

Psychology Internship Program

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



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

(804) 675-5000, extension 5106

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

MATCH Number:

General Track 206911

Health Psychology Track 206912

Serious Mental Illness and Dual Diagnosis Track 206913

Interprofessional Geropsychology Track 206914

Application Deadline: November 6th, 2017

Accreditation Status

The predoctoral internship at the Richmond VA Medical Center was accredited by the Commission on Accreditation (CoA) of the American Psychological Association in June 2010 for seven years. Our next site visit is in the Fall of 2017.

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 predoctoral 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 Mental Health Across Lifespan Track, and 2 positions in our Interprofessional Geropsychology track.

Eligibility

ELIGIBILITY REQUIREMENTS FOR ALL PROGRAMS

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

ADDITIONAL ELIGIBILITY CRITERIA FOR INTERNSHIP

Application & Selection Procedures

Candidates for internship must be U. S. Citizens from APA-approved programs in clinical or counseling psychology and must be approved for internship by their schools. Further, candidates should anticipate that they would complete all doctoral requirements within one year following internship. No applicants from programs awarding degrees in areas other than psychology will be accepted.

Candidates' materials are reviewed by the training committee psychologists. Reviewers evaluate the applicant's ability, record of achievement, interests and and potential compatibility with the internship program. These rankings may be used to prioritize interview offers. All applications received by the deadline are reviewed, and applicants will be notified via e-mail or mail whether their materials are complete.

Applicants invited for interviews will be notified by e-mail in early December. On-site interviews will be conducted on January 5th, 8th, and 12th in 2018; telephone interviews are offered in lieu of on-site interviews upon request.

NOTE TO APPLICANTS AND DIRECTORS OF TRAINING AT HOME PROGRAMS

We WILL NOT assign letter grades for internship performance. Upon request we will complete forms provided by the intern's home 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.

Applicants must meet the following prerequisites to be considered for our program:

1. Doctoral student in clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA)
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.
4. U.S. citizenship
5. Male applicants born after 12/31/1959 must have registered for the draft by age 26
6. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match result and selection decisions are contingent on passing these screens.

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. We prefer interns from university-based programs. 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

In-person or phone interviews are required of all applicants who make the final selection round. In person interviews will take a full day (8:00 am to 4:30 pm) and involve an informational session with the training directors, two formal interviews with training staff, a tour of our clinical and research facilities, an informational session with current interns, and an extended lunch (provided) with opportunity to meet staff supervisors from all clinical rotations, adjunctive and research training experiences. For the current selection cycle, in-person interviews will take place on January 5th,

January 8th, and January 12th, 2018. Applicants will need to be available to interview on those days should they be invited for an in-person interview.

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 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
Serious Mental Illness and Dual Diagnosis	206913
Interprofessional Geropsychology Track	206914

5. The APPIC Application for Psychology Internship (AAPI)
6. Supplemental Material (please submit in online application in Supplemental Section):
 - a. All 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, also please 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

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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

5106, and indicate that you wish to speak with the Director of Training about the internship program.

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

There are over 40 full-time, doctoral level psychologists participating in a wide range of activities at the Richmond VAMC. In addition to traditional roles in Mental Health, staff psychologists are critical members of the Substance Abuse, PTSD, Polytrauma and TBI, Spinal Cord Injury, Geriatric/Homebased Care, Health Psychology and Primary Care Mental Health programs. The Richmond VAMC is a lead medical center in the VA system of care and is privileged to offer many specialty programs (e.g., Polytrauma, SCI, & 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 Medical College of Virginia at Virginia Commonwealth University (VCU); many of our psychologists hold affiliate appointments at VCU.



Training Model and Program Philosophy

Our program is built upon a practitioner-scholar model of training. We support the view that good clinical practice is based upon understanding and practicing the science of psychology. Specifically, 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. While trainees may ultimately develop careers that emphasize 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, if inclined, 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 monthly diversity seminars and a day long diversity conference 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.

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. The General Internship Track, Health Psychology Track, and the Serious Mental Illness/ Dual Diagnosis Track, and the Interprofessional Geropsychology Track. Applicants may apply to one, two or all three; they should make it clear in their cover letters which tracks they wish to be consider for; 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 and related work in the Primary Care Mental Health Track and the set rotations established for the SMI/Dual Diagnosis 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, 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 supervisorsion 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 supervision and case conference and monthly psychological assessment didactics, supervision and case conference. Assessments are drawn from interns' rotations. 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 Seeking Safety, DBT Skills Group, Cognitive Behavioral Therapy for insomnia, Pain Management, Mindfulness Group, Social Skills and Recovery Groups.

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 five axis 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.

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. Rotations offer interns the opportunity for exposure to a range of professional activities selected from Mental Health and Behavioral Health experiences (see below for rotation options) in addition to assessment experience.

Health Psychology Track Specifics:

We have 1 position annually for the Primary Care/Health Psychology Track. Interns on this track have a year long experience working as a member of Patient Aligned Care Teams (PACT) in Primary Care and Specialty Care settings. In the primary care setting interns are involved in behavioral consultation with interdisciplinary teams, focused behavioral health assessments and brief interventions; additionally, interns serve as members of the PACT in the a patient-centered Medical Home Model and co-facilitate shared medical appointments, assist with e MOVE! (weight loss) program, co-lead telehealth based groups, provide behavioral health treatments for a range of medical issues (see Health Psychology rotation description below), and co-lead pain management groups. Medical and pre-surgical assessment experiences include pre-organ transplant, pre-hepatitis C treatment, weight loss surgery and pre-screening for heart transplant, AICD and LVAD procedures. Interns on this track may elect to create up to two minor rotations from the rotations described below with the approval of their supervisor and the director of training. Primary supervisors for this track are: Drs. Emrich, Farrell-Carnahan, Gsell, Helbok and Rooney.

Serious Mental Illness and Dual Diagnosis Track:

We have 1 position annually for the Serious Mental Illness and Dual Diagnosis Track. Psychology trainees will be assigned to 3, 4 month rotations progressing from PRRC, Inpatient Psychiatry, and concluding with Geriatrics/CLC. This progression will introduce them to the essential skills and techniques working with Veterans with SMI. After completion of the PRRC (outpatient) rotation, interns will become a member of the inpatient psychiatric team. A final progression to Inpatient Geriatrics and CLC will occur as a final, 4-month rotation. Interns at this point will have a firmer appreciation for SMI within formal Mental Health Service programs. They will be equipped with foundational skills necessary to generalize learning to areas outside of the formal Mental Health Service umbrella. In sum, interns will progress through a series of 3 rotations during the training year. Minor rotations may occur throughout the experience such that psychology trainees have exposure to specialized training in other areas of critical importance to the discipline, as for instance in differential diagnosis via formal psychological or neuropsychological assessment.

Psychosocial Rehab and Recovery Center (PRRC) Activities: Involvement will include individualized assessment and recovery planning, classroom-based psycho-education and skills training, building of social support networks, consumer and family education/psycho-education on mental health-related issues, dual diagnosis treatment, linkage with vocational assistance, and linkage to other resources. Interns will have the opportunity to participate in ongoing program development projects, such as the writing and/or updating of course curriculum to ensure class materials reflect evidence-based/emerging best practices, as well as outcome measurement efforts. Supervisor: Dr. Mary Bradshaw

Inpatient Activities: Participate as a member of the interdisciplinary treatment team. Perform group therapy, consumer and family education/psycho-education on mental health-related issues; brief individual therapy, psychological assessment for diagnostic clarification; and assessment and linkage to other resources as indicated. Additionally, interns may have the opportunity to participate in ongoing program development projects, such as the writing and/or updating of course curriculum to ensure class materials reflect evidence-based/emerging best practices and current rehabilitation needs of the patients served, involvement in the unit level system, as well as outcome measurement efforts. Supervisor: Dr. Diane Harris

Substance Abuse Treatment Program (SATP) Activities: Participate as a member of the interdisciplinary team for outpatient and residential programs. Interns will be involved in providing recovery and CBT focused psychotherapy groups, treating individuals with dual diagnoses, providing psychoeducation and psychological assessments, and individual therapy and family therapy. Supervisor: Dr. Jarrod Reisweber

Community Living Center (CLC) Activities: Intern's duties include participation on the interdisciplinary team, mood evaluation, individual psychotherapy, neuropsychological evaluation, behavior management consultations, and complex case management are integral aspects of this rotation. Trainees will serve as full participating members of the interdisciplinary treatment teams in the Rehabilitation, Nursing Home and Hospice/Palliative Care units of the CLC. Supervisors: Drs. Kathleen McCune, Rebecca Fromme (gero-neuropsychologist), and Dr. Carl Williams.

Interprofessional Geropsychology Track:

We have 2 positions to fill for the Interprofessional Geropsychology Track. Applicants who match to this track will become part of an interprofessional mental health training program anchored in our Geriatric Extended Care Service. The interprofessional program includes 2 Predoctoral Psychology interns, 4 Chaplaincy Residents, and 1 Social Work Intern. The interprofessional program includes shared trainings in Motivational Interviewing and Caregiver Reach Support; didactics focused on each discipline's approach to assessment, intervention, professional development and ethics differ, overlap and complement the others; and development and provision

of presentations to staff and patients regarding how each discipline contributes to addressing biopsychosocial-spiritual effects on mental health.

Psychology Interns on this track will complete 3, 4-month long major rotations; the first 2 rotations will be in: Geropsychology (this includes the Long-term Care unit, Geropsychological Screening, and Rehabilitation units); and Home Based Primary Care. 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 additional experiences in gero-neuropsychological evaluation, Hospice/Palliative Care, or Oncology. In addition to major rotations each intern will complete minor rotations co-leading a Moral Injury Group in our PTSD program, co-leading a Relapse and Recovery Group in our Substance Abuse Treatment Program, and observing a Social Skills Training Group in our Psychosocial Recovery and Rehabilitation Center. 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. Core Faculty: Drs. Rebecca Fromme, Kathleen McCune and Carl Williams.

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 committee 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. The interns may rotate as members of the 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 rotation final evaluations are provided by the supervisor(s) using the "Predoctoral Psychology Intern Evaluation Form."

- In the event that an intern receives a midterm evaluation on a rotation indicating their performance on a competency goal is below that of "entry level for an intern" OR at the completion of either of the first two rotations they receive an evaluation indicating their performance on a competency is below that expected of an intern performing at "exit level" at rotation completion, the intern, supervisors and the Director of Training (DOT) will develop a formal plan to address training needs.

- Copies of all evaluations are provided to the intern and results are summarized and sent to the intern's home university. 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.

Major Rotations: General Track interns select three major rotations to complete during the training year. The Primary Care Mental Health/Health Psychology Track Intern and the MH Across the Life Span Track intern

Mental Health Clinic and Inpatient Unit (4 month major rotation): This rotation is in addition to the year long experience required of all interns. Interns electing this rotation will gain additional experiences with inpatient and 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 co-leaders of psychotherapy and psychoeducational groups. Interns will learn of essential elements of vocational assessment, counseling and rehabilitation during this rotation. Depending on the intern's interests and caseload, the intern may have the opportunity to co-lead additional outpatient groups (e.g., DBT, Social Skills Training, Understanding the Effects of Trauma, Cognitive Processing Therapy, Grief, Nightmare Reduction, etc.). Supervisor: Dr. Sam Park.

Inpatient Psychiatric Unit (4 month major rotation): This rotation is in addition to the year long experience required of all interns. Interns electing 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.

Supervisor: Dr. Diane Harris.

Psychosocial Rehab and Recovery Center (PRRC) (4 month major rotation): On this rotation, the intern will provide individual and group psychotherapy to patients with a particular emphasis on the treatment of seriously mentally ill veterans. There are opportunities to co-facilitate Recovery-based groups including work with peer-led groups. Interns will work with the day treatment program and can choose to develop group programming in an area of specific interest. The intern will gain experience in

treating a wide range of psychological illnesses, including PTSD, Major Depressive Disorder, Bipolar Disorder, anxiety disorders, personality disorders, and psychosis. Many patients also present with comorbid substance abuse and serious medical issues. Supervisors: Drs. Mary Bradshaw and Robert Buncher.

PTSD Clinical Team (PCT) (4 month major rotation): This outpatient program provides services to veterans with Post-Traumatic Stress Disorder. Interns will join a multidisciplinary team (psychologists, social workers, psychiatrist, nurse practitioners) and provide evaluation and individualized treatment planning. Treatment objectives are to decrease PTSD symptoms, to improve coping resources and self-image, and to increase self-awareness of behaviors and feelings. Treatment modalities include individual and group therapy, family/couples therapy, psycho-education, and psychotropic medication management. Interns will enhance knowledge and proficiency related to treatment of posttraumatic stress disorder through the provision of multiple clinical services to include individual, couples/family and group psychotherapy; crisis intervention; weekly psychoeducational group sessions; family support and education; psychological assessment; liaison with OEF/OIF programming; and clinical consultation. Supervisors: Drs. John Lynch, John Beneseck, and Christopher Murphy.

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, 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, Mindfulness Meditation, Trauma-Focused Cognitive Behavioral Therapy, and Imagery Rehearsal Therapy. The opportunity to practice Eye Movement Desensitization and Reprocessing is also available, provided that the intern has taken Part I of the EMDR training. Supervisor: Dr. Brian Meyer.

Substance Abuse Treatment Program (SATP) (4 month major rotation): The SATP is comprised of outpatient and residential programs. Interns on this rotation receive training and experience in biopsychosocial substance abuse assessment and group therapy. There may be opportunity for individual therapy and family therapy. Interns will primarily be involved with the Substance Abuse Residential Rehabilitation Treatment Program but may have involvement in outpatient groups as well. Interns will be a member of the interdisciplinary treatment team for SATP. Supervisor: Dr. Jarrod Reiswebber

Health Psychology (4 month major rotation): This is an elective rotation and the following experiences are available to the intern depending upon intern interest and supervisor availability: Assessment of specific medical patient populations (e.g., patients with chronic pain, psychophysiological disorders, sleep disorders, and being considered for organ transplants or medical procedures); assessment of personality, psychopathology, and cognitive processes in relation to health problems; short-term individual psychotherapy; and behavior management plans. Psychological interventions related to illness adjustment issues, pain management, non-adherence to medical regimens, smoking cessation, weight management, and unhealthy behaviors. Supervisors: Drs. Michelle Emrich, Craig Helbock, Jennifer Cameron, and Meghan Rooney.

Neuropsychology: 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. Dr. Jennifer Lumpkin.

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 care is based in several areas, including the CLC (nursing home unit), subacute rehabilitation unit, and the palliative care/hospice unit. Interns will become knowledgeable about the unique psychological and medical issues associated with aging. Trainees may 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, cognitive 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. Drs. Kathleen McCune, Carl Williams, and Rebecca Fromme.

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 elderly, 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. Supervisors: Drs. Jennifer Wartella and Rebecca Fromme.

Rehabilitation Psychology 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 rotations are in accordance with the competencies aspired to by APA Division 22, Rehabilitation Psychology. Interns can elect to complete up to three of these rotations.

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. Typically an intern will elect to work in one program (PRC) for two months and then transition to the other program (PTRP) for the second half of the rotation. Supervisors: Drs. Tom Campbell, Kathryn Wilder-Schaaf, Suzette Chopin, and Patricia Jones.

Polytrauma Network Site (PNS) clinic(4 month major rotation): This 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. Supervisors: Drs. Eugene Gourley, Brian Reiner, and Sharon Funari.

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 (on or near the unit of their primary rotation). 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 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 Medical College of Virginia (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; even though technically not employees, all of 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 make requests in writing (preferably by email) 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, and in the past have ranged from providing specific instructions on locating accessible entrances and elevators, to arranging secure V-tel interviews from a VA nearer to the applicant.

Use of Distance Education Technologies for Training and Supervision:

We do not use distance education technologies for supervision. VA does make use of an online education portal for required VA trainings. All other trainings are conducted on site.

Psychology Training Staff

Lead Psychologist

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

Director of Training for Psychology

Thomas Campbell, Ph.D., ABPP-RP

Director of Rehabilitation Psychology Post-Doctoral Fellowship

Thomas Campbell, Ph.D., ABPP-RP

Director of MIRREC Post-Doctoral Fellowship

Scott McDonald, Ph.D.

John Benesek, Psy.D. 1999, University of Hartford.

Licensed Clinical Psychologist, State of Virginia

Clinical duties: Acting Director, PTSD Program; provision individual and group psychotherapy; crisis intervention; family support and education; psychological assessment; liaison with recently developed OIF/OEF program; clinical consultation; development and maintenance of patient databases; ongoing research collaboration at McGuire; faculty responsibilities through VCU Medical Center.

Research Interests: Combat-related PTSD; forensic evaluation and treatment
Chemical dependence treatment; general adult psychopathology; treatment of the chronically mentally ill.

Faculty appointments: Assistant Professor, Department of Psychiatry, Virginia Commonwealth University.

Mary Bradshaw, Psy.D. 2003, Argosy University, Washington, D.C.

Internship Site: Medical College of Virginia

Post-Doc: None

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Psychosocial Rehabilitation Recovery Center Coordinator. Provide group and individual treatment for seriously mental ill with goal of reintegration to community.

Research Interests: None currently

Academic/Faculty Affiliations: None currently

Robert M. Buncher, Ph.D. Florida State University 1996

Internship Site: Florida State Hospital

Post-Doc: Jefferson Correctional Institution; Monticello, FL

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Compensation and Pension Evaluations.

Clinical Interests: Psycho-Social Rehabilitation for Seriously Mentally Ill (SMI) population.

Research Interests: None currently
Academic/Faculty Affiliations: None currently

Jennifer Cameron, Ph.D., 2008 University of Alabama at Birmingham, Birmingham, Alabama

Licensed Clinical Psychologist, State of Virginia

Clinical Duties: Provide health behavior consultation to Primary Care staff and patients in individual and group formats as well as contribute to health promotion and disease prevention efforts.

Research Interests/activities: Interested in weight, sleep, cardiac, no current major projects

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

Thomas Campbell, Ph.D., ABPP 2008, Virginia Commonwealth University, Richmond
Board Certified in Rehabilitation Psychology

Licensed Clinical Psychologist, State of Virginia

Clinical Duties: Polytrauma Rehabilitation Center, Neuropsychologist

Research Interests/activities: TBI and PTSD, Response Validity, Self-Report Styles

Academic Appointments: Affiliate and Adjunct Professor, VCU Department of Psychology

William Carne, Ph.D., 1980, Virginia Commonwealth University

Licensed Clinical Psychologist, State of Virginia

Clinical duties: Neuropsychological and Psychological Assessment for the Parkinson's Program and Spinal Cord Injury

Research Interests: Health Psychology

Faculty appointments: Assistant Professor, Department of Physical & Rehabilitative Medicine Virginia Commonwealth University.

Suzette Chopin, Ph.D., 2013, Virginia Commonwealth University Counseling Psychology Program.

Internship: McGuire VAMC, Richmond, Virginia

Post-Doctoral Fellowship: McGuire VAMC Rehabilitation Psychology Fellowship

Licensed Clinical Psychologist, State of Virginia

Staff Psychologist: Rehabilitation Neuropsychologist, Polytrauma Residential Program (PTRP).

Research Interests: Complementary and Integrative Medicine

Faculty appointments: Affiliate Professor in Psychology, Virginia Commonwealth University.

Emmeline Cook, PhD, 2010, Tennessee State University

Licensed Clinical Psychologist, State of West Virginia

Internship: Dutchess County Department of Mental Hygiene, Poughkeepsie, NY, APA Accredited.

Staff Psychologist: Home Based Primary Care. Dr. Cook has extensive professional experience working with SMI populations and conducting a wide range of psychological

assessments. Dr. Cook has a particular interest in DBT skills training and the assessment of malingering.

Michelle Emrich, Psy.D., 2008, Spaulding University.

Internship: Salem VAMC, Salem, Virginia

Fellowship: Virginia Commonwealth University Health Systems-Clinical Health Psychology Training Fellowship

Licensure: Virginia

Clinical Duties: Health psychologist providing C&L services, pre-surgical and pre-transplant evaluations and targeted behavioral health treatment as part of an interdisciplinary team within specialty care.

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

Licensure: 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.

Training and Didactics: Geriatric Neuropsychology, Managing Difficult Patients, Geropsychology, and Boundary Issues for Medical Staff.

Research Interests: Geropsychology and Caregiver Concerns

Faculty Appointments: Adjunct Assistant Professor in Psychology, Virginia Commonwealth University.

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

Licensed Clinical Psychologist, State of Virginia

Internship: James Quillen VAMC

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: psychosocial characteristics in a capital murder population; impediments to attachment in a juvenile offender population

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

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

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

Licensure: Virginia

Clinical Duties: Dr. Gourley is a neuropsychologist with the Polytrauma Network Site (PNS). He provides supervision of interns doing screenings in outpatient neuropsychology clinic and through the SeRV-MH (Returning veteran program for OIF/OEF/OND veterans).

Allen B. Grove, Ph.D., 2010, Hofstra University

Internship: National Naval Medical Center, Bethesda, Maryland

Post-doc: 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: 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)

Academic/Faculty Affiliations: None currently (past adjunct professor at Hofstra University)

Member of: American Psychological Association & Association for Behavioral & Cognitive Therapies

Margaret Gsell, Ph.D., 2011, Virginia Commonwealth University

Internship: James H. Quillen VA Medical Center, Mountain Home, TN

Post-doc: Behavioral Medicine, Geisinger Medical Center, Danville, PA

Licensed Clinical Psychologist, State of Maryland

Job Duties: Health Behavior Coordinator, Health Promotion and Disease Prevention Program, Primary Care. Provide group facilitation within MOVE! program, Diabetes Shared Medical Appointments, Tobacco Cessation, CBT-chronic pain.

National Trainer and Consultant for VA EBP Cognitive Behavioral Therapy for Chronic Pain. Facility trainer for Motivational Interviewing and provide clinician coaching to staff. Research Interests: Weight Management, Rural Health, Health Promotion and Disease Prevention

Academic/Faculty Affiliations: N/A

Diane Harris, Psy.D., 1999, Illinois School of Professional Psychology, Chicago

Internship: Ethan Allen School

Licensure: Commonwealth of Virginia

Clinical Duties: Staff Psychologist working in a residential substance abuse program with Veterans diagnosed with severe substance use disorders and also dually diagnosed Veterans. Also, working with Veterans admitted for inpatient psychiatric hospitalization for acute serious mental health issues that require stabilization and treatment. Perform evidenced based individual and group psychotherapy, psychodiagnostic assessment, substance abuse assessment, bio-psychosocial assessment, supervision of a Peer Support Specialist, supervision of intern in Lifespan rotation, and program development as required. Provides 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.

Craig Helbok, Ph.D., ABPP, 2005, West Virginia University, Counseling Psychology

Internship: Pittsburgh VAMC

Postdoctoral Fellowship: Kansas City VAMC, Clinical Psychology and Substance Abuse
Licensure: Minnesota

Clinical Duties: Staff Psychologist providing Pain Management, Health Psychology and Pre-surgical/Pre-transplant services including assessment/evaluations, individual, family and group therapy and psychoeducation.

Research Interests: Pain Management and Health Behaviors (e.g., tobacco cessation, weight loss).

Patricia Jones, Patricia A. Jones, Ph.D., 1995, Georgia State University

Licensed Clinical Psychologist, State 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).

Jennifer Menzel Lumpkin, Psy.D., ABPP (RP), 2005, University: Indiana University of Pennsylvania

Internship: Malcom Randall VAMC, Gainesville, Florida

ABPP: 2013

Postdoctoral Fellowship in Neuropsychology and Rehabilitation Psychology at Virginia Commonwealth University (VCU) Medical Center, 2005-07

Licensed Clinical Psychologist, State of Virginia

Clinical duties: Neuropsychologist for the Mental Health Service, Consultation and Liaison Service, and Spinal Cord Injury Unit. In addition to completing neuropsychological evaluations, I also conduct individual psychotherapy with individuals with a variety of Axis I disorders as well as conduct group psychotherapy with individuals who identify as gay, lesbian, bisexual, and/or transgendered (GLBT)

Research Interests: Traumatic brain injury, depression following traumatic brain injury

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

John R. Lynch, Ph.D., 1988, Virginia Commonwealth University

Internship: HH McGuire VAMC; Richmond, VA

Post-doc: Henrico Mental Health Community Services Board

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: Evidence Based Treatment Coordinator; Individual Therapy, Process Group Therapy, and Structured Group Therapy for the PTSD Treatment Team

Research Interests: Couples, Relationships, Men's issues, Hypnotic approaches to sleep improvement and pain management.

Academic/Faculty Affiliations: Assistant Professor, Department of Psychiatry, Virginia Commonwealth University

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

Licensed Clinical Psychologist, State of Virginia

Clinical Duties: SCI Neuropsychologist. Neuropsychology consultation for the SCI inpatient and outpatient clinics.

Training and Didactics: Co-Director of VA MIRECC Advanced Fellowship Program, McGuire VAMC. Provide research supervision. No current clinical rotation supervision.

Dr. McDonald provides clinical research and professional development seminars.

Research Interests/Activities: PTSD assessment, mild TBI, and resilience

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

Kathleen McCune, Ph.D., 1992, Virginia Commonwealth University

Licensed Clinical Psychologist

Internship: Woodburn Center for Community Mental Health, 1991-1992.

Clinical Duties: Provide assessment, neuropsychological screening, psychotherapy, behavioral management plans for the patients and families of, and team consultation for the staff of the Community Living Center, Geriatric Rehabilitation Center and the Palliative Care Units. Dr. McCune is also a member of the facility's Disruptive Behavior Committee.

Research Interests: Mental health and health related issues across the lifespan.

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

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

Post-doc: Harvard Community Health Plan, 1989-90

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: Interim Associate Chief, Mental Health Services (Clinical) and Supervisory Psychologist. Oversee team of 41 psychologists providing clinical services in mental health, health, rehabilitation, and assessment throughout the hospital. Chair Workplace Violence Prevention Committee. Develop, maintain, and evaluate functioning of clinical programs and help to guide new initiatives. Also function as SUD/PTSD Specialist. Provide evidence-based individual, family, couples, and group psychotherapies for veterans with substance abuse problems and Posttraumatic Stress Disorder.

Research interests: trauma, child abuse, co-occurring disorders, mindfulness.

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

Christopher J. Murphy, Psy.D. 2008, Regent University

Internship: Dwight D. Eisenhower Army Medical Center, 2007-08

Post-doc: 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

Internship: HH McGuire VAMC; Richmond, VA

Post-doc: Agent Orange 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.

Samuel E. Park, PhD 2013, Biola University, Rosemead School of Psychology

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.

Academic Affiliations: Affiliate Assistant Professor, VCU Department of Psychology.

Brian Reiner, Psy.D., 2011, Regent University, Virginia Beach, V.A.

Internship: Eastern Virginia Medical School

Post-Doctoral Fellowship: McGuire VAMC Rehabilitation Psychology 2-year Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Outpatient neuropsychological assessments and psychotherapy for the Compensated Work Therapy Program (CWT) and the Polytrauma Network Site Program (PNS). Inpatient neuropsychological assessments and psychotherapy for the Service Member Transitional Advanced Rehabilitation Program (PNS).

Research Interests: Alternative Medicine, Mindfulness

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

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

Post-Doctoral Fellowship: University of Pennsylvania Aaron T. Beck Psychopathology Research Center, Philadelphia, PA

Licensed Clinical Psychologist: State 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: Psychology of Religion, CBT for Substance Abuse, & CBT for Schizophrenia

Meghan Rooney, Psy.D. Antioch New England Graduate School

Internship: Edith Nourse Rogers Memorial Veterans Administrative Hospital, Bedford, MA

Post-Doc: Edith Nourse Rogers Memorial Veterans Administrative Hospital, Bedford, MA

Licensed Clinical Psychologist, Commonwealth of Massachusetts

Clinical duties: Clinical coordinator of the Veteran's Integrative Pain Center. Provide assessment, psychological testing, behavioral therapy, family therapy and trauma work including EMDR for veterans in chronic pain as part of an interdisciplinary treatment team. Former Director of Operations for the National Tele-mental Health Center (NTMHC), I have experience in program development at the local, regional and national level and continue to be keenly interested in the intersection of mental health and technology.

Research Interests: Trauma and Chronic Pain; Integration of technology and mental health;

Career Faculty Appointments: Instructor in Psychiatry, Harvard Medical School; Assistant professor, Yale University School of Medicine

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

Internship: Howard University Counseling Center, Washington, DC

Post-Doc: 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

Lillian Flores Stevens, Ph.D., 2010, Virginia Commonwealth University

Licensure: Virginia

Internship: McGuire VAMC

Post-Doctoral Residency: Virginia Commonwealth University Medical Center; McGuire VAMC (MIRECC Program).

Clinical Duties: the Site-Principal Investigator and data specialist for the Traumatic Brain Injury Model Systems (TBIMS) project. The TBIMS program was created in 1987 by the National Institute on Disability and Rehabilitation Research (NIDRR) and is a prospective, longitudinal, multi-center study which examines TBI recovery and outcomes following coordinated acute medical care and inpatient rehabilitation. There are 16 public sector facilities that serve as TBIMS sites and the RVAMC is one of the five VA Polytrauma Rehabilitation Centers that serve as TBIMS sites.

Research Interests: Traumatic Brain Injury (TBI) rehabilitation, family adjustment to TBI. Serve as the Site-Principal Investigator and data specialist for the Traumatic Brain Injury Model Systems (TBIMS) project

Faculty Appointments: . Affiliate Associate Professor of Psychology, Virginia Commonwealth University

Jennifer E. Wartella, PhD, Virginia Commonwealth University

Internship: University of Arizona Medical Center

Fellowship: University of Virginia Center for Addiction Research

Licensure: 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.

Kathryn Wilder-Schaaf, Ph.D. 2010 Virginia Commonwealth University

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Rehabilitation Psychologist, PRC. Conduct neuropsychological assessment batteries for active duty service members and veterans in an acute rehabilitation setting. Provide individual, couples, and family treatment to address adjustment to injury and comorbid mental health disorders. Provide cognitive rehabilitation to address neurological deficits after brain injury. Provide family education groups.

Research Interests: TBI and PTSD, Family needs after TBI

Faculty appointments: Affiliate Professor, Virginia Commonwealth University.

Carl Williams, Ph.D., 2001, Virginia Polytechnical Institute and State University, Clinical Psychology.

Licensure: State of Nevada

Internship: University of California, San Diego

Fellowship: University of California, San Diego

Staff psychologist to Hospice Palliative Care and to Oncology at RVAMC. He is a trainer and consultant mentor with the VA's Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) Evidenced-Based Psychotherapy (EBP) initiatives and he is a consultant for the Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) EBP. He has acquired provider status in ACT-D and CBT-D. 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. Dr. Williams has previously served as a Supervisory Psychologist and as a Director of Psychology Training. He was recently Site PI for PACT to Improve Health Care in People with Serious Mental Illness (PI: Alexander S Young, MD MSHS, UCLA, GLAVA). Dr. Williams has served on research committees (IRB and R&D, VA Linda, CA and R&D VA San Diego, CA).

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

Internship: HH McGuire VAMC; Richmond, VA

Post-doc: 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.

Internship Trainees

2008-2009 Interns:

- Leah Farrell, Ph.D.
Virginia Tech University
- Rachel Gow, Ph.D..
Virginia Commonwealth University
- Monique Moore, Ph.D.
University of North Carolina, Chapel Hill

2009-2010 Interns:

- Whitney Brown, Psy.D.
Argosy University, Washington DC
- Aaron Grace, Psy.D.
Baylor University
- Lillian Stevens, Ph.D.
Virginia Commonwealth University

2010-2011 Interns:

- Andrea Konig, Ph.D.
Virginia Commonwealth University
- Reginald McRae, Psy.D.
Argosy University, Washington DC
- Meghan Richetti, Psy.D.
Spaulding University

2011-2012 Interns:

- Sharon Starkey Cummings, Psy,D.
Argosy University, Washington D.C.
- Kristen N. Leishman, Psy.D.
Pepperdine University
- Christa M. Marshall, Psy.D.
Roosevelt University

2012-2013 interns:

- Suzzette M. Chopin, Ph.D.
Virginia Commonwealth University
- Natalie C. Fala, Psy.D.
Florida Institute of Technology
- Rachel L. Freed, Psy.D.
Nova Southeastern University

2013-2014 interns:

General Track:

- Jeanne Renee Anderson
Pacific University
- Kathryn Hefner
University of Wisconsin-Madison
- Sarah Skeeters
University of Indianapolis

Primary Care Mental Health Track

- Rebekah Forman
Seattle Pacific University

2014-2015 interns:

General Track:

- Timothy Aigner
Gallaudet University
- Yanna Lapis
Pacific Graduate School of Psychology, Palo Alto University
- Charlene Tai
Pacific Graduate School of Psychology, Palo Alto University

Primary Care Mental Health Track:

- Thomas Burroughs
Pacific Graduate School of Psychology, Palo Alto University

2015-2016 interns:

General Track:

- Megan Aiello
Southern Illinois University
- Sara Bock
Virginia Consortium Program In Clinical Psychology
- Threse V. Cash
Virginia Commonwealth University

Primary Care/Health Psychology Track:

- Michael Chatterton
University of Indianapolis

MH Across the Life Span:

- Samantha Overstreet
University of Tulsa

2016-2017 interns:

General Track:

- Timothy Avery
PGSP-Stanford Psy.D. Consortium
- M. Kathleen Holmes
St. John's University, NYC, Clinical Program
- Janette Hamilton
Virginia Commonwealth University, Counseling Program

Serious Mental Illness and Dual Diagnosis:

- Lizette Aguirre-Giron
PGSP-Stanford Psy.D. Consortium

Primary Care/Health Psychology Track:

- Jay Wiles
Regent University

2017-2018 interns:

General Track:

- Stephanie Malozzi
University of Kansas
- Stephanie Snyder
University of Hartford
- Alis a Goldstein
Radford University

Serious Mental Illness and Dual Diagnosis:

- Charley Blunt
Adler University

Interprofessional Geropsychology Track:

- Laura Jurewicz
Midwestern University
- Laura Gaworski
Wisconsin School of Professional Psychology

Local Information

About Richmond Virginia and surrounds

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 nearly 200,000 citizens (approximately 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 is proud to support several first-class museums and three prominent universities, its own symphony, the [American Youth Harp Ensemble](#), an [annual folk festival](#), professional ballet and opera, and numerous theater companies and [art galleries](#).

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.

Stipends and Benefits

Stipend: Interns receive a competitive stipend paid in 26 biweekly installments. VA internship stipends are locality adjusted to reflect different relative costs in different geographical areas. Current stipends (2016-17) for Richmond VAMC is \$24,519 (plus benefits).

Benefits: The internship appointments are for 2080 hours, which is full time for a one year period. Start date for our internship will be August 21, 2017. VA interns are eligible for health insurance (for self, married spouse, and legal dependents) and for life insurance, just as are regular employees. As temporary employees, interns may not participate in VA retirement programs.

Holidays and Leave: Interns receive the 10 annual federal holidays. In addition, interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as an intern, for a total of between 96 and 104 hours of each during the year.

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 varies from site to site, so questions for a specific program must be directed to the Training Director.

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).

REQUIRED INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 8/28/17

Internship Program Admissions

Applicants must meet the following prerequisites to be considered for our program:

7. Doctoral student in clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA)
8. Approval for internship status by graduate program training director
9. 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.
10. U.S. citizenship
11. Male applicants born after 12/31/1959 must have registered for the draft by age 26
12. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match result and selection decisions are contingent on passing these screens.

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. We prefer interns from university-based programs. 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

In-person or phone interviews are required of all applicants who make the final selection round. In person interviews will take a full day (8:00 am to 4:30 pm) and involve an informational session with the training directors, two formal interviews with training staff, a tour of our clinical and research facilities, an informational session with current interns, and an extended lunch (provided) with opportunity to meet staff supervisors from all clinical rotations, adjunctive and research training experiences. For the current selection cycle, in-person interviews will take place on January 5th, January 8th, and January 12th, 2018. Applicants will need to be available to interview on those days should they be invited for an in-person interview.

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The program requires that applicants have received a **minimum number of hours** of the following at time of application:

Total Direct Contact Intervention Hours	250
Total Direct Contact Assessment Hours	50

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$24,520 per year
Annual Stipend/Salary for Half-time Interns	Not Applicable

Insurance

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?	Yes

Time Off

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts) 2013-2016

Total # of interns who were in the 3 cohorts	13
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1

	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	6	5
Military health center	1	NA
Academic health center	NA	NA
Other medical center or hospital	2	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	2	3
Not currently employed	NA	NA
Changed to another field	NA	NA
Other	NA	NA
Unknown	NA	NA

