

Psychology Internship Program

<http://www.richmond.va.gov/services/Psychology.asp>



Central Virginia VA Healthcare System

Director of Training for Psychology (116B)
1201 Broad Rock Blvd
Richmond, Virginia 23249

(804) 675-5000, extension 2362

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

MATCH Numbers:

General Track 206911

Health Psychology Track 206912

Neuropsychology Track 206913

Interprofessional Geropsychology Track 206914

Application Deadline: November 1, 2020

Internship Start Date: August 2, 2021

Accreditation Status

The psychology internship at the **Central Virginia VA Healthcare System** (formerly known as the McGuire Richmond VA Medical Center) was accredited by the Commission on Accreditation (CoA) of the American Psychological Association in June 2017 for ten years. Our next site visit is in the Fall of 2027.

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

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE

Washington, DC 20002-4242

(202) 336-5979

<http://www.apa.org/education/grad/program-accreditation.aspx>

The psychology internship has been a member of the Association of Postdoctoral Psychology and Internship Centers (APPIC) since December 2008 and participates in the National Match. To view the APPIC Directory, obtain the most recent version of the AAPI, and to access APPIC Policies, go to the APPIC website at www.appic.org. The National Matching Service can also be accessed through the APPIC website, or directly at www.natmatch.com/psychint/.

We have 3 positions in our General Track, 1 position in our Health Psychology Track, 1 position in our Neuropsychology Track, and 2 positions in our Interprofessional Geropsychology track.

Eligibility

ELIGIBILITY REQUIREMENTS FOR ALL PROGRAMS

There are several important eligibility requirements for participating in Psychology Training in the VA. Applicants are strongly encouraged to review [the document linked here](#) prior to applying. The document provides specific information regarding eligibility requirements and information regarding the process of being appointed to a VA position following the selection process.

Eligibility requirements may also be found at the following website:

<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>

ADDITIONAL ELIGIBILITY CRITERIA FOR THIS INTERNSHIP

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Approval for internship status by graduate program training director
3. A minimum of 250 direct intervention and 50 direct assessment hours of supervised graduate level pre-internship practicum experience. There is a clear focus on quality of training experiences rather than total hours. Given in-person practicum limitations due to the COVID-19 pandemic, a waiver of this requirement may be made if a statement from your Director of Training indicating an interruption in a practicum placement caused a reduction in intervention or assessment hours is included in your application.

NOTE TO APPLICANTS AND DIRECTORS OF TRAINING AT DOCTORAL PROGRAMS

We will not assign letter grades for internship performance. Upon request we will complete forms provided by the intern's doctoral program and will provide copies of our completed evaluations. The home program is sent a letter six-months through internship summarizing the intern's training experiences to date and overall progress. A final letter is sent upon completion of the training year to summarize the intern's training experience including rotations completed and stating successful or unsuccessful demonstration of competencies measured.

Application & Selection Procedures

Candidates' materials are reviewed by the training committee psychologists. Reviewers evaluate the applicant's ability, record of achievement, interests and potential compatibility with the internship program. These rankings may be used to prioritize interview offers. All applications received by the deadline are reviewed.

Applicants invited for interviews will be notified by e-mail in early December. We are planning to hold virtual interviews this year instead of on-site interviews. **These interviews will be conducted tentatively during the first two weeks of January (exact dates TBD).**

Selection Process

A selection committee composed of psychologists involved in training reviews applications. Applicants may seek consideration for one or multiple tracks. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness-of-fit" with our scientist-practitioner model, and we look for interns whose training goals match the training that we offer. The McGuire VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we actively recruit and select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

Interview Process

Interviews are required of all applicants who make the final selection round. Interviews will involve an informational session with the training directors, interviews with training staff for each track to which you applied, a virtual tour of our clinical and research facilities, an informational session with current interns, and an opportunity to meet with and ask questions of track-specific supervisors. We will gladly attempt to accommodate those who require alternate methods of interviewing upon request.

Should you choose to apply, please go to the APPIC Website at <http://www.appic.org/> and complete the online AAPI. Please make sure you have included the following materials in your online AAPI.

1. Curriculum Vitae
2. Graduate transcripts
3. Three letters of recommendation
4. A cover letter of interest describing your past training, experiences with assessment, EBTs and group therapy, and career goals. Your cover letter should also indicate to which track(s) you are applying.

Our APPIC Match Numbers are:

General Internship Track	206911
Health Psychology Track	206912
Neuropsychology Track	206913
Interprofessional Geropsychology Track	206914

5. The APPIC Application for Psychology Internship (AAPI)
6. Supplemental Material (please submit in the online application in the Supplemental Section):
 - a. **General Track and Geropsychology Track applicants**, please submit a recent adult psychological assessment report that includes the integration of intellectual or cognitive measures and measures of psychological functioning with a clinical interview. There should be no identifying information included.
 - b. **Health Psychology Track applicants**, submit a work sample such as an intake, treatment plan/conceptualization, pre-surgical evaluation or discharge summary of a case involving health or primary care mental health issues. There should be no identifying information included
 - c. **Neuropsychology Track applicants**, please submit a recent adult neuropsychological assessment report that includes the integration of intellectual or cognitive measures and measures of psychological functioning with a clinical interview. There should be no identifying information included.

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If there are questions about the internship program or if you need to check the status of your application, please email or call the psychology office at (804) 675-5000, extension 2362.

Notification Procedures

The internship program follows APPIC guidelines regarding offers and acceptance of internship positions. APPIC policy may be subject to change and modification. Applicants should, therefore, be in contact with their program director for the most up-to-date guidelines. A copy of current APPIC policies regarding uniform notification procedures is available on the APPIC website. To view the APPIC Directory, obtain the most recent version of the AAPI, and to access APPIC Policies, go to the APPIC

website at www.appic.org. The National Matching Service can also be accessed through the APPIC website, or directly at www.natmatch.com/psychint/.

National Matching Service may be contacted at:

National Matching Services Inc.
20 Holly Street, Suite 301
Toronto, Ontario
Canada M4S 3B1
Telephone: (416) 977-3431
Fax: (416) 977-5020

or

National Matching Services Inc.
P.O. Box 1208
Lewiston, NY 14092-8208
Telephone: (716) 282-4013
Fax: (716) 282-0611

Psychology Setting

The Central Virginia VA Healthcare System comprises the Richmond VA Medical Center and surrounding outpatient clinics in Charlottesville, Fredericksburg, and Emporia, Virginia. There are over 70 full-time, doctoral level psychologists participating in a wide range of activities in the Healthcare System. In addition to traditional roles in Mental Health, staff psychologists are critical members of the Substance Abuse, PTSD, Polytrauma and TBI, Spinal Cord Injury and Disorders (SCI&D), Geriatric/Homebased Care, Surgery, Oncology, Consultation and Liaison, and Primary Care-Mental Health programs. The Central Virginia VA Healthcare System is a lead healthcare system in the Department of Veterans Affairs and is privileged to offer many specialty programs (e.g., One of 5 VA Polytrauma sites, a regional SCI&D specialty center, & Transplant Services) which include psychologists and allow for unique training and career development opportunities. Our training program includes post-doctoral fellowship and practicum positions in these areas as well. Staff and trainees benefit from our strong relationship with the faculty and students of the doctoral programs in Clinical and Counseling Psychology as well as with psychologists at the Virginia Commonwealth University (VCU) and VCU Health Systems; many of our psychologists hold affiliate appointments at VCU.



Training Model and Program Philosophy

Our program is built upon a scientist-practitioner model of training. We support the view that good clinical practice is based upon the science of psychology. The science of psychology is informed by the experience of working with a variety of patients and supervisors and professionals from other disciplines. Our approach to training encourages clinical practice that is evidence-based and integrates the current state of scientific knowledge with the complexities of individual patients. In essence, we emphasize training as a process of learning techniques which prepare trainees to make

a laboratory of their applied setting. While trainees may ultimately develop careers that favor one aspect of the model more than the other, our expectation is that clinicians will practice from a scientific basis with clinical sensibility. Our Interns are encouraged to participate in ongoing scholarly opportunities such as journal clubs and supported in efforts to contribute to staff research projects.

Psychologists treat and study psychological problems in a variety of social, cultural and treatment settings. We see awareness of and sensitivity to cultural/diversity issues as necessary for responsible professional functioning. Interns attend a monthly Diversity Seminar and incorporate cultural and diversity issues in ongoing clinical supervision. Understanding how these factors interact to influence a patient's desired outcomes is a critical ability for psychologists. Thus, our training focuses on interns learning to assist patients in defining goals and then achieving optimal psychological, physical, and social functioning within contextual limits. Successful interns demonstrate the ability to integrate best-practice approaches with unique patient care needs and communicate these plans to patients and other professionals across populations, settings and problem areas.

Research

The majority of an intern's time during any APA-accredited internship is spent developing clinical skills. We believe those clinical skills are improved when informed by scientific evidence. All interns are provided time during the year to engage in a scholarly endeavor. We work with interns to help them develop "next level skills" in research. We initially assess the intern's research skills and guide them in developing a plan to increase those skills. For interns who come to us with highly developed research skills, this might mean (for example) applying for a VA innovation award. For those with less exposure to clinical research, it might mean engaging in something less complex but still highly enriching. Interns interested in further developing research skills may elect to participate in staff-led research projects or projects involving research at Virginia Commonwealth University. The Central Virginia VA Healthcare System is also a leading site for VA Innovation projects, with several of our psychology staff and an intern receiving Innovation Awards in recent years.

The Central Virginia VA Healthcare System has two, 2-year fellowships funded by the VA's Mental Health Research, Education, and Clinical Center (MIRECC). These fellowships are primarily research-focused (75% time dedicated to research). We plan to recruit for two MIRECC fellows for the 2021-2023 cycle. More information about the MIRECC fellowship can be found here:

https://www.richmond.va.gov/docs/MIRECC_2019_Fellowship_Program_Brochure_Richmond.pdf

We also host a Rehabilitation Psychology Postdoctoral Fellowship which includes 25% time dedicated to research endeavors. This fellowship was the first Rehabilitation Psychology Fellowship in the VA Healthcare System to be specialty accredited in Rehabilitation Psychology by the American Psychological Association (and 2nd fellowship to be accredited as such in the nation). We are also founding members of the

Committee of Rehabilitation Psychology Postdoctoral Training Programs (CRPPTP). More information about the Rehabilitation Psychology Postdoctoral Fellowship can be found here:

https://www.richmond.va.gov/docs/Richmond_Psychology_Postdoctoral_Fellowship_Brochure.pdf

Program Aims, Competencies, and Expected Outcomes

The aim of the program is to prepare and graduate interns who have the knowledge and skills necessary for competent practice in post-doctoral fellowship and entry-level staff positions as clinical psychologists within a variety of clinical and research settings. It is expected that graduating interns will be eligible for licensure upon completion of their degree and will be competitive applicants for post-doctoral fellowship or entry-level staff positions.

To this end, training is structured around the APA Profession-Wide and Competencies, which span the following domains:

- Research
- Ethical and Legal Standards
- Individual and cultural diversity
- Professional Values, Attitudes and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional skills
- Supervision

Interns develop and broaden their knowledge and skills in seminars, weekly individual and group supervision and consultation, and interdisciplinary meetings. As a foundation for competent, independent practice, seminars and supervision focus on mastery of standardized psychological and neuropsychological screening protocols and implementation of evidence-based care models for PTSD, Substance Abuse, Traumatic Brain Injury, Seriously Mentally Ill, Insomnia and Depression. Successful interns must demonstrate entry-level competence in the following Objectives:

Objective One: Research

- Intern integrates current research and literature into clinical practice
- Intern demonstrates critical thinking skills when presenting/discussing research relevant to clinical practice.

Objective Two: Ethical and Legal Standards

- Intern demonstrates knowledge of the current version of the APA Ethical Principles of Psychologists and Code of Conduct and consistently applies them appropriately, seeking consultation as needed.

- Intern demonstrates awareness of relevant regulations applicable to their professional work, including patients' rights, release of information procedures, informed consent to treatment, limits to confidentiality in the VA medical center, management of suicidal behavior, and child/elder abuse reporting policies.
- Intern recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.
- Intern conducts self in an ethical manner in all professional activities.

Objective Three: Individual and Cultural Diversity

- Intern recognizes and appropriately addresses cultural and/or individual differences particular to the them that might affect how they understand and interact with patients and staff different from themselves.
- Intern recognizes and appropriately addresses pertinent cultural and/or individual differences specific to the patient's background that might affect the presenting problem or the manner in which patients engage in the therapeutic relationship or process.
- Intern recognizes potential cultural themes and sensitivities pertinent to the particular populations of focus (e.g., veterans, older adults, rural, LGBT, etc.).
- Intern demonstrates the ability to independently apply their knowledge and approach in working effectively with a range of diverse individuals.

Objective Four: Professional Values, Attitudes and Behaviors

- Intern behaves in ways reflective of the values, attitudes and spirit of psychology and demonstrates integrity, accountability, a desire to learn, and concern for the welfare of patients and colleagues.
- Intern demonstrates professional demeanor and appearance.
- Intern displays professional behavior when using annual leave, sick leave, and authorized absence by following appropriate procedures and using leave responsibly.
- Intern manages all assigned workload within given time frames without sacrificing the qualitative aspects of the workload for quantitative.
- Intern prepares for supervision and utilizes supervision time appropriately.
- Intern engages in self-reflection, is aware of professional limitations, and seeks consultation appropriately.
- Intern engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Intern demonstrates maturity of judgement in clinical and professional matters.
- Intern is receptive to supervisor suggestions and attempts to implement suggestions in clinical practice.
- Intern appropriately displays increasing independence and autonomy commensurate with increasing competency development

Objective Five: Communication and Interpersonal Skills

- Intern communicates (orally, nonverbally and in writing) with patients and families in a manner that is respectful, clear and conducive to the maintaining a collaborative relationship.
- Intern communicates (orally, nonverbally and in writing) psychological information to other professionals in a manner that is organized and understandable by them.
- Intern's written documentation demonstrates a thorough grasp of professional language and concepts and sensitivity to patient information.
- Intern demonstrates effective interpersonal skills and the ability to manage difficult communications in a manner which serves to maintain a respectful relationship.

Objective Six: Assessment

- Intern clarifies the referral question or presenting problem.
- Intern gathers a complete/relevant history, integrating information obtained from clinical interview and chart review.
- Intern conducts a comprehensive and accurate mental status exam.
- Intern selects appropriate sources of evidence-based psychological and/or self-report instruments appropriate the identified goals and questions of the assessment and relevant diversity and individual characteristics of the patient.
- Intern demonstrates accurate and standardized administration and scoring of tests/instruments with proper use of norms and population base rates.
- Intern accurately interprets and conceptualizes the assessment results based on integration of clinical interview, chart review, and testing data.
- Intern guards against decision-making biases, distinguishing the aspects of the assessment that are objective from those that are subjective.
- Intern formulates an accurate diagnosis according to DSM criteria.
- Intern writes reports that are organized and which integrate history, observations and assessment data.
- Intern develops appropriate recommendations, treatment plans, and/or referrals clearly tied to the evaluation data.

Objective Seven: Intervention

- Intern develops and maintains a therapeutic rapport with patients.
- Intern conceptualizes patient's presenting problem within a theoretical approach appropriate to the patient/population.
- Intern develops appropriate treatment plans and patient centered goals.
- Intern evidences clinical decision-making informed by relevant scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Intern implements evidence-based interventions with fidelity to treatment protocols and models.
- Intern appropriately uses self-report measures or other measures to evaluate and monitor outcomes of interventions.

- Intern appropriate adapts intervention goals and methods consistent with ongoing outcome evaluation.
- Intern demonstrates an awareness of process/relationship issues occurring within the therapeutic relationship.
- Intern demonstrates ability to modify and adapt interventions when clinically indicated or when a clear evidence base is lacking
- Intern displays awareness of group dynamics and process
- Intern demonstrates the ability to maintain group order and focus on goals of session.
- Intern demonstrates ability to function in a co-facilitator role.
- Intern implements evidence-based interventions with appropriate modifications consistent with patient population and group process.
- Intern is able to effectively manage the group process.

Objective Eight: Supervision

- Applies the knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals

Objective Nine: Consultation and Interprofessional/Interdisciplinary Skills

- Intern independently consults with psychologists and professionals from other disciplines in the care of their patients.
- Intern contributes to treatment team planning and to team implementation of interventions.
- Intern demonstrates knowledge of and respect for the unique roles of other professionals in a collaborative treatment approach.
- Intern effectively interacts with other disciplines on interdisciplinary teams.

Program Structure

We have four tracks:

- 1) General Track 206911**
- 2) Health Psychology Track 206912**
- 3) Neuropsychology Track 206913**
- 4) Interprofessional Geropsychology Track 206914**

Applicants may apply to one or multiple tracks; **please make it clear in your cover letters for which tracks you wish to be considered.** The primary difference between the General Track and the three speciality tracks is the choice of major rotations available to General Track interns versus the year long concentration in Health Psychology, Neuropsychology, and Interprofessional Geropsychology Tracks (see description below).

Experiences common to all tracks:

All interns, regardless of track, share several, year-long experiences in the Mental Health Clinic (MHC). In the MHC an intern conducts intakes and in-depth psychological evaluations, follows approximately 5 outpatient therapy cases weekly, and leads a mental health skills group.

All interns are exposed to core EBTs beginning with Motivational Interviewing (MI). Through didactic experiences and group consultation (including use of role-plays and recorded sessions) interns will learn and demonstrate entry-level psychologist competency in the use of MI. Following this experience, interns may elect to focus on developing skills using Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cognitive Behavioral Therapy for Insomnia (CBTi), Acceptance and Commitment Therapy (ACT) or Dialectical Behavioral Therapy (DBT).

All interns will have individual outpatient case supervision and rotation supervision weekly. Outpatient cases will come from the Outpatient Mental Health Clinic, PTSD Program, and the Military Sexual Trauma programs. Additionally, all interns participate in the weekly mental health intake/assessment supervision and case conference. Interns are expected to demonstrate competency across all areas and may choose to develop more advanced skills in areas such as neuropsychological evaluation if desired. Group psychotherapy options include Cognitive Processing Therapy, CBT for Depression, Unified Protocol (UP), Seeking Safety, DBT Skills Group, Skills Training in Affective Interpersonal Regulation (STAIR), Cognitive Behavioral Therapy for insomnia, Pain Management, Anger Management, Moral Injury, Mindfulness, Social Skills and Recovery Groups, among others.

Ultimately skill, knowledge and competency are determined through observation using a combination of live supervision and review of recorded sessions. Interns receive individual supervision from rotation supervisors, weekly group supervision for intakes, and weekly, individual supervision for ongoing therapy cases. Our interns' training experiences are graduated to ensure they demonstrate core skills necessary to conduct a thorough initial assessment, to formulate initial diagnosis, to guide recommendations for more specialized psychological assessment, and to generate treatment recommendations and planning. Assessment experiences become increasingly complex and include the ongoing use of measures to track progress in treatment. Seminars and didactics include review of research regarding empirically based treatments (EBTs) for specific problems and the use of measures to track therapy progress/outcomes.

Didactic offerings vary year-to-year based on feedback from prior internship cohorts and staff availability. At least one didactic early in the training year focuses on helping Interns navigate the Postdoctoral Fellowship/job search process.

These year-long experiences provide a strong foundation for a generalist internship and allow the intern to focus all their major rotations on areas in which they may want to develop more specialized competencies.

Rotations and track experiences are described below. Note: Due to the time between publication of the brochure and the start of internship, supervisors for each rotation are subject to change. While we anticipate all of these experiences being available, extenuating circumstances (for instance, pandemics) may require us to shift training experiences to off-site telehealth or other modalities to ensure trainee and Veteran safety.

General Internship Track Specifics:

We have 3 positions annually for the **General Track**. Interns on the **General Track** have three, four-month long major rotations from the options below. Major rotations usually take up around 20 hours per week, and offer interns the opportunity for exposure to a range of professional activities.

Interns in the General Track may also elect to choose rotations such that they specialize in a particular area (for example, Rehabilitation Psychology, Serious Mental Illness, Trauma) by selecting multiple rotations in those areas.

Mental Health Clinic (4 month major rotation):

This rotation is in addition to the year long experience required of all interns. Interns selecting this rotation will gain additional experiences with outpatient mental health responsibilities of a clinical psychologist. Interns enhance knowledge and proficiency in the assessment of severe psychopathology and personality disorders; and disorder-relevant cognitive functions. Trainees learn to adapt empirically-supported interventions to match the goals of patients with severe and persistent mental disorders and to assist them with developing strategies for relapse prevention. Interns are assigned individual cases and may participate as co-leaders of psychotherapy and psychoeducational groups. Depending on the intern's interests and caseload, the intern may have the opportunity to co-lead additional outpatient groups (e.g., Military Sexual Trauma, DBT, Social Skills Training, Understanding the Effects of Trauma, Cognitive Processing Therapy, Grief, Nightmare Reduction, etc.).

Substance Abuse Treatment (4 month major rotation):

Interns selecting this rotation will gain additional experiences treating patients with substance use disorders. There is an emphasis on group therapy that is delivered to Veterans receiving inpatient or outpatient care. Interns will also work collaboratively with numerous other disciplines to develop care plans for Veterans. Furthermore, there is a unique opportunity to gain experience with an integrative model of CBT which is called Transcending Self Therapy. There may be opportunity to engage in program evaluation or outcome measurement efforts.

Inpatient Psychiatric Unit (4 month major rotation):

Interns selecting this rotation will gain additional experiences with inpatient mental health responsibilities of a clinical psychologist. Interns will gain enhanced knowledge and proficiency in the assessment of severe psychopathology and personality disorders and disorder-relevant cognitive functions. Trainees learn to adapt empirically-supported interventions to match the goals of patients with acute or persistent mental disorders. Interns will have opportunity to facilitate therapy groups, perform brief individual therapy, provide psychological assessments, participate as a member of the interdisciplinary treatment team, and complete consults. There may be opportunity to engage in program evaluation or outcome measurement efforts.

Suicide Prevention (4-month major rotation):

This outpatient program provides services to veterans who are at an increased risk for suicide and provides a variety of training experiences that permit an intern to become familiar with suicide risk assessment, interventions, and documentation. Specifically, interns will provide group and individual psychotherapy to patients identified as having elevated suicide risk (most often a veteran being discharged from the inpatient psychiatric unit with a behavioral flag or as identified through the MHC ACE evaluation process). Interns will gain experience more thoroughly assessing suicide risk through methods including 1) Interpersonal-Psychological Theory (IPT), 2) Collaborative Assessment and Management of Suicidality (CAMS), and 3) Chronological Assessment of Suicide Events (CASE); managing suicide risk through use of methods including 1) safety plans, 2) Cognitive Behavioral Therapy for Suicidal Patients (CBT-SP), and 3) CAMS; and documenting risk assessment/interventions. Interns may also have the opportunity for learning other transdiagnostic, evidence-based psychotherapies, including ACT, DBT-informed care, and the Unified Protocol for Emotional Disorders. Although the focus of this rotation is on suicide prevention, interns will gain experience in working with a wide range of psychological disorders and clinical presentations. During this rotation, interns will also have the opportunity to work closely with the suicide prevention team.

PTSD Clinical Team (PCT) (4 month major rotation):

The McGuire PTSD Clinical Team for Combat Veterans consists of assessment, individual (including trauma-focused), and group treatments for PTSD. Due to the high concentration of veterans in Central Virginia, McGuire has one of the highest rates of patients with combat-related PTSD in the nation. Psychologists and psychology interns serve as part of an Interdisciplinary Team (IDT) that includes social workers, a psychiatrist, occupational therapists, recreation therapists, and trainees under these professionals. Training opportunities include **1) Assessment:** Conducting diagnostic interviews to determine if a PTSD diagnosis is appropriate for a patient and, if so, collaboration to decide his/her best treatment option. **2) Group Treatment:** Leading groups among the extensive opportunities McGuire has for group treatment of PTSD. Interns would likely run PTSD Recovery Group, a 10-session program designed to

educate veterans about PTSD and to teach them coping skills to help manage their PTSD symptoms. Interns may have opportunities to lead other groups including Anger Management, Cognitive Behavioral Therapy for Insomnia (CBT-I), Cognitive Processing Therapy (CPT-C), PTSD Moral Injury, Mindfulness, Seeking Safety, Dialectical Behavior Therapy Skills Training, and Rational Emotive Behavioral Therapy (REBT). **3)**

Individual (Trauma-Focused) Treatment: Conducting individual therapy with veterans with PTSD including the use of Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Imagery Rehearsal Therapy (IRT) for nightmares, and Adaptive Disclosure for moral injuries. **4) IDT Collaboration:** Opportunities to observe/cotreat with other members of the IDT when indicated; Participation in weekly IDT team meetings.

PTSD/SUD Program (4 month major rotation):

This outpatient rotation provides services to veterans with both PTSD and Substance Use Disorders, as well as other common co-morbidities such as depression, insomnia, and complex traumatic stress disorders. PTSD/SUD treatment is offered to veterans with all forms of trauma, including child abuse and neglect, military sexual trauma, combat and war zone trauma, accidents, and other traumatic incidents. Interns work under the supervision of the PTSD/SUD Specialist and will work on both the PTSD and the SATP Teams. Treatment modalities include intake/triage and group, individual, and couples therapies. Interns will move through watching treatment to co-leading treatment to leading it. PTSD/SUD Program treatment is focused on three stages of recovery as outlined by Judy Herman: Safety and Stabilization, Remembrance and Mourning, and Reconnection. Emphasis is placed on learning evidence-based practices such as Seeking Safety, Dialectical Behavior Therapy Skills Training, Motivational Interviewing, Cognitive Processing Therapy, Mindfulness Meditation, Trauma-Focused Cognitive Behavioral Therapy, Imagery Rehearsal Therapy, and Adaptive Disclosure for moral injury.

Women's Mental Health (4 month major rotation):

Interns selecting this rotation work specifically to provide mental health care to Women Veterans. Using evidence-based individual and group therapies, interns treat general mental health conditions such as depression, PTSD, serious mental illness, insomnia, family/relationship distress, and chronic pain. Interns also work specifically with issues which are unique to Women or which may disproportionately affect Women Veterans, such as postpartum depression or military sexual trauma (MST).

Military Sexual Trauma (4 month major rotation):

Interns selecting this rotation will gain specialized experiences working with Veterans who have experienced Military Sexual Trauma (MST). Interns enhance knowledge and proficiency in the assessment and treatment of single or multiple traumatic experiences, including complex trauma starting in childhood. Primarily working from evidence-based

treatments, interns are assigned individual cases and may participate as co-leaders of psychotherapy and psychoeducational groups.

Health Psychology (4 month major rotation):

Interns gain general knowledge and skill in the field of Health Psychology and may select from the following experiences: *Weight Management, Psycho-Oncology, Chronic Pain Integrative Health Clinic (VIP), or Pre-Surgical Assessment and Consultation-Liaison/Behavioral Medicine* (***please see Health Psychology Track below for more detailed training descriptions**). Training experiences will also encompass assessment of personality, psychopathology, cognitive processes, and motivation related to acute and chronic illness self-management. Interns will develop competencies for brief, evidence based psychological interventions related to acute and chronic illness adjustment, pain management, non-adherence to medical regimens, smoking cessation, weight management, insomnia, etc. While contingent upon training experience, interns will have the opportunity to develop consultative skills and collaborate among interdisciplinary health care providers within either outpatient and/or inpatient medical setting.

Interns wishing to gain more specialized experience in health psychology may apply to our Health Psychology specialty track.

Neuropsychology (4 month major rotation):

Interns gain knowledge, skills, and experience in providing direct psychological care to veterans in both inpatient and outpatient settings. Outpatient consults in the neuropsychology service are typically generated by mental health, primary care, and neurology services. Outpatient consults are for a wide variety of veterans crossing the age spectrum as well as a wide variety of mechanism of injury or illness (i.e., stroke, traumatic brain injury, brain tumor). Delivery of inpatient care would occur on the Spinal Cord Injury unit as well as on medical and surgical units through the Consultation and Liaison Service. Opportunities to complete both neuropsychological screenings and comprehensive neuropsychological evaluations are available to trainees. Trainees will also be involved in team meetings and conducting feedback session with veterans and family members.

Interns wishing to gain more specialized experience in neuropsychology may apply to our Neuropsychology specialty track.

Geropsychology (4-month major rotation):

Interns gain knowledge, skills, and experience in providing direct psychological care to older adult veterans in both inpatient and outpatient settings. Delivery of person-centered and trauma-informed care is based in several areas within the Community Living Center (CLC), including the subacute rehabilitation unit, palliative care/ hospice unit, and longer-term dementia care unit. Interns will become knowledgeable about the

unique psychological and medical issues associated with aging. Trainees will serve as team members on several different interdisciplinary teams and work to develop consultation skills with those disciplines. Emphasis is placed on psychotherapy, diagnostic interviewing, behavior management (particularly of dementia-related behavioral disturbances via STAR-VA), cognitive and decision-making capacity evaluation, end-of-life issues, and factors associated with treatment and care of dementia. There are opportunities for program development and psychoeducational presentations for patients and staff. Interns may choose to focus specifically on clinical geropsychology, geriatric neuropsychology, or a combination of both.

Interns wishing to gain more specialized and diversified experience in geropsychology may apply to our Interprofessional Geropsychology specialty track (below).

Rehabilitation Psychology Rotations (4 month major rotations):

These rotations are all 4 months long and include the Polytrauma Rehabilitation Center, the Polytrauma Transitional Rehabilitation Program, the Polytrauma Network Site (PNS), and the Spinal Cord Injury (SCI) unit. The Rehabilitation Psychology training experiences are in accordance with the competencies outlined by APA Division 22, Rehabilitation Psychology. Interns can elect to complete one, two, or all three of these rotations during their internship year.

Polytrauma: This rotation involves work in the Polytrauma Rehabilitation Center (PRC) and Polytrauma Transitional Rehabilitation Program (PTRP), which are acute inpatient and residential treatment settings, respectively. Interns may select one program for four months, or two programs for two months each. In both settings, interns work as members of an interdisciplinary team consisting of the full complement of rehabilitation professionals (e.g., physicians, nurses, speech language pathologists, occupational therapists, physical therapists, kinesiotherapists, recreational therapists, social workers, vision therapists). Interns participate in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary treatment team meetings, and family conferences. Interns may also provide education, support and intervention to family members, who often stay in a special residence on our grounds during the patient's rehabilitation and are frequently present with patients. Interns work with patients and families in both individual and group settings.

Service Member Transitional Program (STAR)/Polytrauma Network Site (PNS) clinic: The STAR program is an outpatient rehabilitation program, and interns will be members of an interdisciplinary team consisting of physicians, neuropsychologists, psychologists, social workers, rehabilitation therapists, and other disciplines. Interns, under the supervision of a neuropsychologist, will conduct comprehensive neuropsychological evaluations with patients with diagnoses of mild, moderate, and severe traumatic brain injury, Posttraumatic Stress Disorder, among others. Interns will learn about the conduct individual, couples, and/or family psychotherapy under the supervision of a clinical

psychologist. Interns will also be expected to participate in interdisciplinary treatment team meetings and family conferences.

Spinal Cord Injury. This is an inpatient/outpatient rehabilitation program. Interns will be members of an interdisciplinary team consisting of physicians, nurses, therapists (PT, OT, KT, RT, SLP), and other providers. Interns will work individually with patients and also lead education and therapy groups (e.g., New Injury Adjustment group, SCI/D Chronic Pain Management Series, MET Tobacco Cessation group), conduct assessments, and consult with team members; opportunities exist to utilize telehealth for clinical care, as well. Interns will learn extensive information about spinal cord injury and associated medical conditions.

Health Psychology Track:

We have 1 position annually for the **Health Psychology Track.** Interns on this track select three rotations from the following options.

Weight Management (4 month major rotation):

This rotation focuses on the psychological, social, and behavioral aspects of weight management. It addresses many psychological dimensions related to weight including body image, health behaviors, eating disorders, substance use, co-morbid mental health conditions, non-adherence to medical regimens, illness adjustment issues and social context. The following experiences are available to the trainee: trainees can expect to serve as a member of multiple interdisciplinary teams related to weight management (MOVE! and Bariatric Surgery); assessment of patients being considered for bariatric surgery or medical procedures; assessment of personality, psychopathology, and cognitive processes in relation to health problems; short-term individual psychotherapy; and behavior management plans; Co-lead MOVE! groups. Multiple treatment interventions are used including Motivational interviewing, CBT, ACT, DBT, Solution Focused Therapy, and Problem-Solving Therapy.

Psycho-Oncology (4-month major rotation):

This rotation focuses on the psychological, social, behavioral, existential and ethical aspects of cancer care. It addresses two main psychological dimensions of cancer care. First, the psychological responses to cancer at all stages of the disease, including that of families and caretakers. Second, the psychological, behavioral and social factors that may affect the disease process. At VAMC Richmond, Oncology is staffed by collaborative interdisciplinary teams (Medical Oncology, Radiation Oncology and Surgical Oncology). Psychology Interns may expect to work with a cadre of medical and psychosocial disciplines. There are multiple training opportunities in assessment and treatment, including co-occurring conditions. Treatments span an array of psychological difficulties, adjustment, adherence, affective disorders, psychoses, substance abuse,

trauma and other stressor-related disorders, anxiety disorders, cognitive impairment, and personality disorders. As such, the biopsychosocial treatment approach includes Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Third-Wave CBT techniques, Dignity Therapy, Existential, and Interpersonal interventions. Interns may have the opportunity to co-facilitate a cancer support group. Interns will maintain an individual case load, provide inpatient services, and attend IDT's and pre-conferences as an active member of the teams. Interns receive weekly supervision and can anticipate actively working alongside the preceptor.

Chronic Pain Integrative Health Clinic (VIP) (4 month major rotation):

This rotation focuses on the psychological, social, and behavioral aspects of chronic pain and the various non-pharmacological integrative therapies used to treat it. Training opportunities in VIP broadly target the many psychological dimensions related to chronic pain, including: pain self-management; health behavior change (i.e., sleep, diet, exercise, etc.); adjusting pain cognitions; managing co-morbid mental health conditions; as well as illness adjustment issues and social context. The following experiences are available: serve as a member of the VIP interdisciplinary team; conduct functional intake assessments of patients with chronic pain; develop collaborative treatment plans; facilitate individual and group therapies (i.e., Mindfulness, Anti-Inflammatory Diet, CBT for Chronic Pain, CBT for Insomnia, biofeedback, etc.); and shadow integrative services conducted by members of the interdisciplinary team (i.e., acupuncture, Tai Chi, chiropractic care, etc.). Multiple treatment interventions are used, including CBT, ACT, mindfulness-based approaches, and motivational interviewing.

Pre-Surgical Assessment/Consultation-Liaison/Behavioral Medicine (4 month major rotation):

This rotation focuses on pre-surgical psychological assessment as a component of the medical evaluation process for solid organ transplant, ventricular assist device (VAD), surgical weight loss, amputation, etc. Empirically based assessments include clinical interviews, cognitive screening, psychometric testing, and chart review to examine psychosocial concerns central to surgical and clinical outcomes. Assessments may be conducted both within the medical center for hospitalized patients and on an outpatient basis. This rotation will also offer trainees the opportunity to work with the Consultation-Liaison (C/L) mental health team within the medical center, serving patients hospitalized on surgical, cardiac, and general medical floors. The trainee will assess psychosocial domains and provide brief interventions for acute and chronic illness adjustment/coping, grief, pain management, procedural distress, traumatic stress, anxiety/depression, medical adherence, etc. May serve as liaisons between medical providers and patient/family to better enhance communication and facilitate understanding of illness and self-care. Trainees on this rotation will also maintain an outpatient caseload and employ evidenced based interventions (CBT, MI) for various behavioral medicine conditions to include insomnia, weight management, diabetes self-management, chronic pain, anxiety and depression related to chronic medical disorders (COPD, CHF, DM, amputation, etc.).

Mental Health – Primary Care Integration (MH-PCI) (4 month major rotation):

This is an elective rotation and the following experiences are available to the trainee depending upon trainee interest and supervisor availability: Conduct brief functional assessments and treatment plans according to the presenting problem; assess and triage unscheduled patients (“warm handoffs”) whose primary care provider (PCP) has requested they be seen the same-day by mental health; conduct brief individual therapy (3-6 sessions, 30 min appointments) for mental and behavioral health concerns (i.e., mild-moderate mental health conditions, chronic illness management, and health behavior change) with use of motivational interviewing, patient education, as well as CBT- and ACT-based therapies; facilitate 2-session sleep hygiene workshop as well as other workshops as available; consult and coordinate patient care with the interdisciplinary Patient Aligned Care Team (PACT); coordinate services with the Behavioral Health Lab (BHL), a phone-based team of providers that conducts brief assessment screening and follow-up on primary care patients.

Hospice and Palliative Care (HPC) (4-month major rotation):

This rotation will focus on provision of care for individuals with advanced, life-limiting and terminal illness and will include family support elements. The HPC population is diverse with respect to sociodemographic characteristics, medical difficulties, mental health issues and life experiences. Generally, on an inpatient basis, the Psychology Intern may expect to provide direct clinical service, consultation, interdisciplinary team participation, and staff education. The interprofessional team consists of psychology, medicine, nursing, pharmacy, social work, chaplaincy, music therapy, recreation therapy, dietary, and volunteer services. HPC also supports several medical and allied health training programs. The intern will conduct intake interviews, provide individual psychotherapy, and care for couples and families. Interventions will likely include a range of psychotherapies (e.g., supportive, cognitive-behavioral, psychoeducational, life review, meaning-centered (e.g., dignity therapy), motivational interviewing. Interns receive weekly supervision and can anticipate actively working alongside the preceptor routinely. Supervision will emphasize a cognitive behavioral and social learning perspective within a brief treatment model and will incorporate existential and family systems approaches.

Polytrauma (4 month major rotation):

This rotation involves work in the Polytrauma Rehabilitation Center (PRC) and Polytrauma Transitional Rehabilitation Program (PTRP), which are acute inpatient and residential treatment settings, respectively. Interns work as members of an interdisciplinary team consisting of the full complement of rehabilitation professionals (e.g., physicians, nurses, speech pathologists, occupational therapists, physical therapists, kinesiotherapists, recreational therapists, social workers, vision therapists).

Interns participate in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary treatment team meetings, and family conferences. Interns may also provide education, support and intervention to family members, who often stay in a special residence on our grounds during the patient's rehabilitation and are frequently present with patients. Interns work with patients and families in both individual and group settings.

Home Based Primary Care/Rural Health and Geriatric Care (4 month major rotation):

Interns become members of an interdisciplinary team to provide primary care to home-bound veterans and those in rural areas on the mobile clinic van. Although many patients are older adults, HBPC and the mobile clinic also frequently serve veterans with a wide range of chronic diseases and challenges. Common HBPC referrals include general mood evaluation, brief cognitive evaluations, decision-making capacity evaluations, adherence issues, and brief interventions for depression, anxiety, and adjustment to disability. Interns will gain skills in assisting patients and caregivers with the challenges of managing chronic disease, which may include supportive interventions, motivational interviewing, behavior management, and caregiver support. Interns often assist the team in understanding difficult patient dynamics and help staff to develop efficient strategies for managing complex patients and caregivers.

Neuropsychology Track

We have one position annually for the **Neuropsychology Track**. This track provides training in clinical neuropsychological assessment across the adult lifespan and is designed to meet the Houston Conference guidelines for clinical neuropsychology. In this specialty track, the Intern spends more than 50% of their time in neuropsychology-related activities. The ultimate goal is to foster progressive autonomy and prepare trainees for their next step in training as post-doctoral fellows in neuropsychology. This is accomplished through completion of three 4 month-long rotations that include experiences which encompass the adult lifespan. On at least one rotation, the intern will function as part of an interdisciplinary team. Although Neuropsychology Track interns focus a significant portion of their training in areas related to neuropsychology, the overall training is structured to ensure that their training is broad and general and is consistent with APA CoA Standards of Accreditation. Neuropsychology Track interns also participate in psychological assessment and psychotherapy experiences required of all interns.

Interns complete three 4-month rotations throughout their training year. The General Neuropsychology and Geriatric Neuropsychology rotations, both housed in the Mental Health Clinic, provide experience in outpatient, consultation-based neuropsychological assessment for adults and older adults, respectively. The Polytrauma rotation provides training in an acute inpatient and residential treatment settings.

General Neuropsychology (4 month major rotation):

The general rotation is a consultation clinic which receives referrals from general medicine, the Mental Health Clinic, Neurology, Oncology, and other specialty medicine clinics. The General Neuropsychology rotation focuses on assessment and differential diagnosis of complex cognitive and memory disorders. Common disorders include mild cognitive impairment, stroke syndromes, sequelae related to TBI, seizure disorders, tumors, MS, and ADHD. Often veterans present with co-morbid neurological and psychological disorders, including PTSD, depression, and anxiety. Diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse. Most are community-dwelling veterans ranging in age from 18 to 69. We serve as diagnostic and treatment consultants to interdisciplinary staff throughout the medical center and provide psychoeducation to patients with neurological impairments and their families. We evaluate veterans' cognitive and mental status, strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficits or psychiatric disorders, and make recommendations for management and treatment. Interns select, administer, score, and interpret a battery of tests that is appropriate to address referral questions. Reports are written for the referring clinician based on test results, the history, and interview data with veterans and sometimes, their family members. Feedback is given to veterans and/or their families. Individual supervision is provided on a weekly basis, drop-in consultation is encouraged.

Geriatric Neuropsychology (4 month major rotation):

This rotation provides specialized experience in neuropsychological assessment of older adults (age 70+). This patient population ranges in functioning between highly independent, community-dwelling seniors to more dependent older adults receiving extensive daily support. Interns will gain experience in the neuropsychological assessment of patients with a wide range of neurocognitive functioning (no cognitive decline to moderate-severe dementia) with various underlying disease entities (most typical etiologies seen include Alzheimer's disease, vascular disease, Lewy body disease, frontotemporal lobar degeneration, and substance abuse), frequently in the context of complicated histories and co-morbid medical and psychiatric illnesses. In addition to neuropsychological assessment, interns may also obtain training in decision-making capacity evaluations. Training includes chart review and clarification of the referral question; interview with the patient and collateral; selection, administration, and scoring of test measures; consideration of age-appropriate norms; integration and interpretation of clinical data and test results; report generation including tailored treatment recommendations; and feedback with patients and their family. Interns may also conduct several follow-up sessions with patients and/or their caregivers to provide psychoeducation on dementia, behavioral management, and memory skills training. In addition to outpatient assessments conducted within the Mental Health Clinic, opportunities for neuropsychological assessment in a residential setting (the CLC nursing home) may also be available. Individual, face-to-face supervision is provided on a weekly basis. Ad hoc supervision is readily available, as needed. Direct observation is provided via live-observation and graduated levels of co-assessment.

Polytrauma (4 month major rotation):

This rotation involves work in the Polytrauma Rehabilitation Center (PRC) and/or Polytrauma Transitional Rehabilitation Program (PTRP), which are acute inpatient and residential treatment settings, respectively, and focuses on recent acquired brain injury. Interns work as members of an interdisciplinary team consisting of the full complement of rehabilitation professionals (e.g., physicians, nurses, speech pathologists, occupational therapists, physical therapists, kinesiotherapists, recreational therapists, social workers, vision therapists). Interns participate in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary treatment team meetings, and family conferences. Interns may also provide education, support and intervention to family members, who often stay in a special residence on our grounds during the patient's rehabilitation and are frequently present with patients. Interns work with patients and families in both individual and group settings.

Interns on this track also participate in the following:

Neuropsychology Didactic Series: A weekly meeting focused on important issues central to the work and identity of clinical neuropsychologists. Each month, three of the meetings will be devoted to didactic presentations on topics including: functional neuroanatomy, neuropsychological outcomes associated with various medical/neurological disorders, ethics and standards of practice, multicultural issues, and career development. One meeting each month is devoted to a case conference focused on developing collaborative consultative skills and exposure to complex clinical cases presented by faculty and peers. Interns will be expected to present at one didactic and one case conference meeting.

Interprofessional Geropsychology Track:

We have 2 positions in the **Interprofessional Geropsychology Track**. Applicants who match to this unique track will become part of an interprofessional mental health training program anchored in our Geriatrics and Extended Care Service (GEC). The interprofessional program includes 2 Psychology interns, 4 Chaplaincy residents, and 2 Social Work interns. Collaborative educational endeavors include shared trainings on gerontological topics such as cognition and aging, as well as didactics focused on each discipline's approach to biopsychosocial-spiritual conceptualization and practice. Further, each Psychology intern forms a subgroup team with two Chaplaincy residents and one Social Work intern to assess and develop an integrated treatment plan with two residents in the Community Living Center (CLC). Co-treatment is additionally conducted by this team culminating in a case presentation facilitated at the end of the Interprofessional Didactic series.

Moreover, for Psychology interns within this track, a primary goal of training is to establish and expound upon core geropsychological competencies in knowledge, skills, abilities, and attitudes. The *Pikes Peak Model for Training in Professional Geropsychology* is used as best practices framework (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009); interns are expected to self-assess foundational competencies within geropsychology and work towards greater proficiency across domains to the conclusion of their training year.

To gain optimal diversity of clinical training and practice within geropsychology, Psychology interns will complete 3, 4-month long major rotations: one rotation must be in an inpatient setting (this includes the Community Living Center [CLC], inclusive of longer-term dementia care unit, subacute skilled rehabilitation unit, and the hospice/palliative care unit [HPC]); and one rotation must be in an outpatient setting (this includes the Geriatric Evaluation and Management clinic, Home Based Primary Care, Geriatric Neuropsychology, or Oncology). The final rotation is elective and will be designed by the trainee and supervisors to reflect trainee interests and learning needs. This final rotation can emphasize any of the above experiences. Throughout the year, interns are encouraged to expand program development, implementation, and outcome evaluation skills (e.g., group treatments, clinical needs assessments). Finally, as with all our interns, Geropsychology Track Interns will carry 3-5 outpatient mental health therapy cases, complete outpatient psychological evaluations, and attend didactics and seminars with other psychology interns.

Hospice and Palliative Care (HPC) (4-month major rotation):

This inpatient rotation will focus on provision of care for individuals with advanced, life-limiting and terminal illness and their loved ones often presenting with caregiver distress. The HPC population is diverse with respect to sociodemographic characteristics, medical difficulties, mental health issues and life experiences. The inpatient interprofessional team consists of psychology, medicine, nursing, pharmacy, social work, chaplaincy, and dietary. Interns gain experience participating in interdisciplinary teams/huddles and treatment planning; conducting diagnostic interviews and evaluations often with end-of-life elements; conducting cognitive and mood screenings; providing individual and family psychotherapy and caregiver support; developing and tracking outcomes of behavior management plans often focusing on reducing agitation secondary to delirium; and facilitating/co-facilitating staff in-services and education. Commonly used approaches include life review and meaning-making, dignity therapy, and caregiver support and education. Interns participate in weekly supervision; supervision is foundationally developmental in nature with additional focus on exploration of existential issues.

Community Living Center (CLC) (4-month major rotation):

This inpatient rotation is focused on the provision of psychological services in an inpatient interdisciplinary team setting with complex care residents. The CLC population is diverse with wide age ranges and problem lists which allows for

experience in case conceptualization in a matrix considering multi-cultural factors, developmental needs, psychological needs, behavioral considerations, and neuropsychological abilities. The interdisciplinary team includes physicians, nurse practitioners, pharmacists, social workers, memory care coordinator, nurses, restorative nurses, wound care nurses, dietary, recreation therapists, physical therapists, occupational therapists, and chaplains. Interns gain experience participating in interdisciplinary teams/huddles and treatment planning; conducting gero-focused diagnostic interviews as well as differential diagnostic cognitive assessments and capacity assessments; providing individual and/or group psychotherapy and care for veterans and family members; developing and tracking outcomes of behavior management plans in conjunction with the Behavioral Recovery Outreach portion of the interdisciplinary team; and facilitating/co-facilitating staff in-services and education. Commonly used approaches include person-centered dementia care and support, behavioral techniques, motivational interviewing, and ACT-based interventions. Interns participate in weekly supervision; supervision is foundationally developmental in nature with additional focus on expanding the intern's professional identity and role within the interdisciplinary team and amongst nursing staff.

Geriatric Evaluation and Management Clinic (4-month major rotation):

Geriatric Evaluation (GE) services are indicated for older Veterans who have experienced significant functional decline, or development of other geriatric syndromes (e.g., depression, dementia, delirium, urinary incontinence, gait and balance impairment, falls, etc.). Outpatient GE offers comprehensive evaluation for older, community-dwelling people, with the core team consisting of a medical provider, a nurse, and a social worker. Psychology interns become an added integral part of this team by offering specialized geriatric mental health services. Specifically, interns contribute to the multidimensional evaluation via completion of gero-focused diagnostic evaluations as well as differential diagnostic cognitive assessments and capacity assessments. The team approach to assessment is also followed by an interdisciplinary plan of care, which includes biopsychosocial treatment, rehabilitation, health promotion, and/or social service interventions. Interns subsequently have the opportunity to complete the continuum of care by providing individual and/or family psychotherapy, caregiver education and support, and person-centered behavioral care planning. Commonly used approaches include solution-focused/brief therapy, person-centered dementia care and support, behavioral techniques, motivational interviewing, and ACT-based interventions. Interns participate in weekly supervision; supervision is foundationally developmental in nature with additional focus on growing more autonomously both as team member and clinician.

Home Based Primary Care/Rural Health and Geriatric Care (4-month major rotation):

During this outpatient rotation, interns become members of a primary care interdisciplinary team to provide integrated/stepped care mental health services to home-bound veterans and their caregivers. Veterans qualified to be enrolled in HBPC

have a wide range of chronic diseases and treatment adherence issues, functional challenges, and cognitive functioning. The interdisciplinary team includes physicians/nurse practitioners, pharmacists, social workers, nurses, dietary, physical therapists, and occupational therapists. Interns gain experience participating in interdisciplinary teams and treatment planning; conducting gero-focused diagnostic interviews as well as differential diagnostic cognitive assessments and capacity assessments; providing individual psychotherapy and care for veterans and family members; and facilitating/co-facilitating staff in-services and education. Commonly used approaches include motivational interviewing, behavioral interventions, solution-focused/problem-solving techniques, ACT-informed interventions, and caregiver support and education. Interns participate in weekly supervision; supervision is foundationally developmental in nature, with the intern receiving supervisory support for all home visits throughout the duration of the rotation.

Geriatric Neuropsychology (4-month major rotation):

This outpatient rotation provides specialized experience in neuropsychological assessment of older adults (age 70+). This patient population ranges in functioning between highly independent, community-dwelling seniors to more dependent older adults receiving extensive daily support. Interns will gain experience in the neuropsychological assessment of patients with a wide range of neurocognitive functioning (no cognitive decline to moderate-severe dementia) with various underlying disease entities (most typical etiologies seen include Alzheimer's disease, vascular disease, Lewy body disease, and frontotemporal lobar degeneration), frequently in the context of complicated histories and co-morbid medical and psychiatric illnesses. In addition to neuropsychological assessment, interns may also obtain training in decision-making capacity evaluations. Training includes chart review and clarification of the referral question; interview with the patient and collateral; selection, administration, and scoring of test measures; consideration of age-appropriate norms; integration and interpretation of clinical data and test results; report generation including tailored treatment recommendations; and feedback with patients and their family. Interns may also conduct several follow-up sessions with patients and/or their caregivers to provide psychoeducation on dementia, behavioral management, and memory skills training. In addition to outpatient assessments conducted within the Mental Health Clinic, opportunities for neuropsychological assessment in a residential setting (the CLC) may also be available. Individual, face-to-face supervision is provided on a weekly basis. Ad hoc supervision is readily available, as needed. Direct observation is provided via live-observation and graduated levels of co-assessment.

Psycho-Oncology (4-month major rotation):

This rotation focuses on the psychological, social, behavioral, existential and ethical aspects of cancer care. It addresses two main psychological dimensions of cancer care. First, the psychological responses to cancer at all stages of the disease, including that of families and caretakers. Second, the psychological, behavioral and social factors that may affect the disease process. At VAMC Richmond, Oncology is staffed by

collaborative interdisciplinary teams (Medical Oncology, Radiation Oncology and Surgical Oncology). Psychology Interns may expect to work with a cadre of medical and psychosocial disciplines. There are multiple training opportunities in assessment and treatment, including co-occurring conditions. Treatments span an array of psychological difficulties, adjustment, adherence, affective disorders, psychoses, substance abuse, trauma and other stressor-related disorders, anxiety disorders, cognitive impairment, and personality disorders. As such, the biopsychosocial treatment approach includes Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Third-Wave CBT techniques, Dignity Therapy, Existential, and Interpersonal interventions. Interns may have the opportunity to co-facilitate a cancer support group. Interns will maintain an individual case load, provide inpatient services, and attend IDT's and pre-conferences as an active member of the teams. Interns receive weekly supervision and can anticipate actively working alongside the supervisor.

Evaluation and Assessment of Intern Progress:

Assessment of the program's effectiveness is continuous and involves staff perceptions, supervisor observations, and intern feedback. Monthly training supervisors' meetings are a critical part of the monitoring process. Training concerns will be reviewed, seminar evaluation information assessed and any necessary changes to curriculum or training goals/objectives (for the program overall or specific interns) will be addressed at these meetings. In addition there are quarterly executive training committee meetings. The interns may attend the executive training committee throughout the year.

Intern Evaluation: Ongoing feedback is provided to interns by their supervisors. When ever possible, it is our goal to identify areas needing development and incorporate these into an intern's training plan rather than needing to address formal problems or deficiencies. Midterm and final evaluations are conducted on each intern in accordance with the rotation schedule. At the completion of the rotation, final evaluations are provided by the supervisor(s) using the "Psychology Intern Evaluation Form."

- Ratings are on a 1-4 scale:

1 Intern requires direct observation and intensive basic instruction to use this skill. Competency for this skill is below the minimum expected at the beginning of internship and a Performance Improvement Plan is necessary.

2 Intern requires close monitoring and instruction for this skill, although direct observation and basic instruction are not required. Competency for this skill is at the level expected at the beginning of internship training (expected intern entry level). A Performance Improvement Plan may be necessary.

3 Intern requires moderate supervision for this skill, although close monitoring and instruction are not required. Competency for this skill is at the level beyond the start of the internship training year but below that expected (entry level psychologist, entry level post-doctoral psychology fellow) at the conclusion of the internship year.

4 Intern requires minimal supervision for this skill in routine cases, although closer supervision may be required in more complex or unusual cases. Competency for this skill is at the level expected at the conclusion of the training year (expected intern exit level: prepared to begin post-doctoral fellowship or entry level psychologist position).

- Progress is determined by the ratings, and adjustments to training plans are made based on the guide below:
 - *First Rotation:* At conclusion of first rotation, an intern must achieve a majority of ratings of “3” in each competency area. Although an intern may receive a few ratings of “2”, a majority of ratings of “2” in a specific competency area may result in modifications to the training plan to address the area and improve performance.
 - *Second Rotation:* At conclusion of second rotation, an intern must achieve ratings of “3” or higher on all competency items in all competency areas. Any ratings of “2” or lower may result in modifications to the training plan to address the area and improve performance.
 - *Third Rotation (Internship Completion):* By the conclusion of the training year, an intern must achieve a rating of “4” in all rated skills in each competency area, indicating that the intern requires minimal supervision and is exhibiting competency at the level expected at the conclusion of the training year (i.e., prepared to begin post-doctoral fellowship or entry level psychologist position).
- Copies of all evaluations are provided to the intern and results are summarized in a letter and sent to the intern’s home university at six months and at the completion of the internship. Evaluation documents become part of the intern’s permanent internship program file.

Supervisor Evaluation: Interns complete a written evaluation of all rotation supervisors by completing the “Supervisor Evaluation Form” at the end of the training year and submit it to the DOT.

Requirements for Completion

In addition to meeting all attendance requirements, at a minimum, successful interns will receive at least satisfactory ratings from their respective supervisors for their clinical rotations, long-term patient caseloads and assessment batteries.

Facility and Training Resources

Interns are provided with Richmond VAMC office space. Separate space for patient assessment, treatment and testing is provided in the clinical areas. Interns are issued necessary program equipment including digital equipment (computer, printer, etc.), and granted necessary computer access including access to the VHA's Decentralized Hospital Computer Program (DHCP) and Computerized Patient Record System (CPRS).

Interns may be required to telework during a public health crisis. In that event, interns may use their personal devices to access the VA network from home. If an intern does not have suitable personal equipment to work from home we will work individually with the trainee on a solution.

Interns may have daily access to comprehensive medical libraries at the Richmond VAMC, and the Medical College of Virginia at Virginia Commonwealth University (MCV/VCU). Both libraries provide internet connections and copying services. The Richmond VAMC medical library has approximately 3,500 volumes (titles) and 450 professional journal subscriptions. The Virginia Commonwealth University medical library has approximately 306,928 volumes (titles), and 9,980 professional journal subscriptions. Both medical libraries offer significant psychology and neuropsychology text and journal sections, as well as online journal access. Additionally, interns may have access to local statistics packages and biostatistician consultation.

Administrative Policies and Procedures regarding Equal Opportunity /Diversity:

The Department of Veterans Affairs is an Equal Opportunity Employer; all our training programs are committed to inclusion to foster a range of diversity among our training classes. Thus, qualified applicants with a range of life experiences are encouraged to apply with consideration given to VA experience as well as professional or personal experience with historically underrepresented groups, such as ethnic minorities, as well as sexual orientation, and disability status.

Applicants with disabilities choosing to request reasonable accommodations to facilitate the interview process are invited to contact the training director after the invitation to interview is received but as early as possible thereafter in order to allow sufficient time to make necessary arrangements. Accommodations are individualized to the request. Our program can also make work schedule accommodations for interns who observe specific religious practices requiring schedule alterations.

Use of Distance Education Technologies for Training and Supervision:

During a public health crisis, we may make use of distance education technologies for supervision and didactic training. VA does make use of an online education portal for required VA trainings. During normal times, nearly all training is conducted on site.

Psychology Training Staff

Lead Psychologist

Mary Bradshaw, Psy.D, Acting Chief and Associate Chief, MHSL & Supervisory Clinical Psychologist

Director of Psychology Training

Thomas Campbell, Ph.D., ABPP-RP

Assistant Internship Director

Christopher Murphy, Psy.D.

Director of Rehabilitation Psychology Post-Doctoral Fellowship

Suzzette Chopin, Ph.D., ABPP-RP

Director of MIRECC Post-Doctoral Fellowship

Scott McDonald, Ph.D.

Jessica Alva, Ph.D., 2016, Case Western Reserve University, Cleveland, OH
Internship: VA Puget Sound Health Care System—American Lake Division
Postdoctoral Fellowship: West Los Angeles VA Medical Center Clinical
Neuropsychology Postdoctoral Residency (Geriatric Neuropsychology Specialty)
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Clinical Neuropsychologist

Kelly Araujo, Psy.D. 2013, Nova Southeastern University, Fort Lauderdale, FL
Licensed Clinical Psychologist: State of Maryland
Internship: Trauma Resolution Integration Program – Psychology Services Center at
Nova Southeastern University, Fort Lauderdale, FL
Post-Doctoral Fellowship: Sheppard & Enoch Pratt Hospital – Trauma Disorders Unit
(Inpatient and Outpatient), Towson, MD
Clinical Duties: Staff Psychologist in Outpatient Mental Health. Provide individual and
group therapy. Provide evidence-based approaches for trauma resolution. Research
Interests: PTSD, Complex trauma, Dissociation

Melanie Avery, Ph.D. 2016, University of South Carolina, Columbia, SC
Licensed Clinical Psychologist, Commonwealth of Virginia
Postdoctoral Fellowship: Salem VAMC, Center for Traumatic Stress
Clinical Duties: ACE intake provider; supervisor for intern's ACE intakes; trauma
focused psychotherapy.

Research Interest: PTSD & Substance Abuse

Rebecca Aycock, Ph.D., University of Memphis, Memphis, TN
Internship Site: St Louis VAMC
Postdoctoral Fellowship: Virginia Commonwealth University Health Systems-Clinical Health Psychology Training Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Health Behavior Coordinator. Utilizes ACT, CBT, and MI interventions.
Research Interests: Health Promotion and Disease Prevention, Health Disparities, Implementation Science
Faculty Appointments: Affiliate Faculty, VCU Department of Psychology

Rachel Bangit, Psy.D. 2017, American School of Professional Psychology, Argosy University, Washington, D.C.
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical duties: Member of ACE Intake Clinic, primarily responsible for clinical evaluations, diagnosis, and treatment planning; assist with intern supervision on ACE intakes and group supervision; offer variety of MHC group therapies.
Research Interests: Veteran/Military focused psychology, systemic implication of trauma, Bereavement and Loss.

Jessica Bolger Melchiorre, PsyD, 2012, American School of Professional Psychology, Argosy University, Washington, D.C.
Internship Site: Saint Elizabeth's Hospital, Washington, D.C.
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Outpatient Mental Health Clinic Psychologist; Chair of BHIP Redesign Task Force; member of MH Clinic Therapy Team; provides individual and group psychotherapy (CBT for Depression; Problem Solving Training; and DBT); crisis intervention; and clinical consultation.
Clinical Interests: Forensic; Severe Mental Illness; Risk Assessment/Mitigation; Crisis Management
Research Interests: None currently
Academic/Faculty Affiliation: None currently

Mary Bradshaw, Psy.D. 2003, Argosy University, Washington, D.C.
Internship Site: Medical College of Virginia
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Provide group and individual treatment for seriously mental ill with goal of reintegration to community.

Dominique Boone, Psy.D., 2014, Radford University, Radford, VA
Internship: W.G. Hefner VAMC
Licensed Clinical Psychologist: Commonwealth of Virginia; North Carolina
Clinical Duties: Staff psychologist, currently serving as the Local Recovery Coordinator. Primary duties include assisting with transforming local VA services to a recovery oriented model of care, to sustain these changes, and to support further systemic

change as new evidence becomes available. Additional interests include empirically-based treatments for PTSD and MST recovery.

Caitlin P. Campbell, Psy.D., 2016, Pacific University, Hillsboro, OR
Internship: Louis Stokes Cleveland VA Medical Center – Rehabilitation Psychology
Postdoctoral Fellowship: Louis Stokes Cleveland VA Medical Center – Rehabilitation Psychology
Licensed Clinical Psychologist, State of Oregon
Clinical Duties: Rehabilitation Psychologist on the Spinal Cord Injuries/Disorders (SCI/D) Unit utilizing an existential/humanistic approach infused with cognitive and behavioral modalities; STAR Program biofeedback provider
Research/Clinical Interests: Biofeedback, disability identity, women and disability, role of life purpose/meaning in adjustment to disability, telehealth, program evaluation, NICU/prematurity
Training/Didactics: Co-facilitate Diversity Seminar and Rehabilitation Psychology Journal Club; SCI/D rotation supervisor
Academic Appointment: Affiliate Professor, Department of Psychology, VCU

Thomas Campbell, Ph.D., ABPP 2008, Virginia Commonwealth University, Richmond, VA
Board Certified in Rehabilitation Psychology
Internship: Minneapolis VA Health Care System
Postdoctoral Fellowship: McGuire VA Medical Center Rehabilitation Psychology Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Polytrauma Rehabilitation Center, Neuropsychologist
Research Interests/activities: TBI and PTSD, Response Validity, Self-Report Styles
Academic Appointments: Clinical Assistant Professor, VCU Department of PM&R; Affiliate and Adjunct Professor, VCU Department of Psychology

Suzzette Chopin, Ph.D., MBA, ABPP, 2013, Virginia Commonwealth University, Richmond, VA
Board Certified in Rehabilitation Psychology
Internship: McGuire VAMC, Richmond, Virginia
Postdoctoral Fellowship: McGuire VAMC Rehabilitation Psychology Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Staff Psychologist: Rehabilitation Neuropsychologist, Polytrauma Residential Program (PTRP).
Research Interests: yoga, Complementary and Integrative Medicine
Faculty appointments: Affiliate Professor in Psychology, Virginia Commonwealth University.

Michelle Emrich, Psy.D., 2008, Spalding University, Louisville, KY
Internship: Salem VAMC, Salem, Virginia
Postdoctoral Fellowship: Virginia Commonwealth University Health Systems-Clinical Health Psychology Training Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Provide pre-surgical/procedural mental health assessment; member of inpatient mental health Consultation-Liaison (C/L) team to employ brief bedside interventions for patients hospitalized with acute and chronic illness; provide evidenced based (CBT, CBTi, MI) for range of behavioral medicine conditions

Training and Didactics: Supervise Pre-Surgical Assessment/Consultation-Liaison rotation; provide Motivational Interviewing, Psychosocial Issues in Diabetes Management, and Pre-Surgical Mental Health Assessment didactics

Rebecca Fromme, Ph. D. 2000, State University of New York at Buffalo, Buffalo, NY

Internship: VA Pittsburgh Healthcare System

Post-Doctoral Fellowship: VA Pittsburgh Healthcare System, Geropsychology and Geriatric Neuropsychology

Licensed Clinical Psychologist, Commonwealth of Virginia and New York Licensed Counseling Psychologist

Clinical Duties: Provide Neuropsychological assessment to inpatient and outpatient older adults, including screenings, capacity evaluations, and post-stroke. Serve as consultant for staff and families on issues related to dementia, behavior management, caregiver concerns.

Research Interests: Geropsychology and Caregiver Concerns

Sharon Funari, Ph.D. Clinical Psych, 2008, VCU, Richmond, VA

Internship: James Quillen VAMC

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Primarily responsible for individual/group treatment of patients within the outpatient Polytrauma Network Site. Serve as team member to full complement of rehab team. EBPs include: IPT-D, ACT, PE, CPT

Training and Didactics: Supervise PNS rotation and provide Ethics seminars.

Research Interests/activities: attachment; resilience

Academic Appointments: Affiliate Assistant Professor, Department of Psychology, VCU

Meghan Geiss Ph.D., 2013, University of Memphis, Memphis, TN

Internship Site: North Florida/South Georgia VHA

Postdoctoral Fellowship: McGuire VAMC- Rehabilitation Psychology (2-year Fellowship)

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Neuropsychologist, Polytrauma Rehabilitation Center (PRC)

Research Interests: Sleep and brain injury

Academic Appointments: Affiliate Assistant Professor in Psychology, Virginia Commonwealth University.

Eugene Gourley, Ph.D., 1998, Virginia Commonwealth University, Richmond, VA

Internship: Washington, D.C., Commission on Mental Health

Postdoctoral Fellowship: Neuropsychology and Rehabilitation Psychology at Virginia Commonwealth University (VCU) Medical Center

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Neuropsychologist, Polytrauma Network Site (PNS).

Brooke Green, Ph.D., 2016, Virginia Commonwealth University, Richmond, VA
Internship: VA Pacific Islands Health Care System
Postdoctoral Fellowship: VA Pacific Islands Health Care System
Licensed Clinical Psychologist, State of Hawaii
Clinical Duties: Psychologist, PTSD Clinic
Research Interests/activities: Associations amongst risky substance abuse, including alcohol mixed with energy drink use, and trauma

Allen B. Grove, Ph.D., 2010, Hofstra University, Hempstead, NY
Internship: National Naval Medical Center, Bethesda, Maryland
Postdoctoral Fellowship: U.S. Naval Hospital, Yokosuka, Japan
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Conduct intakes, individual therapy (including Prolonged Exposure & Cognitive Processing Therapy), and group therapy (including PTSD Recovery, Anger Management, & Rational Emotive Behavior Therapy [REBT]); Supervise MIRECC Fellows & psychology interns doing the above.
Research Interests: Effectiveness of REBT on PTSD, depression, & anxiety; Imaginal and Virtual Reality Exposure Procedures for Aviophobia; Prevention Programs for Oppositional Defiant & Conduct Disorders (ODD/CD); Parent Cognitions & Parent / Child Interactions; Behavioral Interventions for Attention-Deficit / Hyperactivity Disorder (ADHD)
Member of: American Psychological Association & Association for Behavioral & Cognitive Therapies
Academic Appointments: Affiliate Professor, Department of Psychology, VCU

Kyle Haggerty, Ph.D., Drexel University, Philadelphia, PA
Internship: Syracuse VAMC
Postdoctoral Fellowship: Bancroft NeuroRehab
Licensed Clinical Psychologist: State New Jersey and Commonwealth of Pennsylvania
Clinical Duties: Outpatient Neuropsychologist
Research Interests: TBI, Social Comparison, and Effort Testing
Academic Appointments: Adjunct Professor, Ryder University

Janette Hamilton, Ph.D., Virginia Commonwealth University, Richmond, VA
Internship: McGuire VA Medical Center
Postdoctoral Fellowship: McGuire VA Medical Center Rehabilitation Psychology Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Rehabilitation Psychologist
Research Interests/activities: TBI Model Systems Sub-Investigator; Interests include TBI, disorders of consciousness, TBI Caregivers
Academic Appointment: Affiliate Professor, Department of Psychology, VCU

Diane Harris, Psy.D., 1999, Illinois School of Professional Psychology, Chicago, IL
Internship: Ethan Allen School

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Staff Psychologist working on the inpatient psychiatric unit with Veterans admitted for acute serious mental health issues that require stabilization and treatment. Perform evidenced based individual and group psychotherapy, and psychodiagnostic assessment. Provide consultation to the treatment team as well as other staff within the VA. Provides referrals to other services within the VA. Provides evidenced based treatment (CPT) for PTSD to the outpatient clinic as needed. On the Executive Training Committee and Chair of the Documentation Committee in this VAMC. Provides inpatient and outpatient intern supervision, and supervision of a Peer Support Specialist.

Nikki Hegberg, Ph.D., 2017, Georgia State University, Atlanta, GA

Internship Site: VA Boston Healthcare System, Clinical Neuropsychology & Behavioral Medicine

Postdoctoral Fellowship: VA Boston Healthcare System, Clinical Neuropsychology

Licensed Clinical Psychologist, State of Rhode Island

Clinical Duties: Pre-surgical/procedural mental health assessments in bariatric clinic; health-behavior interventions with bariatric clinic patients; neuropsychological evaluations for health psychology patients; evidence-based interventions (ACT, CBT, MI) for range of behavioral medicine conditions

Research Interests: Physical activity and emotional and cognitive health;

Complementary and integrative medicine

M. Kathleen Holmes, Ph.D., 2017, St. John's University, New York, NY

Internship: McGuire VA Medical Center

Postdoctoral Fellowship: VA Boston Healthcare System Clinical Psychology

Postdoctoral Fellowship, PTSD Track

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: STAR/PNS Psychologist

Research Interests/activities: Interests include Polytrauma and Co-occurring Psychological Conditions, PTSD and Complex Trauma, and Mechanisms of Change in Psychotherapy

Academic Appointments: N/A

Julia Huston, Ph.D., 2018, Western Michigan University, Kalamazoo, MI

Internship: VA Boston Health Care System, Behavioral Medicine

Postdoctoral Fellowship: Baltimore VA Medical Center, Primary Care Mental Health Integration

Licensed Clinical Psychologist, State of Maryland

Clinical Duties: Spinal Cord Injury Center, Outpatient Psychologist

Research Interests: Health Behavior Change, Obesity and Disordered Eating

Patricia Jones, Ph.D., 1995, Georgia State University, Atlanta, GA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Psychologist on Polytrauma Transitional Rehabilitation Program.

Duties include providing diagnostic evaluations to all patients admitted to program,

providing individual, family, and marital therapy, provide group psychotherapy, attend IDT meetings and other patient care related meetings (behavioral rounds, family conferences, etc.), participate on steering committee, participate on national conference meetings regarding PTRP, program development, etc.

Research interests: Outcome studies regarding role of family in the recovery process from TBI.

Faculty appointments: Previous adjunct role at VCU as supervisor affiliated with VCU's Counseling and Psychological Services & Development (CPSD).

Daniel W. Klyce, Ph.D, ABPP, 2012, Purdue University, West Lafayette, IN
Board Certified in Rehabilitation Psychology

Internship: Vanderbilt University – Tennessee Valley VA Health Care System Consortium

Postdoctoral Fellowship: University of Washington / Harborview Medical Center – Rehabilitation Psychology Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Research Interests/Activities: TBI outcomes; caregiver interventions; clinical measurement; Polytrauma TBI Model Systems

Academic Appointments: Assistant Professor, VCU Department of PM&R; Sheltering Arms Institute; VCU Center for Rehabilitation Sciences and Engineering

Scott D. McDonald, Ph.D., 2006, Clinical Psychology, Virginia Commonwealth University, Richmond, VA

Licensed Clinical Psychologist, Commonwealth of Virginia

Internship: University of Alabama at Birmingham/Birmingham VA Consortium

Postdoctoral Fellowship: MIRECC Durham VA Medical Center

Clinical Duties: SCI Neuropsychologist. Neuropsychology consultation for the SCI inpatient and outpatient clinics. Perform outpatient mental health annual evaluations for the SCI clinic.

Training and Didactics: Director of VA MIRECC Advanced Fellowship Program. Provide research supervision across training programs.

Research Interests/Activities: Dr. McDonald's research program focuses on characterizing and assessing the sequelae of trauma and injuries leading to disability.

His current research aims to better understand resilience and adjustment among military Veterans receiving rehabilitation for TBI/polytrauma, spinal cord injury (SCI), and other medical conditions, and how best to support caregivers.

Academic Appointments: Affiliate Assistant Professor, VCU Departments of Psychology and Physical Medicine and Rehabilitation.

Brian L. Meyer, Ph.D., 1990, Duke University, Durham, NC

Internship: Cambridge Hospital and Cambridge Child Guidance Center, 1988-89

Postdoctoral Fellowship: Harvard Community Health Plan, 1989-90

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: PTSD-SUD Specialist. Provide evidence-based and evidence-informed individual, family, couples, and group psychotherapies for Veterans with substance abuse problems and Posttraumatic Stress Disorder. Treatments include Seeking Safety,

Dialectical Behavior Therapy Skills Training, Eye Movement Desensitization and Reprocessing; Cognitive Processing Therapy; Motivational Interviewing, Mindfulness Meditation, Trauma-Focused Cognitive Behavioral Therapy, Imagery Rehearsal Therapy, and Adaptive Disclosure for moral injury. Research interests: trauma, substance abuse, child abuse, co-occurring disorders, mindfulness meditation, Veterans Treatment Courts.

Academic/Faculty Affiliations: Assistant Professor, Department of Psychiatry, and Affiliate Assistant Professor, Department of Psychology, Virginia Commonwealth University.

Natasha Mroczek, Psy.D., 2014, Florida Institute of Technology, Melbourne, FL
Internship: Carl T. Hayden VAMC, Phoenix, AZ
Postdoctoral Fellowship: Memphis VAMC, Clinical Health Psychology Postdoctoral Fellowship, Memphis, TN
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Pain Psychologist in the Veterans Integrated Pain (VIP) Center.

Christopher J. Murphy, Psy.D. 2008, Regent University, Virginia Beach, VA
Internship: Dwight D. Eisenhower Army Medical Center, 2007-08
Postdoctoral Fellowship: Dwight D. Eisenhower Army Medical Center, 2008-09
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical duties: Compensation and Pension Forensic Psychologist. Provide evidence-based group Cognitive Processing Therapy for Veterans with PTSD. Specifically focus on combat PTSD and PTSD due to working with Mortuary Affairs/Graves Registration. Work with PTSD team to coordinate and integrate treatment for veterans with both sets of difficulties. Also provide clinical consultation, psycho-education, and patient and staff education.
Research interests: Combat trauma, Military Culture and History and its effects on transition from DoD to the civilian sector, Wounded Warrior Project
Academic/Faculty Affiliations: Affiliate Assistant Professor, VCU Department of Psychology.

Brian Mutchler, Psy.D. 1999, Indiana University of Pennsylvania, Indiana, PA
Internship: HH McGuire VAMC; Richmond, VA
Postdoctoral Fellowship: Gulf War Illness Research
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Provide assessment, psychological testing, psychotherapy, behavioral therapy, and family therapy for newly injured and long-term Spinal Cord Injury patients as part of an interdisciplinary treatment team. Also provide patient and staff education. Additional clinical interests are PTSD treatment and ACT. Member of the IRB and appointed to the VAMC R&D Committee.
Research Interests: Health Psychology in relation to SCI.
Academic/Faculty Affiliations: Affiliate Assistant Professor in Psychology, Virginia Commonwealth University.

Paige Naylor, PhD, 2018, University of South Alabama, Mobile, AL
Internship: Memphis VAMC, Clinical Health Psychology Track, Memphis, TN
Fellowship: Memphis VAMC, Clinical Health Psychology Postdoctoral Fellowship, Memphis, TN
Licensed Clinical Psychologist: Commonwealth of Virginia; State of Alabama
Clinical Duties: Staff Psychologist within Oncology Service

Samuel E. Park, PhD, Biola University, Rosemead School of Psychology, La Mirada, CA
Internship: University of Rochester, Rochester, NY
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical duties: Outpatient Mental Health Clinic Psychologist. Provide evidence-based and -supported individual, conjoint, and group psychotherapy, as well as trauma-informed treatments for military sexual trauma for male and female veterans.
Research interests: Military sexual trauma; interpersonal neurobiology; and complex trauma.
Training/Didactics: Co-facilitate Diversity Training Seminar
Academic Affiliations: Affiliate Assistant Professor, VCU Department of Psychology.

Paul B. Perrin, Ph.D., 2011, University of Florida, Gainesville, FL
Internship: Veterans Affairs Maryland Health Care System and University of Maryland School of Medicine
Postdoctoral Fellowship: Virginia Commonwealth University Behavioral Medicine Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Research Interests/activities: Psychological adjustment TBI and SCI, Caregiving, Health Disparities, Social Determinants of Health
Academic Appointments: Associate Professor, VCU Departments of Psychology and PM&R; Training Director, VCU Health Psychology Doctoral Program

Sarah Raymond, PhD 2005 Michigan State University, East Lansing, MI
Internship: University of Notre Dame, Notre Dame IN
Licensed Psychologist, State of Illinois
Clinical Duties: Military Sexual Trauma Coordinator, Outpatient Mental Health Clinic Psychologist. Provides evidenced based individual and group therapy, and trauma informed treatments for military sexual trauma and complex trauma for male and female veterans. Treatments include Dialectical Behavior Therapy Skills Training; Cognitive Processing Therapy, STAIR: Skills Training in Affective and Interpersonal Regulation, and CBT.
Training Didactics: Supervision and Military Sexual Trauma.
Research Interests: Military Sexual Trauma, Sexual Violence and help-seeking

Jarrod Reisweber, Psy.D. James Madison University, Harrisonburg, VA & Ed. S. The College of William and Mary, Williamsburg, VA

Internship: University of Texas Health Science Center—San Antonio, San Antonio, Texas

Postdoctoral Fellowship: University of Pennsylvania Aaron T. Beck Psychopathology Research Center, Philadelphia, PA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Staff Psychologist for Substance Abuse Treatment Program providing intakes, consultation, individual therapy, and group therapy using a cognitive behavioral approach.

Research Interests: Transcending Self Therapy, Transcendent Self Theory, Psychology of Religion, CBT for Substance Abuse, & CBT for Schizophrenia

Brenda E. Scott, Ph.D., 1996 George Mason University, Fairfax, VA

Internship: Howard University Counseling Center, Washington, DC

Postdoctoral Fellowship: Central State Hospital, Petersburg, Virginia

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: Provide services to Spinal Cord Injury veterans on an inpatient unit and through an outpatient clinic. Provided services: individual/family/behavioral therapy, psychological assessment/testing, smoking cessation, patient education, staff education and consultation to interdisciplinary team. Trained in ACT

Didactics Provided/Training: Living with a Disability, SCI rotation

Research Interests: Stress Management, Pain Management

Faculty appointments: Adjunct Assistant Professor in Psychology, Virginia Commonwealth University

Michael Shapiro, Ph.D., 2010 - Pennsylvania State University, University Park, PA

Internship: University of Illinois – Chicago (Counseling Center & Neuropsychiatric Institute)

Postdoctoral Fellowship: Barrow Neurological Institute – APPCN Neuropsychology Fellowship

Licensed Psychologist, Commonwealth of Virginia, State of Maryland, and Washington D.C.

Clinical Duties: Neuropsychologist

Research Interests: Performance/Symptom Validity Testing, mTBI outcome, Impact of psychological factors on cognitive functioning.

Lindsey K. Slaughter, Psy.D., ABPP, 2006, Wright State University School of Professional Psychology, Dayton, OH

Board Certified in Geropsychology

Internship: Howard University Counseling Service

Postdoctoral Fellowship: Piedmont Geriatric Hospital

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Geropsychologist in various GEC programs

Clinical and research interests/activities: Decision-making capacity, personality disorders in older adults, behavioral planning and implementation, IDT

processes/dynamics, high performance organizations/systems, healthy and successful aging, clinical supervision

Academic Appointments: Affiliate Professor in Psychology, Virginia Commonwealth University

Jennifer E. Wartella, PhD, Virginia Commonwealth University, Richmond, VA

Internship: University of Arizona Medical Center

Postdoctoral Fellowship: University of Virginia Center for Addiction Research

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Staff psychologist with the Home Based Primary Care team.

Research interests; geriatrics, neuropsychology, brain injury, chronic illness/pain, mood disorders, motivational interviewing strategies and working with underserved populations.

Faculty Appointment: Adjunct professor for the psychology department at Virginia Commonwealth University.

Carl Williams, Ph.D., 2003, Virginia Polytechnical Institute and State University, Blacksburg, VA

Licensed Psychologist, State of Nevada

Internship: University of California, San Diego School of Medicine

Clinical Duties: Staff Psychologist within Oncology Services. With existential and interpersonal appreciation, he employs a broad range of behavioral, cognitive and third wave treatment methodologies to mental health recovery and coping with serious illness.

Research Interests: Health Behavior Change, Health Promotion, Dissemination Science, Clinical Trials

Faculty Appointments: Adjunct Faculty, VCU Department of Psychology

Cathy Williams-Sledge, Psy.D. 1997, Virginia Consortium Program in Clinical Psychology, Norfolk, VA

Internship: HH McGuire VAMC; Richmond, VA

Postdoctoral Fellowship: Central State Hospital and Liberty Forensic Unit; Petersburg, VA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: Provide assessment, psychological testing, psychotherapy, behavioral therapy, and family therapy for newly injured and long-term Spinal Cord Injury patients as part of an interdisciplinary treatment team. Also provide patient and staff education, and assessment and treatment for patients in the SCI outpatient clinic. Provide assistance and support for the SCI Peer mentoring program and oversee the SCI Smoking Cessation Program.

Research Interests: Smoking Cessation in SCI; Depression and Pain in SCI.

Academic/Faculty Affiliations: Assistant professor, Department of Psychology, Virginia Commonwealth University.

Meghann Wraight, Ph.D., University of Buffalo, Buffalo, NY

Internship: Kansas State University's Counseling Services

Updated June 2020

Postdoctoral Fellowship: University of Rochester's Counseling Center
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Outpatient Mental Health Clinic
Clinical Experience: Suicide prevention (CAMS), cognitive-behavioral therapies,
interpersonal psychotherapy, DBT-skills building, mindfulness.

About Richmond, Virginia and the surrounding area

An historic city and Virginia's capital, Richmond offers an attractive array of leisure, cultural, and social opportunities not usually found in mid-sized cities. Beautiful neighborhoods juxtaposed to modern high rises with striking architecture set the stage for the numerous cultural, educational and recreational events befitting its over 200,000 citizens (over 1,000,000 in the metro area).

Nationally recognized for its vitality and New Economy, Richmond's diversified employment base extends from chemical, food and tobacco manufacturing to cutting edge biotechnology and high-tech fiber production. Higher education is a prominent force as well. The area consistently ranks among "Best Places to Live and Work in America" in several national publications. Bisected by the [James River](#), its numerous parks and woodlands offer solitude and excitement even when close to the city center.



Richmond annually hosts the Dominion Riverrock Festival, the SunTrust Richmond Marathon (described as the country's friendliest marathon), the UCI America Tour Commonwealth Cycling Classic (starting 2017), and the nationally renowned Ukrop's Monument 10k. Richmond also hosted the 2012 Veteran's Wheelchair Games and the 2015 UCI Road World Championship of cycling.

Richmond is proud to support several first-class museums and three prominent universities, its own symphony, an [annual folk festival](#), professional ballet and opera, and numerous theater companies and [art galleries](#). Richmond also hosts axe throwing

venues and some of the nation's best [craft breweries](#). Richmond restaurants also feature prominently in many national publications and our city has been described one of the top "under-the-radar foodie cities" in the country. Highlights include a decade-long run of Richmond chefs being [James Beard Award finalists](#).

The Richmond Region is home to exceptional opportunities to learn about African-American history, including the [Black History Museum and Cultural Center of Virginia](#), the [Maggie L. Walker National Historic Site](#), and the nearby [Robert Russa Moton Museum](#).

While offering easy access to the Atlantic Ocean and the Chesapeake Bay, Appalachian and Blue Ridge Mountains as well as being only 90 minutes south of Washington, D.C., Richmond features countless pastimes right at home. Trendy boutiques, varied bistros and restaurants, numerous sports and entertainment attractions, outdoor pursuits among one of the nation's largest river park systems, and a treasure trove of historic landmarks provide opportunities for nearly endless learning and relaxation.

Check out some of these sites for additional information:

<https://www.visitrichmondva.com/>

<https://www.virginia.org/cities/Richmond>

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 6/01/20

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 resident selection and practicum and academic preparation requirements:

There are several important eligibility requirements for participating in Psychology Training in the VA. Applicants are strongly encouraged to review [the document linked here](#) prior to applying. The document provides specific information regarding eligibility requirements and information regarding the process of being appointed to a VA position following the selection process.

Eligibility requirements may also be found at the following website:

<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>

Additional Eligibility Criteria for Internship

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Approved for internship status by graduate program training director.

Selection Process

A selection committee composed of psychologists involved in training reviews

<p>applications. Applicants may seek consideration for one or multiple tracks. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness-of-fit" with our scientist-practitioner model, and we look for interns whose training goals match the training that we offer. The McGuire VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we actively recruit and select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.</p> <p>Interview Process</p> <p>Interviews are required of all applicants who make the final selection round. Interviews will involve an informational session with the training directors, interviews with training staff for each track to which you applied, a virtual tour of our clinical and research facilities, an informational session with current interns, and an opportunity to meet with and ask questions of track-specific supervisors. We will gladly attempt to accommodate those who require alternate methods of interviewing upon request.</p> <p>interview.</p>
<p>Does the program require that applicants have received a minimum number of hours of the following at the time of application? If yes, indicate how many.</p>
<p>Total Direct Contact Intervention Hours: Yes Amount: 250</p> <p>Total Direct Contact Assessment Hours: Yes Amount: 50</p>
<p>Describe any other required minimum criteria used to screen applicants: The program does not have additional screening criteria.</p>

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$26,942 per year
Annual Stipend/Salary for Half-time Interns	Not Applicable
Program provides access to medical insurance for intern?	Yes
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)	Yes	4 hours every 2 weeks
Hours of Annual Paid Sick Leave	Yes	4 hours every 2 weeks
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	Negotiated on a case by case basis
Other Benefits (please describe)	<p>Holidays: Interns receive the 10 annual federal holidays.</p> <p>Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Application of this policy may vary from year to year, so questions must be directed to the Training Director.</p> <p>Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).</p>	

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts) 2017-20

Total # of interns who were in the 3 cohorts	18
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0

	Postdoc Position	Employment Position
Community mental health center	NA	NA
Federally qualified health center	NA	NA
Independent primary care facility/clinic	NA	NA

University counseling center	NA	NA
Veterans Affairs medical center	9	4
Military health center	1	NA
Academic health center	1	NA
Other medical center or hospital	NA	NA
Psychiatric hospital	NA	NA
Academic university/department	NA	NA
Community college or other teaching setting	NA	NA
Independent research institution	NA	NA
Correctional facility	NA	NA
School district/system	NA	NA
Independent practice setting	3	NA
Not currently employed	NA	NA
Changed to another field	NA	NA
Other	NA	NA
Unknown	NA	NA