Rebecca Shorter



Class of 2018-2019 at the VAPLC Trainee Dinner with APA President in May 2019

Patrick Smith, Chrystal Fullen, Julia Lopez, Dr. Rosie Phillips Davis, Christine Breazeale, Rebecca Shorter



Class of 2017-2018

Top: Ashlee Martinez, Daniel Steinberg, Jared Roush, Beverly James (Academic Program Coordinator)
Bottom: Dr. Ruha (TD), Natalie Rochester, Jamie Rislin, Whitney Stubbs



Important Dates

November 1, 2023: Deadline for applications at STVHCS. Applicants selected for interviews are notified by the week of November 20th.

December 5-8 and 11-13, 2023: December Interview dates

Jan 3-5 and 10-12, 2024: January Interview dates

February 2, 2024: Deadline for submission of Rank Order Lists for Phase I of the Match.

February 16, 2024: APPIC Phase I Match Day! Results of Phase I of the Match will be released to applicants, training directors, and DCTs of academic programs.

March 13, 2024: Deadline for submission of Rank Order Lists for Phase II of the Match.

March 20, 2024: APPIC Phase II Match Day: Results of Phase II of the Match will be released to applicants, training directors, and DCTs of academic programs.

July 15, 2024: STVHCS Internship Program starts!

Contact Information

For any questions regarding our Internship Training Program:

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Phone: 202-336-5979
Website: www.apa.org

Psychology Doctoral Internship Training Program

The doctoral internship at South Texas Veterans Health Care System (STVHCS) is designed to provide exemplary training for applicants who desire careers in public-sector clinical psychology. The emphasis is to train interns to provide quality care in medical care settings, especially to Veterans of the United States military. Our philosophy is that all practicing psychologists should have a solid foundation in general clinical psychology, and therefore the doctoral internship is first and foremost a well-rounded year of training in general clinical psychology. All interns are expected to obtain general training in a variety of assessments and interventions with a variety of patient populations.

For interns who have specialty career interests, we offer special emphasis/focus areas in primary care/mental health integration, neuropsychology, geropsychology, trauma psychology, serious mental illness, and rural psychology, in addition to our general mental health emphasis position. The **Primary Care/Behavioral Health** emphasis is designed for applicants interested in pursuing a career in treating Veterans with psychological disorders in primary medical care settings, and in treating Veterans who need assistance with different kinds of health problems. The **Neuropsychology** emphasis is designed for applicants interested in pursuing a two-year postdoctoral fellowship in Neuropsychology followed by a career in neuropsychological assessment and treatment. The **Geropsychology** emphasis is designed for applicants interested in pursuing a career working with older adults, and provides an introduction to general geriatric issues, including gero-neuropsychology, and may include palliative care and end-of-life issues. The **Trauma Psychology** emphasis focuses on treating Veterans with trauma-related disorders. The **Serious Mental Illness** emphasis aims to train applicants interested in pursuing a career in psychosocial rehabilitation and recovery services and evidence based treatments for Veterans with serious mental illness. The **Rural Mental Health** emphasis intern is completes 2-3 main rotations at the Kerrville VA Medical Center with a focus on evidence based care and treatment services, including tele-mental health, provided to a rural population.

Our Clinical Psychology Fellowship program has several emphasis areas that directly correspond with Internship focus areas (Geropsychology, Health/Primary Care, Psychosocial Rehabilitation for Serious Mental Illness, Rural Mental Health, and Trauma), as well as Health/Palliative Care and Substance Use Disorders and Homelessness/Houselessness. All postdoctoral fellows will receive some training in areas beyond their own specialty, as the program is a general clinical fellowship. Our program prioritizes investing in our current internship class. We have an established history of extending offers for fellowship for those interns in good standing in corresponding emphasis areas, as well as retaining trainees who apply across non-corresponding clinical emphasis areas.

We also recruit two neuropsychology fellows for our 2-year Neuropsychology Fellowship Training Program that participates in the APPCN national match.

Vision & Mission

The **vision** of the psychology training program at the STVHCS is a recognized leader in the nation in the training of psychologists for public service. The doctoral Internship at the South Texas Veterans Health Care System (STVHCS) is designed to provide exemplary training for applicants who desire careers in public-sector clinical psychology. The emphasis is to train Interns to provide quality care in medical care settings, especially to Veterans of the United States military.

Our philosophy is that all practicing psychologists have a solid foundation in general clinical psychology, and therefore the doctoral internship is first and foremost a well-rounded year of training in general clinical psychology. All interns obtain general training in a variety of assessments and interventions with a variety of Veteran patient populations.

The STVHCS Psychology Internship Program promotes the **scientist practitioner model** of training whereby Interns are expected to integrate and add to the scientific psychological literature in the context

of their clinical practice. Interns are expected to integrate scientific literature into their clinical work, consultation with interdisciplinary teams, and teaching/presentations. The primary goal of the program is to train Interns who will become licensed psychologists, well prepared to assume positions in the VA, public sector medical centers and/or other health care settings. By the end of the training year, Interns will be able to administer, interpret, and report the results of psycho-diagnostic consultations, to conduct a variety of evidence based psychological interventions (including individual and group psychotherapy), and to demonstrate a working knowledge of a variety of psychological approaches to assessment and treatment. Interns will learn to function as professional psychologists working together with other disciplines in a large medical center. Interns completing the program will be fully-prepared for further postdoctoral training or entry-level professional positions treating, teaching, and researching adult patient populations with a variety of geriatric, psychiatric, neurological, and chronic medical conditions. A listing of the goals and core competencies of the internship are outlined in the coming pages.

The **mission** of the Internship program supports and is supported by the mission of the STVHCS and the VHA, which is to improve the health and quality of life of our patient community by providing appropriate, compassionate, and quality care, to conduct education and research activities, and to support the Department of Defense. Additionally, it supports the overall mission of the VA which is to improve the health of the Veteran population by providing primary care, specialty care, extended care, and related support services in an integrated health care delivery system. The VA is also legislatively mandated to assist in the training of physicians and associated health professionals for its own system and for the nation. The STVHCS is a tertiary care, affiliated health care system providing primary and specialty care to patients in psychiatric, general medicine and surgery, extended care, and rehabilitation inpatient and outpatient programs which serve young, middle-aged, and older adult male and female Veterans.

Our Interns and training staff are all involved in the direct and indirect care of Veterans and work collaboratively to support the overall mission to provide quality health care to our nation's heroes. The Internship program plays an integral role in the delivery of specialty care through the provision of mental health services to Veterans in individual therapy, group therapy, and in psychological assessments, and also serves in the critical role of providing consultation services to all providers. Additionally, the internship program has provided these services within primary care and extended care services to expand the integrated health care services needed to serve our Veterans, with Interns serving in primary care-mental health integration, spinal cord injury, polytrauma, geriatric clinics, and inpatient consultation clinics throughout the hospital. Interns also assist with educating our fellow colleagues through presentations on mental health topics in our seminar series and also may assist with research activities conducted at the hospital, if this is a part of their training plan.

CORE VALUES OF THE PSYCHOLOGY TRAINING PROGRAM

The psychology training program at STVHCS is guided by the following core values in support of excellence in patient care and training. We believe that quality psychology training should be:

1. **Patient-Focused**: The training of psychologists enhances patient care and is best conducted in an environment respectful of training with the leadership and involvement of STVHCS professional psychology community.
2. **Interprofessional**: The value of interprofessional collaboration is respected, acknowledged, and utilized in all psychology activities. Trainees should work and learn with trainees and practitioners from Medicine, Social Work, Psychiatry, Pharmacy, Nursing, and other health care disciplines within the medical center.
3. **Respectful of Diversity**: Psychology training should be sensitive and responsive to the diverse racial, cultural, ethnic, and special populations of Veterans served, as well as to clinical conditions such as chronic mental or physical illness. Likewise, psychology training is sensitive and

responsive to the diverse cultural, ethnic, gender, race, religion, age, and sexual orientation among our trainees and faculty.

4. Individualized: The training of psychologists is best supported by the use of a variety of supervised training activities designed to address the trainees' specific training needs, the diversity of clients served, and to integrate the practice and science base of psychology. Specific clinical assignments are primarily guided by the individual educational needs and goals of the intern.
5. Accountable: The training of psychologists must meet quality of care standards of the profession of psychology to include obtaining and maintaining accreditation, providing evidence of continuous improvement in training processes, and promoting and evaluating training outcomes which incorporate concerns and needs of patients, fellows, affiliated institutions, and the VHA.
6. In Partnership with Other Professionals: Psychology training is enhanced by agreements and collegial partnerships among affiliated institutions, disciplines, and programs in the community that are sensitive and responsive to the broad goals and mission of the Psychology Service of STVHCS and the VHA.

Program Competencies & Goals of the Psychology Training Program

Our core competencies are our program's overarching goals for each trainee in our Internship program and are listed below. In 1997, the Psychology Training Committee adopted the competency requirements described in the 1997 APA Guidelines for Internship Training. Suggestions were adopted in 1998 to simplify the competency rating forms and procedures then in use. Updated Standards of Accreditation for Health Service Psychology (SoA) and revised implementing regulations were approved on January 1, 2017. The Psychology Training Committee adopted these updated competencies beginning with the Intern class of 2016-2017. The core ***internship competencies*** expected of Interns by the end of their training are as follows:

- 1. Research:** Interns will have a clear plan for completing their dissertation research, and demonstrate a working knowledge of basic psychological research methods, key journals, scientific societies, APA style, and the application of research results to their clinical practice. Interns will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conferences, grand rounds, publications) at the local (i.e. STVHCS VA), regional, or national level.
- 2. Ethical and Legal Standards:** Interns will be able to explain the clinical application of APA Ethical Principles and Standards, state licensure laws, regulations, policies and procedures, and be able to integrate issues of cultural/ethnic diversity to the practice of psychology in assessment, treatment, teaching, research, supervision, consultation, and administration. Interns will be able to recognize ethical dilemmas as they arise and apply decision making processes to effectively approach and resolve the dilemmas; and they should conduct themselves in an ethical manner in all professional activities.
- 3. Individual and Cultural Diversity:** Interns will be able to establish rapport with Veteran patients from a variety of diverse backgrounds, demonstrate a commitment to providing culturally sensitive services, and acknowledge differences between self and patients and discuss these with patients when appropriate. Interns will maintain awareness of one's own cultural identities and worldview(s) and how these may impact delivery of clinical service with individuals different from self. Further, Interns will display an ongoing commitment to exploration of one's own cultural identity issues and relationship to clinical knowledge, awareness, and skill.
- 4. Professional Values, Attitudes, and Behaviors:** Interns will display honesty, personal responsibility, and adherence to professional values, as well as professional behavior that promotes the welfare of self and others, and seeks to do no harm (i.e., beneficence and non-maleficence). Interns will be self-reflective pertaining to one's level of knowledge/skill, actively

demonstrate openness and responsiveness to feedback and supervision, and seek appropriate resources to further enhance professional repertoire. As they progress in their training, Interns will respond professionally in increasingly complex situations with greater degrees of independence.

5. Communication and Interpersonal Skills: Interns will display appropriate interpersonal professional relationships with peers, supervisors, staff, patients, colleagues, and other communities and organizations, and maintain appropriate professional behavior(s) given the circumstances, expectations, and/or the occasion. Communication (oral, nonverbal, and written) should be effective, clear, concise, and timely. All patient-related communication is appropriately documented. Further, interns will be able to conduct effective professional presentations for psychologists and other members of the inter-professional health care community, that are well-integrated and informative.

6. Assessment: Interns will be able to perform psychological assessments that integrate patient history, interview, multiple sources, and a variety of psychological tests to produce DSM-5 diagnoses and make concrete, accurate, useful recommendations. The intern will be able to effectively communicate assessment results in a written report, to the patient/family/caregiver, and other members of the multidisciplinary treatment team. They will also be familiar with the empirical basis of the assessment procedures used and the legal, ethical, and cultural diversity issues involved in psychological assessment.

7. Intervention: Interns will be able to conduct effective group and individual psychological interventions for a variety of patient types and problems. Interns should be able to effectively coordinate their interventions with other members of the inter-professional teams involved in the patient's care. They will also be familiar with the empirical research on effective interventions and the legal, ethical, and diversity issues involved in psychological treatment. Psychological test feedback is considered to be a psychological intervention.

8. Supervision: Interns will make effective use of supervision, integrating information gained in supervision into their clinical practice. Interns will be able to explain their theory and approach for providing effective psychological supervision. Interns should incorporate ethical and legal standards, and integrate issues related to cultural/ethnic diversity within this competency. If able to provide supervision, Interns will use tiered supervision to assist with evaluating their and advancing their skills in this area.

9. Consultation and Inter-professional/Inter-disciplinary Skills: Interns will establish appropriate professional relationships and be courteous and respectful when interacting with colleagues from other disciplines. They will be able to effectively communicate when consulting to other professionals to clearly convey relevant psychological information in language that is appropriate to the situation and recipient. Also, Interns will actively address differences/professional conflicts in an open, tactful, and effective manner.

Intern-Staff Interactions:

From the beginning of the training year, we encourage a collegial relationship between staff and interns. Interns are expected to be professionally responsible and are encouraged to accept as much autonomy as their current levels of knowledge and skills allow. All clinical work performed by interns is reviewed and supervised by licensed staff psychologists with hospital privileges. We place a high priority on involving Interns in direct patient care. Supervision and didactic activities are designed to facilitate learning from direct clinical contact. Theoretical concepts, research results, and assessment and intervention techniques are given meaning by their direct application with our Veteran patients. Clinical responsibilities and caseload are assigned to Interns primarily based on their training needs. Although responding to the service needs of our treatment programs is an important part of the intern's training activity, it is a secondary consideration for assignment of clinical training activities.

As psychologists-in-training soon to embark on professional careers, Interns also are exposed to research, organizational, individual and cultural diversity, and professional issues in the medical center setting. Interns directly participate in decisions which affect the administration of the training program. They examine professional issues such as ethics and the law, hospital administration, and emerging managed care models in intern seminars and workshops. There are also frequent opportunities to explore the special psychological issues of the multi-cultural population served by our hospital, especially the large Latino population in our catchment area.

INDIVIDUALIZED TRAINING PLAN

Rotations & Assignments

The Internship consists of three four-month rotations. **All Interns are required** to select a full-time assignment in one of the mental health programs outside their emphasis/focus area. Interns in the Geropsychology emphasis have full-time rotations in Geropsychology and Neuropsychology. Primary Care/Behavioral Health, Serious Mental Illness, and Trauma Emphasis Interns must complete the first rotation within their emphasis area. The Neuropsychology Intern has two rotations in their focus area, in support of Division 40 requirements. The Neuropsychology Focus Intern typically takes the NP Consult Service rotation first, and may choose from the Polytrauma Resource Center and/or Polytrauma Transitional Residential Program as available for an additional required Neuropsychology rotation (splitting the two may be an option). The Neuropsychology Intern is expected to be actively involved in Neuropsychology assessment and didactics through the year.

All Interns choose experiences that are consistent with their training needs and goals, and that will meet the Internship's core competency requirements. All trainees carry at least one to two psychotherapy cases throughout the year with the same supervisor, have group therapy experiences on at least two rotations, and demonstrate competency with a minimum four integrated assessments/reports.

During Intern Orientation, Interns propose training experiences with the assistance of their Preceptor which is then submitted to the Training Committee for final approval. Clinical assignments (also known as training plans) included rotations, identify the psychotherapy supervisor for the year, indicate group therapy experiences, identify assessment experiences, and note research time or brief experiences.

Selecting Rotations and Assignments: During Orientation, the Director of Training and Preceptors work with the Intern class in selecting assignments and supervisors. Interns select training assignments for the year during the second week of Orientation. After receiving information from training supervisors on supervisory and training options, Interns meet with their appointed Preceptors to plan their Internship year and request a schedule that meets their training needs and interests. Within the requirements described above, and subject to review and approval by the Training Committee, Interns request their training assignments and work together with their Preceptors to develop their rotation schedule for the year.

There is considerable flexibility in selecting assignments. Given the required time in didactics, therapy/intervention cases, and dissertation/research, Interns are expected to have 24 hours/week available for a "full-time" rotation or 12 hours/week in a half-time (split) rotation. In general, there is space/availability on each rotation assignment for only one Intern. Training plans are reviewed by the Training Committee for final approval; this review occurs at a Training Committee meeting held during Orientation.

Major Rotations:

Clinical Assignments (*Note: these were options available to the 2023-2024 class of Interns; experiences are not guaranteed and are based on supervisor/clinic availability; additionally, new experiences may be available*)

These major rotations are required and/or available for the General Mental Health Intern, and Interns with special emphasis training areas in Primary Care/Behavioral Health, Neuropsychology, Serious Mental Illness, Trauma, and Geropsychology.

Behavioral Health Interdisciplinary Program (BHIP)

Northwest Health Care Center

BHIP is an interdisciplinary team of mental health professionals who work together with Veterans and families to provide recovery-oriented, evidence-based outpatient mental health care. Psychologist within BHIP:

- Offer general mental health therapy from a recovery model to improve a wide range of presenting concerns including PTSD, mood, anxiety using Evidence Based treatments.
- Conduct brief assessments when needed to include screeners as part of Measurement Based Care.
- Use Shared Decision model to complete treatment planning and intake sessions with new patients
- Make referrals to specialty clinics where indicated.
- Provide crisis or suicide risk interventions in Same Day Access clinic.

Training Experiences for interns may include:

- Weekly intake/treatment planning sessions with new patients.
- Participation in interdisciplinary team meetings (comprised of psychologists, licensed clinical social workers, licensed professional mental health counselors, MH nurses).
- Individual therapy in face-to-face or virtual care format.
- Conducting clinic Orientation group for patients wanting to learn about mental health services offered in BHIP.
- Experiences using EBP's including CBT-D; Prolonged Exposure
- Provision of services to Spanish speaking patients.

Supervisor: *Dr. Yolanda Valenzuela*

Geropsychology

Audie L. Murphy VA Hospital GEM Clinic and CLC

The GEM (Geriatric Evaluation and Management) clinic at ALM is a primary care clinic for older adults ages 65+ with complex medical conditions, including but not limited to diabetes, chronic pain, insomnia, high blood pressure, neuropathy, and difficulties with mobility. Treatment focus varies widely and can include depression, anxiety, role transitions, family conflict, caregiver burden, and PTSD. Most veterans will present with complex medical history, often including varying degrees of neurocognitive impairment.

The Community Living Center at Audie L. Murphy rehab neighborhood provides short-term rehab services including physical therapy, occupational therapy, and recreation therapy for veterans with complex medical conditions who need strengthening and rehab prior to returning to the community. Opportunities on the CLC rehab include full psychodiagnostic assessment, health and behavior assessment, short-term psychotherapy/intervention, cognitive screens, and capacity evaluations regarding medical decision making or returning to independent living, and frequent consultation with IDT.

Rotation goals:

1. The intern will gain competency providing geriatric specific individual therapy and psychodiagnostic assessment.
2. The intern will increase consultation skills both working with the IDT in the GEM clinic and CLC and through bi-monthly meetings of the geropsychology consultation group.
3. The intern will develop proficiency providing evidence-based therapies to veterans and their families.
4. The Intern will develop competency providing geriatric-specific interventions (e.g., Life Review, Caregiver Family Therapy) and/or providing EBT adapted for age-related conditions (e.g., use of Life Review and Behavioral Interventions in Veterans with mild to moderate neurocognitive deficits, use of CBT adapted for hearing loss).

5. The geropsychology intern will increase competency providing brief cognitive screens and capacity evaluation.

Supervisor: Dr. JoAnna Dieker

Inpatient Mental Health

Audie L. Murphy VA Hospital

The Inpatient Mental Health unit is a recovery-oriented therapeutic milieu in which the average length of stay is 3-5 days. Veterans present with a wide variety of difficulties, including but not limited to, suicidal ideation, homicidal ideation, homelessness, bereavement/loss, stress related to medical conditions and/or chronic pain, and acute episodes of PTSD, substance use, mood disorders, and psychotic disorders. Engagement in mental health treatment and resources (both within and outside the VA) and referral to appropriate outpatient treatment are priorities in this setting in order to reduce the number of re-admissions to the acute inpatient mental health units. The psychology trainee will work as an active member of an interdisciplinary treatment team alongside providers from multiple disciplines including (but not limited to): Psychiatry, Nursing, Recreation Therapy, Social Work, Chaplain Service, Vocational Rehabilitation, and Pharmacy. The trainee will learn to assess and intervene while communicating with a treatment team in a medical setting.

Rotation goals:

11. The intern will gain competency providing evidence-based group psychotherapy (e.g., DBT, CBT, Illness Management and Recovery) with Veterans.
2. The intern will increase consultation skills by participating in daily/weekly multidisciplinary team meetings, including psychiatry, social work, nursing, and recreational therapy.
3. The intern will develop proficiency in assessing and providing evidence-based individual therapy to Veterans with acute/serious mental illness and significant functional impairment.

Supervisor: Dr. Jordan Snow

Intensive Community Mental Health Recovery (ICMHR)

Audie L. Murphy VAMC, Community

Intensive Community Mental Health Recovery (ICMHR) is a recovery-oriented, community-based program for Veterans with chronic, serious mental illness. It is based on the principles and practice of Assertive Community Treatment (ACT), an evidence based service delivery model for persons with serious and persistent mental illness. Veterans who participate in the ICMHR program tend to be high utilizers of inpatient care and receive intensive case management and psychosocial rehabilitation. The goals of the program are to promote independent functioning and rehabilitation, to provide compassionate support to maximize quality of life, to support mental health recovery, and to reduce the frequency and duration of hospitalizations. *Most visits and interventions occur in-home or in the community. Rotation begins with period of shadowing. Additional community safety training and valid driver's license required.*

Evidence-based therapies provided: Assertive Community Treatment, Social Skills Training, CBT for Psychosis, Motivational Interviewing, Illness Management and Recovery, Wellness Recovery Action Planning

Rotation goals:

1. The intern will gain competency providing evidence-based psychotherapy and intervention [Assertive Community Treatment (ACT), Cognitive Behavioral Therapy for Psychosis (CPTp), Motivational Interviewing (MI), etc.] with Veterans with serious mental illness and significant functional impairment.
2. The intern will gain experience providing community-based interventions.
3. The intern will increase consultation skills by participating in daily multidisciplinary team meetings, including psychiatry, social work, peer support, nursing, and vocational rehab.

Supervisor: Dr. Lauren Orozco

Multicultural/Diversity Psychology Rotation

Telehealth/Remote, Northwest Health Care Center and/or ALM

During this experience trainees will have the opportunity to provide direct therapeutic services to Veterans from diverse cultural backgrounds with a variety of clinical presentations. This rotation is designed to strengthen the trainee's multicultural competency through an active process of: (1) becoming self-aware of personal cultural values, assumptions and biases; (2) demonstrating knowledge, understanding, and respect of differing worldviews; and (3) developing and/or implementing interventions that are multiculturally appropriate, relevant, and sensitive to the Veteran served.

Clinical cases will have a primary focus on the impact of cultural identity factors (e.g., race/ethnicity, gender, gender identity, sexual orientation, socioeconomic status, religion, ability status, language) and/or an intersection of these factors, on the Veteran's chief concern and clinical presentation, as well as, all aspects of the therapeutic context (e.g., working alliance development, assessment, treatment planning, and clinical intervention). Trainees will provide multiculturally competent services through engagement in the following three modalities: individual therapy, group therapy, and/or serving on the Psychology Diversity Training Committee.

Rotation Goals:

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

- 1) Research: Trainees will become familiar with the empirical literature pertaining to multicultural competence as it relates to their clinical practice. Trainees will be expected to complete readings on related topics and apply them to their clinical work. For example, suggested reading would include: Sue, Derald W. & Sue, David. (2013). *Counseling the culturally diverse: Theory and practice*. Hoboken, NJ: Wiley. Data will be collected during the experience to capture the effectiveness of this rotation for Veterans.
- 2) Ethical and legal standards: Trainees will gain an understanding of ethical principles and standards of practice related to multicultural competent practice and work with their supervisor to effectively address ethical dilemmas or issues that may arise. Supervisors will demonstrate and model ethical behavior.
- 3) Individual and cultural diversity: Trainees completing the multicultural rotation will gain specific knowledge about working with culturally diverse populations. They will learn to conceptualize within a multicultural framework and will be able to identify their own cultural diversity variables. Self-exploration is an integral part of this rotation and trainees are expected to be willing to learn about how their own cultural diversity factors, including privilege and potential biases, may interact and influence the therapeutic relationship and context.
- 4) Professional values, attitudes, and behaviors: Supervisor will model appropriate and expected professional behavior and facilitate trainees' development of their own professional identity.
- 5) Communication and interpersonal skills: Trainees will have the opportunity to communicate with referring providers throughout the psychology department. Interpersonal skills are necessary to build trusting relationships with the Veterans and the Veterans' treatment providers.
- 6) Assessment: Trainees will engage in clinical interviewing, assess for cultural-specific concerns and continue to develop formal documentation skills.
- 7) Intervention: Trainees on the Multicultural/diversity rotation will have the opportunity to engage clients in individual and/or group therapy. Individual patients will typically present with a specific diversity-related issue or a diversity factor that is impacting symptoms or diagnoses. For instance, a person who presents with a primary depressive disorder may have these symptoms exacerbated due to experiencing rejection

from their religious services for reasons related to sexual orientation. Multicultural conceptualization models will be presented and trainees will gain experience making diagnostic formulations based on these models. Trainees have the opportunity to be a co-facilitator of a Race-based stress/trauma and empowerment group and individual intake evaluations for group appropriateness, etc. We recognize diversity and multiculturalism in all of our patient interactions. With this option, we will also focus on the salient diversity and multicultural issues that may arise within the group and how they impact the group dynamic and therapeutic context.

8) Consultation and interprofessional skills: Trainees will have the option to serve on the **Psychology Diversity Training Committee (DTC)**. This is an opportunity to serve and consult on a committee. Supervisors will work with trainees to engage **with** or develop identified areas of interest/competencies.

Additional opportunities include:

- Consultation on diversity, equity, and inclusion efforts/improvements within the Psychology Department, training program, and potentially the STVHCS
- Attend DTC weekly meeting
- Possibly attend Diversity, Equity, & Inclusion Hospital Committee meetings monthly
- Conduct or co-facilitating presentation's related to diversity
- Present research on prevalence of diversity issues among Veterans
- Contribute to Awareness Matters Quarterly Newsletter

Supervisor: Dr. Ashlee Martinez

Neuropsychology Consult Service Clinic

Northwest Health Care Center (didactics may be held at Balcones Heights Outpatient Clinic)

During this rotation trainees will learn to administer, score, and interpret neuropsychological testing for a predominantly older adult population with cognitive disorders. However, presentation varies considerably amongst differing neurological and psychiatric conditions. At this time all assessments are being completed face-to-face though there are opportunities to complete feedbacks via telehealth. Types of referrals* include the following:

Neurodegenerative/Dementing conditions (Alzheimer's, Vascular, Lewy Body, Frontotemporal)
Parkinson's disease, including pre-surgical deep brain stimulator (DBS) evaluations
Seizure disorders, including pre-temporal lobectomy evaluations
Other Neurological conditions (e.g., Multiple Sclerosis, Hydrocephalus, CNS Tumors)
Non-acute Acquired Brain Injury (TBI, Stroke, Anoxia)
Diverse medical/metabolic comorbidities (e.g., hepatic/renal failure, sleep apnea, HIV/AIDS)
Psychiatric disorders (especially PTSD and differential of dementia vs. depression/pseudodementia)
Substance-Induced Cognitive Dysfunction (alcohol/illicit substances and medications)
Learning Disorders
Capacity (medical decision making, financial capacity, independent living)
Normal Aging

*Specific populations/disorders can be selected based on intern interests and patient availability

Core Measures (*core-flexible, hypothesis-driven, and evidenced-based test selection approach*):

- ✓ Free-Standing/Embedded Performance Validity Tests (WMT, TOMM, WCT, DCT)
- ✓ Test of Premorbid Functioning (TOPF)
- ✓ Wechsler Adult Intelligence Scale (WAIS-IV)
- ✓ Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- ✓ Behavioral Neurology Examination/Bedside Tests
- ✓ Sensory-Motor Tests (Grooved Pegboard, Finger Tapping)
- ✓ Naming Tests (BNT, NAB Naming, Auditory and Visual Naming Tests)
- ✓ Visuospatial Tests (Judgement of Line Orientation, Hooper Visual Organization Test)
- ✓ Controlled Oral Word Association Test (FAS) & Animal Naming
- ✓ Hopkins Verbal Learning Test – Revised (HVLT-R)
- ✓ Brief Visuospatial Memory Test – Revised (BVM-T-R)
- ✓ Rey-Osterrieth Complex Figure Test (RCFT)

- ✓ California Verbal Learning Test – II (CVLT-II) /Rey Auditory Verbal Learning Test (RAVLT)
- ✓ Trail Making Test (TMT)
- ✓ Stroop Color Word Test
- ✓ Wisconsin Card Sorting Test – 128 and 64-card versions (WCST-128, WCST-64)
- ✓ Minnesota Multiphasic Personality Inventory (MMPI-2/2-RF)

Assessments: Up to two outpatient assessments per week, depending on experience.
Neuropsychology interns are expected to reach two per week.

Feedbacks: Opportunities to provide full neuropsychological feedback will depend on experience level.

Group Cognitive Rehabilitation (co-led with second year Neuropsychology Post-doc): Coping with Cognitive Problems

Supervisor: *Dr. Kathleen Bain*

Primary Care Mental Health Integration (PCMHI)

Audie L. Murphy VA Hospital, Balcones Heights Outpatient Clinic, or Shavano Park Outpatient Clinic

Primary Care Mental Health Integration (PCMHI) is population-based approach of care which strives to provide mental health and behavioral health care to veterans in the primary care setting. PCMHI providers are co-located within Primary Care and are part of the extended Patient Aligned Care Team (PACT). PCMHI providers identify the right level of care at the right time for each patient. It is patient-centered, collaborative, and promotes self-management.

Same Day appointments are hallmark of PCMHI and can increase access to services and engagement in treatment. Providers in PCMHI will treat mild to moderate mental health conditions and psychosocial stressors as well as behavioral interventions for chronic medical and physical conditions. Psychological interventions are brief (20-30 minute individual appt; 1-6 total appointments) and may include psychoeducation group (1 hour).

Rotation goals:

1. The intern will gain competency in Primary Care Mental Health Integration model, structure, and procedures.
 2. The intern will develop consultation skills with PACT members and other mental health staff.
 3. The intern will develop proficiency in conducting a Functional Assessment in 30 minutes or less.
 4. The intern will provide evidence-based individual psychotherapy and/or psychoeducation within PCMHI.
- Training in the co-located collaborative care model of primary care mental health integration.
 - Functional assessments: 20-30-minute brief evaluation with patients new to the VA, initial contact with mental health, or re-establishing care with mental health.
 - Brief psychotherapy: 20-30-minute individual sessions targeting mild to moderate mental health and behavioral health (e.g., insomnia, pain, medical adherence, etc.) conditions. Approximately 4-6 sessions, every 2-3 weeks.
 - Same-day clinic coverage: Assist Veterans and primary care providers with same-day evaluation which may include: risk assessment, safety planning and/or functional assessment. Referrals via walk-in and warm handoff from primary care team.
 - Group Psychotherapy: Psychoeducation group sessions focused on offering information and skills on a range of topics. Group Sessions are 1 hour and topics include CBT-D, CBT-A, CBT-CP, CBT-I, Anger Management, Mindfulness, Coping with Trauma, Management of Emotions, Breaking the Cycle (depression and anxiety) and Be Tobacco Free.

- Consultation: Work collaboratively with Patient Aligned Care Team (PCP, nursing, dietitians, pharmacists, social workers) providing same-day appointments for patients and consultation as needed.
- Measurement-Based Care: use self-report instruments to assess symptoms, make treatment recommendation, and monitor treatment progress.
- Evidence based treatment: Brief CBT-D; Prolonged Exposure for Primary Care; Brief CBT-A

Supervisors: Drs. Richard Roberson, Brooke Martin, & Ashley Waters

Psychosocial Rehabilitation and Recovery Center (PRRC)

Balcones Heights Outpatient Clinic

Stepping Stones (SS) – primarily a group therapy based program for Veterans diagnosed with a serious mental illness; a focus on skills development for long-term wellness and increased community integration. Individual therapy is framed within a Recovery Coordinator role in which goals are established and reviewed periodically, measurement based care is conducted to assess wellness, symptoms, and perceived stigma, and skills and supportive interventions are implemented individually. Motto of SS is “Learn, Grow, Go.”

South Texas Early Engagement and Recovery (STEER) is a psychosocial treatment program for Veterans with early psychosis (onset within the past four years) based on the Coordinated Specialty Care (CSC) model. CSC is an evidence-based interdisciplinary treatment for individuals with first episode psychosis which promotes shared decision making and uses a team of specialists who work with the client to create a personal treatment plan which includes individual psychotherapy, group psychotherapy, medication management geared to individuals with early psychosis, family education and support, case management, and work or education support, all depending on the individual’s needs and preferences. This program requires a high level of consultation with treating providers across various clinics and is an excellent opportunity to improve interdisciplinary consultation skills.

SS Rotation goals:

1. The intern will gain competency providing evidence-based group psychotherapy (e.g., SST, CBT- VP, DBT skills, ACT, CBT) with Veterans with acute and/or serious mental illness and significant functional impairment.
2. The intern will gain competency providing evidence-based individual psychotherapy.
3. The intern will increase consultation skills by participating in daily multidisciplinary team meetings, including above mentioned specialties
4. The intern develops proficiency providing evidence-based individual therapy and/or family therapy to Veterans in PRRC clinic.

STEER Rotation goals:

1. The intern will gain competency providing evidence-based psychotherapy for early phase schizophrenia spectrum disorders (e.g., CBT-p, ACT, IMR) with Veterans with acute and/or serious mental illness and significant functional impairment.
2. The intern will gain competency in administrative aspects related to provision of new clinical services
3. The intern will increase consultation skills by participating in weekly multidisciplinary team meetings, including psychiatry, social work, peer support, and vocational rehabilitation.
4. The intern develops proficiency providing evidence-based individual therapy and/or family therapy to Veterans in the STEER clinic.

Evidence-based therapies provided:

Social Skills Training (SST)

Cognitive Behavioral Therapy for Voices and Paranoia (CBT-VP)

Cognitive Processing Therapy (CPT)
Cognitive Behavioral Therapy for Psychosis (CBT-p)
ACT for Psychosis
Illness Management and Recovery (IMR)
Individual Resiliency Training (IRT)

Intervention/assessment opportunities:

Individual therapy
Couples and/or Family therapy
Group therapy experiences available:
Other intervention experiences available: e.g. safety planning, treatment planning
Psychological Assessment
Comprehensive Suicide Risk Assessment

Supervisor(s): *Drs. Patrick Smith and David Cregg*

Polytrauma Network Site Outpatient (*brief experience offered 2023-2024; full in previous years*)
Audie L. Murphy Polytrauma Building

The Audie L. Murphy VA is home to three Polytrauma programs serving the needs of Veterans recovering from traumatic brain injuries or multiple injuries sustained in the course of their military service. Interns who elect this rotation will be training in the Polytrauma Rehabilitation Outpatient (PRO) clinic, which provides outpatient services to a patient population of predominately OEF/OIF/OND combat Veterans. The program is housed in the Department of Physical Medicine and Rehabilitation and utilizes an interdisciplinary approach to providing care.

Rotation goals:

1. The intern will gain competency providing treatment planning and psychotherapy to Veterans with a history of traumatic brain injury (TBI) and/or polytrauma injuries who are receiving rehabilitation care through the PRO clinic.
2. The intern will increase consultation skills by participating in weekly multidisciplinary team meetings, including physiatry, social work, PT/OT, neuropsychology, and family psychology.
3. The intern will develop a strong working understanding of how mental health factors contribute to functional deficits in the TBI/Polytrauma population.

Supervisor: *Dr. Robert Beck*

Polytrauma Network Site at ALM – NP Intern Only

During this rotation trainees will spend time at the Polytrauma Network Site (PNS) clinic focused on long-term effects of TBI on cognition, as well as secondary effects (e.g., mood and sleep) on perception of cognitive problems. This rotation seeks to provide trainees with an appreciation for the complexity of screening patients with mild TBI in a VA setting. Of note, this experience will allow for completion of assessment requirements for the internship (WAIS/Personality) assessment.

One aspect of PNS clinic neuropsychology is providing evaluations for veterans who have a history of concussion (i.e., mild traumatic brain injury) but are reporting ongoing symptoms. Most of these patients have remote concussions and have attributed perceived cognitive difficulties to these injuries for many years. Most of these veterans have comorbid psychiatric and sleep disorders that are contributing to this perception. These concussion evaluations consist of brief 2 hour evaluations that are aimed at briefly assessing performance/symptom validity, psychiatric history, and select cognitive abilities for patients. The primary mission of these evaluations is to provide information to both the veteran and the polytrauma treatment team regarding treatment recommendations to improve cognitive functioning.

At the end of this training experience, it is expected that the trainee will be able to demonstrate knowledge of the cognitive effects of concussive injuries, common comorbid conditions affecting

perceived cognitive difficulties, and provide education to veterans regarding treatments which will likely lead to improvements in perceived cognitive functioning. The trainee will also be able to identify performance validity failure and provide clear feedback to the veterans and treatment team regarding non-neurological factors affecting symptom reports. It is also expected that trainees will gain an appreciation for the value of neuropsychology in formulating an overall plan of care for a veteran, focusing on how neuropsychological information may assist in identifying treatment strategies toward a veteran's educational, mental health, vocational, and community reintegration goals.

Supervisor: TBD

Polytrauma Transitional Rehabilitation Program (PTRP) and Post-Deployment Accelerated Comprehensive Evaluation and Rehabilitation (PACER) Program- NP Intern only

During this rotation, interns will learn to use neuropsychological evaluation results to formulate and complete a treatment plan to help veterans as well as service members with acquired brain injury reintegrate into the community. The diagnoses seen most frequently at PTRP include traumatic brain injury (TBI), stroke, brain tumor, and central nervous system infections. In the PACER program, the trainee will have the opportunity to provide brain education to Special Operation Forces personnel. The PTRP and PACER program are comprehensive residential rehabilitation programs.

Assessments: Interns may complete up to two neuropsychological evaluations per month. The opportunity for neuropsychological evaluation may vary based on program census. Interns may complete one to three neuropsychology intakes per week with PTRP and/or PACER patients.

Interventions: Interns will provide evidenced-based cognitive rehabilitation to PTRP patients. Interns will have a minimum of two patients on their caseload. Cognitive interventions from the American Congress of Rehabilitation Medicine (ACRM) Cognitive Rehabilitation manual will be primarily used for individual therapy sessions. Interns will have the opportunity to provide cognitive intervention during community outings.

Didactic and Meeting Requirements:
PACER Interdisciplinary Team Meeting
PTRP Interdisciplinary Team Meeting
Team Lunch
Neuroanatomy Seminar
Journal Club/Research Meeting
Case Conference/Prof. Development

Supervisor(s): Dr. Kristene R. Carter

PTSD Clinical Team (PCT) *Northwest Health Care Center (NWHCC)*

During rotation on the outpatient Post-Traumatic Stress Disorder Clinical Team (PCT), an intern will learn to treat posttraumatic stress disorder (PTSD) stemming from combat and/or sexual assault. Sessions will take place via Video Voice Connect, telephone, and face-to-face. The intern will:

1. Conduct two weekly intake and treatment planning sessions with new patients.
2. Learn one evidence-based treatment (EBT) for trauma. Training options include: Cognitive Processing Therapy, Prolonged Exposure, Skills Training in Affect and Interpersonal Regulation, or Unified Protocol for Transdiagnostic Treatment of Emotional Disorders.
3. Female-identified interns may choose to co-lead one group treatment for PTSD: (1) Women's Coping with MST Group, or (2) Women's Empowerment Group (for survivors of intimate partner violence)
4. Mindfulness for PTSD, Women's Coping with MST Group, and Trauma-Sensitive Yoga.
5. Participate in interdisciplinary team meetings.

Additionally, there are opportunities for personality assessment, outreach to promote services for survivors of military sexual trauma, and review of trauma-related psychological research for APA-published journals (*Psychotherapy*; *Psychological Trauma: Theory, Research, Practice, and Policy*; *Psychology of Men and Masculinities*). The treatment team is comprised of psychologists, licensed clinical social workers, peer support, and chaplaincy.

Supervisor(s): Drs. William Elder & Laurie Russell

Spinal Cord Injury Center (SCIC)

Audie L. Murphy VA Hospital

The STVHCS Spinal Cord Injury Service includes a 30-bed inpatient unit and an outpatient clinic that serve the acute, chronic, and primary care health care needs of veterans and active duty service members with spinal cord injuries. It affords a unique training opportunity for interns and residents to work with patients who have a broad array of medical, rehabilitation, and mental health issues. This rotation offers experience in addressing behavioral medicine issues, adjustment issues, and psychological disorders within a specialized medical unit. Interns and residents become an integral member of the interdisciplinary health care team that includes physicians, physician assistants, nurses, social workers, occupational therapists, physical therapists, chaplain, recreation therapists, a clinical pharmacist, dietitian and volunteers.

ASSESSMENT:

- Clinical interviews, including psychiatric diagnostic interviewing
- Initial evaluations of veterans with newly acquired spinal cord injuries
- Objective psychodiagnostic/neurocognitive evaluations

TREATMENT/INTERVENTIONS:

- Individual psychotherapy/Adjustment to SCI and other chronic/acute conditions
- Behavioral Health Interventions (CBT-CP, CBT-Insomnia, IPT-Depression)
- Family/Couples Therapy
- SCIC Inpatient Adjustment Group
- Caregiver support Group
- Chronic Pain Group
- Mindfulness Group
- Discussion and Interventions surrounding end-of-life issues
- Bereavement therapy for patient and family
- Consultation to other health care providers and the SCIC interdisciplinary team
- Collaborative treatment planning with other team members from other services (Palliative Care, Sleep medicine)
- Interventions for "challenging" situations on an inpatient setting
- Negotiating difficulties between patients and inpatient staff

TREATMENT APPROACH/THEORETICAL FRAMEWORK

The overarching treatment philosophy on the SCI Service is a systems based approach that defines the "problem" in terms of different levels of the system and targets the intervention accordingly.

- Recognizes that the individual interacts uniquely with various levels of the "system"
- Targets goals for change at various levels of the system
- Emphasizes effective communication and effective problem-solving
- Incorporates the family and caregiver(s) into the adjustment process
- Focuses on functional gains, adjustment and coping strategies
- Focuses on identifying and eliminating barriers to treatment participation and increased functioning

Supervisor: Dr. Melissa Talamantes

Sleep Medicine

Telehealth/Remote

Sleep is core to our overall health and poor sleep can impact our cognitive, cardiovascular, metabolic, and mood-related functioning. During the Sleep Medicine Service training experience, the trainee will have the opportunity to increase their clinical skills in relation to sleep, sleep-related disorders, and appropriate treatment. The trainee will work alongside Dr. Powell to address behavioral sleep-related problems that our veterans experience. The training experience will most likely include didactics, delivery of clinical therapy for various sleep-related interventions, learning the operations of a sleep medicine clinic, and potential observation with staff sleep physicians. At this time, the training would occur virtually (both supervision and clinical experiences), with the potential of some face to face experiences based upon current needs of the clinic.

Key training experiences could include:

- Didactics related to basics of sleep, sleep across the lifespan, health interactions with sleep, insomnia, circadian rhythm disorders, sleep apnea anatomy, consequences, and treatment...among potential other topics
- Understanding the operations of a sleep medicine clinic and the role a clinical psychologist can play in this setting
- Individual and/or group CBT-Insomnia (with potential of ACT-based approaches for insomnia integrated)
- Addressing PAP-related adherence issues
- Behavioral strategies for circadian rhythm disorders
- Use of behavioral strategies for nightmares/trauma-related nightmares (using ERRT protocol)
- Reviewing polysomnography recordings and gain an understanding of the physiological signals recorded
- Program development/research

Supervisor: *Dr. Eric Powell*

Substance Use Disorders Outpatient Programs

Northwest Health Care Center and/or Telework/Remote (SUD Outpatient/IOP)

SUD Outpatient/IOP addresses various levels of care as per guidelines established by the American Society of Addiction Therapy and includes a 4-week group-based Intensive Outpatient Program that meets from 9am – 12pm and 1PM-4PM on Mondays, Tuesdays and Thursdays; a 12-week group-based Outpatient Program that meets 2 hours per week; and ongoing support groups for veterans who are stable in their recovery. The latter two group-based levels of care (the 12-week group and the ongoing support groups) are led by Addiction Therapists; interns may observe these groups but would not be co-facilitating.

Individual therapy is also provided and includes CBT for SUD, Motivational Enhancement Therapy, and treatment for co-occurring disorders such as PTSD, depression, and chronic pain for veterans who are not yet assigned to a BHIP team and/or who's co-occurring disorder is closely related to the SUD and would benefit from concurrent treatment.

Evidence-based therapies provided:

CBT for Substance Use Disorders (CBT-SUD)

Motivational Interviewing/Motivational Enhancement Therapy (MI/MET)

Long-term emotion regulation skills group for co-occurring disorders (Dr. Andersen)

CBT for chronic pain (Dr. Acosta)

Unified Protocol for co-occurring disorders (Dr. Andersen)

*Contingency Management

Intervention opportunities:

Group therapy - Group therapy opportunities will vary but include the Mood Management and Refusal Skills groups in IOP; Other groups addressing co-occurring disorders may be available for intervention opportunities. Additionally, interns will be able to shadow and potentially lead (on occasion) other groups within the SUD-IOP program.

Individual therapy - This may include brief MI/MET, the full CBT-SUD protocol, or some combination of the two with a relapse prevention approach. Other EBPs (e.g. CBT-CP, ACT, CPT) addressing co-occurring disorders may also be available but will not be the focus of the rotation.

Safety Planning (as the need arises)

Treatment planning

Couples and/or Family therapy -it is possible that there may be opportunities for brief couple/family intervention

Assessment opportunities:

- SUD Consults (psychosocial assessment and diagnostic interview including ASAM)
- Comprehensive Suicide Risk Evaluation (as the need arises)
- Measurement-based care for both SUD-IOP participants and individual psychotherapy clients. IOP and SUD-OP patients are administered the Brief Addiction Monitor (BAM; either BAM-IOP or BAM-R), the PHQ9, and the Quality of Life Inventory (QoLI). Patients participating in MET are administered the Assessment and Feedback Tool (AFT); CBT-SUD includes additional substance-related MBC; CBT-CP includes additional MBC focused on assessing pain-related constructs.
- If a need for a more extensive psychological assessment arises such as a differential diagnostic assessment or cognitive screening, this may be available but not the focus during the rotation.

Inter-professional/Inter-disciplinary team opportunities:

The SUD Outpatient interdisciplinary team meets every Wednesday from 2:00pm-3:30pm. Additionally, the SUD-IOP interdisciplinary team meets on Monday, Tuesday, and Thursday mornings for a huddle beginning at 8:30am. These meetings currently include psychologists, social workers, nursing staff, and addiction therapists.

Supervisor(s): *Drs. Lisa Acosta, Catherine Andersen, and Kevin Kurian*

Stand out facts related to STVHCS: We are one of five Polytrauma Rehabilitation Centers across the country, 1 of 25 Spinal Cord Injury Centers, and have one of the fastest growing psychology service within VA.

Rural Mental Health Emphasis Intern (1/3 rotations may be completed from San Antonio options)

Major rotations available for the Intern with Special Emphasis in Rural Mental Health at Kerrville Division:

(Note: these were the options available to the 2023-2024 Rural Mental Health Intern; experiences based on supervisor/clinic availability)

Kerrville Behavioral Health Interdisciplinary Program (BHIP)

Kerrville VAMC

Kerrville VA is part of the South Texas Veterans Health Care System, located 65 miles Northwest of San Antonio. Kerrville VA has a community living center (which includes four neighborhoods), seven Patient Aligned Care Teams (PACT), Geriatric Evaluation Management Clinic, and some specialty clinics. Kerrville

Mental Health Clinic is a behavioral health integrated program (BHIP) which serves the rural population across the hill country and beyond. Our focus is to provide evidence-based care and recovery-oriented treatment (including telehealth services).

Evidence-Based Psychotherapies (EBPs) Provided:

- Cognitive Behavioral Therapies (e.g., depression, sleep/nightmares, anxiety, SUD)
- Acceptance and Commitment Therapy
- Interpersonal Therapy for depression
- Anger Management (SAMHSA protocol)

Intervention Opportunities:

- Individual therapy
- Group therapy experiences available: based on trainee interest
- Telehealth
- Other intervention experiences available: e.g. safety planning, treatment planning

Assessment Opportunities:

- Initial MH intake evaluations
- Measurement-Based Care (MBC): PHQ9, GAD7, AAQ-II
- Suicide risk assessment (C-SSRS, CSRE)

Rotation Goals:

1. Gain competency in the evaluation and assessment of mental health disorders.
2. Develop proficiency in recovery-based treatment planning.
3. Gain competency providing evidence-based group psychotherapy and individual psychotherapies.
4. Increase consultation skills by participating in weekly IDT meetings, which includes staff from psychiatry/pharmacy, nursing, and vocational rehabilitation

Note: Substance Use Disorders Treatment can be incorporated into the General Outpatient Rotation

Supervisor(s): Dr. Robyn Campbell

Home Based Primary Care (HBPC)

Full rotation offered for Rural Intern 2023-2024, Brief open to all other emphases

During the HBPC experience, a Psychology Intern will have the opportunity to grow in the areas of geriatric, palliative, and health intervention and assessment. The Psychology Intern will serve as a member of an interdisciplinary treatment team (IDT). The team is comprised of physicians, nurses, pharmacists, social workers, physical/occupational therapists, dieticians and chaplains.

The HBPC program cares for veterans who have multiple/chronic medical problems, a history of no-shows for appointments at their outpatient primary care clinic and/or have multiple admissions to the hospital and additionally may be home-bound due to physical illness. The psychologist addresses mental health disorders, behavioral problems, and caregiver stress and acts as a consultant to the staff regarding interacting with the veteran. Breadth and depth of experience will depend upon interest and time commitment.

The intern will work alongside Dr. Sethi on the HBPC clinic IDT addressing the needs of these medically complex veterans and their families. The intern will discuss concerns and findings with team members as needed and regularly in a weekly team meeting. Psychological interventions range across individual, family, and couples-based formats and involve an array of treatment targets (e.g., anxiety, depression, PTSD, relational discord, chronic pain, insomnia, caregiver burden). Veterans' complaints are often in the context of late life (i.e., 60's+), complex medical comorbidities, variable cognitive and functional status, and significant adjustment issues (e.g., to retirement, moving in with family, functional/cognitive decline/post-stroke, caregiver burden).

Training Experiences:

- Long-term & brief psychotherapy
- Individual, couples, and family
- Brief cognitive assessment
- Capacity evaluations
- End of life care
- Interdisciplinary consultation
- Shadowing other disciplines

Supervisor: Dr. Kevin Sethi

Neuropsychology/Assessment

Kerrville VAMC

Supervisor: Dr. Anthony “Paul” Andrews

Primary Care-Mental Health Integration (PCMHI) Rural Rotation-Kerrville

Kerrville VAMC

Interns will be embedded in the primary care clinics and provide services to their patients at Kerrville VA Medical Center by telehealth or up to two days of on-site care. Short-term individual therapy opportunities include: Anxiety/Panic attacks, depression, adjustment difficulties (i.e. coping with a new medical diagnosis, life after separation from the military, etc.), chronic pain, anger management, grief counseling, stress management, and self-care. Potential treatment groups include: coping with trauma, chronic pain, diabetes, mastery of emotions, anger management, sleep education, mindfulness, or others according to intern's interest. Other duties include meeting with veterans to ensure that they are referred to the proper service line, as well as submitting consults for specialty care. Additionally, interns meet with PACT team members in TEAMS weekly huddles to discuss patient concerns and provide recommendations about care. Finally, PCMHI Interns will be available for PACT team members throughout the day for consultation via TEAMS about care as part of the same day policy for patient care.

Supervisor: Dr. Janet Mueller

Adjunctive/Brief Clinical Experiences open to ALL Interns who have completed their dissertation and no longer need their 4 hours of research per week

(Note: these were the options available to the 2023-2024 class of Interns; experiences based on supervisor/clinic availability)

Dialectical Behavior Therapy

Balcones Heights Outpatient Clinic

The DBT program at South TX VA is modeled after Marsha Linehan's recommended full DBT model, for individuals with borderline personality disorder. It includes 4 components: individual therapy, group skills treatment, provider team consultation, and phone coaching. The trainee would work as an active member of the DBT team, attending weekly consultation, and participating as a provider for the group skills treatment, for the duration of the training experience. The weekly consultation meeting is a multidisciplinary meeting including providers from psychology and social work, and the trainee is required to attend all meetings and be an active participant.

The trainee will learn to assess for borderline personality disorder and differential diagnoses. Further, they will learn basic skills for implementation of DBT, with the primary focus on skills group. They will also begin to explore their understanding of the challenges of this particular therapy modality, and incorporate diversity and ethical issues as appropriate.

Clinical Interventions for DBT are aimed at assisting Veterans in identifying goals for “a life worth living” and to learn and practice skills for improvement in personal functioning including: Interpersonal skills, Mindfulness skills, Emotion Regulation skills, Distress Tolerance skills. Additionally, interventions are aimed at decreasing hospitalizations and self-harm behaviors. The DBT brief experience consists of co-leading skills groups, whereas the long-term therapy rotation primarily consists of providing individual therapy.

Supervisor(s): Dr. Julia Carter

Diversity Committee

The Diversity Training Committee Immersion Experience is designed to offer psychology trainees committee work experience under the mentorship of staff psychologists. The goal of the committee is to develop and implement in-classroom and experimental learning opportunities that will broaden psychology trainees' understanding of cultural/diversity/social justice factors that shape our South Texas community and the world as a whole. Upon completion of the Diversity Training Committee Immersion Experience, trainees will have challenged preconceived notions/biases and cultivated a deeper understanding of our STVHCS Veteran population and their overall cultural awareness as an emerging psychology practitioner.

Training Opportunities/Responsibilities (4 areas):

Multicultural Journal Club (MCJC)

- Maintain database of multicultural and diversity articles
- Help lead diversity discussions
- Report back to the Diversity Committee on additional areas of training requested by our psychology trainees

Awareness Matters Quarterly Newsletter (Diversity Section/Article)

- Research, write, and edit diversity sections for the quarterly Employee Engagement Newsletter
- Current Events-compilation of noteworthy diversity and
- Training/Resources-list of available TMS trainings on diversity and cultural awareness, including any relevant CEU opportunities that may be available for STVHCS psychology staff
- Humble Pie-overview of personal experiences addressing biases and having cultural humility
- Diversity Spotlight-discuss different cultural groups/recognize diversity awareness months (Women's Month, Black History etc.) in every newsletter
- Additional Diversity Section content may be determined by trainees with approval from the Diversity Committee

Immersion Experiences (I.E.)

- Training will include shadowing initial I.E. coordination modeled by staff
- Trainees will plan one I.E. for their cohort, to include: ▪ eliciting areas of cultural competency strengthening for their cohort.
- Reviewing immersion experience catalog to select from and/or adding new sites to catalog
- Working collaboratively with each other, training schedule, community organization/agency, and restaurant to coordinate and schedule visit
- Completing administrative requirements of I.E. scheduling such as room reservation, van reservation, budget development and approval, reimbursement forms, etc.

Race-Based Stress Trauma & Empowerment Group (RBSTE)

- Complete chart reviews
- Complete intake assessment to assess readiness/appropriateness for engaging group
- Co-facilitate group for Veterans who express a history of race-based discrimination (e.g., institutional betrayal, traumatic military, sexual assault, physical assault, childhood abuse, bullying and harassment) at any point across lifespan who would benefit from CBT for trauma group.
- Opportunity to attend monthly RBSTE Consultation Calls
- 8 week group, veterans attend in person or virtually and complete at-home practice assignments.

Administrative Opportunities

My Life My Story Project

- The MLMS project gives Veterans an opportunity to share their story with a trained story writer.
- During an approximately 1-hour discussion of the Veteran's life and what's important to them, clinician's will craft a 1000-1200 word story of the Veteran's life that can be shared with providers, family, and friends.
- With the Veteran's consent, it will also be uploaded into their VA medical record

STVHCS Inpatient Diversity Training

- Participate in consultation series based on psychiatry residents' request
- Consultation will occur during the allotted education time during rotation for residents as feasible (three one-hour slots versus one three-hour slot)
- Target outcomes of consultation and training include: • Increased confidence and skills in providing multiculturally informed care
- Deeper understanding of multicultural issues and implicit bias in inpatient mental health care

Supervisor(s): Drs. Catherine Andersen, Betsy Davis, Ashlee Martinez & Victor Rico

Early Psychosis Treatment STEER and/or Administrative Experience on Clinic Development

See rotation description above.

Eating Disorders

Our program meets Joint Commission Standards for treatment of eating disorders for outpatient programs and was developed with close consultation from VACO Women's Mental Health Services. The program utilizes both DBT (Linehan) and CBT-E (Fairburn). The trainee is an active member of the EDP, attending weekly, interdisciplinary consultation meetings and discussing concerns and findings with the team. Our team includes psychologists, a dietitian, and psychiatrist. The trainee is expected to attend all meetings (unless excused) and be an active participant.

The trainee will learn to assess for eating disorders and differential diagnoses, beginning with thorough chart reviews of Veterans referred for eating disorder treatment. Notably, they learn about the medical complications of eating disorders and dietary issues by working within an interdisciplinary team. Treatment is viewed holistically, and diversity and cultural aspects are always explored. Clinical interventions for eating disorders are aimed at helping Veterans decrease disordered eating patterns, including restricting, binge eating, purging, and other compensatory behaviors.

Supervisor(s): Dr. Amanda Wetegrove-Romine

Home Based Primary Care

During the HBPC brief experience, a Psychology Intern will have the opportunity to grow in the areas of geriatric, palliative, and health intervention and assessment. The Psychology Intern will serve as a member of an interdisciplinary treatment team (IDT). The team is comprised of physicians, nurses, pharmacists, social workers, physical/occupational therapists, dieticians and chaplains.

The HBPC program cares for veterans who have multiple/chronic medical problems, a history of no-shows for appointments at the hospital and/or have multiple admissions to the hospital and additionally may be home-bound due to physical illness. The psychologist addresses mental health disorders, behavioral problems, and caregiver stress and acts as a consultant to the staff regarding interacting with the veteran. Breadth and depth of experience will depend upon interest and time commitment.

The intern will work alongside Dr. Sethi on the HBPC clinic IDT addressing the needs of these medically complex veterans and their families. The intern will discuss concerns and findings with team members as

needed and regularly in a weekly team meeting. Psychological interventions range across individual, family, and couples-based formats and involve an array of treatment targets (e.g., anxiety, depression, PTSD, relational discord, chronic pain, insomnia, caregiver burden). Veterans' complaints are often in the context of late life (i.e., 60's+), complex medical comorbidities, variable cognitive and functional status, and significant adjustment issues (e.g., to retirement, moving in with family, functional/cognitive decline/post-stroke, caregiver burden).

Supervisor(s): Dr. Kevin Sethi

Mental Health- Integration into Oncology

Mental Health Integration delivers care via a colocated, collaborative care approach for Veterans served by the Specialty Medical Team. MHI providers typically address a broad range of mental health and health behavior concerns through brief, targeted consultation, intervention and treatment. MHI providers identify the right level of care at the right time for each patient. It is patient-centered, collaborative, and promotes self-management.

Same Day appointments are hallmark of MHI and can increase access to services and engagement in treatment. MHI providers will treat mild to moderate mental health conditions and psychosocial stressors as well as behavioral interventions for chronic medical and physical conditions. Psychological interventions are brief (20-30 minute individual appt; 1-6 total appointments) and may include psychoeducation groups (currently in development with the Health Psychology Section).

Training Experiences:

- Brief psychotherapy
- Individual, couples, and family
- Brief cognitive assessment
- Interdisciplinary consultation
- Shadowing other disciplines

Supervisor: Dr. Ashley Garner

Inpatient Mental Health

See rotation description above.

Program Administration/Leadership

Balcones Heights Clinic

The intern will participate in administrative activities based on availability and Intern's interests. This brief experience includes opportunities to be part of meetings with program and quality management leadership; learn about clinic procedures, processes, and strategies planning; increase knowledge regarding accreditation standards (i.e. Commission on Accreditation of Rehabilitation Facilities- CARF; The Joint Commission- TJC). Additionally, interns interested in clinical training may assist in various stages of the internship recruitment process including program recruitment, interview preparation, and planning for the arrival of the next class of interns.

Supervisor(s): Dr. Allyson Ruha

Relational Skills Experience in IPVAP/CPT Clinics

This experience is housed in The Intimate Partner Violence Assistance Program (IPVAP) and PCT (PTSD Clinical Team) clinics. The IPVAP is a psychosocial program for Veterans, their families and caregivers,

and VHA employees who use or experience intimate partner violence. The PCT is a specialty mental health clinic that offers evidenced-based interventions for military-related Trauma- and Stressor- Related Disorders.

During the Relationship Skills Brief Rotation/Experience, the trainee will have the opportunity to enhance skills in intimate partner violence (IPV) assessment and IPV safety planning, co-facilitate the Women's IPV group, and/or teach relational skills to couples.

Clinical Experience Options (brief experience is 4 hours/week for approximately 4 months):

- Women's Empowerment Group (IPV): Trainees will have the opportunity to co-facilitate the Women's Empowerment Group, an intervention for patients who have been impacted by IPV. The group runs 12-weeks and focuses on skills-based treatment of common difficulties associated with intimate partner violence (IPV), with the greater goal of improving self-concept and relational skills. Modules include how to maintain safety, creating healthy relationships and boundaries, assertiveness and communication skills, decision making and problem solving, developing awareness of community support, fostering a healthy self-image, and processing feelings of grief and guilt. This group meets Wednesdays at 11am via VVC.
- Relationship Health and Safety (RHS) Assessment and RHS Safety Planning: Trainees will have the opportunity to be trained in the assessment and documentation of relationship health and safety, including identification of patterns of IPV, emotional or physical consequence of IPV, danger of lethality, third party involvement, impact on children, and identification of psychosocial stressors that may increase danger/likelihood of IPV using the National Relationship Health and Safety (RHS) Assessment. Trainees will also learn skills in RHS Safety Planning, including motivational enhancement, identification of variables to mitigate risk and needs, and provision of resources related to safety planning.
 - *During this experience, trainees will obtain certification in IPVAP Levels 1, 2, and 3*
- Collaboration/Outreach: Trainees will have the opportunity to engage in outreach events to raise awareness of IPVAP services (e.g., presentations for clinical teams, staffing educational/outreach booths during IPV outreach events such as STX VA Community Mental Health & Wellness Summit) as well as case consultation amongst colleagues regarding IPV-related clinical needs and staffing referrals when indicated.
- Brief Family Consultation (in PCT clinic): Trainees will have the opportunity to engage in brief interventions for couples (approx. 6 sessions). Relationship health skills, based on modules found in Phase 1 and 2 of Cognitive-Behavioral Conjoint Therapy for PTSD, will be chosen based on presenting concerns and include education and skill building related to: precursors to anger, steps of effective time-outs, listening/paraphrasing, identifying and communicating thoughts/emotions, and collaborative problem-solving.

Supervisor: Dr. Christine Breazeale

Research

Location TBD

The intern will complete a research project consistent with interests and career goals. Possible research projects include program evaluation, ongoing research studies at STVHCS, or publishing ongoing research (e.g., dissertation publication). Available supervisors and research projects vary year-to-year.

Supervisor(s): TBD, depending on interest and availability

Transgender Veteran Health

In 2011, the VA established a policy (VHA Directive 1342, recently updated in 2020) which requires all VA facilities to provide care to TGD Veterans, which includes gender affirming hormone therapy, mental health treatment, evaluations for hormone therapy and surgery, and post-operative care. However, at present, gender confirming surgeries are not included as part of the medical benefits package. In 2021,

VHA announced that gender confirming surgeries will be included at some undetermined time in the future.

The World Professional Association for Transgender Health (WPATH) published their Standards of Care (SOC) for the Health of Transgender and Gender Diverse People, Version 8, in 2022. These guidelines are generally followed in providing treatment and support to TGD Veterans, particularly in Dr. Bess's Transgender Veterans Group.

The group is a weekly psychoeducational and discussion-oriented group which follows an agenda of topics related to common concerns for TGD Veterans. These concerns include but are not limited to exploring identity, useful terminology, developing and maintaining a support system, options for gender-affirming medical and/or surgical treatments (GAMSTs), and safety. A large implicit and explicit focus of the group is mitigating the effects of TGD minority stress, and this is accomplished through teaching and exploring a variety of coping skills, providing psychoeducation about topics specific to TGD Veterans, and creating space for TGD Veterans to have ample opportunities to share support and relevant lived experiences with each other.

Clinical Opportunities:

- Facilitate and/or co-facilitate the Transgender Veterans Group
- Referral and coordination with providers of additional mental health treatments (including Psychiatry, trauma treatment, etc.) related to co-occurring mental health and/or substance use disorders as needed, as well as Endocrinology Service, Speech Therapy, and with Veterans' Primary Care Providers as needed
- Coordinate with Dr. Michele Mick, Lesbian, Gay, Bisexual and Transgender (LGBT) Veteran Care Coordinator, as needed regarding development and implementation of policies regarding meeting the needs of TGD Veterans.

Supervisor: Dr. Allison Bess

*If there is an interest in one of the major rotations as a brief experience, this can be explored during Orientation!

Long Term Psychotherapy Supervisors who offered supervision experiences for 2023-2024 (subject to change each training year):

- Dr. Karla Caballero (CPT; BHIP; supervision in Spanish)
- Dr. David Cregg (CPT; SMI/SUD)
- Dr. Johan Dias (BHIP)
- Dr. Monica Escamilla (Family within Polytrauma)
- Dr. Emma Mata-Galan (CPT; supervision in Spanish)
- Dr. Russell (CPT/trauma)
- Dr. Torne-Boyd (family therapy and/or CPT within BHIP; supervision in Spanish)
- Dr. Wetegrove-Romine (Eating Disorder cases)
- Dr. Wilson (trauma/CPT within BHIP)

General Mental Health Internship:

The General Internship emphasis area has two broad objectives: to provide general training experiences that meet all APA requirements for doctoral internship training and to provide additional training experiences over a wide variety of general outpatient environments. This will prepare the intern for a career or postdoctoral fellowship treating a range of mental health diagnoses and populations, or will allow them to develop a specialty over the course of internship (e.g. a substance use disorders postdoctoral fellowship or job placement). The General Psychology Intern will be assigned to an outpatient location/clinic during the first rotation (may include BHIP, PCMHI, Multicultural, PCT, SUD,

PRRC). Subsequent rotations can vary and provide more generalist outpatient or hospital/inpatient based training. Interns will learn to provide various evidenced-based psychotherapies for a range of diagnoses, utilize appropriate outpatient psychological test batteries and measurement-based care assessments, and learn to work within a multi-disciplinary outpatient team. Training experiences will also examine how intersectional identities work together, and how identities affect access to resources, mental health symptoms, and treatment.

Geropsychology Emphasis Internship:

Applicants who wish to obtain more specialized experience in geropsychology can choose to apply for our Geropsychology emphasis position. This internship program offers a rich training experience in geropsychology to include outpatient geropsychology, gero-neuropsychology, palliative care/end-of-life, and caregiver support. The Geropsychology Emphasis Internship has two broad objectives: to provide general training experiences which meet all APA requirements for doctoral internship training and to provide additional training experiences with an older adult Veteran patient population.

The Geropsychology Intern will be assigned to Geropsychology during the first rotation and will gain experience providing intervention, assessment, and consultation services in an outpatient Geriatric Evaluation and Management (GEM) clinic, as well as with our Community Living Center at Audie L. Murphy rehab neighborhood provides short-term rehab. The Geropsychology Intern is also required to complete a rotation with the Neuropsychology Consult Service. Additional training opportunities that may be of particular interest to geropsychology interns include Home Based Primary Care and Spinal Cord Injury Center. Interns learn to administer geriatric-focused test batteries and functional assessments; they learn fundamental geriatric neuropsychology as well as fundamentals of capacity assessment. Interns learn geriatric specialty intervention as well as increase ability for appropriate adaptation of general interventions to age-related issues. Interventions emphasized include treatment of older adult Veterans with a variety of psychological disturbances including adjustment to chronic medical conditions, depression, anxiety, and end-of-life concerns. Interns will also have opportunities to participate in interdisciplinary team meetings and provide consultation to various disciplines.

Primary Care/Health Psychology Emphasis Internship:

The internship with an emphasis in Primary Care/Behavioral Health meets all APA requirements for a doctoral training experience in clinical psychology. The Primary Care/Behavioral Health Psychology intern is required to take the first rotation in Primary Care Mental Health Integration (PCMHI), which is in an outpatient Primary Care clinic setting. The Primary Care/Behavioral Health Emphasis Intern is offered a wide variety of experiences in primary care mental health integration psychology to include individual and group psychotherapy and traditional health psychology interventions (e.g., modifying unhealthy behaviors, treating symptoms of medical disorders that are amenable to behavioral interventions, and improving adherence to medical regimen) under close supervision by primary care/health psychologist(s). The intern will learn to conduct functional assessments, brief cognitive screenings, as well as utilize Measurement Based Care in monitoring and evaluating treatment outcomes. Treatment modalities may include stress management, individual and group psychotherapy, and psycho-educational groups such as CBT for Chronic Pain, Mindfulness, and CBT for Insomnia. Primary models of treatment include CBT, ACT, and motivational interviewing modalities done within a brief, time-limited therapy model.

The Primary Care/Behavioral Health Emphasis Intern is trained in the behavioral health consultation model, which is a blended model of co-located collaborative care and care management. The Primary Care/Behavioral Health Emphasis Intern may be given the opportunity to participate in shared group medical appointments including the Vascular Risk Reduction Program and Hypertension Group. The intern will also participate actively in consultation with the PACT primary care team, including physicians, PharmDs, nurses, dietitians, and social workers, in the care of Veterans. Interns will also have the opportunity to shadow the PCMHI Clinical Pharmacy Specialist (PharmD) and observe the management of patients newly diagnosed with depression started on an antidepressant. Depending on the supervisor, there may also be an opportunity to learn Prolonged Exposure in the Primary Care setting and brief CBT for treatment of Depression.

Trauma Psychology Emphasis Internship:

The Trauma Psychology emphasis internship meets all APA requirements for a doctoral training experience in clinical psychology. The Trauma emphasis program trains the selected intern in the specialty area of trauma-related disorders. The Trauma intern is required to take the first rotation in the PTSD Clinical Team. The clinic serves Veterans of all ages and combat eras presenting with military-related trauma (combat trauma, military sexual trauma), as well as non-military-related trauma histories (e.g., accidents, abuse, natural disasters) and is staffed by a multidisciplinary team of providers (including psychologists, social workers, peer support counselors, psychiatrists, and chaplaincy). Training goals include training in empirically-supported interventions such as Prolonged Exposure, Cognitive Processing Therapy, Skills Training in Affect and Interpersonal Regulation (STAIR), and the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders. The intern will conduct psychodiagnostic evaluations for trauma-related disorders and collaborative treatment planning, learn to work as part of a multidisciplinary team, gain advanced skills in research and scholarly inquiry, expand areas of professional development and identity, and consistently reflect upon issues of intersectionality and ethics.

Within the framework of treating Veterans suffering from trauma-related disorders, the Trauma emphasis internship offers various clinical and research experiences working with program faculty. When available, the Intern may have the opportunity (along with fellow Interns) to participate in the formal Cognitive Processing Therapy training and consultation, and attend the annual San Antonio Combat PTSD Conference held locally.

Serious Mental Illness Emphasis Internship:

The Serious Mental Illness (SMI) emphasis Internship has two broad objectives: to provide general training experiences which meet all APA requirements for doctoral internship training and to provide additional training experiences in the specialty area of treating individuals with Serious Mental Illness (i.e. Schizophrenia/Psychosis, Bipolar Disorders). The intern will gain expertise in working with Veterans from psychosocial rehabilitation and recovery oriented models of treatment with this population. Training goals will focus on the development of skills in providing recovery oriented empirically supported individual and group treatment interventions such as Social Skills Training, CBT for Psychosis, ACT for Recovery, Individual Resiliency Training for First Episode Psychosis, Illness Management and Recovery, Motivational Interviewing, Assertive Community Treatment, Behavioral Family Therapy, Dual Diagnosis Treatment, and community integration interventions. Measurement based care and assessment, suicide risk evaluation and safety planning, enhancing skills in teaching recovery oriented principles, program development/improvement, and working effectively as part of an interdisciplinary team will be emphasized. There are opportunities for the SMI intern to gain skills in research and scholarly inquiry, expanding on areas of professional development and identity, learning about program administration, and developing proficiency in issues related to intersectionality and ethics.

Clinical experiences/rotations available may include the Psychosocial Rehabilitation and Recovery Center (PRRC), Intensive Community Mental Health Recovery (ICMHR), and Inpatient Mental Health.

Neuropsychology Emphasis Internship:

The Neuropsychology emphasis intern follows a training plan that is structured to meet APA Division 40 requirements. The intern is expected to have two rotations in neuropsychology and engage in neuropsychology didactics throughout the training year. The first rotation is a required full-time rotation in the Neuropsychology Consult Service Clinic. This is a general neuropsychology clinic, so Veteran patients are from a wide range of referring providers, including primary care, mental health, neurology, and infectious diseases. Approximately half of the referrals to the general neuropsychology clinic are for older adults with referral questions including dementia differentials and capacity evaluations. As available, the other rotation may be with the Polytrauma Network Site, Polytrauma Transitional Rehabilitation Program (PTRP) and Post-Deployment Accelerated Comprehensive Evaluation and Rehabilitation (PACER) Program, and the Neuropsychology Consult Service.

The neuropsychology team has weekly didactics, including journal club, clinic/staff meetings, neuroanatomy seminar, and case conference/group supervision. Monthly the staff and trainees meet to discuss ongoing research projects. Interns also can observe monthly mock oral exams and participate in

at least one mock oral exam. Interns who have completed their dissertation are given the opportunity to participate in neuropsychology research.

Rural Mental Health Emphasis Internship:

The Rural Mental Health Emphasis Internship has two broad objectives: to provide general training experiences which meet all APA requirements for doctoral internship training and to provide additional training experiences in the specialty area of rural mental health. The Rural Mental Health intern will spend approximately 2-3 days/week at Kerrville VA hospital for at least 2 rotations. The intern will benefit from training in various evidence based therapies (such as CPT, CBT, ACT, MI), exposure to the provision of tele-mental health treatment to rural Veterans, administering and interpreting psychological tests, enhancing skills in supervision and teaching, working effectively as part of a multidisciplinary team enhancing Veteran patient care, gaining advanced skills in research and scholarly inquiry, expanding on areas of professional development and identity, and developing proficiency in issues related to diversity and ethics.

Sample Training Rotations

Emphasis	First Rotation	Second Rotation	Third Rotation
General	Primary Care Mental Health Integration	PTSD Clinic	Women's Health
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Cases and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience (4 hrs/wk)		
Serious Mental Illness	Psychosocial Rehabilitation and Recovery Center, Inpatient, or Intensive Community Mental Health Recovery (required)	Behavioral Health Interdisciplinary Program	Sleep Clinic
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience (4 hrs/wk)		
Primary Care/ Health Psychology	Primary Care Mental Health Integration (required)	Multicultural Experience	Polytrauma Resource Center Outpatient
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience (4 hrs/wk)		
Geropsychology	Geropsychology (required)	Neuropsychology (required)	PTSD Clinic
	Required: Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience in Transgender Health (4 hrs/wk)		
Trauma Psychology	PTSD Clinic (required)	Intensive Community Mental Health Recovery (ICMHR)	Substance Use Disorders
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience (4 hrs/wk)		
Neuropsychology	Neuropsychology (required)	PRC/PTRP Clinic (2 nd NP rotation required)	Behavioral Health Interdisciplinary Program
	Required: Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk+ NP didactics); Research or Brief Experience (4 hrs/wk)		
Rural Mental Health	General MH/PTSD Clinic	Home Based Primary Care	Sleep Clinic
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience (4 hrs/wk)		

Note: These are examples of possible internship schedules selected to emphasize various training interests and options. Interns may select other training sites or experiences that meet their individual training goals/interests, along with emphasis area requirements.

Supervision

All staff who wish to serve as clinical supervisors must attend a 4 hour mandatory supervisors training, held annually. Topics include multicultural issues within supervision, ethics, APA requirements, and program specific information.

All work performed by Interns during their Internship year will be under the supervision of a licensed staff psychologist with clinical privileges in the area supervised. The Supervisor is ultimately responsible for all care provided by the trainee. Supervision will be applied with the goal of progressing the trainee through “graduated levels of responsibility” and core competencies. Trainees will obtain at minimum **four hours** of supervision weekly. Following APA requirements, at least 2 hours will be with a licensed psychologist on an individual basis. The remaining 2 hours will be obtained in group supervision, interdisciplinary team case staffing, and/or individual supervision with adjunctive staff such as licensed clinical social workers, nursing and PharmD’s while under the primary psychologist supervising the training experience. The primary supervisory psychologist maintains the overall responsibility for all other supervision, to include the integration and oversight of supervision. Additionally, Interns will meet 1 hour/month with their Preceptor.

Each Supervisor will arrange regular supervision times. Different supervisors will have different styles and procedures for supervision. Interns will learn about many of these during Orientation. Informal supervision is available anytime an Intern needs/requests it. The Preceptor, Training Director, and Training Committee have a general rule when approving training plans that an Intern will have no more than 3 assigned Supervisors at any given time. This does not include the Preceptor.

Preceptors: Preceptors (similar to mentors) are trained Supervisors/Staff Psychologists who meet with their Intern “preceptees” monthly throughout the year. Preceptors have expertise in the Intern’s particular emphasis area. Their function is to assist with development of training plans, professional development, ensure training needs are being met, and to establish and track training goals with the Intern throughout the year. Interns are assigned Preceptors during orientation. Preceptors may also serve as Clinical Supervisor if at any given time an Intern elects a rotation or brief/adjunctive training experience with them. All Preceptors are members of the Training Committee and are required to attend Supervisor Meetings on the scheduled dates so they may stay abreast of the progress of their trainee throughout the year.

At some point during the training year, Interns will participate in tiered supervision with a Postdoctoral Fellow and a Licensed Psychologist.

Multicultural Emphasis

STVHCS emphasizes multicultural training in all that we do, and values diversity among our staff and trainees. Training opportunities at STVHCS provide Interns with exposure to a wide range of diverse populations including a predominantly Latinx Veteran population. For Spanish-speaking trainees, clinical work and supervision in Spanish is available within our year-long psychotherapy training experience and several rotation experiences. Experiences are available within transgender health, rural health, physical disabilities through the Polytrauma and Spinal Cord Injury Systems of Care, and issues specific to older adults living in the community or in VA residential settings. A Multicultural Rotation is available that provides direct therapeutic services to Veterans from diverse cultural backgrounds with a variety of clinical presentations. This rotation is designed to strengthen the trainee’s multicultural competency through an active process of: (1) becoming self-aware of personal cultural values, assumptions and biases; (2) demonstrating knowledge, understanding, and respect of differing worldviews; and (3) developing and/or implementing interventions that are multiculturally appropriate, relevant, and sensitive to the Veteran served. Clinical cases have a primary focus on the impact of cultural identity factors (e.g., race/ethnicity, gender, gender identity, sexual orientation, socioeconomic status, religion, ability status, language) and/or an intersection of these factors, on the Veteran’s chief concern and clinical

presentation, as well as, all aspects of the therapeutic context (e.g., working alliance development, assessment, treatment planning, and clinical intervention).

The Multicultural/Diversity Immersion Experience began as an administrative project proposed and implemented to facilitate diversity experiences for psychology fellows. These immersive experiences (I.E.) are now facilitated for ALL interns/postdoctoral fellows and dedicated to providing trainees with additional intensive exposure and training to enhance professional competency in areas of culture and diversity. These experiences are meant to help broaden providers understanding of cultural/diversity issues and factors that influence case conceptualizing, diagnosing, and treatment planning for patients in the South Texas area. The experience also serves to assist trainees in asking them to look inward and reflect on their own preconceived notions and/or biases, to work towards greater awareness, understanding, and growth as practitioners.

The goals for this training experience are as followed:

- (1) Implementation and facilitation of immersion experiences for clinical psychology and neuropsychology trainees.
- (2) Discuss preconceived notions or biases.
- (3) Explore and expose trainees to local culture and diversity in the San Antonio area.
- (4) Foster sensitivity to cultural, racial, and ethnic issues.
- (5) Discuss and process trainees experience after completion of the immersion experience.

TRAINING EVALUATION COMPETENCY RATING SYSTEM

Competency Rating System: Competence ratings are made on the core competencies of Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communications and Interpersonal Skills; Assessment; Intervention; Supervision; and Consultation and Inter-Professional/Inter-Disciplinary Skills. The competence ratings used in the psychology training programs at the South Texas Veterans Health Care System are based on how much supervision is required for a trainee to perform a task competently. There are six possible ratings, defined as follows:

Level 1: Most skills are new and trainee needs very intensive and close supervision. May require remediation plan.

Level 2: Routine, and occasionally intensive supervision is needed, particularly in unfamiliar training areas. Skills are becoming more familiar, but trainee needs assistance in implementing them.

Level 3: Basic skills have been acquired and trainee implements them with increasing ease, but continues to require routine supervision of each activity.

Level 4: Basic skills are implemented with ease and more complex skills are emerging, particularly in a specialty area of interest. Trainee demonstrates emerging competency in routine cases. Routine supervision of most activities, though depth of supervision varies as clinical needs warrant.

Level 5: Competency attained in all but non-routine cases, though supervisor provides overall management of trainee's activities. Trainee demonstrates increasing ease and integration of advanced skills and proficiency is emerging in routine cases or area of specialty interest. Supervision/consultation may be necessary in non-routine situations, though depth of supervision varies as clinical needs warrant. While the trainee may not possess the specific skill set required for independent practice in a specific rotation setting, this level represents the achievement of minimal competency for independent general psychological practice.

Level 6: Supervisor oversees trainee's activities, but trainee manages day-to-day activities with emerging autonomy. Supervision resembles peer consultation with in-depth supervision necessary only in unusually complex situations.

N/A: Not applicable for this training experience/Not assessed during training experience.

Ratings are NOT grades. It is important to remember that these ratings are not "grades." A Level 1 rating is not necessarily failing. It is quite possible that an Intern has had no previous experience with a particular item/task, and needs to have a supervising psychologist present during the early stages of the experience until they require less intensive supervision. A Level 2 rating is also not unsatisfactory—there may be some tasks on which an Intern might be rated at Level 1 or 2 during the 2nd month evaluation.

Interns obtain knowledge of progress through verbal feedback from supervisors and on specific items on the evaluation forms. As applied to ratings of items (aspects), it is expected that Interns will have a distribution of level ratings. Progress toward training goals can be noted on a clinical activity by observing how the distribution of ratings shifts upward during the training year. This system provides Interns with very specific feedback of progress because it tells them exactly on which detailed components of an activity progress is or is not being made.

The **Minimal Acceptance Ratings** for each competency each evaluation period are as follows: End of 1st rotation- 100% of items rated 3 or higher; End of 2nd rotation- 100% of items 4 or higher; End of 3rd/End of Training Year: 100% of items rated at 5 or higher.

MINIMAL ACCEPTANCE RATINGS FOR EACH RATING PERIOD; IF RATINGS ARE LOWER, CONSIDER PERFORMANCE IMPROVEMENT PLAN/REMEDATION PLAN.	
End of 1 st Rotation:	100% of items 3 or higher
End of 2 nd Rotation:	100% of items 4 or higher
End of 3 rd Rotation/End of Training Year:	100% of items 5 or higher
Rating	Rating Narrative
NA	Not applicable for this training experience / Not assessed during training experience
6	Supervisor oversees trainee's activities, but trainee manages day-to-day activities with emerging autonomy.
5	Competency attained in all but non-routine cases, though supervisor provides overall management of trainee's activities.
4	Trainee demonstrates emerging competency in routine cases. Routine supervision of most activities, though depth of supervision varies as clinical needs warrant.
3	Basic skills have been acquired and trainee implements them with increasing ease, requires routine supervision of each activity.
2	Routine, and occasionally intensive, supervision needed, particularly in unfamiliar training areas. Skills becoming more familiar, trainee needs assistance implementing them.
1	Most skills are new and trainee needs very intensive and close supervision. Consider remediation plan.

Baseline Assessment: During Intern Orientation, Interns are presented with a brief scenario of a typical case presenting to the Psychology Service. Interns are asked to review the case, which includes data from intellectual and personality assessments, and to provide a report of impressions and recommendations. Dr. Katie Bain, Neuropsychologist, reviews these reports and makes recommendations.

This initial evaluation serves two purposes: First, all trainees must have an evaluation to determine whether they have sufficient basic clinical skills to see VA patients without a supervisor being present or directly observing. The second goal is to provide additional information to be used for a discussion between the preceptor and/or supervisor and intern for beginning the development of training goals for the Intern. The interview and debriefing is conducted in an open, non-critical atmosphere, with feedback provided on both the strengths and training needs that were suggested by the evaluation. The results of these discussions are only preliminary and will be developed more fully between the Intern, Preceptor, and all Supervisors as the first rotation unfolds.

Intern Initial Evaluation: This initial evaluation is completed by the Preceptor during Intern orientation. One summary rating is identified for each competency area. Resources/data used for this evaluation may include the Intern Self-Assessment, Baseline Assessment, feedback from faculty presenters during orientation, observation, and/or discussion. Interns are expected to be around Rating '2' at entry: Routine, and occasionally intensive, supervision needed, particularly in unfamiliar training areas. Skills becoming more familiar, trainee needs assistance implementing them.

Graduated Levels of Responsibility: All supervisors complete the Graduated Levels of Responsibility form at the beginning of rotations and training experiences. This form assists in determining which activities the trainee will be allowed to perform within the context of assigned levels of responsibility. These are completed by supervisors as changes in assigned level of responsibilities for each activity are noted and are submitted to the Director of Training for review.

Supervisors complete formal evaluations of all competency areas at the completion of each rotation. Brief experience supervisors complete evaluations during the same evaluation periods. Preceptors complete evaluations at orientation only. Interns and Supervisors/Preceptors seek out informal feedback on a regular basis to discuss training goals, strengths and areas that need improvement.

The Training Director completes evaluations at the request of the Intern's graduate program Director of Clinical Training, or at midpoint and completion of the training year.

Intern Rates the Supervision/Training Experience: At the end of every training experience, Interns will rate the quality of the supervision they have received in various areas. They will also rate their training experiences. These ratings will be discussed with the Supervisor, and then given to the Training Director. The Training Director utilizes the ratings to monitor the quality of supervision and training experiences provided, and follows up as needed for program improvement.

Formal Training Opportunities

Typically, in the beginning in October, an Assessment and Intervention Seminar is scheduled for interns to present and discuss interesting or challenging clinical cases. Postdoctoral Fellows and Interns also present in Psychology Grand Rounds, which are open to other disciplines as well. Recognizing that staff and interns represent a rich and varied background of educational and professional experiences, these seminars are designed to help integrate theory, research, ethics, individual and cultural diversity, and clinical experience with current clinical cases.

Our didactic offerings cover a wide variety of topics throughout the year. Specific topics based on our trainees' interests and requests are also offered. Approximately four hours a week are reserved for our formal didactics program. Many other didactic opportunities are available within STVHCS, the VA (through webinars and teleconferences), and within the San Antonio area, including conferences, workshops offered by community agencies and medical centers, and ongoing reading groups and society meetings. Trainees are usually granted time to attend these activities if they are offered during regular duty hours.

Many treatment units also conduct clinical case conferences in which Veteran patients are thoroughly reviewed by staff, trainees, and consultants to provide a more precise diagnostic understanding of the

patient and more effective treatment planning. In addition to attending such case conferences, interns may receive informal supervision and training by accompanying resident physicians on ward rounds, debriefing sessions immediately following patient contacts, and "curbside consultations" with various attending faculty in the medical center.

Research

Although the primary purpose of the internship is to advance the clinical training of the intern, involvement in research also is available during the internship year. Interns may participate in ongoing research with staff and are encouraged to integrate research results with clinical work by frequent use of our resources. More formal research is also possible, but the timetable should allow for completion of the project within the internship year. Interns who have been accepted into our internship and who are interested in using VA patients in formal research studies should discuss their ideas with the Training Director prior to beginning the internship.

Our internship has a firm commitment to helping interns complete their dissertation research. Four hours per week are used for this purpose. Our workload requirements are such that interns should have time and energy outside the internship hours for working on their dissertation. Past interns and fellows have also participated with ongoing staff research projects and prepared posters describing interesting cases or small sample research for national scientific meetings.

Breakdown of Activities

Based on statistics for the past few years, interns typically spend 40-60% of their time in direct patient care activities and receive four plus hours/week of formal supervision. A detailed breakdown of time spent by interns in various activities is illustrated below.

Where do we work? – STVHCS Clinic Locations

Audie L. Murphy Memorial Veterans Hospital
San Antonio, Texas



Audie L Murphy VA Hospital



Northwest Health Care Center (Interns are located here at least 1x/week for their didactics)



Polytrauma Rehabilitation Center at Audie Murphy (PRC)



Polytrauma Transitional Rehabilitation Program (PRTP)



Villa Serena – Homeless Domiciliary & Substance Abuse Residential Rehabilitation Program



Kerrville Medical Center (Rural Mental Health Rotations)

Q&A with our past Interns:

How does the program demonstrate a commitment to individual and cultural diversity?

“Every month, the interns and postdocs gather together for a multicultural journal club. Each intern and postdoc will have the opportunity to lead a discussion about a topic related to cultural diversity twice during the year. These were some of the most intellectually stimulating discussions from my internship year, and it gave me the opportunity to reflect more deeply about areas I might not otherwise have examined in-depth (for example, I led a discussion on the criminalization of serious mental illness). The multicultural immersion experience is also a program that is unique to the STVHCS internship, and it was created by a former postdoc here who is now a staff member and continues to take an active role in planning it. Finally, interns can elect to complete a multicultural brief experience, in which one does an in-depth examination of topics related to individual and cultural diversity with clients for 4 hours a week.”
~David Cregg, SMI Emphasis Intern 2020-2021

“They support different orientations and styles of intervention; for example we had one intern who came from a psychodynamic background and one who came from a systems/FAP background. Additionally, diversity shows in the make-up of our cohort, our monthly MCJC sessions, and the encouragement of supervisors to integrate as much cultural discussion as is necessary and desired into supervision.”
~Jasmonae Blodgett, General Mental Health Emphasis 2019-2020

“Our program has multicultural journal club that meets once a month and there are also multicultural immersion activities where we go out into the community and learn about different cultures/holidays/celebrations. I feel that all my supervisors have been open and receptive in talking about diversity or multicultural issues within supervision.” ~Christina Thai, SMI Emphasis Intern 2019-2020

“I believe that the South Texas VA internship program demonstrates a strong commitment to individual and cultural diversity. This was one of the factors that was most important to me in an internship training program and my experience at South Texas has confirmed that this is an area of strength for the program. Not only does the psychology staff include individuals from varied cultural backgrounds, but there is diversity among the trainees as well. In addition, supervisors provided a safe space in which I could explore my own cultural background and think about how it was impacting my work with my clients.”
~Laurie Russell, Trauma Emphasis Intern 2019-2020

"Multicultural Journal Club encourages trainees to exam research/literature, it's impact on clinical care, our abilities to provide services, and how we might work towards closing the gap and incorporating this further in our own practices. It also helps facilitate health conversations and dialogue amongst trainees regarding issues of multiculturalism and diversity." ~Ashlee Martinez, General Mental Health Emphasis 2017-2018

"Earning my masters from the largest U.S. university primarily for women and coming from an HBCU, this was a very important part of my experience here. There are multiple opportunities to have discussions around cultural diversity – supervision always welcomes it, you can choose to incorporate issues of diversity in your A&Is and Grand Rounds, and we have monthly Multicultural Journal Club meetings. Those meetings are really good because it is an open discussion sparked by two scholarly articles. It may challenge your thinking in certain areas and shine light on some areas that weren't on your radar (i.e., creating some flexibility while doing an EBP module when is it culturally appropriate)." ~Natalie Rochester, Trauma Emphasis 2017-2018

How does the program show Interns it values work/life balance?

"Having the capacity and equipment (VA computer/VA Cell) to work from home many days/week made work-life balance wonderful. Staff are super supportive of using leave, taking mental health days, and making sure you don't work past your tour of duty." ~Kadija Moon, Primary Care/Behavioral Health Emphasis 2021-2022

"That is a strength of this program. The tour of duty is taken seriously and was respected by all of my supervisors. I had multiple supervisors throughout the year tell me that we can finish a task tomorrow because my tour had ended. I even had a supervisor gently remind me to sign off from Microsoft Teams and spend time with my family because I was logged in past my tour one day 😊 My 4 hours a week of protected research time was also respected by all my supervisors. There is an intern hour once a month that is built into our work schedule, in which the job is just to do something fun with the other interns to bond! Finally, the staff also take work/life balance seriously. They would model for me how to end their workday at the end of their tour, and we even had didactics seminars about how to rest well. There really is an exceptional emphasis placed on work/life balance here." ~David Cregg, SMI Emphasis 2020-2021

"I have had supervisors tell me to go home when I stay late to finish notes! They encourage you to take time off for holidays, to work on your dissertation, or if you're sick." ~Christina Thai, SMI Emphasis Intern 2019-2020

"After coming from a very demanding graduate program, I struggled with work/life balance at the start of internship year. Based on my prior experiences, I would feel the urge to stay late and overwork myself because that is what I was used to doing. My supervisors picked up on this and had open, honest conversations with me in which they expressed caring and concern as well as brought up the importance of setting boundaries between work and home. They sometimes stopped by my office and reminded me to pack up for the day, or (during this telehealth time), would remind me to log off by 4:00 pm if I happened to still be logged on at 4:15. I have greatly appreciated having supervisors who have my best interests at heart and who fully support me and want me to lead a rich life where I am not at risk for burnout." ~Laurie Russell, Trauma Emphasis Intern 2019-2020

"By enforcing, and even sometimes insisting (in a positive way!), that we leave work at the end of our tour. The program also made sure that all interns were engaging in intern hour. I also was frequently asked by supervisors if I was engaging in self-care." ~Julia Lopez, General Mental Health Emphasis 2018-2019

"Supervisors model boundaries (e.g. leaving work on time, taking time off when indicated, not working over lunch). Letting interns use leave as requested (no hassle)." ~Christine Breazeale, Trauma Emphasis 2018-2019

"This internship program places an exceptionally high value on work/life balance and interns are consistently encouraged to develop a healthy work/life balance. The training director, preceptors, and rotation supervisors all ask that interns refrain from working beyond their scheduled tour of duty, which allows for plenty of time to spend with loved ones and engaging in self-care. We also discuss the importance of maintaining a healthy work/life balance in some of our didactics, which is helpful for professional development." ~Jared Roush, SMI Emphasis Intern 2017-2018

"I have been encouraged by many individuals, both my supervisors, trainees, and other psychologists, to emphasize work-life balance. It is pretty common that a psychologist in my area will walk by my doorway around 4:25 and say "You leaving soon?" It's kind of our unspoken way of keeping each other accountable. Psychology within this VA really promotes a culture of balance and treats us as a whole person." ~Whitney Stubbs, Geropsychology Emphasis Intern 2017-2018

"Protected tour time (40 hour work week), always encourage by supervisors to be out the door when your tour is over! (Go home!) Encouragement to use your vacation/sick time." ~Ashlee Martinez, General Mental Health Emphasis 2017-2018

What are some strengths of the Internship Program at STVHCS?

"STVHCS was an extremely flexible and supportive environment who offers a great breadth of training. I found that I was able to advocate for more than I imagined and that it was heavily supported by both supervisors and the training director. Additionally, having access to a variety of different experiences throughout the VA system allowed me to try on new roles and ultimately feel where I belong as a psychologist. Without that access, I would not have insight to many of the various positions offered throughout VA." ~Kadija Moon, Primary Care/Behavioral Health Emphasis 2021-2022

"Intern forward; supportive of intern values, individuality, and collaborative in finding solutions to conflicts that arise (e.g. change in rotation, difficulties with an intervention or supervisor, lack of interest in a chosen rotation OR desired opportunity to work in something not typically in a rotation)" ~Jasmonae Blodgett, General Mental Health Emphasis 2019-2020

"The internship program at South Texas VA has many strengths. For me, the biggest one has been the phenomenal supervisors. In every rotation and training experience, I have felt supported, cared for, challenged, and respected. Unlike some of my graduate school supervision, which was more focused on client conceptualization and learning new treatment techniques, my supervision this year was largely focused on my professional identity as a budding clinical psychologist. I am ending my internship year with a much greater sense of who I am as a clinician and with much more confidence about approaching difficult clinical cases." ~Laurie Russell, Trauma Emphasis Intern 2019-2020

"This internship really values it's trainees. I have been given opportunities to attend trainings and conferences. The training committee works to ensure that trainees get the most out of your training year. The faculty is also very supportive and encouraging!" ~Christina Thai, SMI Emphasis Intern 2019-2020

"I would say the biggest strength is how focused all of the training staff is on helping you get to where you want to be. There is a huge variety of training opportunities, very high-quality supervision, and enough flexibility to fit a wide range of training goals I came in with. Great opportunities to learn from disciplines outside of psychology with rotations around the hospital. Every supervisor I had was very focused on helping me get the most out of the rotation – being intentional about meeting me where I was, letting me play to my strengths, and supportive in pushing me into growth areas outside my comfort zone. Great work-life balance in a fun city!" ~Patrick Smith, Serious Mental Illness Emphasis Intern 2018-2019

"The biggest strength I saw here at STVHCS was the passion that supervisors showed. They really are invested in giving you the best training experience possible and will try to incorporate your specific interests into your rotations. Even if you're not really sure you would be interested in an area but just

want to dip your toes into it, ask around and see if you can do a minor rotation. Chances are they will be glad to have you on board. “ ~Ryan Andresen, Rural Mental Health Intern 2018-2019

“The breadth and variety of major and brief rotations was a major strength in that it allows interns to become well-rounded, competent future psychologists. Also, the quality of supervision exceeded my expectations.” ~Julia Lopez, General Mental Health Emphasis 2018-2019

“Flexibility of training experience to meet intern’s goal. The staff are genuinely excited to show up to work and that’s infectious! They model good self-care. Quick and respectful response to intern feedback on areas of improvement. Emphasis on the well-being of the trainee (dedicated dissertation time, flexibility about taking leave). Intern bonding hour.” ~Christine Breazeale, Trauma Emphasis 2018-2019

“Flexibility, support, commitment to training, openness to feedback, collaborative. Dr. Ruha has been great in helping us all find rotations that fit with our interests and goals, even when a lot of us wanted the same experiences.” ~Whitney Stubbs, Geropsychology Emphasis Intern 2017-2018

“I think the biggest strength of this internship program is dedication to the needs of trainees. I continue to be struck by the commitment my supervisors have to my training and the emphasis each and every one of them puts on work-life balance. I always feel like my training is a priority to staff and that they have a deep respect for the division between satisfaction at work and an enriched home life.” ~Troy Webber, NP Focus Intern 2017-2018

“Encouragement to attend conferences/workshops for professional development, intern hour, variety of rotations to select from, specialty rotations available such as Polytrauma, SCI, PCT, having a preceptor, and protected dissertation time are all strengths of the STVHCS program.” ~Ashlee Martinez, General Mental Health Emphasis Intern 2017-2018

Are there research opportunities outside of the 4hrs/week to work on dissertation?

“I was able to design and implement an independent research project during my first rotation in the Kerrville CLC. I was also able to assist my supervisor in my final rotation with a paper she is writing about the treatment outcomes in the PRRC. Finally, the neuropsychology team has a large (and ongoing) database that they publish off of and they are often looking for volunteers to help with projects (or to propose new ones). Although I didn’t participate in any of the ongoing neuropsychology research, I did sit in on their monthly research meetings and know that other interns have submitted first-author posters and papers using that data.” ~Mary Dozier, Geropsychology Emphasis Intern 2018-2019

“I completed a brief rotation with Dr. O’Brien completing a program evaluation for the STARR program.” ~Julia Lopez, General Mental Health Emphasis 2018-2019

“Research productivity has been a significant component of my internship training. On my research minor rotation, I have been the lead author on several manuscripts that were either accepted or are under review in neuropsychological assessment journals. I was also given the opportunity to co-author several other manuscripts that are under review in peer-reviewed journals. The neuropsychology research training and resources at the South Texas VA are seemingly endless!” ~Troy Webber, NP Focus Intern 2017-2018

“Yes, I started a project at the PCT for the PTSD 102 group. I started late because I finished my dissertation later in my internship year, but I was able to jump start it for fellowship year.” ~Natalie Rochester, Trauma Emphasis 2017-2018

How would you describe relationships with supervisors?

“I have been supervised by a number of staff in the neuropsychology service. I really appreciated how each of them genuinely care about and value their trainees. They are the #1 reason I wanted to stay on

for fellowship and I feel lucky to have matched at South Texas again to finish my neuropsychology training here.” ~Jameson Beach, NP Focus Intern 2020-2021

“As I’ve told many prospective interns, STVHCS is probably the most supportive work environment I’ve ever been in. I was respected as a junior colleague by my supervisors, who offered guidance as needed but also treated me as someone who already came in with several years of experience. My supervisors frequently checked with me about my workload and training needs, and they were flexible about changing duties based on my requests.” ~David Cregg, SMI Emphasis Intern 2020-2021

“My supervisors have been instrumental in making this year great. I feel that they have supported my personal growth along with my professional growth. They have given me space to reflect and process and have encouraged my confidence.” ~Christina Thai, SMI Emphasis Intern 2019-2020

“Collaborative, respectful, supportive.” ~Christine Breazeale, Trauma Emphasis 2018-2019

“Wonderful. I’ve had eight supervisors total this year and have valued each relationship. I have gotten the sense that they all have genuinely wanted to provide a supportive and comfortable environment, which allowed me to be challenged while also feeling very valued.” ~Julia Lopez, General Mental Health Emphasis 2018-2019

“The relationship between supervisors and trainees is excellent. When they say they have an open door policy they really mean it. If I had a question at any time throughout the day I knew I could reach out to my supervisors and receive a prompt response. They value your input and your perspective so don’t be afraid to speak up.” ~Ryan Andresen, Rural Mental Health Intern 2018-2019

“I think that the supervisors are a major strength of the program. All of my rotations started with the supervisors asking what I wanted to get out of the experience and what my prior training in that area was. They then made a point of tailoring my experience (and their expectations) accordingly. I have also felt comfortable talking to all of my supervisors about any professional or training issues that came up in the course of the rotation.” ~Mary Dozier, Geropsychology Emphasis Intern 2018-2019

“I would say my supervisors treat me with a lot of respect and nicely balance support and supervision with autonomy and independence. I feel like I am regarded as a future colleague (not *just* a trainee) and that my opinions, ideas, and experiences are valued and welcomed. In my experience, supervisors are more than willing to work with you to take on a new group, project, or have a specific type of client experience.” ~Whitney Stubbs, Geropsychology Emphasis Intern 2017-2018

What can you say about the program that’s not highlighted in the brochure?

“I think the brochure doesn’t highlight enough about how flexible your training year can be. You can change your mind about rotations or seek out never before offered trainings simply by asking and figuring out how it could fit into your schedule. This leaves you with a truly individualized training plan.” ~Kadija Moon, Primary Care/Behavioral Health Emphasis 2021-2022

“The research rotation (4 hrs/week of protected research time is not offered at many places, but was very valuable in helping me complete my dissertation!), multicultural immersion experience/multicultural journal club, the MHICM program (home visits with Veterans who have an SMI diagnosis. This is not offered at all VAs), the opportunity to get VA-certified in CPT as an intern (many VA sites do not offer this certification to trainees), a full DBT program that interns can be involved in.” ~David Cregg, SMI Emphasis 2020-2021

“It is an ideal program to demonstrate the care and investment of the whole employee. Their culture operates congruent to the values of our field and the message we are often sending to our patients, which is maintaining balance in the different domains of your life. You are encouraged to have a voice and advocate for yourself without fear of retribution. You are also supported when life events disrupt your normal routines and are not made to feel as if you can’t exist outside your professional role/identity.”

~Jasmonae Blodgett, General Mental Health Emphasis 2019-2020

"The friendliness and support from the staff was truly wonderful and was a large contributor to why my internship year was so successful. It also stood out to me how many prior interns/post-docs have stayed on as staff, which goes to show how much people want to stay here." ~Julia Lopez, General Mental Health Emphasis 2018-2019

"The training committee is sincerely devoted to helping interns achieve their goals, whatever those goals may be." ~Mary Dozier, Geropsychology Emphasis Intern 2018-2019

"The quality of life here is great! The opportunity for jobs here after internship and post-doc are promising. The role of mental health at this VA is valued. Everyone is very supportive of interns seeking any additional trainings they desire." ~Christine Breazeale, Trauma Emphasis 2018-2019

"I cannot overstate how much the training director, preceptors, and all of the rotation supervisors truly care about the training experiences that interns receive. The members of the training committee and rotation supervisors are deeply invested in creating exceptional training experiences tailored to the needs of the individual intern." ~Jared Roush, SMI Emphasis Intern 2017-2018

What are some unique experiences offered to Interns?

"Interns at STVHCS are routinely given an opportunity to participate in local and regional clinical trainings and workshops, which have included a 3-day Cognitive Processing Therapy training, 2-day Cognitive Behavior Therapy for Insomnia training, 2-day MMPI-II-RF training, 2-day VA/DoD Suicide Prevention training, and 3-day PCMHI Competency training." ~Jared Roush, SMI Emphasis Intern 2017-2018

"Ability to attend conferences/workshops for professional development (STRONG STAR, AVAPL, CBT-I), CPT and PCMHI certification available to those who are interested, intern hour, polytrauma rotations (PTRP and family psychology in Polytrauma); are all wonderful and unique features of the STVHCS program." ~Ashlee Martinez, General Mental Health Emphasis Intern 2017-2018

"For Gero and Neuro interns, the neuropsychology didactics are wonderful! I have learned a lot about brain-behavior relationships, psychometrics, interpretation, and the impact of various medical conditions as well as how to think more critically about conceptualization. Our neuropsychology training is top-notch." ~Whitney Stubbs, Geropsychology Emphasis Intern 2017-2018

FACULTY

LISA M. ACOSTA

Ph.D., Clinical Psychology, University of North Texas, 2007

Program Manager, Substance Use Disorders

Supervisory Psychologist

Dr. Acosta earned her Ph.D. in clinical psychology at the University of North Texas after completing a Master's degree from St. Mary's University. She completed her internship and postdoctoral training at the VA North Texas Health Care System, with a post-doctoral fellowship focused on substance use treatment. In 2019, she joined STVHCS as the Program Manager for Substance Use Disorders with a focus on expanding outpatient services to include a new Intensive Outpatient Program. Grounded in motivational interviewing principles, her treatment approach pulls from Cognitive Behavioral Therapy, harm reduction, and wholistic treatment with an emphasis on addressing co-occurring disorders along with substance use. She also has a strong interest in the treatment of chronic pain and is a national training consultant for CBT for Chronic Pain. Prior to joining STVHCS, Dr. Acosta was a staff psychologist at the VA North Texas Health Care System and Program Manager for Substance Use Disorders at the El Paso VA Health Care System. When she's not at work, Dr. Acosta enjoys spending time with family as well as dabbling in music, art, and attempting to paint.

KATHLEEN M. BAIN
Ph.D., Clinical Psychology, University of North Texas, 2016
Staff Neuropsychologist
Neuropsychology Consult Service

Dr. Bain earned her doctorate in clinical psychology at the University of North Texas. She completed internship training at the VA Illiana Healthcare System in Danville, Illinois, from 2015-2016. She then completed postdoctoral training at the South Texas Veterans Health Care System in San Antonio, TX, from 2016-2018. After postdoc, she joined the STVHCS as a staff neuropsychologist with the outpatient neuropsychology consult service. Dr. Bain is involved in supervision of interns and postdoctoral fellows in clinical duties (including neuropsychological assessment/feedback and group cognitive rehabilitation), research, and administrative projects. When she's not at work, Dr. Bain enjoys spending time with her family, bingeing feel-good shows on Netflix, and trying recipes from the Bob's Burgers cookbook.

ROBERT D. BECK
Ph.D., Clinical Psychology, Southern Illinois University, 2011
Outpatient Clinical Psychologist, Polytrauma Network Site

Dr. Beck is the staff psychologist for the outpatient Polytrauma Network Site at STVHCS. He works with an interdisciplinary team of providers under the auspices of the Physical Medicine and Rehabilitation Service. His professional duties include providing psychotherapy and clinical assessment services to patients engaging in specialty Polytrauma care. His areas of focus include PTSD, anxiety, and insomnia. Prior to coming to San Antonio, he completed a postdoctoral fellowship in Postdeployment Trauma Care at the Michael E. DeBakey VAMC in Houston, Texas and a predoctoral internship at the Southern Arizona VAHCS in Tucson, Arizona. In his non-professional life, Dr. Beck enjoys reading about culture and politics, keeping up with current events, and wasting money on household gadgets.

MARGARET BENCOMO-RIVERA
Psy.D., Clinical Psychology, Indiana State University, 2001
Section Chief for Health Psychology

Dr. Bencomo-Rivera received her Bachelor's degree at St. Mary's University in San Antonio, TX and completed her Masters in General Psychology and Doctorate in Clinical Psychology from Indiana State University in 2001. She completed her internship training at the Houston Veterans Affairs Medical Center in 2001. Dr. Bencomo-Rivera stayed on at Houston and received her postdoctoral certification in Substance Abuse/Dual Diagnosis in 2002. Dr. Bencomo-Rivera has worked with a wide range of age groups, starting her early career with college students and in 2005 started working mostly with geriatric patients. Since 2021, she has worked with veteran who are dealing with the effects of long Covid. Dr. Bencomo-Rivera started with STVHCS in 2007 as the first psychologist within the Home Based Primary Care (HBPC) Program and in 2021 moved into management as the Health Psychology Section chief where she oversees psychologist matrixed into specialty medical clinics. She is also the Peer Review Coordinator and precepts the Palliative Care Post-doc. Outside the STVHCS, Dr. Bencomo-Rivera enjoys spending time with her husband and twin daughters. She spends her time doing yoga, visiting local wineries, and attending her daughters myriad of extracurricular activities.

J. ALISON BESS
Ph.D., Counseling Psychology, Texas Woman's University, 2006
Staff Psychologist

Dr. Bess earned her Ph.D. in counseling psychology at Texas Woman's University in Denton, TX. The title of her dissertation was "The Experiences of Transgendered Clients in Therapy." She completed her internship training at Clemson University's Counseling and Psychological Services. She has worked at university counseling centers, an immigration detention center, and as a civilian contract psychologist for the Air Force. Dr. Bess joined STVHCS as a staff psychologist in March 2013. Her current position consists of being the psychologist for the Home Based Primary Care "Seguin" team, working with

transgender Veterans, and providing individual and group therapy as a member of the Dialectical Behavior Therapy team. Her work with transgender Veterans includes facilitating the weekly outpatient Transgender Veterans Group, evaluating transgender Veterans for gender affirming medical treatment, and providing outpatient individual therapy. Dr. Bess's professional interests include sexual and gender diversity, coping with complex and chronic medical conditions, interpersonal trauma, and Motivational Interviewing. In her free time, she enjoys meditation, water aerobics, and spending time with her wife and fur babies.

KIMBERLY C. BORENSTEIN-MAUSS

Ph.D., Counseling Psychology, Arizona State University, 2020
Polytrauma Transitional Rehabilitation Program (PTRP)

Dr. Borenstein-Mauss serves as the staff psychologist at the STVHCS Polytrauma Transitional Rehabilitation Program (PTRP), one of five residential facilities in the country designed to address the distinct rehabilitation needs of Veterans and active-duty service members with acquired brain injury and polytrauma. Graduate training at the University of Pennsylvania (M.S.Ed., M.Phil.Ed. Counseling & Mental Health Services) and Arizona State University (Ph.D., Counseling Psychology) provided her opportunities to serve children, adolescents, and adults across a wide range of treatment settings, including schools, community vocational centers, outpatient clinics, and hospitals. Her psychological and neuropsychological assessment experiences embedded her in interdisciplinary treatment teams for pediatric traumatic brain injury and cardiology, where her interest in collaborative and holistic approaches to health care was born. She completed her predoctoral internship training at the VA Texas Valley Coastal Bend HCS (Health track) in Harlingen, Texas, and postdoctoral fellowship at South Texas VA HCS (Health track) in San Antonio, Texas. Her research and clinical interests include identity and health, psychological adjustment to injury, and maternal mental health. At the end of the work week, one might find her spending time with her family and pups, reading, enjoying French movies and culture, baking (and eating) desserts, or exploring the beautiful Texas outdoors.

CHRISTINE E. BREAZEALE

Ph.D., Clinical Psychology, Southern Illinois University, 2019
PTSD Clinical Team Psychologist

Dr. Breazeale earned her Ph.D. in Clinical Psychology at Southern Illinois University. She completed her internship and postdoctoral training at the South Texas Veterans Healthcare System in San Antonio, TX. After postdoc, she joined the STVHCS as a staff psychologist with the PTSD Clinical Team. Her professional duties include the provision of psychodiagnostic evaluations, treatment planning, and evidence-based treatment for PTSD and comorbid disorders (e.g. Prolonged Exposure Therapy, Cognitive Processing Therapy, Written Exposure Therapy, Cognitive Behavioral Conjoint Therapy for PTSD). She has special interests in treating the relational sequelae associated with Trauma- and Stressor- Related Disorders, including addressing current partner relational problems as well as addressing common difficulties associated with experiencing Intimate Partner Violence (IPV) based trauma. When she's not at work, Dr. Breazeale enjoys spending time with her family and pets, weightlifting, and tending to her plants.

ROBYN CAMPBELL

Ph.D., Counseling Psychology, University of North Texas, 2017
Staff Psychologist, Kerrville VA Mental Health Clinic

Dr. Campbell received her Ph.D. in Counseling Psychology from the University of North Texas in Denton. She completed both her pre-doctoral internship (Rural MH emphasis) and post-doctoral fellowship at the STVHCS. She then joined STVHCS as a Staff Psychologist initially providing services at Frank Tejeda Mental Health Outpatient Services before accepting a position in 2019 at the Kerrville VA Mental Health Clinic. Dr. Campbell supervises the Substance Abuse Treatment Program (Kerrville Division) rotation which provides training experiences in the evaluation and treatment of substance use and co-occurring disorders on an outpatient basis. Additionally, she provides evidence-based therapies for a range of

difficulties including PTSD, anxiety, depression, insomnia. Fun fact: Dr. Campbell served in the US Navy as a Seabee.

JULIA CARTER

Ph.D., ABPP, Clinical Psychology, Palo Alto University (CA) 2014

Clinical Psychologist in BHIP/DBT programs

Dr. Carter earned a doctorate in Clinical Psychology from Palo Alto University in CA, in 2014, completed an internship at the VA in Iowa City, and a postdoctoral residency at the Kerrville division of the VA in San Antonio, Texas. She has served in several roles within the VA, including Primary Care Mental Health Integration, and now as a Dialectical Behavior Therapy (DBT) Program clinician, and Behavioral Health Interdisciplinary Program (BHIP) psychologist. She serves on the Employee Engagement Committee and also engages in research. She has been involved in psychology training since 2018 as a residency program supervisor specializing in DBT, and recently began supervising interns in both DBT and BHIP. She also enjoys reading, working out, Science Fiction, her two dogs, and spending time with family including two young children.

MICHELE CLEMENTS-THOMPSON

Ph.D., Clinical Psychology, University of Memphis, 2001

Health Behavior Coordinator

Preceptor for the Clinical Psychology Postdoctoral Fellow (Health Psychology)

Dr. Clements-Thompson earned a doctorate in Clinical Health Psychology from the University of Memphis in 2001, completed an internship at the VA in Buffalo, NY and a postdoctoral residency at the VA in San Antonio, TX. She has served in several roles with the VA, including health psychologist, primary care mental health integration clinician, and now Health Behavior Coordinator. She serves also as the Lead Tobacco Cessation Clinician for South Texas VA. She trains staff throughout the health care system on patient centered care, including Motivational Interviewing, and health coaching. Dr. Clements-Thompson has been involved in psychology training since 2014 as a supervisor, and became a preceptor and member of the training committee in 2016. She also enjoys hiking, yoga, gardening, and spending time with family.

DAVID CREGG

Ph.D., Clinical Psychology, The Ohio State University, 2021

Psychologist, Psychosocial Rehabilitation and Recovery Center (PRRC)

Dr. Cregg obtained his Ph.D. in clinical psychology at The Ohio State University in 2021, and he returned to his native state to complete an internship and postdoctoral fellowship in serious mental illness (SMI) psychology at the South Texas Veterans Health Care System (STVHCS). After his fellowship, he initially joined the STVHCS faculty as a Staff Psychologist with the Substance Use Disorders (SUD) team. He now serves Veterans with SMI diagnoses as a member of the PRRC team. He is passionate about the integration of research and clinical practice, and his wide-ranging interests include SMI, dual diagnosis (particularly SUD / SMI and SUD / PTSD), motivational interviewing, the psychology of religion & spirituality, philosophy of science, mental health and the criminal justice system, and the application of positive psychology theories to flourishing (e.g., gratitude, forgiveness, spirituality, and prosocial behavior). He was awarded the 2023 "Top Dissertation Award" by the International Positive Psychology Association for his research on kindness, and his publications on gratitude and kindness have been covered by major media outlets such as *The Times of London*, *US News & World Report*, *Healthline*, and *Forbes*. He has made live appearances to discuss his research on shows such as NBC's *The Today Show*, *Times Radio of London*, and *The Tanya Acker Show*. In his time of rest, he is an avid cyclist and hiker, loves reading in coffee shops, and enjoys spending time with his wife and their rescue pug named Triscuit.

JEREMY T. CROSTLEY
Ph.D., Clinical Psychology, University of North Texas, 2009
ABPP, Clinical Psychology, 2020
Chief of Psychology

Dr. Crostley earned his doctorate in clinical psychology at the University of North Texas and completed his internship training at Yale University School of Medicine in 2009. He then began his career with the VA, working at the Oklahoma City and Central Texas VA systems. In 2014, he joined the South Texas VA system and shortly afterward became the Program Manager for Mental Health Outpatient Service (MHOS), which includes a large general mental health clinic and the PTSD Clinical Team. He became Assistant Chief of Psychology Service in 2020, and is currently the Chief of the service. Dr. Crostley has been involved in psychology training since 2010 as a supervisor, preceptor, and training committee member, and has served as a Site Visitor for the APA Commission on Accreditation. He is a member of the Texas Psychological Association and APA.

BETSY A. DAVIS
Ph. D., Clinical-Community Psychology, University of South Carolina, 2016
Local Recovery Coordinator

Dr. Davis earned a doctorate in Clinical-Community Psychology from the University of South Carolina, where her interests focused on promoting community inclusion of individuals with psychiatric disabilities. She completed her predoctoral internship at the West Haven VA in Connecticut and a one-year clinical fellowship at the South Texas VA in San Antonio, both with emphasis areas in psychosocial rehabilitation for serious mental illness. Dr. Davis joined the STVHCS staff as Local Recovery Coordinator in 2017. In this role, she promotes recovery-oriented, Veteran-centered approaches to care throughout the local VA system, advocates for and reaches out to Veterans with serious mental illness, and builds community partnerships to collaboratively meet Veterans' mental health needs. Most of her time is involved in administrative work, including program improvement on the inpatient mental health unit, planning awareness and partnership events, working with the Veterans Healthy Minds Advisory Council, coordinating Veteran outreach, and seeking opportunities for recovery-oriented system changes. During her personal time, Dr. Davis enjoys spending time with friends, family, and pets, creating pottery in a small home studio, and being outdoors.

KELLY DURON
Ph.D. Clinical Psychology, University of North Texas, 2013
Primary Care Mental Health Integration
Audie L. Murphy– Internal Medicine Clinic

Dr. Duron earned her doctorate in Clinical Psychology from the University of North Texas in Denton, Texas. She completed her internship training at the St. Louis Psychology Internship Consortium. She remained in Missouri to complete a Postdoctoral Residency in Clinical Psychology with Southeast Missouri Mental Health Center – Sex Offender Rehabilitation and Treatment Services. Dr. Duron joined STVHCS as a staff psychologist with Primary Care Mental Health Integration in 2016. She enjoys working with the Patient Aligned Care Teams and integrated care approach. A few clinical areas of interest include brief psychotherapy for trauma, depression and anxiety as well as mindfulness-based approaches. When she is not at work, she enjoys spending time with family and friends, learning about health and fitness and spending time outdoors.

WILLIAM B. ELDER
Ph.D., Counseling Psychology, University of Utah, 2014
PTSD Clinical Team Intern Supervisor
PTSD Clinical Team Director

Dr. Elder completed internship and post-doctoral residency in trauma at STVHCS. In 2015, he joined the STVHCS PTSD Clinical Team (PCT) staff and became the PCT director in 2020. He has been involved in psychology training since 2015, supervising trainees learning evidence-based trauma psychotherapy protocols. Dr. Elder's theoretical orientation incorporates feminist and cognitive behavioral principals; he is fascinated by the effects of systems of power and intersectional identities on trauma symptoms. He has been awarded Practitioner of the Year by APA Division 51 (Society for the Psychological Study of Men and Masculinities) and Distinguished Professional Contribution by APA Division 44 (Society for the Psychology of Sexual Orientation and Gender Diversity). He is an adjunct professor at the University of Texas San Antonio Health Science Center, and his research interests include gender, trauma treatment, and qualitative methodologies. After work, Dr. Elder enjoys exploring small towns of Texas, fitness, and mindfulness practice.

MÓNICA I. ESCAMILLA

Psy.D., Counseling Psychology, Our Lady of the Lake University, 2010
Polytrauma, Marriage and Family Psychology
Practicum Coordinator

In 2010 Dr. Escamilla completed her internship at Michael E. DeBakey VA Medical Center in Houston, Texas. By 2012 she had completed a competitive two-year post-doctoral fellowship at San Antonio Military Medical Center (SAMMC) with a focus on trauma, risk, and resiliency. She was then hired on by SAMMC to provide tele- behavioral health services to military training facilities across the nation and helped develop a telehealth PTSD clinic. Dr. Escamilla's training and clinical work has benefited from experience in varied treatment facilities to include nursing homes, federal corrections facility, VA inpatient and outpatient clinics, community clinics, and military treatment facilities. Her educational background includes focused trainings in couples and family therapy, multicultural treatment approaches (to include certification for working with Spanish speaking populations), and in the treatment and assessment of PTSD. Currently she is serving in the VA Psychology Training Committee as the Practicum Program Coordinator and Supervisor for the Couple and Family Fellowship. At STVHCS, she is the family psychologist for the Polytrauma Rehabilitation Center that is one of five Polytrauma Centers in the country. In her downtime Dr. Escamilla enjoys spending time with family, reading, dancing, and traveling.

ASHLEY N. GARNER

Ph.D., Clinical Health Psychology, University of North Texas
Primary Care Mental Health Integration
Frank Tejada Outpatient Clinic

Dr. Garner earned her doctorate degree in clinical health psychology at the University of North Texas, Denton. She completed her internship training at the Charlie Norwood VAMC – Georgia Regents University in 2015. She completed her postdoctoral fellowship at the Charlie Norwood VAMC in Interdisciplinary Care in 2016. During her training, she enjoyed working in primary care-mental health integration, palliative care/hospice, rehabilitation, spinal cord injury, and Infectious Disease clinics. Dr. Garner joined STVHCS as a staff psychologist with Primary Care Mental Health Integration in 2016. Dr. Garner has been involved in Psychology training since 2017. Outside of work, Dr. Garner enjoys family time.

JONATHAN M. HIGSMITH

Ph.D., Clinical Health Psychology, East Carolina University, 2014
Staff Neuropsychologist
Neuropsychology Consult Service Outpatient Clinic/Inpatient Neuropsychology

Dr. Highsmith earned his doctorate in clinical health psychology at East Carolina University in Greenville, North Carolina (neuropsychology concentration). He completed internship training at the Memphis VA Medical Center from 2013-2014. He then completed postdoctoral training at the South Texas Veterans Healthcare System in San Antonio, TX, from 2014-2016. After postdoc, he joined the STVHCS as a staff neuropsychologist in the outpatient Polytrauma Network Site (PNS) clinic. He then changed position to

the Neuropsychology Consult Service in the outpatient clinic and is the primary provider covering inpatient consults. He serves as a clinical supervisor for the 2nd year neuropsychology fellows and is the preceptor for Neuropsychology track Interns. When not at work at STVHCS or private practice, Dr. Highsmith enjoys spending time with his family and traveling.

J. LEE HOOVER

EdD, Counseling Psychology, Western Michigan University, 1996

Suicide Prevention Psychologist

Dr. Hoover is the Suicide Prevention Psychologist for the South Texas Veterans Health Care System. In this capacity, he is involved in the coordination of care for veterans identified at high risk for suicide. He consults with providers across disciplines to determine patients' level of suicide risk and to assist in the coordination of treatment. He also provides training to VHA staff, trainees, and community stakeholders regarding the assessment and mitigation of risk for suicide and other self-harm. Moreover, Dr. Hoover is primary consultant to South Texas Health Care System administrators regarding the continued enhancement of care for veterans at risk of suicide; he recommends and implements changes to operating procedures regarding services to the high-risk population and provides direction to the work of the local Suicide Prevention Team.

Prior to serving in his present capacity with VA, Dr. Hoover worked for the Federal Bureau of Prisons as Chief of Psychology at various prisons around the country. During his 24-year tenure with BOP, he supervised the provision of mental health services for federal inmates, many of whom were actively suicidal or mentally ill. Dr. Hoover earned his doctoral degree in psychology from Western Michigan University in 1996 and is licensed to practice as a psychologist in both Arkansas and Texas.

KEVIN R. KURIAN

Ph.D., Clinical Psychology, Fuller Theological Seminary, 2016

Staff Psychologist, Villa Serena (Domiciliary)

Measurement-Based Care for Substance Use Disorders (MBC-SUD) Champion

Dr. Kurian completed his internship at the University of Texas Health and Science Center San Antonio in partnership with Kerrville State Hospital, an inpatient forensic psychiatric hospital. He completed a post-doctoral work and directed the research program, resulting in a 2020 publication. During that time, he supervised numerous pre-doctoral interns, practicum students, and undergraduates. Dr. Kurian has also testified as an expert witness in county courtrooms. In 2018, Dr. Kurian transitioned to group practice, where he conducted assessments of children and adults across Texas associated with active Child Protective Services cases. Simultaneously, he also worked as a contractor for South Texas Veterans Health Care System as a psychological evaluator for VA police in hiring and annual reviews. In 2020, Dr. Kurian joined the clinical staff of STVHCS as a staff psychologist at Villa Serena, a domiciliary for the treatment of Veterans with substance use disorders and/or homelessness concerns. In his free time, Dr. Kurian enjoys a nap or cooking when his three children aren't climbing on top of him.

JENNIFER A. LEMMER

Ph.D., Clinical Psychology, California School of Professional Psychology, San Diego, CA, 2013

MPH, Johns Hopkins School of Public Health, Baltimore, MD, 2007

ABPP, Clinical Psychology, 2019

Staff Psychologist, Polytrauma Transitional Rehabilitation Program (PTRP) and Post-deployment Accelerated Comprehensive Evaluation and Rehabilitation (PACER) Program

Dr. Lemmer is a California native who worked in various medical settings before pursuing the rewarding work of a Clinical Psychologist. As a result she enjoys working as a psychologist in medical and rehabilitation settings where she can work side-by-side with interdisciplinary teams to enhance an individual's recovery through psychosocial interventions. Her graduate training included studies in public health where she earned her MPH with an emphasis on interventions for trauma-exposed children and clinical psychology where she obtained her Ph.D. (general track) with a focus on assessment and

treatment of individuals exposed to childhood and combat trauma. She completed her pre-doctoral internship (general mental health) at the WJB Dorn VA Medical Center in Columbia, South Carolina in 2013 and then joined the staff at the Central Texas Veterans Health Care System as a member of the Posttraumatic Stress Disorder Clinical Team (PCT). She expanded her training to include rehabilitation psychology services after transferring to the South Texas Veterans Health Care System Polytrauma team in 2015. She became board certified (ABPP) in Clinical Psychology in 2019. Currently she supervises the residential interdisciplinary experiences of the PTRP rotation which provides assessment and psychotherapy services for Veterans and active duty service members with brain injuries and the new PACER rotation that focuses on optimizing health for high performing active duty service members with histories of multiple deployments, concussions, and musculoskeletal injuries. Her clinical and research interests include trauma-related disorders across the lifespan, psychological adjustment after injury, interventions for disruptive behavior disorders, and the integration of trauma and attachment theories. When not working you will find her outdoors exploring with her family and friends, crossfitting, hiking, running, or planning her next travels.

JANICE C. MARCEAUX

PH.D., Medical/Clinical Psychology, University of Alabama at Birmingham, 2011

Neuropsychology Consultation Service

APPB, Clinical Neuropsychology

Dr. Marceaux is a staff neuropsychologist and the Clinic Director of the Neuropsychology Consult Service. She earned her PhD from the University of Alabama at Birmingham (UAB), completed her internship training in neuropsychology through the Central Arkansas Veterans Healthcare System, and completed her two-year postdoctoral fellowship at the South Texas Veterans Health Care System. She completed a one-year doctoral fellowship through the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program at the Civitan-Sparks Clinics. Her clinical and research interests are broad, including neuropsychological assessment of adults across the lifespan, particularly those with a wide range of medical, psychosocial, and psychiatric issues. Her clinical intervention activities include individual and family feedback and cognitive intervention, as well as group cognitive rehabilitation/stimulation therapy. Her current research interests involve investigating the utility of a dementia treatment program in the VA clinical setting, as well as the psychometric analysis and clinical utility of cognitive and functional measures.

BROOKE MARTIN

Psy.D., Clinical Psychology, University of La Verne, 2013

Primary Care Mental Health Integration (PCMHI)

Dr. Martin earned her Psy.D. in Clinical Psychology at University of La Verne. She completed her internship and postdoctoral training at the Center for Aging Resources/Heritage Clinic in Pasadena, CA. After her fellowship, she provided Eating Disorder Treatment at a Center for Discovery, a residential eating disorder facility. Following that, she returned to working with older adults in community mental health setting at Didi Hirsch in Los Angeles, CA where she provided supervision to psychology trainees and oversaw the DBT team. She then transitioned into a leadership and training role at Gateways Hospital, serving adults and adolescents receiving inpatient care for acute and chronic SMI. She provided individual and group therapy, conducted hospitalization hold assessments, provided training and supervision to psychology and social work staff and trainees, and was engaged in clinic programming across clinical services to ensure clients were receiving quality care centered in evidence-based practices. In 2021, she moved to Texas to be closer to family. She joined the PCMHI team at Audie L. Murphy, where she provides evidence-based treatment for anxiety, depression, and PTSD. She has special interests in eating disorder treatment, trauma-informed treatment, and DEI efforts. When she's not at work, Dr. Martin enjoys spending time with her family and pets, practicing yoga, cooking (she loves to collect cookbooks), and reading.

EMMA L. MATA-GALÁN

Psy.D., Counseling Psychology, Our Lady of the Lake University, 2003
Associate Chief of Staff for Mental Health

Dr. Mata-Galán is a graduate of our internship and postdoctoral training program. Her training and past experience consist of treating trauma survivors, running bilingual interdisciplinary pain management programs in Dallas, testing of monolingual patients, and group work with sex offenders. Currently she works at the MHOS clinic treating trauma for men and women. Dr. Mata-Galán currently conducts Cognitive Processing Therapy which combines weekly individual and group psychotherapy for chronic PTSD patients and has been a VISN 17 CPT Trainer. She provides therapy in Spanish for Veterans and families on an as-needed basis. Dr. Mata-Galan also enjoys presenting to community agencies annually like the San Antonio Police Academy cadets and to the mental health staff of the Correctional Managed Care System in Huntsville, Texas. She has been an adjunct professor at Our Lady of the Lake University teaching in the areas of consultation for mental health clinicians, the mental health needs of returning Veterans and multiculturalism. Currently she is a Clinical Assistant Professor for the Department of Psychiatry at the University of Texas Health Science Center in San Antonio and is an APA site visitor for the Commission on Accreditation. On her free time she enjoys spending time with her family, running and anything that promotes good self-care.

VERONICA McCLEAN

Ph.D., Counseling Psychology, The Ohio State University, 2006
South Texas Primary Care Mental Health Integration Section Chief
Primary Care Psychologist, Internal Medicine Clinic - Audie L. Murphy
Primary Care/Behavioral Health Behavioral Health Resident Preceptor

Dr. McClean received her Ph.D. in Counseling Psychology from The Ohio State University and completed her pre-doctoral internship at the University of Maryland Counseling Center where she gained specialty training in multicultural and diversity issues in counseling and supervision. She completed a postdoctoral residency in Clinical Psychology with a specialty in Health Psychology. In her role as the Primary Care Mental Health Integration (PCMHI) Section Chief at the South Texas Veterans Health Care System (STVHCS), she is responsible for the development and implementation of the PCMHI program across all seven Primary Care clinics in South Texas. As the VISN 17 PCMHI Co-Chair and Center for Integrated Healthcare VISN PCMHI Competency Trainer, she assists with program implementation throughout the VISN. Locally, she has served in the role of Assistant Training Director for the APA-accredited pre-doctoral and post-doctoral Psychology training programs at STVHCS and continues to serve as the Primary Care-Health Psychology Postdoctoral Resident Preceptor. Prior to joining the team at South Texas, she was on the APA-accredited PsyD faculty at Our Lady of the Lake University's Psychology Department. Her theoretical orientation, grounded in modern psychodynamic theory, draws heavily from interpersonal and multicultural perspectives. Additionally, she often incorporates cognitive-behavioral and mind-body therapy, especially for shorter term therapy. Her clinical interests include prevention and management of chronic illness, insomnia, and cross-cultural competencies in therapy, training, and supervision. She has done research in the areas of cross-cultural competence in therapy and supervision and career development among persons of color. When she is not at work, she enjoys spending time with family and friends, running, traveling, learning about home interior decorating and architecture, and cooking for any brave souls that are willing to try her healthy creations!

KARIN J.M. McCOY

Ph.D., Clinical & Health Psychology, University of Florida, 2004
Director, Clinical Psychology Fellowship & Clinical Neuropsychology Fellowship
Program Manager, Neuropsychology
ABPP, Clinical Neuropsychology

Dr. McCoy has been board certified in Clinical Neuropsychology by the American Board of Professional Psychology (ABPP) since 2009. She completed her internship training at the Memphis Veterans Administration Hospital in Memphis, TN and two years of postdoctoral training in neuropsychology at

South Texas Veterans Health Care System. After two years on faculty in the Department of Neurosurgery at The University of Texas Health Science Center at San Antonio, she returned to the South Texas VA as director of the Neuropsychology Consult Service. Under her leadership, Neuropsychology Service has expanded from 1.25 to 7 full-time neuropsychologists and the Neuropsychology Training program has doubled, from 2 to 4 postdoctoral residents. In addition to administration and supervision activities, Dr. McCoy is active in the neuropsychology research program headed by Dr. Marceaux. Dr. McCoy's ongoing research interests reflect the clinical needs of the setting; she is actively investigating the utility of symptom validity measures in the clinic population as well as exploring the utility of various naming tests in bilingual patients. She was recognized by the National Academy of Neuropsychology in 2013 with the Early Career Service.

JESSE A. MCPHERRON

Ph.D., Clinical & Gero Psychology, University of Alabama, 2015

Staff Psychologist

GEM Clinic Audie L. Murphy

VISN 17 Geriatric Mental Health Champion

Dr. McPherron completed both internship and one year of postdoctoral training at the South Texas Veterans Health Care System. Training in both graduate school and during fellowship involved specialty training regarding geropsychology in line with the Pike's Peak model of training. After completing training he started work as a staff psychologist at STVHCS working in the Geriatric Evaluation and Management clinic providing a mixture of clinical intervention and geriatric neuropsychological evaluation. He has been active in training with both the internship and postdoctoral fellowship programs at STVHCS. He also serves as the VISN 17 Geriatric Mental Health Champion since Summer 2019. He serves VISN 17 as part of a national effort aimed at improving mental health services for older adult Veterans.

LAUREN M. OROZCO

Ph.D., Counseling Psychology, Texas A&M University, 2010

Intensive Community Mental Health Recovery (ICMHR)

Dr. Orozco completed her doctoral internship at the VA Puget Sound in Tacoma, Washington and her postdoctoral fellowship in psychosocial rehabilitation for serious mental illness at the Central Texas VA. She joined the STVHCS team in August of 2011 as the ICMHR psychologist and her primary clinical duties include individual and family therapy, recovery planning, case management, and community-based interventions with Veterans with serious mental illness. She has also provided counseling and assessment services at a university counseling center, inpatient psychiatry, adult probation services, and a local rape crisis center. Dr. Orozco's clinical interests include serious mental illness and intervention for first episode psychosis, psychosocial rehabilitation and recovery, sexual trauma, and multicultural issues. In her spare time, Dr. Orozco enjoys being a wife and a mommy, all food (especially Thai and Indian), gymnastics and dance, and watching Texas Rangers Baseball.

BRENDA J. PENCE

Psy.D. Clinical Psychology, Baylor University, 2005

**Clinical Psychologist, Behavioral Health Interdisciplinary Program (BHIP),
Telemental Health**

Dr. Pence completed her pre-doctoral internship at the North Texas Veterans Healthcare System (NTVHCS) where she focused on interest areas in Military Sexual Trauma, general mental health, individual and group psychotherapy, and trauma focused treatment. In her postdoctoral fellowship year and first year of licensed practice, Dr. Pence provided comprehensive psychological assessments within an outpatient practice and as a consultant to Laurel Ridge Treatment Center. Dr. Pence worked for nearly five years at the University of Texas at San Antonio Counseling Services as a counseling psychologist and coordinator of their psychological testing and assessment program where she provided individual and group psychotherapy and psychological assessment to university students while serving on the training committee and providing clinical supervision to postdoctoral fellows. Dr. Pence joined the

STVHCS in 2012 and currently serves as a clinical psychologist for the Behavioral Health Interdisciplinary Program (BHIP) program providing evidence based psychotherapy to veterans using clinical video telehealth (CVT) technology. She is part of an integrated care team, which includes psychiatry, psychology, social work, and nursing clinical staff. Dr. Pence maintains a caseload of acute/high intensity Veterans and utilizes treatment approaches to include Cognitive Behavior Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy. In her free time, Dr. Pence enjoys spending time with her husband and kids, exercising, and traveling.

VICTOR RICO

Ph.D., Counseling Psychology, University of Texas at Austin, 2011
Staff Licensed Psychologist, Behavioral Health Interdisciplinary Program

Victor Rico, Ph.D. received his doctoral degree from The University of Texas, Austin in 2011. Dr. Rico completed his APA approved clinical psychology internship with Children's Institute Inc., providing bilingual (English and Spanish) evidence-based outpatient mental health services to children and families, behavioral consultation in pre-school settings, and group therapy for men under the Project Fatherhood program. Dr. Rico continued his work in community mental health with Pacific Clinics East in Monrovia, Didi Hirsch Outpatient Mental Health -Inglewood, and UCLA TIES For Families, providing evidence-based treatment interventions to children, adolescents, and families. Specific areas of clinical and research interest include ethnic identity, sexual orientation identity, underserved populations with post-traumatic stress, and providing evidence-based interventions to community settings and underserved populations. Dr. Rico joined the South Texas VA BHIP program in December 2019.

RICHARD B. ROBERSON, III

Ph.D., Counseling Psychology, Texas A&M University
Primary Care Mental Health Integration
Frank Tejada Outpatient Clinic

Dr. Roberson earned his Bachelor's degree in psychology from California State university of Long Beach and his Masters' of Science and Doctorate at Texas A&M University. He completed his internship training at the Los Angeles Ambulatory Care Center in Los Angeles, California in 2015 and completed his postdoctoral fellowship training at the New Orleans VA with a specialization in PCMHI and minors in pain and trauma in 2016. Dr. Roberson joined STVHCS as a staff psychologist with Primary Care Mental Health Integration in 2016. He has been involved in the psychology internship and residency training programs as a supervisor since 2019. His supervision style is grounded in CBT and Socratic questioning. A few clinical areas Dr. Roberson enjoys working within include behavioral sleep medicine, chronic pain, mindfulness interventions, trauma, and CBT interventions in primary care, such as Acceptance and Commitment Therapy (ACT) and Brief CBT for depression. During his personal time, Dr. Roberson enjoys spending time with friends and family, listening to podcasts, reading, biking, and learning about finance, financial investing, and behavioral finance.

ALLYSON RUHA

Psy.D., Clinical Psychology, Nova Southeastern University, 2002
Clinical Internship Training Director
Section Chief, Psychosocial Rehabilitation and Recovery Center (PRRC)

Dr. Ruha earned her doctorate in clinical psychology at Nova Southeastern University in Ft. Lauderdale, Florida. She completed her internship training at the University of Massachusetts Medical Center/Worcester State Hospital in 2002. In 2006, she joined STVHCS as a staff psychologist with the Intensive Community Mental Health Recovery (ICMHR) Program. In 2010, she became the Program Director for the Psychosocial Rehabilitation and Recovery Center (PRRC), and in 2019 the Section Chief. Under the PRRC, Dr. Ruha manages three programs: South Texas Acute Rehabilitation and Recovery Center (STARR) for Veterans with acute/high intensity mental health needs, South Texas Early Engagement and Recovery (STEER) for Veterans with early episode psychosis, and the Stepping Stones program for Veterans with serious mental illness. Dr. Ruha has been involved in psychology training since

2007; previously as Residency Coordinator and Assistant Training Director; and since 2014 as Training Director for the Clinical Internship Program. She has been involved in local and national psychological associations, serving as President of the Bexar County Psychological Association from 2011-2012, Membership Chair to APA's Division 18, Psychologists in Public Service from 2008-2010, and Secretary/Treasurer to Division 18's VA Section from 2012-2013. More recently, she has served the VA Psychology Training Committee (VAPTC) and the Association for VA Psychologist Leaders' mentoring programs for newer Training Directors. She is an APA site visitor, and member of the APA Specialty Council for SMI. Dr. Ruha loves traveling, running (slow, but steady!), crafting, and hanging out with her human and fur family members.

LAURIE H. RUSSELL

Psy.D., Clinical Psychology, Baylor University, 2020

PTSD-SUD Psychologist

PTSD Clinical Team/SUD Outpatient Program

Dr. Russell is the PTSD-SUD psychologist for STVHCS. She splits her time between the PTSD Clinical Team (PCT) and the Substance Use Disorders (SUD) Outpatient Program. Dr. Russell spends 20% of her time consulting with providers on complex dual-diagnosis patients and helping them determine the best course of care for these veterans. Dr. Russell also leads a weekly consultation call to help providers learn Exposure, Relaxation, and Rescripting Therapy (ERRT), an evidence-based treatment aimed at reducing trauma-focused nightmares. Dr. Russell completed her predoctoral and postdoctoral training at the South Texas VA, with an emphasis in trauma. Outside of work, Dr. Russell enjoys spending time with her husband and dog, hiking, working out at Orange Theory Fitness, and learning guitar.

AVEN SENTER

Ph.D., Counseling Psychology, Texas Tech University, 2006

Section Chief- KD, NCF, and SBO BHIP

Dr. Senter completed his internship and postdoctoral residency training with the Federal Bureau of Prisons. He subsequently held positions as the Trauma Treatment Program Coordinator and Drug Abuse Program Coordinator within the federal prison system prior to joining the STVHCS psychology team. He is published in the areas of psychologist burnout and correctional psychology. His clinical interests include treatment of dual diagnosis, complex PTSD, and severe mental illness. His theoretical orientation is an integrative approach combining cognitive-behavioral, interpersonal, and reality therapy.

ADRIANA ORTEGA SENTER, Ph.D., ABPP, NBC-HWC

Clinical Psychology, University of North Carolina – Greensboro, 2005

Diplomat, Behavioral and Cognitive Psychology

National Board Certified Health & Wellness Coach

Headache Center of Excellence (HCoE) – Neurology Department

Dr. Senter completed her predoctoral internship in the Psychology Division of The Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine in Houston, TX and joined STVHCS in 2013. She is a staff psychologist embedded in the Neurology Department and a member of the multidisciplinary team of clinicians that comprise the Headache Center of Excellence (HCoE). The South Texas HCoE is one the original five VA designated national sites (2018), nested within the polytrauma/TBI network, which aims to deliver expert treatment of post-traumatic headache - the signature sequela of TBI among returning War on Terror Veterans. Dr. Senter's areas of clinical expertise include behavior modification technologies, CBT, and Acceptance and Commitment Therapy (ACT) in the context of behavioral medicine as well as complementary and integrative health interventions, such as MBSR and biofeedback. She is a strong advocate of diversity and former Chair of APA's Division 31 Diversity Committee, North Carolina Diversity Delegate at APA's Leadership Conference (2013), and selected attendee of APA's Leadership Institute for Women in Psychology (10th Cohort). In her free time, she enjoys spending time with her family, Country-Western dancing with her husband, and trying new adventures on land, underwater, in the sky, or upside down as the case may be.

KEVIN SETHI
Ph.D., Clinical Psychology, University of North Texas, 2016
Home Based Primary Care Program

Dr. Sethi completed his Doctorate in Clinical Psychology at the University of North Texas in 2016, with an emphasis in Clinical Health Psychology. During his time at the University of North Texas, he was mentored by Daniel Taylor, Ph.D., as member of the Insomnia Research Laboratory, and completed his masters and doctoral research in the area of assessment of sleep. He completed his predoctoral Internship at the University of Oklahoma Health Science Center consortium, completing rotations at the Oklahoma City VA, University of Oklahoma Children's Hospital, and the University of Oklahoma Child Study Center. It was during this time that he developed an interest in work with older adults, and he remained in Oklahoma to complete his postdoctoral residency in Geropsychology at the Oklahoma City VA. He moved to San Antonio in 2017 to join the STVHCS Home Based Primary Care (HBPC) service as staff psychologist. HBPC is comprised of interdisciplinary teams providing in-home services to veterans with complex medical needs that require more care than is appropriate for routine clinic based appointments. Dr. Sethi provides a broad range of psychological services to help Veterans, caregivers, and our HBPC teams manage Veterans' mental health needs. In addition to his work in HBPC, Dr. Sethi is also a member of the Psychology Service Employee Engagement Workgroup. Outside of work, Dr. Sethi enjoys spending time with his spouse and their two dogs. He has recently developed a love of running as an active member of a local running group. He married a Texan, which means he is married to Texas, but grew-up in the Philadelphia area and loudly roots for the Eagles, 76ers, Flyers, and Phillies.

PATRICK SMITH
Psychosocial Rehabilitation and Recovery Center (PRRC)
Early Psychosis Intervention Coordination (EPIC) Point of Contact
South Texas Early Engagement and Recovery Program (STEER) Point of Contact

Dr. Smith is a staff psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC). He completed his master's and doctoral degrees in Clinical Psychology from the University of North Texas in Denton. He completed his predoctoral internship and postdoctoral fellowship in Psychosocial Recovery for Serious Mental Illness at the STVHCS. He then joined the STVHCS as a graduate psychologist in Primary Care Mental Health Integration (PCMHI) at the Audie Murphy Internal Medicine Clinic. Dr. Smith is currently a staff psychologist working in the PRRC with Veterans with Serious Mental Illness (SMI). He is the facility Early Psychosis Intervention Coordination (EPIC) Point of Contact and is developing a new associated clinical program for Veterans with early psychosis based on principles of Coordinated Specialty Care (CSC), the most widely disseminated intervention for individuals with first episode psychosis. Dr. Smith's primary clinical interest is in improving outcomes in early episode psychosis. He conceptualizes from an integrative recovery-oriented psychotherapy approach, primarily integrating ACT- and CBT-based approaches. Dr. Smith can provide training in evidence based therapies for SMI and methods to engage Veterans with SMI in care, including CBT-p, ACT for psychosis, Illness Management and Recovery (IMR), and Social Skills Training (SST). Dr. Smith has never lived more than 15 minutes from I-35 (San Antonio is the best!). He enjoys spending his free time with friends and family, learning to play new instruments, and being outdoors!

JORDAN SNOW
Psy.D., Clinical Psychology, Nova Southeastern University, 2017
Inpatient Staff Psychologist

Dr. Snow earned his Doctorate in clinical psychology from Nova Southeastern University in Fort Lauderdale, Florida. He completed his internship training at VA Maine Healthcare System in Augusta, Maine from 2016-2017. He then completed postdoctoral training at the James A. Haley Veterans' Hospital in Tampa, Florida from 2017-2018. Dr. Snow joined the STVHCS as a staff psychologist in February 2020 in his current position on the inpatient mental health units (GLA and GLB). Previously, Dr. Snow was the lead trauma psychologist for a private residential dual diagnosis facility in South Florida. His clinical

interests include the treatment of complex PTSD and serious mental illness. In his free time, Dr. Snow enjoys spending time with family and friends, attending concerts, and watching hockey as a loyal Dallas Stars fan.

DANIEL STEINBERG

Ph.D., University of North Texas

Section Chief, NWHCC Behavioral Health Interdisciplinary Program (BHIP)

Assistant Training Director, Internship

Dr. Steinberg received his PhD in clinical psychology from the University of North Texas, and completed his internship and postdoctoral fellowship with the South Texas Veterans Healthcare System. Currently, he works in Primary Care Mental Health Integration (PCMHI) at the Audie L. Murphy Internal Medicine Clinic. His primary theoretical orientation is rooted in the philosophy of functional contextualism, and includes an interest in third-wave behavior therapies such as Acceptance and Commitment Therapy (ACT), and Functional Analytic Psychotherapy (FAP). In his free time, Dr. Steinberg enjoys hiking, camping, and reading science fiction.

A. MADISON TOMPKINS

Psy.D., Clinical Psychology, La Salle University, 2020

Staff Psychologist

Primary Care Mental Health Integration (PCMHI)

Dr. Tompkins earned her doctorate in clinical psychology at La Salle University in Philadelphia. and completed internship and postdoctoral training at the Southeast Louisiana Veterans Healthcare System in New Orleans, LA. After postdoc, she joined the STVHCS as a staff psychologist with the PCMHI team located in Audie L. Murphy's Internal Medicine Clinic. Dr. Tompkins is involved in the supervision of postdoctoral fellows, providing clinical training in the PCMHI model. Her approach is grounded in cognitive behavioral therapy and providing skills-based intervention in a brief treatment setting. She also has a strong interest in evidence-based interventions that are adapted for the PCMHI setting, including Brief CBT for Chronic Pain, Brief CBT for Insomnia, Prolonged Exposure for Primary Care, and a pilot group intervention for anxiety and related disorders. When she's not at work, Dr. Tompkins enjoys spending time exploring the city and its culture through food and taking advantage of the array of outdoor activities available in the San Antonio area.

YOLANDA VALENZUELA

Ph.D. Counseling Psychology, University of Oregon, 2019

Staff Psychologist, Behavioral Health Integrated Program (BHIP)

Dr. Valenzuela earned her doctoral degree from the University of Oregon. She completed her APA-accredited internship and postdoctoral training at the Momentous Institute in Dallas, TX providing bilingual (English and Spanish) comprehensive psychological evaluations and group and individual evidence based therapy to a diverse population of children, adolescents, and adults. She worked as a bilingual psychologist at the Cook Children's Hospital outpatient mental health clinic. Dr. Valenzuela, joined the BHIP team at STVHCS in 2021. In this role, she provides crisis intervention, case management, diagnostic assessments, treatment planning, and evidence based psychotherapies including Cognitive Behavioral and Prolonged Exposure Therapy. Her clinical interests include treatment of PTSD and anxiety disorders as well as working with survivors of interpersonal violence. Her theoretical orientation is an integrative approach combining cognitive-behavioral, narrative, and psychodynamic therapy. When not at work, Dr. Valenzuela enjoys spending time with family and friends and going for walks in the various city trails.

AMANDA WETEGROVE-ROMINE

Psy.D., Counseling Psychology, Our Lady of the Lake University, 2015

**SUD/Homelessness Preceptor
Staff Psychologist, HPACT
Eating Disorder Program Team Lead**

Dr. Wetegrove-Romine completed her internship training at VA Valley Coastal Bend Health Care System in Harlingen, Texas from 2014-2015. The following year, she completed her fellowship at South Texas Veterans Health Care System, with a continued focus in rural mental health in Kerrville. Dr. Wetegrove-Romine currently serves in multiple roles: Psychologist on the Homeless Patient Aligned Care Team (HPACT), individual and group therapist in the Dialectical Behavior Therapy (DBT) program, and team lead for the Eating Disorders program. Dr. Wetegrove-Romine recently completed her term as President of the Bexar County Psychological Association and is currently on the social justice committee for the Texas Psychological Association. Outside of VA work, Dr. Wetegrove-Romine teaches people about the mental health benefits of nature and greenspaces. She enjoys trail running and hammock camping and is on a mission to visit all 61 US National Parks.

**Jennifer L. Wilson, PhD, ABPP – Rehabilitation Psychology
Counseling Psychology, University of North Texas, 2011
Rehabilitation Psychologist, North Central Federal Clinic**

Dr. Wilson recently transitioned to the North Central Federal Clinic Behavioral Health Interdisciplinary Program after working for 8 years in the Polytrauma Rehabilitation Center primarily in the acute unit, but at times with responsibilities for the Polytrauma Network Site and the Polytrauma Transitional Rehabilitation Program. As a rehabilitation psychologist, her work focuses on the needs and strengths of her individual patients, with the goal to advocate for patients for their needs while addressing the structural barriers impeding quality of life and appropriate medical care. In her current position, she sees veterans with a number of different physical and mental health disorders and addresses the psychological sequelae and mental health symptoms as is appropriate to patients' goals. She also treats veterans with complex PTSD symptoms. With her background in the polytrauma unit and the opportunity she had to train with Dr. Kate Chard for her CPT consultation calls, she is excited to be part of the training program for consultation calls for the CPT/PTSD program.

Trainees

2023-2024 STVHCS EMPHASIS	PROGRAM	SPECIALTY, DEGREE
Neuropsychology	University Florida	Clinical, Ph.D.
Trauma Psychology	Indiana University of Pennsylvania	Clinical, Psy.D.
Rural Mental Health	Our Lady of the Lake University	Counseling, Psy.D.
General Mental Health	University of North Texas	Counseling, Ph.D.
Primary Care/Behavioral Health	Our Lady of the Lake University	Counseling, Psy.D.
Serious Mental Illness	Antioch University	Clinical, Psy.D.
Geropsychology	Nova Southeastern University	Clinical, Psy.D.

2022-2023 STVHCS EMPHASIS	PROGRAM	SPECIALTY, DEGREE
Neuropsychology	University of South Florida	Clinical, Ph.D.
Trauma Psychology	University of Kentucky	Clinical, Ph.D.
Rural Mental Health	Azusa Pacific University	Clinical, Psy.D.

General Mental Health	Our Lady of the Lake University	Counseling, Psy.D.
Primary Care/Behavioral Health	University of Houston	Counseling, Ph.D.
Serious Mental Illness	University of Maryland	Clinical, Ph.D.
Geropsychology	Chicago School of Professional Psych	Clinical, Psy.D.

2021-2022		
STVHCS EMPHASIS	PROGRAM	SPECIALTY, DEGREE
Neuropsychology	Florida Institute of Technology	Clinical, Psy.D.
Trauma Psychology	University of Houston	Clinical, Ph.D.
Rural Mental Health	Texas A&M University	Clinical, Ph.D.
General Mental Health	Wheaton College	Clinical, Psy.D.
Primary Care/Behavioral Health	University of Houston	Clinical, Ph.D.
Serious Mental Illness	University of Nebraska	Clinical, Ph.D.
Geropsychology	Wright State University	Clinical, Psy.D.

2020-2021		
STVHCS EMPHASIS	PROGRAM	SPECIALTY, DEGREE
Neuropsychology	University of South Alabama	Combined, Ph.D.
Trauma Psychology	University of Wyoming	Clinical , Ph.D.
Rural Mental Health	Fielding Graduate University	Clinical, Ph.D.
General Mental Health	Oklahoma State University	Clinical, Ph.D.
Primary Care/Behavioral Health	Our Lady of the Lake University	Counseling, Psy.D.
Serious Mental Illness	Ohio State University	Clinical, Ph.D.
Geropsychology	University of Colorado	Clinical, Ph.D.

2019-2020		
STVHCS EMPHASIS	PROGRAM	SPECIALTY, DEGREE
Neuropsychology	University of Florida	Clinical, Ph.D.
Trauma Psychology	Baylor University	Clinical, Psy.D.
Rural Mental Health	Louisiana Tech University	Counseling, Ph.D.
General Mental Health	University of Denver	Clinical, Psy.D.
Primary Care/Behavioral Health	University of Pennsylvania	Clinical, Ph.D.
Serious Mental Illness	University of Maryland	Clinical, Ph.D.
Geropsychology	N/A	

2018-2019

STVHCS EMPHASIS	PROGRAM	SPECIALTY, DEGREE
Neuropsychology	Our Lady of the Lake University	Counseling, Psy.D.
Trauma Psychology	Southern Illinois University	Clinical, Ph.D.
Rural Mental Health	Chicago School of Professional Psychology	Clinical, Psy.D.
General Mental Health	Nova Southeastern University	Clinical, Psy.D.
Primary Care/Behavioral Health	University of Tennessee- Knoxville	Clinical, Ph.D.
Serious Mental Illness	University of North Texas	Clinical, Ph.D.
Geropsychology	San Diego State University/UC-San Diego	Clinical, Ph.D.

2017-2018

STVHCS EMPHASIS	PROGRAM	SPECIALTY, DEGREE
Neuropsychology	University of South Florida	Clinical, Ph.D.
Trauma Psychology	Tennessee State University	Counseling, Ph.D.
Rural Mental Health	University of North Texas	Clinical, Ph.D.
General Mental Health	Our Lady of the Lake University	Counseling, Psy.D.
Primary Care/Behavioral Health	New Mexico State University	Counseling, Ph.D.
Serious Mental Illness	Texas Tech University	Clinical, Ph.D.
Geropsychology	University of Memphis	Counseling, Ph.D.

All trainees listed have given permission for their information to be published.

Program History / About San Antonio

Our internship program was initially approved by the American Psychological Association (APA) in 1980. Postdoctoral fellowship training in Geropsychology began in 1992, when our program successfully competed for funding from VA Headquarters, and was named as one of six VA medical centers to provide this training. Our first postdoctoral fellows in neuropsychology and health psychology were appointed in 1996. The postdoctoral fellowship program was accredited by the APA in 1999, making it the first VA psychology program to achieve this milestone.

San Antonio

San Antonio is a rapidly growing multicultural city, with a population of 1.53 million as of 2020, making it the seventh most populous city in the United States and the second most populous in Texas. The metropolitan area is the 25th largest metro area, with a population of 2.3 million. In 2019, the American Community Survey estimated San Antonio had a racial makeup of 88.4% White, 6.6% Black and African American, 0.2% American Indian and Alaska Native, 2.8% Asian, 0.1% Native Hawaiian and other Pacific Islander, 0.2% some other race and 1.7% two or more races. Ethnically, 64.5% were Hispanic or Latin American of any race. In 2020, its racial and ethnic makeup was 23.4% non-Hispanic white, 63.9% Hispanic or Latin American of any race, 6.5% Black and African American, 3.2% Asian, and 2.3% multiracial or some other race. The city retains considerable historical and picturesque charm despite its rapid growth. Its economy is driven by tourism, military, light industry, financial services, and strong biomedical research and educational institutions.

San Antonio's rich history and cultural diversity offer many interesting sights and activities, including the Alamo, historic missions, fine restaurants, museums, zoo, and the romantic downtown River Walk. San Antonio has a lively music and theater scene. You can take your pick of clubs featuring blues, jazz, salsa, country, and Tejano-Conjunto music. Our beautifully renovated historic downtown theaters are home to a first-class symphony, ballet, and many national touring productions.

Sports fans can enjoy watching the five-time NBA Champion Spurs compete in basketball, the Silver Stars professional women's basketball team, the AHL Rampage in Hockey, and the Missions in AA professional baseball. There is also the San Antonio FC, a professional soccer team owned by the Spurs with strong intentions of being the next MLS expansion team. The Alamodome plays host to NFL exhibition games, the Alamo Bowl, NCAA Playoffs, and other Texas-sized events.

SeaWorld has its flagship theme park here where huge pop stars and similarly proportioned sea mammals perform. Six Flags Fiesta Texas, a musical theme park, features the multi-cultural music of Texas, water rides, and the world's largest wooden roller coaster, the Rattler.

The weather in San Antonio is subtropical with shirt sleeve, sunny days throughout the year. The mild winters encourage year-round festivals and outdoor fun.

North of San Antonio is the scenic Texas Hill Country, an ideal getaway for swimming, fishing, skiing, canoeing, tubing, and hunting. San Antonio is only a few hours' drive from the Gulf of Mexico, with isolated sandy beaches, warm waters, and excellent fishing. Old Mexico's charm, bargains, and other attractions are also nearby.

Housing in San Antonio is plentiful and reasonably priced. Trainees can find safe, economical apartments within walking distance of the hospital. Our award-winning public and private schools are among the best in the state.



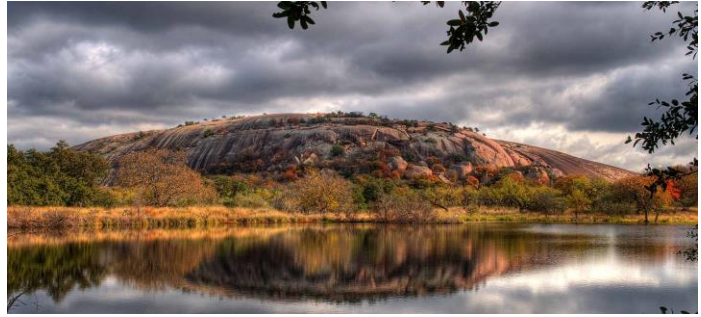
Enjoy some Mexican food and a margarita on the downtown Riverwalk



Try out the food and shopping in the Pearl district



Pay your tributes to Davy Crockett



Explore Enchanted Rock or the rest of the beautiful Texas Hill country