

# Psychology Internship Program



## **Southeast Louisiana Veterans Health Care System**

Mental Health Service (117)

P.O. Box 61011

New Orleans, LA 70119-1011

800-935-8387

<http://www.neworleans.va.gov/>

**APPIC Match Number: 131811**

**Applications due: November 4, 2024**

## **Accreditation Status**

The psychology internship at the Southeast Louisiana Veterans Health Care System (SLVHCS) is fully accredited by the Commission on Accreditation of the American Psychological Association. The last site visit was completed in April 2022. Our next site visit will be in 2032.

### **Information regarding the accreditation status of this program can be obtained from:**

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street, N.E.

Washington, DC 20002-4242

(800) 374-2721

(202) 336-5979

<https://www.apa.org/ed/accreditation/index>

## **Application & Selection Procedures**

**Eligibility:** Applicants for internship must be Ph.D. or Psy.D. degree candidates from the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) accredited doctoral programs in clinical or counseling psychology, and have supervised clinical practicum work to include at least 300 hours of direct contact hours in intervention and 100 hours in assessment. VA requirements specify that eligible applicants must be U.S. citizens and have fulfilled departmental requirements for internship as certified by their Directors of Clinical Training. Further details regarding the program are available in the APPIC Directory. The Department of Veterans Affairs is an Equal Opportunity Employer. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or other minority status.

**Procedures:** Applications must be submitted no later than November 4, 2024. However, applicants are urged to complete application requirements as early as possible. Interviews/virtual interviews for the internship site are normally scheduled during the first three weeks of January.

### **Application requirements:**

1. Completed copy of the APPIC online Application for Psychology Internship (AAPI); The AAPI can be obtained at the APPIC Web site, <http://www.appic.org>

2. Cover letter that explicitly states the applicant's top **three choices** in rotation preference (see "Training Experiences: Clinical Rotations"). This is to assist with assigning reviewers for the application materials; specific rotations are not guaranteed.
3. Current curriculum vitae.
4. Official transcripts of all graduate work.
5. **Three** letters of recommendation from psychologists familiar with the applicant, preferably one from your academic advisor.

**Requests for additional information should be forwarded to:**

Jessica L. Walton, Ph.D.  
Director of Training, Psychology Program  
ATTN: Internship Information  
Mental Health Service (117)  
Southeast Louisiana Veterans Health Care System  
P.O. Box 61011  
New Orleans, LA 70119-1011  
[jessica.walton2@va.gov](mailto:jessica.walton2@va.gov)

**\*\*This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.\*\***

**Psychology Setting**

Southeast Louisiana Veterans Health Care System (SLVHCS) is a medical center with a strong emphasis on teaching health professionals and an ongoing commitment to medical research and preventive medicine. Teaching and research affiliations are currently maintained with Tulane University School of Medicine and the Louisiana State University School of Medicine, enhancing the high quality of patient care provided to Veterans. In addition to the Psychology Internship Training Program and Postdoctoral Residency, SLVHCS offers comprehensive health training opportunities to social work trainees, pharmacy students, nursing students, allied health professionals, medical students, and medical residency & fellowship programs. In line with the important statutory mission of VHA to train the next generation of healthcare professionals, the agency is the largest educator in the United States. As the third-largest academic program in VHA, SLVHCS has over 2,400 trainees and over 40 academic affiliates.

Psychologists at the New Orleans VAMC function within an autonomous Psychology Service and cooperate with Psychiatry, Social Work, Pharmacy, and Nursing Services to provide a broad range of mental health services to veterans. Within this system, psychologists hold primary administrative responsibility for a variety of mental health programs. Our new, state of the art, medical center opened in December 2016; thus the 2025-2026 internship class will be working within the new fully operational medical center.

There are currently twelve programs within the Mental Health Service that provide specialized mental health services, including Substance Use Disorders Treatment Team (SUDT); Posttraumatic Clinical Team (PCT); Inpatient Mental Health; Ambulatory Mental Health (AMH); Primary Care-Mental Health Integration (PCMHI); Health Care for Homeless Veterans (HCHV); Psychosocial Rehabilitation and Recovery Center (PRRC); Mental Health Intensive Case Management (MHICM); Compensated Work Therapy (CWT); Military Sexual Trauma (MST); Suicide Prevention Team; and Family Program. Psychologists are also integrated into various healthcare teams with the medical center and have been appointed to leadership positions on several clinical teams, reflecting both

the capabilities of individual psychologists and the high regard in which psychologists are held within the SLVHCS. SLVHCS also has eight outpatient clinics in the 23 parish southeast Louisiana area.

Laurel Franklin Harlin, Ph.D. currently serves as Chief of Psychology Service. The SLVHCS Psychology Training Committee is currently comprised of 29 doctoral level psychologists. We currently have six graduate-level externs, five pre-doctoral interns and two postdoctoral residents. Psychologists apply the knowledge and skills of psychology as a science and profession toward three primary goals: (1) patient assessment, treatment, and rehabilitation; (2) psychology-related education and training; and (3) research designed to enhance knowledge of normal and abnormal behavior and clinically relevant practices. Opportunities are available for interns to participate in all three of these areas.

### **Training Model and Program Philosophy**

The Psychology Internship Program adheres to the values of the Department of Veterans Affairs, VISN 16, and the Southeast Louisiana Veterans Health Care System in its commitment to excellence in training.

#### **Training is grounded in the scientist-practitioner model.**

Our program assumes that good practice is always grounded in the science of psychology. In turn, the science of psychology is necessarily influenced by the practice of psychology. Thus, our approach to training encourages clinical practice that is consistent with the current state of scientific knowledge while still acknowledging the complexities of real patients and the limits of our empirical base. In this regard, we aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research or through program development and evaluation.

The members of the Psychology Training Program have identified six components to our educational model. With all interns, we attempt to ensure that these six components are a part of their training experience.

1. **An emphasis on high quality supervision** that varies with the developmental needs of an intern. On all rotations, a process is followed in which supervisors first assess the skill level of an intern, provide didactic instruction (if required) regarding the skill, model the clinically relevant skill for an intern, and observe the intern employing the skill. Only after completing this process would an intern employ the skill without direct supervision.
2. **Instruction in empirically-grounded methods of assessment and treatment.** On all rotations, interns are instructed in methods that have received widespread empirical validation. These include structured interview techniques, cognitive-behavioral techniques for treating a broad range of psychological problems and proper use of empirically validated psychometric instruments.
3. **A broad range of clinical experiences and didactics** designed to create general clinical skills. All interns are provided with a range of experiences across rotations designed to foster skills in general assessment of psychopathology, consultation and liaison skills, short and long-term therapy skills. Interns are also instructed in general professional issues.

4. **Specialized training in a substantive area chosen by an intern.** Interns may participate in the PTSD or Health Psychology specialty offered at this site. Interns, in collaboration with the Director of Training and their preceptor, may also design a unique set of training experiences that emphasize a trainee's interests.
5. **Flexibility in designing an individualized internship experience.** Interns, in collaboration with staff members, have the opportunity to create a unique set of rotations that best match their professional interests and goals. These selections are guided by the training needs and goals of each intern rather than the systemic needs of the hospital.
6. **Exposure to clinically-relevant research.** Opportunities to participate in clinically-relevant research are offered to all interns. These include collaborating with staff on ongoing projects during the internship year or initiating a project at the beginning of the internship year. At a minimum, interns are expected to develop a critical appreciation for ways in which clinically-relevant research can inform clinical practice.

### **Program Goals and Objectives**

The purpose of the psychology internship is to train professional psychologists for independent professional psychology practice in the areas of clinical services, research, and education, particularly in medical center, public sector, and academic settings. This expected outcome is facilitated by the primary goal of ensuring advanced competency in clinical psychology.

#### **Specific skills to be developed**

The internship program is structured to provide training activities to facilitate development of advanced competencies in several areas important for the provision of good clinical care, research, and education.

##### **1) Assessment, Diagnosis, and Intervention**

Interns will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs. Interns will develop competence in theories and methods of intervention.

##### **2) Research**

Interns will demonstrate the independent ability to critically evaluate and integrate scientific literature; apply relevant scientific literature to clinical decision making; and critically evaluate and disseminate research or other scholarly activities at the local, regional, or national level.

##### **3) Consultation, Supervision, and Interprofessional/Interdisciplinary Skills**

Interns will develop competence in providing consultation, in developing basic knowledge of supervision and possibly providing supervision, and in teaching. Interns will develop competence in educating and supporting other professionals in clinical settings, and may provide consultation to undergraduate apprentices and/or graduate-level externs. Interns will demonstrate knowledge and respect for the roles and perspectives of other professions and demonstrate awareness of hierarchies and management structures.

##### **4) Scholarly Inquiry**

Interns will develop competence in a course of scholarly inquiry for purpose of clinical practice, and, if applicable, to scientific literature. Interns will develop competence in applying scientific knowledge in a clinical setting, in being educated consumers of empirical

research, and in becoming competent in at least one Evidence-Based Psychotherapy (EBP). Interns may develop skills in participating in a research project.

**5) Ethical and Legal Standards**

Interns will demonstrate knowledge of and act in accordance with APA Ethics Code and Code of Conduct as well as relevant laws, regulations, rules and policies governing health service psychology at SLVHCS as well as the state and federal levels. Interns will learn to recognize actual or potential ethical dilemmas and apply ethical decision-making processes. Interns will conduct themselves in an ethical manner in all professional activities.

**6) Individual and Cultural Diversity**

Interns will demonstrate knowledge of and provide culturally sensitive services (assessment, case conceptualization, and treatment) to the patient population. Interns will have a mature understanding of issues of ethnic, cultural, gender, sexual, and other aspects of diversity. Interns will, independently or with supervision, incorporate this understanding into their clinical work with veterans.

**7) Professional Values, Attitudes, and Behaviors**

Interns will demonstrate continued growth in professional development and identity. Interns will behave in ways that reflect the values, and attitudes of psychology, such as integrity, accountability, dependability, and concern for the welfare of others.

**8) Communication and Interpersonal Skills**

Interns will develop and maintain effective relationships with a wide range of individuals. Interns will demonstrate the ability to manage interpersonal challenges appropriately and effectively; demonstrate awareness of own limitations and appropriately seek help when needed; and demonstrate awareness of and appreciation for diverse viewpoints.

## **Structure of Internship Training**

### **Administrative Structure**

From an administrative standpoint, the program is supervised by the Director of Training, who oversees and implements intern recruitment and selection, matching of interns to faculty preceptors, and coordination of clinical and research experiences. The Director of Training is responsible to the Chief of Psychology for productive operation of the training program. Each intern selects a preceptor from available staff psychologists for year-round consultation and support to ensure a balanced range of clinical experiences. The function of the preceptor is to guide the trainee in the choice of clinical assignments, to assist in development and implementation of research activities, engage in professional development, and to aid in problem-solving throughout the internship year. Intern and supervisor evaluations are documented six times annually, and written reports/progress updates are forwarded at least annually to university training directors. The Director of Training, in concert with the preceptor, ensures that internship experiences successfully meet an intern's training needs.

### **The Training Year**

Graduate students accepted for psychology internship training arrive at the SLVHCS for a full year beginning in July. Incoming interns receive a full orientation during the first two weeks of the training year, including opportunities to meet with staff, review training options, and select a

preceptor from among available staff psychologists. A working plan specifying three four-month rotations is developed for each intern during the orientation weeks of the training year. Rotations may be half time rotations or full time rotations depending on the rotations selected. Interns may participate in rotations at community based outpatient clinics as well as in the New Orleans clinics. Rotation options are detailed in following sections of this brochure.

### **Rotation Selection**

Interns electing to complete an emphasis area in PTSD or Health Psychology will commit the equivalent of two full rotations to the specialty area. These rotations include those supervised by Drs. Walton, Ennis, Nocera, and/or Ferrie (PTSD, PTSD/SUD) and Drs. Slaton, Vigil, Protti, and/or Parkinson (PCMHI, BMED, Pain, Palliative Care). In addition to ongoing rotations, interns establish a long-term experience of 4-6 hours weekly to be completed throughout the year. This may consist of training in a particular therapy (e.g., ACT-D), working with a particular patient population (e.g., veterans who have experienced MST), working in a particular clinic setting (e.g., inpatient), or a program evaluation or research project. Supervision for the long-term experience will be provided throughout the year by a staff supervisor.

### **Preceptors**

Each intern chooses a preceptor from our training committee of approximately 29 psychologists for the training year. The preceptor's role is to help the intern negotiate the internship program, integrate feedback from various supervisors, and plan for post-internship goals. Interns have a minimum of one hour per month of supervised contact with their preceptor.

### **Research Participation**

Interns are encouraged to participate throughout the year in some type of quality improvement, educational, or research project associated within an area of interest. Interns may pursue applied or experimental studies by participating in an ongoing staff project or by executing an independent but supervised research effort under the direction of staff members who are credentialed in the research department. Selection and structuring of research projects and/or research collaboration begins during the first month of the internship year, and staff members guide interns in completing their investigative goals by providing necessary assistance in obtaining materials, subjects, and other support. Current VA research resources include an expansive virtual library, an onsite Institutional Review Board, and several computers with statistical packages. Please also see the "Training Experiences - Clinical Rotations" section for further discussion of opportunities for research involvement.

### **Supervision**

Interns receive a minimum of two scheduled hours of individual supervision per week during a full time rotation from the staff psychologist formally assigned to the rotation. In actual practice, the amount of individual supervision is typically much greater due to daily supervisor-trainee interactions in joint sessions with Veterans, etc. Additional supervision is provided in group and/or individual format such that each intern receives a minimum of 4 hours total of weekly supervision. Although the specifics of such ongoing supervision experiences will vary depending upon rotation, a relatively high level of routine working contact between staff psychologists and interns is characteristic of all rotation options. Additionally, the intern cohort meets as a group for one hour on a weekly basis as a group with the Director of Training and/or clinical staff for group supervision.

Supervision agreements are completed at the beginning of each rotation by the intern in conjunction with the rotation supervisor(s). The purpose of the supervision agreement is to establish parameters of supervision; assist in intern professional development; and provide clarity in supervisor responsibilities including client protection. These materials become a part of the intern's permanent file kept by the Director of Training, which is available to the Training Committee.

Clinical supervision in a patient care environment requires an understanding of how privacy and confidentiality are treated.

1. Trainees notify patients of their training status at the initiation of care, identify their supervisor(s), and explain that information about the patient's treatment will be reviewed with the supervisor to ensure the best possible care. The patient's disclosures are treated with discretion and shared only with the supervisor and/or with those who share responsibility for the patient's welfare (e.g., treatment team).
2. At the outset of a supervision relationship, the supervisor initiates a conversation about privacy and the limits of confidentiality.
  - a. Because supervision is fundamentally an evaluative relationship, and because the supervisor has paramount responsibilities to the patient and the training program, supervision is not considered a confidential relationship.
  - b. Supervisors encourage trainee self-reflection and appropriate self-disclosure of developmental hurdles in pursuit of improved self-reflective practice and problem-solving. However, the supervisor's primary obligations to the patient and the training program may require that information obtained in supervision is sometimes shared with appropriate people outside the supervisory relationship. In such situations, supervisors will treat information with sensitivity and discretion, balancing their obligations to patient welfare, trainee growth, the program, and protection of the public. For example, supervisors will share information with program leadership in the event of an ethical or legal violation, or when a concern about the trainee's performance or functioning arises. Additionally, supervisors will discuss the trainee's development, strengths, and areas for growth with the Training Director and other appropriate training faculty at this facility. In the case of an intern, the program may communicate whenever needed with the intern's graduate program, and will provide written progress reports at least twice yearly, consistent with regulatory requirements of APA and APPIC.
  - c. At times, deeply personal information is voluntarily shared by a trainee with a supervisor as it relates to the trainee's clinical or professional functioning. Supervisors accept and validate personal disclosures, with a goal of helping the trainee better reflect on their personal experience and its relationship to their professional functioning, but will avoid situations in which they elicit or enter into secret confidences.

Informed consent about the distinctions between privacy and confidentiality in supervision is important in a professional setting in which patient confidentiality is the strictly practiced norm. A discussion of how privacy and confidentiality are treated within the supervisory relationship allows trainees to make informed decisions about what personal disclosures they might make in supervision.

### **Evaluation**

Formal evaluations of intern rotation performance are completed at the midpoint and end of each rotation. Long term experience evaluations are conducted twice during the training year (mid-point and end of the year). Supervisors complete the Intern Rotation Evaluation form and Long-term

experience evaluation form, providing ratings of the intern's performance in key competency areas as well as narrative statements regarding strengths and areas for further development of the trainee or other relevant comments. Interns review and sign these evaluations. These materials become a part of the intern's permanent file kept by Director of Training, which is available to the Training Committee.

If evaluations of an intern indicate that he/she/they has an educational and/or skill deficiency that compromises the quality of professional performance, it is the responsibility of the intern's primary supervisor to discuss the deficiency with the intern, define the problem, and suggest procedures for remediation (e.g., special instruction, experience in a new training setting, etc.). The intern's preceptor may also be involved in this discussion. If the problem cannot be resolved by the primary supervisor or preceptor, he/she/they will consult the Director of Training with the intern. If the difficulty is of a serious nature, the Director of Training will convene a meeting with the Chief of Psychology Service and the Training Committee to describe, evaluate, and seek resolution for the problem. These procedures will be in accordance with established guidelines for confidentiality and protection of the intern's right of due process.

### **Compensation and Benefits**

Interns receive a stipend of \$33,891 for the 2025-2026 training year, paid biweekly. Interns are also eligible for health, vision, and dental insurance options available to all federal employees. As with staff psychologists, professional liability coverage for all mandated intern activity is provided by the Federal Tort Claims Act. Benefits include 11 federal holidays, accrual of the equivalent of 13 vacation days and 13 sick days, and health insurance. Additionally interns are able to request up to 5 days of authorized absence for educational and professional leave such as professional conferences. These requests are not guaranteed and must be reviewed and approved by the Chief of Psychology.

### **Training Experiences: Clinical Rotations**

Full and half time rotations are generally chosen from among the areas below. The primary clinical supervisor(s) for each rotation is/are listed, though additional supervision or training experiences may be offered by other doctoral-level psychology supervisors working on that clinical team. Given potential clinic or staffing changes, rotations presented here are typical and representative, but not guaranteed.

#### **Ambulatory Mental Health (AMH)**

**Supervisor: Allison Dornbach-Bender, Ph.D.**

The Ambulatory Mental Health (AMH) team provides outpatient mental health services to Veterans of various backgrounds, ages, and military service. In AMH, multidisciplinary staff care for Veterans presenting with various mental health concerns and disorders including mood disorders, anxiety disorders, PTSD, personality disorders, insomnia, adjustment disorders, and grief.

This rotation includes the following opportunities:

- Individual Therapy
  - Emphasis is placed on the provision of evidence-based psychotherapies. Interns will have the opportunity to provide treatments such as CBT-D, CBT-I, CBT for Panic Disorder, CPT, PE, and DBT.
- Group Therapy

- Many groups are offered through AMH. Interns have the opportunity to cofacilitate groups led by Dr. Dornbach-Bender (e.g., CBT for Depression group, transdiagnostic CBT for Anxiety group, Dialectical Behavior Therapy Skills Group). Depending on the intern's knowledge base and skill level, there may also be opportunities for interns to create their own time-limited groups or co-facilitate AMH groups with other providers.
- Assessment and Treatment Planning
  - AMH intakes involve conducting a thorough psychosocial history, suicide risk assessment, SCID-5, and self-report measures. Following the intake, interns will assign diagnoses and treatment plan with the Veteran.
- Military Sexual Trauma (MST) Training
  - Dr. Dornbach-Bender serves as the SLVHCS MST Coordinator. As such, this rotation includes additional MST-related training opportunities. Interns may elect to provide evidence-based treatments to Veterans who experienced MST, participate in MST consult management, and assist with MST advocacy events.

### **Behavioral Medicine & Pain Psychology**

**Supervisors: Joseph Vigil, Ph.D. & Tracy Protti, Ph.D.**

In health psychology and behavioral medicine, interns function as consultants on the psychosocial and behavioral aspects of disease expression, control, and prevention in addition to providing brief, solution-focused behavioral health treatment for adjustment issues and less severe mental illness. With potential involvement among several outpatient clinics, the Southeast Louisiana Veterans Health Care System offers opportunities for applying principles of health psychology and behavioral medicine in primary and specialty health care service delivery. Interns share responsibilities for providing acute and extended treatments for a wide range of emotional and behavioral complications of disease, medical and surgical procedures, hospitalization, and associated family crises. Actual rotations can be tailored to training goals, but the modules may encompass:

- Physical Medicine and Rehabilitation
  - Participation in the Comprehensive Pain Rehabilitation Program
  - Evidence-informed treatment for chronic pain offered at a tertiary level
  - Behavioral interventions for veterans in cardiac rehabilitation and with TBI, spinal cord injury, ALS, amputations, etc.
  - Evaluation of veterans in Interdisciplinary Pain Clinic and Pain Evaluation Program
  - Participate in the Active Management of Pain Program
  - Engage in interdisciplinary assessment and intervention alongside physical therapy
- Assessment of patients prior to solid organ transplants, bariatric surgery, and implantation of spinal cord stimulators
- Group and individual self-management interventions designed for pain management, weight control, and smoking cessation
- Assessment and treatment of veterans with chronic illness
- Behavioral treatment experiences include:
  - Cognitive restructuring therapies (pain control, insomnia, adherence)
  - Acceptance-Based Behavioral Treatments (pain control)
- Consultation and interprofessional treatment planning with primary care and specialty medical care providers (palliative care, infectious disease, physical medicine, etc.)
- Training emphasis is directed toward functioning within a multidisciplinary medical treatment team in primary care and surgery (anesthesia pain clinic).

### **Community Based Outpatient Clinic**

**Supervisors: Dustin Seidler, Ph.D., William “Bill” Schmitz, Jr, Psy.D.; and Crystal Tillis, Ph.D.**

This rotation emphasizes development of skills needed to integrate psychological services within interdisciplinary treatment teams in rural or suburban medical contexts. Major components of these rotations include:

- Brief evaluation and treatment of clinical and health psychology problems;
- Triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management;
- Psychological assessment, individual and group psychotherapy;
- Referral to specialty mental health programs, and coordination of care with the onsite psychiatrist/mental health staff.

Interns will have the opportunity to provide comprehensive mental health services to Veterans suffering from issues related to anxiety, mood, trauma, personality, adjustment, grief, and psychosis. Interns will conduct initial evaluations for Veterans seeking treatment, which will increase their abilities in case formulation, differential diagnosis, and treatment planning. Interns will administer psychological assessments for diagnostic clarification and treatment planning purposes, as well as provide brief, short-term behavioral interventions to improve health and daily functioning. Clinical writing skills will be developed throughout the rotation. Interns will provide evidence-based psychotherapy to Veterans, with opportunities to gain advanced experience in the following treatments:

- Acceptance and Commitment Therapy for Depression
- Cognitive Behavioral Therapy for Depression
- Cognitive Behavioral Therapy for Chronic Pain
- Cognitive Processing Therapy
- Dialectical Behavior Therapy
- Prolonged Exposure Therapy
- Unified Protocol for the Transdiagnostic Treatment of Mood Disorders

Interns will also co-facilitate or facilitate, depending on experience level, evidence-based group therapy (e.g., Anger Management, Behavioral Activation, Dialectical Behavior Therapy Skills).

### **Continuity of Care: Integrated Inpatient and Outpatient Treatment**

**Supervisor: Alana Fondren, Ph.D.**

This rotation offers unique opportunities to facilitate comprehensive recovery-oriented continuity of care and follow Veterans as they transition from inpatient mental health to outpatient psychotherapy services. Interns will receive specialized training in diagnosis and treatment of serious and persistent mental health conditions (e.g., chronic suicidality, bipolar disorder, borderline personality disorder, major depressive disorder, PTSD, schizoaffective disorder). Major components of the integrated inpatient/outpatient rotation include:

- Facilitating psychotherapeutic groups using a transdiagnostic CBT format that highlights the connection between thoughts, emotions, and behaviors. Trainees will learn how to flexibly select and implement groups from a library of over 45 potential topics based on current unit census. Trainees may also have opportunities to develop new empirically-informed groups based on interest/expertise and program needs.

- Serving as a contributing member of a large interdisciplinary team and providing consultation to other mental health professionals (e.g., psychiatrists, pharmacists, social workers, nurses).
- Conducting comprehensive psychodiagnostic evaluations to aid in differential diagnosis.
- Engaging in treatment planning through shared decision-making process that allows Veterans to learn about and select from a menu of evidence-based treatments based on Veteran's treatment goals and preferences.
- Implementing time-limited, evidence-based interventions that can be conducted in inpatient and outpatient settings. Due to the fast-paced nature of the inpatient unit, trainees will learn how to customize/tailor interventions to meet individual patient goals and needs, including massed format (i.e., individual sessions are conducted multiple times per week).
- Participating in tiered supervision, wherein interns receive individual supervision and group consultation/supervision, as well as opportunities to supervise psychology external practicum trainees.
- Conducting research and quality improvement projects that investigate the utility of specific clinical interventions in inpatient and outpatient settings.

### **Inpatient Psychology**

**Supervisor: Desirae Vidaurri, Ph.D.**

On this rotation, emphasis is placed on adapting empirically supported treatments for short term delivery. Focus will be put on learning a modular approach to flexibly apply treatments that are evidence based, particularly from a cognitive behavioral perspective to a broad range of diagnoses. Interns will have the flexibility to tailor the experience to their training goals, customizing their experience by highlighting particular areas of interest (e.g., assessment; brief individual therapy), while learning to work in an acute setting.

Major components of this rotation include:

- Leading or co-leading group therapy, tailoring empirically supported treatments, particularly from a cognitive behavioral perspective to the current population on the unit
- Exposure to cognitive behavioral therapies, including Dialectical Behavior Therapy (DBT), and other complementary treatments such as Motivational Interviewing (MI)
- Collaboration with other mental health professionals, such as psychiatry, pharmacy, social work, and nursing, within a uniquely integrated team

Examples of other potential experiences include: engaging in diagnostic interviews and personality/symptom measure assessments; providing psychoeducation to Veterans and their families on mental health diagnoses; conducting brief recovery focused interventions (e.g., IRT; CBT-I; exposure); learning about administrative roles of psychologists; and engaging in outreach to vulnerable populations (e.g., caring contact letters).

### **Palliative Care**

**Supervisor: Christopher Parkinson, Ph.D., ABPP**

Interns interested in obtaining experiences in palliative care psychology will obtain education and skills in the following areas (1) Psychological, sociocultural, interpersonal, and spiritual factors in chronic disease and life-threatening or terminal illness, (2) Advanced illness and the dying process, (3) Socioeconomic and health services issues in end-of-life care and systems of care, (4) Normative and non-normative grief and bereavement, (5) Assessment of issues common in patients with

chronic, life-threatening, or terminal illness and their family members, (6) Treatment of patients with chronic, life-threatening or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, unfinished business), (7) Treatment of family and social systems, (8) Interface with other disciplines through interdisciplinary teams and consultation in multiple venues, (9) End-of-life decision making and ethical issues in providing palliative care and hospice services.

Opportunities within palliative care exist on both the outpatient and inpatient settings working within the context of our core interdisciplinary team comprised of five disciplines: medicine, psychology, social work, nursing, and chaplaincy. The role of psychology in the outpatient clinic is predominantly to provide assessment of psychological/cognitive symptoms, quality of life, and existential suffering in order to provide intervention and treatment recommendations. Concerns for which patients may be identified/referred include difficulty managing a physical condition and its associated symptoms (e.g., pain associated with malignancy), increased psychological distress, maladjustment, adherence issues, evaluation of capacity, complicated family dynamics, decreased overall quality of life, and existential crises experienced within the context of a life-limiting illness. Opportunities for evidence-based and supported interventions include: CBT-D, CBT for GAD, CBT for Panic Disorder, CBT-CP, ACT for Chronic Pain, CBT-I, PST, CBT for EoL “Minding the Body”, Adjusting to Chronic Conditions with Education Support & Skills (ACCESS), Meaning-Centered Psychotherapy.

Group interventions are also offered such as support groups (e.g., cancer, caregiver), problem-solving therapy, meaning-centered psychotherapy, and groups for advance care planning. Inpatient psychological services are also provided to patients who are hospitalized on various medical services: 1) Inpatient Medicine/Surgery, 2) Community Living Center, and 3) Hospice. Psychologists provide assessment and intervention at the bedside and serve as an active member on the interdisciplinary team. Family members of Veterans are also evaluated and offered individual counseling for caregiver stress. Bereavement services are also offered to family members/caregivers of Veterans.

**Primary Care Mental Health Integration**  
**Supervisor: Karen Slaton, PhD**

**Primary Care Mental Health Integration**

- Full time rotation
- Brief solution-focused intervention for depression, anxiety and adjustment issues geared toward improving veteran functioning despite diagnosis
- Health coaching and disease prevention utilizing motivational interviewing
- Treatment of chronic pain and insomnia in primary care setting
- Utilization of measurement-based care (GAD, PHQ9, ISI, PCL5)
- Assessment of patients prior to solid organ transplants and bariatric surgery
- Assessment and treatment of veterans with chronic illness
- Behavioral treatment experiences include:
  - Behavioral Activation
  - Problem Solving Training
  - Cognitive restructuring therapies (pain control, insomnia, anxiety, adherence )
  - Written Exposure Therapy
- Emphasis is directed toward functioning within a multidisciplinary medical treatment team in primary care.

Long Term Experience opportunities: Clinical Hypnosis, Psychological Evaluations prior to Bariatric Surgery, Yoga

**Psychosocial Rehabilitation & Recovery Center (PRRC)**

**Supervisor: Linnie Wheelless, Ph.D. (PRRC)**

The PRRC is an interdisciplinary, outpatient, supportive learning center for underserved Veterans whose serious mental illness has caused major challenges in one or more areas of their lives. Most Veterans in the program have been diagnosed with schizophrenia, bipolar disorder, schizoaffective disorder, major depression, or severe posttraumatic stress disorder. They may also have a substance use disorder diagnosis. The PRRC provides opportunities to learn new skills that promote recovery from these challenges and a safe environment to practice those skills. The PRRC offers group and individual sessions that are educational and/or therapy oriented. Every Veteran has a personal Recovery Coach, who helps them create an individual recovery plan, defining goals and developing steps to reach their goals. Many of the Veterans live in underserved areas and when appropriate, staff members visit their residences or meet at a location near home.

Group topics are chosen based on the goals of the Veterans in the program and change every 12 weeks. In the past, we've had groups on social skills, positive psychology, CBT for depression, community gardening, relationships, DBT, wellness management & recovery, anger management, therapeutic arts & music, peer support, and many others. Veterans are introduced to community activities through excursions to various locales and guest speakers (City Park, movies, brunch, bowling, to name a few).

Major components of this rotation:

- Attend Interdisciplinary Team meetings
- Serve as Recovery Coach
  - Conduct psychosocial assessments to guide treatment and help Veterans to identify SMART recovery goals (e.g., "I want to learn about my diagnosis", "I want to improve my communication with my family")
  - Provide psychological interventions for individuals and groups (including EBPs: Social Skills Training, CBT-D, CBT-Psychosis, ACT, etc.) and learn methods for flexible delivery in this population
  - Co-facilitate group sessions, including any of the existing groups and/or groups that a Postdoctoral Resident may want to develop
- Become competent and confident with respect to completing risk assessments
- Learn about the SAMHSA Recovery model which is a pillar of the PRRC
- Help facilitate VVC sessions with Veterans who reside outside the PRRC catchment area
- Present case conceptualizations and on topics of personal interest to the PRRC Team

**PTSD Clinical Team (PCT)**

**Supervisors: Chelsea Ennis, Ph.D.; Taylor Nocera, Ph.D.; Mara Ferrie, Ph.D., and Jessica Walton, Ph.D.**

Interns in this rotation will work with veterans diagnosed with Trauma- and Stressor-Related Disorders, including Posttraumatic Stress Disorder (PTSD) and Other Specified Trauma- and Stressor-Related Disorders. The diagnosis of PTSD may stem from military and/or non-military

experiences and may be complex in nature (e.g., repeated exposure to multiple types of stressors). Interns will work with Veterans from all combat eras, including Vietnam, ODS, and OEF/OIF/OND. Trainees will conduct comprehensive intake evaluations and will routinely administer structured and semi-structured clinical interviews (e.g., SCID-5, CAPS-5) to aid in differential diagnosis. Interns will also participate in the treatment planning process where veterans are educated on evidence-based psychotherapies (EBPs) for PTSD and other disorders offered within the outpatient mental health clinic. Interns can receive training in providing first line trauma focused EBPs, including Prolonged Exposure Therapy (PE), Cognitive Processing Therapy (CPT), and Written Exposure Therapy (WET), as well as treatments for recurrent nightmares (Imagery Rehearsal Therapy), emotional and interpersonal regulation difficulties (Skills Training in Affective and Interpersonal Regulation), suicidal thoughts and behaviors (Brief CBT for Suicide Prevention), and comorbid substance use disorders CBT-SUD. Group-based psychotherapy experiences may also be available depending on staffing and clinic needs. Past groups offered include Anger Management, CBT for Depression, Strength at home (for intimate partner violence), and a transdiagnostic safety aid fading protocol (START).

### **Research**

**Supervisors:** *Joseph “Jay” Boffa, Ph.D., Claire Houtsma, Ph.D., Amanda M. Raines, Ph.D., & Mary O. Shapiro, Ph.D.*

Interns may participate in a half-time research rotation (12 hours per week for four months) while on internship. During this rotation, interns may choose to join ongoing research projects or conduct novel research. In addition, interns may select up to six hours of research per week across rotations, as part of their long-term hours. The training program minimum requirement of 500 clinical face-to-face hours must be met regardless of participation in research.

On the research rotation, emphasis is placed on development and implementation of an advanced curriculum that will promote intern skills and experiences in clinically relevant research. Specifics of the research rotation will vary to reflect the diversity of ongoing research projects and opportunities available at the start of the internship year. Research projects will reflect supervisor areas of interest and expertise, including but not limited to: PTSD, suicide, substance use, cognitive-affective variables (e.g., anxiety sensitivity, intolerance of uncertainty), and women’s reproductive mental health.

#### *DAT LAB: Depression, Anxiety, & Trauma-Related Disorders Laboratory*

The Depression, Anxiety, & Trauma-Related Disorders Laboratory (“DAT lab”) mission is to bring together psychologists and trainees interested in discussing research ideas; reviewing research articles; and giving and receiving feedback about independent research. Interns may participate in the DAT lab during a half-time research rotation or as part of their long-term hours. Preceptor concurrence is required prior to participation.

## **Additional Training Experiences**

### **Suicide Prevention**

**Supervisor(s):** *Dian Evans, JD, Ph.D.; Jay Boffa, Ph.D.; & Claire Houtsma, Ph.D.*

The Suicide Prevention team works closely with mental health and care providers throughout SLVHCS to coordinate care for Veterans deemed high risk for suicide. This includes managing the high-risk list to ensure that Veterans are being seen within the high-risk protocol guidelines;

following-up with Veterans in the SLVHCS catchment area who have reached out to the Veterans Crisis Line (VCL); and consulting with providers on complex cases where suicide risk is a concern. Suicide Prevention team members act as consultants on protocols and procedures related to suicide prevention and investigate reports of patient suicides. Interns will learn from the VA's nationally recognized "best practices" in suicide prevention, working alongside the suicide prevention staff with Veterans determined to be at high risk for suicide. Specific training opportunities include:

- Responding to consults placed by the VCL to provide follow-up care to Veterans in crisis
- Working with Veterans on the high risk for suicide list to assess risk and ensure continuity of care
- Conducting brief group therapy on the inpatient psychiatric unit (e.g., Introduction to Discharge and Continuity of Care group, Safety Planning group)
- Assisting in the completion of a root cause analysis related to patient suicides for presentation to VA leadership
- Engaging in research-related opportunities when available (e.g., literature review, manuscript writing)

## **Didactics**

### **General Inservice Training:**

Psychology interns are provided an ongoing series of weekly presentations in the following areas: assessment, treatment, professional development, diversity, etc. Presenters include VA and academically affiliated psychologists and psychiatrists, psychology interns, and residents. Some of the topics from past didactics include, CAPS-5 & Diagnosing PTSD; LGBTQ+ Healthcare in the VA; Psychopharmacology; Workplace Violence Prevention; Differential Diagnoses; Military Culture; Professional Identity; Suicide in the VA community; VA Careers; and SCID/SCID-II training. Participation in the in-service component of the internship is required to help maximize intern exposure to the expertise of mental health professionals within the VA and community.

### **Presentations:**

Each intern presents a minimum of two presentations during the training year. The focus of the presentations are:

- A clinical scholarship presentation on a research/dissertation topic
- A case conceptualization presentation on a case encountered during the internship year

### **Assessment Training:**

The SLVHCS internship believes that psychological assessment is a core competency of the applied psychologist. Our interns receive training on several assessments (e.g., SCID, SCID-II, CAPS-5, MMPI-2F, PAI, bariatric evaluations, spinal cord stimulator evaluations, etc.) throughout the training year depending on the rotation selection. Additionally, interns have the opportunity to participate in our brief cognitive assessment clinic, assessing individuals who have been referred for suspected cognitive impairments. Assessments utilized in this clinic include (but are not limited to) the Neuropsychological Assessment Battery (NAB) and Shipley-2. Interns also receive instruction from staff psychologists on the fundamental aspects of psychological assessment as well as supervised training in the administration, scoring, interpretation, and presentation of tests commonly utilized by practicing psychologists.

### **Multicultural Training:**

All interns participate for a minimum of 3-4 months in a weekly seminar course on multicultural psychological practice, offered at the Tulane University School of Medicine. This inservice is both for interns from Tulane and from SLVHCS. Topic areas include: Undoing Racism, Diversity in Clinical Practice, Diversity in Research, Working with Diverse Populations, and Becoming Culturally Competent. In addition, interns will receive a multicultural didactics series presented by VA staff over the course of the training year. Some examples of these didactics include: Diversity Inclusion vs. Exclusion and LGBTQ issues and VA.

### **Professional Identity and Development:**

Interns attend 3-4 months of weekly seminars in the area of Professional Identity and Development. These are held in conjunction with the Tulane University School of Medicine Internship program. Examples of topic areas include, CV Preparation, Negotiating Contracts/Business Issues, Academic Mentoring, Supervision, Forensic Assessment, and Developing a Research Career.

### **Ethics:**

Interns attend 3-4 months of weekly seminars at the Tulane University School of Medicine in the area of Ethics. Examples of topic areas include, Psychotherapy, Children and Families, Testing and Research, and Legal Cases.

### **Additional Didactics:**

Interns are also encouraged to attend lectures, seminars, and case conferences offered by affiliated medical schools and community groups and to participate in annual scientific meetings. During each year, the Training Program also attempts to offer specially scheduled presentations, workshops, and seminars for trainees and staff by nationally known scientist practitioners in psychology and related disciplines.

## **Additional Learning Activities**

Interns are required to attend the monthly Psychology service meetings. These meetings include all psychology staff and are facilitated by the Chief of Psychology. These meetings allow interns the opportunity to hear about institutional policy and psychology program updates, developments, and achievements.

Trainee representation at the monthly Training Committee meeting is also strongly encouraged. At the beginning of the training year, interns may decide how the intern cohort would like to be represented at the meeting (e.g., rotating schedule among all interns or appointing a Chief Intern to represent the cohort). These meetings allow the interns opportunities to present training-related issues, provide feedback, learn about training administrative issues, and provide updates on externs and/or apprentices for which the intern is supervising/mentoring as part of umbrella supervision.

## **Requirements for Completion**

To maintain good standing in the training program and complete the program, it is required that all interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge in the areas of:

- a. Theories and methods of assessment and diagnosis and effective intervention (including empirically supported treatments)
- b. Theories and/or methods of consultation, evaluation, and supervision
- c. Strategies of scholarly inquiry
- d. Issues of cultural and individual diversity relevant to all of the above

This is accomplished by:

1. Demonstrating intermediate to advanced progress in the training competencies.
2. Not be found to have engaged in any significant ethical transgressions

Additionally, interns are expected to complete a minimum of 500 direct clinical (“face-to-face”) service hours, successfully complete all rotation requirements, successfully present both the clinical scholarship and case conceptualization presentations, and successfully complete all requirements of the long-term training experience.

### **Facility and Training Resources**

Currently, interns, externs, and residents share an office space with cubicles that consist of a desk, telephone, and computer terminal for each intern. Swing offices are utilized for individual patient sessions. On different rotations and in different clinic settings, interns may change offices. Training settings consist of large and small conference rooms, and group rooms.

Assessment instruments are available as needed including the SCID, SCID-II, CAPS-5, MMPI-2 RF, PAI, Beck Depression Inventory, NAB, Shipley-2, etc. Access to the online VA library is also available. Trainees may utilize library resources at Tulane University or Louisiana State University Medical Center.

### **Administrative Policies and Procedures**

Problem resolution and complaint procedures to ensure interns have due process in addressing concerns are available and described in our Psychology Internship Training Manual which interns receive at the beginning of the training year.

Self Disclosure - The Southeast Louisiana Veterans Health Care System's Predoctoral Internship does not require interns to disclose personal information in the context of their training unless the supervisor feels that such personal information is needed in order to evaluate or obtain assistance for a trainee whose personal problems are preventing the trainee from performing professional activities competently or whose problems are posing a threat to the trainee or others.

Our privacy policy is clear: we will collect no personal information about you when you visit our website.

### **Training Staff**

The following psychologists serve as primary supervisors and/or preceptors of interns. The following brief biographical sketches highlight the qualifications and interests of each faculty member.

**Joseph “Jay” Boffa, Ph.D.** VISN 16 South Central MIRECC Core Investigator; SLVHCS Graduate Psychologist and Suicide Prevention Coordinator; Clinical Assistant Professor, Tulane University

School of Medicine Department of Psychiatry and Behavioral Sciences. Dr. Boffa completed his Doctorate of Philosophy in Clinical Psychology at Florida State University and psychology internship at SLVHCS in 2020, after which he joined the SLVHCS staff. His research has focused on cognitive-affective variables that intersect PTSD and suicide risk, and the development of novel interventions to target those conditions. Dr. Boffa has published more than three-dozen peer-reviewed articles and obtained funding awards from the NIMH, Military Suicide Research Consortium, and VA South Central MIRECC. His clinical specialties include diagnostic assessment, cognitive behavioral therapies for anxiety- and trauma-related disorders, and suicide risk management. He is an unabashed Southern California native, which actually lends itself to enjoying everything about New Orleans. Well, except the humidity.

**Allison Dornbach-Bender, Ph.D.** Military Sexual Trauma (MST) Coordinator; Staff Psychologist, Ambulatory Mental Health (AMH). Raised in the Mojave Desert region of Southern California, Dr. Dornbach-Bender received her BA in Psychology from Pomona College before completing a Ph.D. in Clinical Psychology from the University of North Texas. She completed both her pre-doctoral internship and residency with an emphasis in PTSD at SLVHCS. She is currently licensed in Virginia. In her clinical work, Dr. Dornbach-Bender's interests include diagnostic assessment, cognitive behavioral therapies, evidence-based treatments for anxiety- and trauma-related disorders, advocacy and recovery following interpersonal trauma, women's health, and supportive training and supervision of the next generation of psychologists. Outside of SLVHCS, Dr. Dornbach-Bender can be found admiring New Orleans architecture, looking forward to the next Mardi Gras season, savoring the local food and drink scene, and traveling every chance she gets.

**Chelsea R. Ennis, Ph.D.** Staff Psychologist, Program Manager, PTSD Clinical Team; South Central MIRECC Affiliated Faculty Member; Assistant Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine. Dr. Ennis completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2019. She completed her psychology internship in the trauma track at SLVHCS. Her clinical interests include evidence-based psychotherapies for PTSD and anxiety disorders, as well as suicide prevention interventions. Her research interests involve the identification of risk and maintenance factors for PTSD and related sequelae, including suicidal and non-suicidal self-injury, as well as suicide prevention interventions. In her free time, she enjoys hanging out with her friends, most of whom are also on the training committee.

**Dian Evans, Ph.D., JD, M.S.C.P.** Suicide Prevention Program Manager. Dr. Evans attended Fairleigh Dickinson University for her post-doctorate Master of Science in Clinical Psychopharmacology, Montclair State University in Forensic Psychology, Fielding Graduate University in Psychology, Loyola University and New York University for Law, University of Maryland for undergraduate Journalism and University of Oklahoma for undergraduate Nursing and graduate Journalism. She completed her pre-doctoral psychology internship at Wyoming State Hospital and a postdoctoral fellowship at Hackensack University Medical Center. Dr. Evans is licensed in New York, South Carolina, New Jersey, and Louisiana. Dr. Evans's professional interests include suicide prevention, training, supervision, neuropsychological assessment, forensic assessment, general assessment, psychopharmacology and the psychology of health and disease. Her favorite avocations include spending time with her family, eating out, music, traveling the world, reading, and writing. She likes eating, but not cooking. She very much likes riding in hot air balloons and very much dislikes driving automobiles. If she ever wins the lottery, which she plans to do this year, she will buy a hot-air balloon, hire a limousine driver, and hire a Chef among other things. Most of all, she loves spending time with her four granddaughters and sitting on her back porch after work watching nature with her husband and her three dogs, Sazerac and Coco Beignet, both Shih Tzus, and Tipitina, a Pug.

**Mara Ferrie, Ph.D.** Staff Psychologist, SLVHCS. Dr. Ferrie earned her Ph.D. in Clinical Psychology from Louisiana State University in 2023. She completed her pre-doctoral internship at SLVHCS, with an emphasis in PTSD, and is now the PTSD/SUD Psychologist at SLVHCS. Dr. Ferrie's research interests include identifying psychosocial factors related to the maintenance of fear-based disorders (e.g., PTSD, SAD) and co-occurring risky substance use to inform the development of treatment and prevention programs for these conditions. Her clinical interests include evidence-based psychotherapies for anxiety disorders, PTSD, and risky substance use (e.g., CBT, CPT, MET/MI, PE, WET). When not at SLVHCS, you can catch her outdoors (except for in triple-digit heat), taking long walks with her dog, and watching baseball (Go Cubs, go!) and football (Let's geaux Tigers/Saints!).

**Alana Fondren, Ph.D.** Staff Psychologist, SLVHCS, Inpatient/Outpatient Care Coordinator. Dr. Fondren is a native of the Lone Star state, where she earned her Ph.D. in Clinical Psychology at the University of North Texas. She completed her pre-doctoral internship and postdoctoral residency (with specialization in rural and underserved populations) at SLVHCS, and is currently licensed in Texas. Upon completion of fellowship, Dr. Fondren accepted the inpatient/outpatient care coordinator position at SLVHCS, where she provides psychological services in the acute inpatient psychiatric unit and facilitates access to outpatient mental health care post-discharge. She frequently participates as a clinical research therapist for randomized control trials and pilot interventions within the SLVHCS psychology service. Dr. Fondren also serves on the SLVHCS Dialectical Behavior Therapy (DBT) consultation team and is passionate about treating patients diagnosed with personality disorders. Other professional interests include Acceptance and Commitment Therapy (ACT); LGBTQ+ populations; diagnostic and personality assessment; and justice, equity, diversity, and inclusion (JEDI) initiatives. Dr. Fondren enjoys exploring New Orleans, working out at Orangetheory Fitness, celebrating Halloween and Mardi Gras all year 'round, and attending renaissance faires.

**Laurel Franklin Harlin, Ph.D.**, Chief, Psychology Service; Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine. Dr. Franklin received a Ph.D. in clinical psychology from Pacific Graduate School of Psychology and completed a psychology internship at the New Orleans VAMC (now SLVHCS) and a postdoctoral fellowship at Brown University/Rhode Island Hospital. Currently licensed in Louisiana, her professional interests are assessment of posttraumatic reactions; treatment of posttraumatic insomnia; and evidenced based treatments. Dr. Franklin is currently the co-Site Lead for the South Central Mental Illness, Research, Education and Clinical Center (MIRECC). She also is site co-lead for several grant funded research projects. Dr. Franklin is a member of the International Society for Traumatic Stress Studies, Southeastern Psychological Association, and the Louisiana Psychological Association. She is a board member for Journal of Trauma and Dissociation. When not at work, Dr. Franklin enjoys Mardi Gras and trying to keep up with her fourteen-year-old son. She enjoys traveling the world with her family and is currently plotting their next adventure.

**Claire Houtsma, Ph.D.** Staff Psychologist and Suicide Prevention Coordinator, SLVHCS; Clinical Investigator, South Central MIRECC; Research Assistant Professor/Adjunct Assistant Professor, Louisiana State University Health Sciences Center and Tulane University. Dr. Houtsma completed her Doctorate of Philosophy in Clinical Psychology at the University of Southern Mississippi in 2020. She completed internship at SLVHCS. Dr. Houtsma's research interests include firearm suicide prevention, service member & Veteran suicide prevention, development of lethal means safety interventions, and sociocultural influences on suicide risk. Her clinical interests include

evidence-based psychotherapies for PTSD, depression, and anxiety (e.g., CPT, PE, CBT, MI). Dr. Houtsma works remotely from Chicago and encourages anyone who visits to try a Portillo's Italian beef sandwich. She enjoys visiting New Orleans regularly, traveling internationally at every opportunity, watching a soccer match, and completing jigsaw puzzles.

**Emily Ibert, Ph.D.** Staff Psychologist, Primary Care Mental Health Integration (PCMHI). Dr. Ibert received a Ph.D. in clinical psychology at Texas Tech University and completed her psychology internship and postdoctoral fellowship at SLVHCS. She then worked at the Fleet and Family Support Center at the Naval Air Station Joint Reserve Base New Orleans, providing counseling services to active-duty military service members and their families, before joining the SLVHCS staff in 2014. In 2024, she became the lead trainer for PCMHI. She is licensed in Louisiana. Her clinical interests include treating chronic pain, insomnia, depression, and anxiety.

**Arnold James, Ph.D.** Co-Director of Training for Psychology Programs in Diversity, Equity, and Inclusion, SLVHCS; HBPC Psychologist. Dr. James is a Louisiana licensed Clinical Psychologist. He received his education from The University of South Carolina. He received a Bachelor of Science in Psychology, a Master of Public Health in Health Education and Promotion, and his Doctor of Philosophy in Clinical-Community Psychology. He was affiliated with the Tulane School of Medicine, Department of Psychiatry and Behavioral Sciences for over 20 years, in various capacities diagnosing and treating mental disorders. He has worked as an inpatient and outpatient psychotherapist, in and around the New Orleans Metro area, employing brief and long-term psychotherapy modalities. Currently, he is a psychologist in Home Base Primary Care at the Southeast Louisiana Veterans Health Care System and treats outpatients in a private practice. These patients have a wide range in age, and severity of diagnostic presentation. Dr. James has completed a postdoctoral fellowship in Psychoanalytic Psychotherapy from the New Orleans-Birmingham Psychoanalytic Institute, and was awarded Diplomate status in the International Academy of Behavior Medicine, Counseling and Psychotherapy in Psychotherapy. Dr. James has recently been acknowledged as a Clinical Scholar by the Robert Wood Johnson Foundation.

**Adam M. Lewis, Ph.D., ABPP** Staff Psychologist, Primary Care Mental Health Integration (PCMHI) and Ambulatory Mental Health (AMH); Ethics Consultant, SLVHCS Ethics Consultation Service. Dr. Lewis completed his undergraduate education at the University of Michigan, and Ph.D. in Counseling Psychology from the University of Iowa in 2016. He completed internship at the Memphis VA Medical Center, and a postdoctoral fellowship in Clinical Psychology, Geropsychology and Integrated Care emphasis, at the Edward Hines Jr VA Hospital in Hines, Illinois. He is licensed in the states of Hawaii and Louisiana and board certified in Geropsychology by the American Board of Professional Psychology (ABPP). He is a member of the APA Div. 12-II Society of Clinical Geropsychology and a peer reviewer for *Clinical Gerontologist*. His clinical interests include psychotherapy (e.g., MI, WET, other behavioral and mindfulness-informed interventions) and assessment (e.g., focused neuropsychological evaluations for dementia diagnosis/rule-out, capacity) with culturally diverse older adults, and providing co-located collaborative mental health services to adults of all ages in primary care settings.

**Taylor Nocera, Ph.D.** Staff Psychologist, SLVHCS. Dr. Nocera earned her Ph.D. in Counseling Psychology from The University of Southern Mississippi in 2021. She completed her pre-doctoral internship at the Orlando VA Medical Center. She then completed her post-doctoral fellowship with the Residential Trauma Recovery Programs and the National Center for PTSD, Dissemination and Training Division through VA Palo Alto HCS in Menlo Park, California. She has engaged in research on anger and aggression, aspects of morality, and mobile mental health app utilization and

improvement (i.e., AIMS for Anger Management, PTSD Coach). Her clinical interests primarily include evidence-based treatments for PTSD including CPT, PE and WET; as well as other treatments including DBT and ACT. Outside of work, she enjoys spending time with her husband and their rescue dog, attending live music events, joining a cycling class, and cheering on the Auburn Tigers in any and every sport!

**Christopher R. L. Parkinson, Ph.D., ABPP** Co-Director of Training for Psychology Programs, SLVHCS; Palliative Care Psychologist; Adjunct Assistant Professor, Department of Psychiatry & Behavioral Science, Tulane University School of Medicine; South Central MIRECC Affiliated Faculty Member. Dr. Parkinson completed his Doctorate of Philosophy in Clinical Psychology at Rosalind Franklin University of Medicine & Science with emphasis in Health Psychology in 2014. He completed internship at the Gulf Coast Veterans Health Care System in Biloxi, Mississippi and postdoctoral fellowship in Behavioral Medicine/Health Psychology with emphasis in Pain at SLVHCS. He is licensed in the state of Louisiana and American Board of Professional Psychology (ABPP) certified in Clinical Health Psychology. Dr. Parkinson's professional interests include behavioral medicine, adjustment to chronic illness, psycho-oncology, promoting resilience, enhancing quality of life, assessing capacity, advance care planning, telehealth, and interprofessional care. Dr. Parkinson is a member of the Society of Behavioral Medicine and the 2021-2022 Past President of the Louisiana Psychological Association. He is a native New Orleanian. During his free time, he enjoys travelling, LSU football (Geaux Tigers!), arguing for the superiority of Marvel to DC, and parading with the Krewe of King Arthur. Dr. Parkinson's recent NOLA clout stems from winning both the 2024 Bourbon Street Award for Best Group Costume and the 2024 610 Stomper's Debutante Ball Best Overall Costume.

**Alison Poor, Ph.D.**, Staff Psychologist, Hammond Community-Based Outpatient Clinic/Primary Care Mental Health Integration (Women's Health). Counseling Psychology, University of Southern Mississippi, 2023. Dr. Poor completed her internship with an emphasis in clinical health psychology in 2023 and a post-doctoral residency with an emphasis in Primary Care Mental Health Integration in 2024 at SLVHCS. She is currently licensed in Mississippi. Her clinical interests include women's health (particularly sexual dysfunction and menopause), interdisciplinary care, presurgical evaluations, and evidence-based psychotherapies for PTSD. Dr. Poor enjoys watching LSU sporting events, traveling, spending time with her dog, walking around New Orleans, and seeing musicals at the Saenger Theatre.

**Tracy Protti, Ph.D.** Staff Psychologist in Pain Psychology, SLVHCS. Dr. Protti earned her Ph.D. in Clinical Psychology from the University of Mississippi. She completed her pre-doctoral internship and postdoctoral residency (with primary emphasis in pain and rehabilitation psychology and secondary emphasis in palliative care) at SLVHCS. She is currently licensed in Mississippi and Texas. Dr. Protti's professional interests include the exploration of psychological factors in primary headache disorders, pain, and chronic illness, and the dissemination and implementation of cognitive behavioral and acceptance-based interventions. She is a member of the Society of Behavioral Medicine, American Headache Society, and the Association for Contextual Behavioral Science (holding leadership positions in both the ACBS Health and ACBS Pain Special Interest Groups). She is a New Orleans native who enjoys spending time with her family, including her two dogs and bunny, and traveling both nationally and internationally.

**Amanda M. Raines, Ph.D.**, Clinical Investigator with the South Central MIRECC and SLVHCS; Assistant Professor, Department of Psychiatry, Louisiana State University. Dr. Raines completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2016 and her pre-doctoral internship and post-doctoral residency at SLVHCS in 2016 and 2017, respectively. Dr.

Raines' research focuses on identifying and empirically examining transdiagnostic risk and maintenance factors, as well as the development and refinement of novel interventions that can be used to prevent and treat anxiety and related forms of pathology including PTSD, suicide, and substance use. To date, she has published over 125 peer-reviewed manuscripts and received support for her work from various intramural and extramural agencies. Dr. Raines is the Chair of the Association for Behavioral and Cognitive Therapies (ABCT) Research and Professional Development Committee, and a member of the Association of VA Psychologist Leaders (AVAPL), and Division 12 of the American Psychological Association (APA). Further, she currently serves as an Associate Editor for the Journal of Psychopathology and Behavioral Assessment. During her free time, Dr. Raines likes to spend time with Dr. Franklin, her husband Jason, and Goldendoodle Saint Charles.

**William "Bill" Schmitz Jr., Psy.D.** Clinical Psychologist, Baton Rouge Community-Based Outpatient Clinic. Dr. Schmitz was destined to be an adolescent psychologist prior to completing a practicum experience at the Central Texas VA in Waco, TX. Following a year internship at this same location, followed by a year of research in the VA, he then completed the SMIT postdoctoral fellowship at the Michael E. DeBakey VAMC in Houston, TX. Since August 2007 he has served as an AMH psychologist in Baton Rouge. Professionally, Dr. Schmitz has focused on suicide prevention, intervention, and postvention, working in various leadership positions within the American Association of Suicidology (including a 2-year term as President), and he currently serves on the board of the Baton Rouge Crisis Intervention Center, where he is also a member of the faculty at the National Suicidology Training Center.

**Dustin A. Seidler, Ph.D.** Staff Psychologist, Slidell Community-Based Outpatient Clinic. Early Psychosis Intervention Coordination (EPIC) Point of Contact. Clinical Psychology, Southern Illinois University-Carbondale, College of Liberal Arts 2020. Dr. Seidler completed his pre-doctoral psychology internship and postdoctoral residency with an emphasis in PTSD and research at SLVHCS and is currently licensed in Alabama. Prior to the Community-Based Outpatient Clinic in Slidell, Dr. Seidler was the Women's Health Clinic psychologist at the Baton Rouge Outpatient Clinic providing brief, short-term behavioral health intervention in PCMHI, as well as the MST Coordinator. His professional interests include providing evidence-based treatment; cognitive behavioral therapy; Acceptance and Commitment Therapy; transdiagnostic treatments; trauma-focused and exposure-based treatments for PTSD; and clinical research. Dr. Seidler, both a combat Veteran and an active member of the Louisiana Army National Guard, enjoys spending time with his family, lifting weights, running and bicycling, and is a self-proclaimed geek who enjoys all Marvel movies, Star Trek, and reads an average of 25 science fiction novels each year.

**Mary Shapiro, Ph.D.** Clinical Investigator and Staff Psychologist, SLVHCS. Dr. Shapiro completed her graduate training at Florida State University and her psychology internship and postdoctoral fellowship at the Medical University of South Carolina. Upon completion of her fellowship, she accepted a position at SLVHCS as a Clinical Investigator. Her research is broadly focused on: (1) developing novel, technology-assisted treatments for anxiety- and trauma-related conditions and (2) the intersection of traumatic stress, women's health, and substance use disorders. In her free time, Dr. Shapiro enjoys spending time with her family and friends and trying the many New Orleans restaurants!

**Karen Slaton, Ph.D.** Program Manager, Primary Care Mental Health Integration and Behavioral Medicine and Health Behavior Coordinator; Clinical Assistant Professor, Department of Psychiatry and Behavioral Health, Tulane University School of Medicine; and Clinical Assistant Professor of

Medicine at Louisiana State University School of Medicine in New Orleans. Dr. Slaton received her Ph.D. in Counseling Psychology from the University of Southern Mississippi in 2000. Dr. Slaton completed a clinical psychology internship and fellowship at Tulane University School of Medicine. After training, she joined the faculty at Tulane in Family Medicine and Psychiatry where she remained until Hurricane Katrina. Prior to SLVHCS, Dr. Slaton maintained a private practice as the owner of Northshore Psychological Services. She is licensed in Louisiana and is certified in Sports and Clinical Hypnosis. She is President of the New Orleans Society for Clinical Hypnosis. Dr. Slaton's professional interests include behavioral medicine, integrated mind-body medicine, health promotion and disease prevention, clinical hypnosis, performance enhancement and treatment of chronic pain. She is a fitness enthusiast and is certified by the American College of Sports Medicine as an Exercise Physiologist. She is also a registered yoga teacher.

**Cameron Smith, Psy.D.** Staff Graduate Psychologist, SLVHCS; Polytrauma Team/Rehabilitation Psychology. Clinical Psychology, The Chicago School of Professional Psychology, 2023. Dr. Smith completed his pre-doctoral psychology internship and postdoctoral residency, with an emphasis in behavioral medicine, at SLVHCS. He accepted the position of rehabilitation psychologist upon completion of his postdoctoral residency. His professional interests are evidence-based and supported interventions for chronic pain, tinnitus, headache diseases, adjustment to illness/injury, and sexual intimacy difficulties. Dr. Smith enjoys spending time with family and friends, playing music (*not well*), petting dogs that are not his own, and exercising. A Louisiana native, Dr. Smith eagerly celebrates Mardi Gras and supports his local music scene.

**Crystal M. Tillis, Ph.D.** Coordinator of Stress Management Program (Coping After Stressful Events – C.A.S.E.), Clinical Psychologist, Ambulatory Mental Health Team, SLVHCS Baton Rouge South Clinic. Clinical Psychology, Jackson Statue University, 2012. Dr. Tillis completed her psychology internship at Citrus Health Network, Inc., in Hialeah, FL, and postdoctoral fellowship in the private sector. She accepted a Clinical Psychology position with Alexandria VA Medical Center in 2018, providing clinical services at the Lake Charles, LA CBOC. Dr. Tillis transferred to SLVHCS in 2021, to primarily coordinate and conduct a stress management program for VA staff, following the COVID-19 pandemic, as well as clinical services to veterans. Her professional interests are evidenced based treatments for depression, anxiety, stress, and PTSD; cognitive behavioral psychotherapy for depression; problem-solving training, and cognitive processing therapy; and clinical research. Dr. Tillis enjoys spending time with family and friends, baking, and scrapbooking. A Baton Rouge native, Dr. Tillis, loves southern cuisine, especially crawfish.

**Desirae N. Vidaurri, Ph.D.** Deputy Chief, Psychology Service; Inpatient psychologist; Inpatient Program Coordinator; VISN16 Inpatient MH lead; Inpatient, Residential, Outpatient Program Lead; Adjunct Assistant Professor. Clinical Psychology, University of Maine, 2016. Dr. Vidaurri completed her psychology internship with an emphasis on trauma recovery and a trauma focused post-doctoral residency at SLVHCS in 2016 and 2017, respectively, before joining SLVHCS as a Staff Psychologist. She is currently licensed in Virginia. Dr. Vidaurri's training, which began at her undergraduate institution (hook 'em), has focused on understanding the incorporation of research into psychology. This strong emphasis on empirically based treatments, particularly cognitive behavioral therapies, was further maintained throughout graduate school and subsequent training experiences. Clinically, she has particular interest in trauma-related disorders, depression, and SMI, as well as working with populations with low motivation/confidence to engage in treatment; which lends nicely to her role on the acute inpatient mental health unit. Overall, Dr. Vidaurri strives to provide evidence based treatments in a way that is palatable for all Veterans, aiming to find ways to improve quality and continuity of care. Outside of work, she greatly enjoys time with friends and

experiencing the New Orleans lifestyle, with a particular proclivity for food and all things Mardi Gras and glitter.

**Joseph O. Vigil, Ph.D.** Staff Rehabilitation Psychologist detailed to the Physical Medicine and Rehabilitation Product Line; Adjunct Instructor, Department of Rehabilitation Counseling, Louisiana State University Health Sciences Center. Counseling Psychology, The University of Memphis, 2003. Dr. Vigil completed his psychology internship at the Central Arkansas Veterans Healthcare System in 2003, and he completed his postdoctoral hours working for a private practice in the New Orleans area in 2005 mostly performing neurocognitive and disability assessments, where he also served as a consultant/expert witness in regional torts. Dr. Vigil holds an additional license in Louisiana as a vocational rehabilitation counselor and specializes in rehabilitation psychology assessment and counseling. He is also a member of American Psychological Association's Division 22 (Rehabilitation Psychology) and Southern Pain Society. When not at work for SLVHCS, Dr. Vigil mostly spends time with his child and family. He also enjoys playing and coaching soccer, as well as personal training, when not actively advancing awareness and research for classic Late Infantile Neuronal Ceroid Lipofuscinosis (or Batten Disease).

**Jessica Walton, Ph.D.** Director of Training for Psychology Program, SLVHCS; Staff Psychologist, PTSD Team; Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine; South Central MIRECC Affiliate. Clinical/Rehabilitation Psychology, Illinois Institute of Technology, College of Psychology 2013. Dr. Walton completed her psychology internship and postdoctoral residency, with an emphasis on PTSD treatment and research, at SLVHCS. She accepted the position as PTSD/SUD psychologist upon completion of her postdoctoral residency. Her professional interests are evidenced based treatments for PTSD; cognitive behavioral psychotherapy; differential diagnoses; exposure-based treatments; and clinical research. Dr. Walton enjoys spending time with family, playing Fantasy Football, and playing with her three pups. A New Orleans native, Dr. Walton, is an avid New Orleans Saints fan and travels to away games several times per football season to support her "Who Dat" krewe.

**Linnie Wheelless, Ph.D.** Staff Psychologist, Psychosocial Rehabilitation and Recovery Center (PRRC). Dr. Wheelless treats many disorders, including personality disorders, psychotic disorders, anxiety disorders, and substance use disorder. She is most passionate about treating Veterans with serious mental illness. With a background in law and comedy, Dr. Wheelless brings a wide array of experiences to bear on her work. She now incorporates those experiences into psychological interventions by facilitating improv comedy classes to help Veterans with serious mental illness improve social cognition.

### **Trainees**

We currently maintain five intern positions, which may be filled by either Clinical or Counseling Psychology students. Our former interns have gone on to work in VA medical centers, private practices, mental health units in the military, university medical centers, state hospitals, community mental health clinics, counseling centers, and universities. Several of our recent interns have chosen to pursue postdoctoral training in specialty areas including health psychology, PTSD, and research. Please see last page of brochure for trainee's initial post internship positions.

***Below is a list of recent trainee classes and the doctoral programs they attended.***

**2024-2025**

University of Hartford  
Mercer University  
Louisiana State University (2)  
University of Denver

**2023-2024**

PGSP Stanford  
Philadelphia College of Osteopathic Medicine  
University of Detroit - Mercy  
Regent University  
Xavier University

**Local Information**

The city of New Orleans is a cosmopolitan community. One of the oldest and most fascinating cities in the United States, thousands of visitors enjoy its unique attractions throughout the year. The famous French Quarter has been declared a National Landmark as have other areas of the city, and the beautiful homes of the upper and lower Garden District reflect the genius of the architects who designed them. At Jackson Square, where the French Quarter meets the Mississippi, one can see paddlewheels, ferries and tugboats side by side. New Orleans is famous as a birthplace of jazz music, which is played at a wide variety of venues in the city, and a rich diversity of all musical styles abounds. If one enjoys live theater and the ballet, Le Petit Theatre du Vieux Carre, and the New Orleans City Ballet draw enthusiastic audiences. The Mardi Gras tradition is very much alive, and the beautiful parades preceding the Lenten season are described as the greatest free show on earth. Carnival is soon followed by the French Quarter Festival and the internationally acclaimed Jazz & Heritage Festival. The New Orleans area is known worldwide for its French, Creole and Cajun cuisine, as well as the famous seafood of the Gulf Coast Region. Recreational activities such as university and professional football, e.g., the annual Sugar Bowl is held in New Orleans. In view of the New Orleans SLVHCS, the Louisiana Superdome is the one of the largest enclosed stadiums in the world (and how about those Saints?? Who Dat!). For those who love the outdoors, Louisiana is a sportsman's paradise, with good fishing and hunting, and beautiful Lake Ponchartrain is available for boating. Rental properties of varying types and locations are readily available at moderate rates. A semitropical climate with rare freezes and lush vegetation makes New Orleans an inviting place for the internship year.

**Additional Information on Federal Appointments**

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including

selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however, are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice (See item 8 below). Please note that the VA is a federal facility and does not recognize the use of marijuana/cannabis, THC, and/or CBD for recreational or medicinal purposes. Therefore, any positive findings on a random drug screening involving cannabis, THC (tetrahydrocannabinol) or CBD (Cannabidiol) may be grounds for immediate termination.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [Affiliate Resources - Office of Academic Affiliations \(va.gov\)](#). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit website listed above: [Affiliate Resources - Office of Academic Affiliations \(va.gov\)](#)
  - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility.
    1. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Per VHA Directive 1192.01 flu shots are now mandatory for all health care personnel. For more information visit: [Directive 1192.01](#).

2. In addition, per VHA Directive 1193.0, as of August 2021, a full course of COVID-19 vaccination is mandated for all health care personnel, including trainees. For more information visit: [VHA Directive 1193.01](#)

**\*\*Please note:**

- 1) Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.
- 2) Additionally, please note that accepting an HPT who is unvaccinated is a **local decision**. A number of VA facilities have weighed the risk/reward and burden on the healthcare of Veterans and Staff and have established a policy that no exceptions were acceptable.\*\*
  - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional Eligibility & On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#) Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [PIV Information - Office of Operations, Security, and Preparedness \(va.gov\)](#)

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

**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005):**

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

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;

- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

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

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

## Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: September 17, 2024

### 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?	Yes
If yes, provide website link (or content from brochure) where this specific information is presented: <a href="https://www.va.gov/southeast-louisiana-health-care/work-with-us/internships-and-fellowships/">https://www.va.gov/southeast-louisiana-health-care/work-with-us/internships-and-fellowships/</a>	

### 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: **See pages 1-2 of this brochure for description of selection criteria.**

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: **Yes.**

Total Direct Contact Intervention Hours: **300**

Total Direct Contact Assessment Hours: **100**

Describe any other required minimum criteria used to screen applicants: **Dissertation proposal successfully completed.**

Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns	\$33,891
Annual Stipend/Salary for Half-time Interns	n/a
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
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)	96 - 104
Hours of Annual Paid Sick Leave	96 - 104

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	n/a
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	

<b>Initial Post-Internship Positions</b>		
(Provide an Aggregated Tally for the Preceding 3 Cohorts)		
	<b>2021-2024</b>	
Total # of interns who were in the 3 cohorts	15	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	2	
	<b>PD</b>	<b>EP</b>
Academic teaching		
Community mental health center		
Consortium		
University Counseling Center		
Hospital/Medical Center		
Veterans Affairs Health Care System	11	1
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting		
Other		
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.		