

Salem VAMC

Psychology Internship Program

MATCH Number: 161411

Applications due: November 14, 2016



Salem VA Medical Center
Director of Training for Psychology
(116C) 1970 Roanoke Boulevard
Salem, Virginia 24153
(540) 982-2463, extension 1578
<http://www.salem.va.gov/>

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Accreditation Status

The predoctoral internship at the Salem VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association. Our last site visit was in October of 2012 and we received seven years of accreditation. Our next site visit is anticipated for 2019. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association
750 1st Street, NE Washington, DC 20002-4242

(202) 336-5979

APAACCRED@APA.COM

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

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. **At the time of application, the intern must have some experience with the MMPI-2 and the WAIS and experience needs to be clearly delineated in one's application. This can include classroom instruction.** Also, the candidate should have at least 350 supervised practicum intervention and assessment hours prior to applying. We strongly encourage and expect the dissertation proposal to be defended prior to beginning the internship but prefer this before interview. Further, the candidate should anticipate that he or she would complete all doctoral requirements within one year following internship. Doctoral psychologists who are attempting to qualify as practitioners in an area different from their original training areas must be certified by their program director as having the equivalent of pre-internship preparation. No applicants from programs awarding degrees in areas other than psychology will be accepted. This program supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. Applications from racial, ethnic, and sexual minorities and women are strongly encouraged. No applicant will be discriminated against on the basis of race, color, creed, religion, sex, place of national origin, or age.

The application materials of candidates are reviewed by our staff psychologists, postdoctoral fellows, and interns. Reviewers evaluate the applicant's ability, record of achievement, and degree of potential compatibility with the internship program. These rankings are used to prioritize interview offers.

Applicants who do not qualify for consideration will be notified promptly. We invite approximately forty applicants to interview at the Salem VAMC. We conduct all day

interviews, which include an introduction to the training program, meetings with on-site psychology supervisors, and three individual interviews, in addition to lunch and tours with current interns. Applicants are then rated by the interviewing three staff psychologists. These independent ratings are pooled with packet ratings and verbal input from interns and other staff, resulting in our ranking list. An attempt is also made to diversify the intern class according to sex, race, type of doctoral program, clinical interests, and geography.

NOTES TO APPLICANTS AND DIRECTORS OF TRAINING AT HOME PROGRAMS

It is the policy of this internship to NOT complete evaluation forms other than those designed by us specifically for our internship to meet APA accreditation guidelines. Additionally, we WILL NOT assign letter grades for internship performance. The home school is sent copies of the final evaluations of each major and minor rotation completed by the intern indicating successful or unsuccessful completion. At the end of internship, the home school receives a letter from the internship DOT indicating the intern's final internship completion status.

Application Procedures

We require use of the AAPI Online Application. Applicants for internship must submit the following:

- Completed APPIC Application for Psychology Internship (AAPI). The AAPI is available on the APPIC Website at <http://www.appic.org/>. Click on AAPI Online. Three letters of reference are required.
- Within your cover letter, please indicate the following:
 - a ranking of possible interview dates. Please let us know your preference (in order from 1 being the most preferred to 3 being the least) for the following potential interview dates: December 16, December 19, and January 17.
 - a ranking of interviewers. Please include a list of 6 Salem VAMC on-site psychology staff you prefer to meet with on your interview day, ranging from 1 (most preferred) to 6 (preferred).

THE DEADLINE FOR RECEIPT OF ALL MATERIALS IS NOVEMBER 14. EARLY SUBMISSION OF MATERIALS IS ENCOURAGED.

All applications will be reviewed and applicants will be notified via e-mail or mail whether their materials are complete. Applicants invited for interviews will be notified by phone or e-mail. Latest notification date is December 15, but earlier notification is likely. On-site

interviews are conducted on a total of three days, likely scheduled for December 16, December 19, and January 17.

If there are questions about the internship program or if you need to check the status of your application, please call the psychology office at (540) 982-2463, extension 4188, and indicate that you wish to speak with the Director of Training about the internship program. You may also contact Dr. Holohan via e-mail at dana.holohan@va.gov or our medical support assistant, April Broughman at april.broughman@va.gov.

Our APPIC match number is: 161411.

The stipend for VA internships is set by the Office of Academic Affiliations. The Salem VAMC internship stipend is currently set at \$24,014.

**Note: The VA requires all selected applicants to complete a Certification of Citizenship in the United States as well as other personnel forms prior to beginning VA training. 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. Interns are subject to fingerprinting, physicals, and background checks. Match result and selection decisions are contingent on passing these screens. VA conducts drug screening exams on randomly selected personnel, including trainees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing.*

Psychology Setting

The psychology staff is comprised of thirty-two doctoral level staff. Psychology falls under the Mental Health Service Line (MHSL) and the Executive Psychologist, Dr. Shenal, provides administrative direction and supervisory oversight for all staff. Psychology has an exceptional reputation in the medical center and psychologists are members of the Medical Staff. A number of our staff psychologists have completed post-doctoral fellowships with emphasis areas including neuropsychology and behavioral neurology, neuropsychology and rehabilitation psychology, mental health-primary care integration, geropsychology, and posttraumatic stress disorder. There is a strong emphasis on evidence-based assessment and treatment strategies. Psychologists actively involve trainees in ongoing programs of clinical research, resulting in multiple peer-reviewed co-authored papers and conference presentations. Salem VAMC psychologists are leaders in our field nationally and regularly present at national conferences and serve on VISN, National, and Medical Center committees, such as the Evidence-Based Practice subcommittee of the VA Psychology Training Council, the VHA Women's Health Subgroup, Mental Health Strategic Plan Workgroup, and the Salem VAMC Institutional Review Board. Several psychologists have been national consultants for best practice initiatives, such as the Prolonged Exposure and Motivational Interviewing Training Initiatives. Psychology staff members are also involved in the psychiatry or medical residency programs as educators and/or supervisors. Several hold faculty appointments at the University of Virginia School of Medicine and Virginia Tech-Carilion School of Medicine. Overall, the psychology service is dedicated to contributing to best practice guidelines, providing high quality direct professional care, being informed by and/or informing clinical research, and providing an exceptional training experience.

Psychologists are deployed throughout the medical center and serve in a number of leadership positions. First and foremost, the Executive Psychologist also serves as the Associate Chief/Clinical Services of the MHSL. In addition, four psychologists are employed in supervisory positions in the following interdisciplinary programs: Center for Traumatic Stress, Inpatient PTSD Treatment Program, Behavioral Medicine and Primary Care-Mental Health Integration Teams, and the Center for Neurocognitive Services. Staff psychologists also coordinate and/or staff the following specialized services: Psychosocial Rehabilitation and Recovery Center, Substance Abuse Treatment Program, Evidence-Based Psychotherapy Team, Recovery Programs, Palliative Care, Center for Interdisciplinary Pain Management, Home Based Primary Care, and the Employee Assistance Program.

The MHSL also includes Acute and Extended Care inpatient units, the Mental Health Clinic, the Mental Health Intensive Case Management Program, the Mental Health ER

walk-in clinic, Telepsychiatry, Mental Health Consultation and Liaison, Compensated Work Therapy, Incentive Therapy, Horticulture Therapy, and a Supported Employment Program. The Salem VA Medical Center currently has 208 operating beds in addition to a 90 bed Community Living Center (CLC). The MHSL comprises 131 of these operating beds; thirty-eight are for acute psychiatry, thirteen for the residential PTSD program, and twenty-six are designated for a Substance Abuse Residential Rehabilitation Treatment Program (SARRTP).

The Salem VAMC MHSL has grown dramatically over the past 14 years. During this time, we have applied for Mental Health Enhancement funds in the areas of PTSD, Traumatic Brain Injury (Neuropsychology and Rehabilitation Psychology), Substance Abuse, Returning Veterans Initiatives, Mental Health-Primary Care Integration (MH-PCI), Compensated Work Therapy, Psychosocial Peer Support, Psychosocial Recovery, Suicide Prevention, and Community Based Outpatient Clinic (CBOC) Enhancement. Each of these has been funded and our staff, as well as programming, has increased significantly from 7 psychologists in 2000 to 32 psychologists in 2016. In 2008, we applied for and received funding for two postdoctoral fellow positions with emphasis on PTSD and Mental Health-Primary Care Integration. We also received funding from 2010-2012 for a Geropsychology fellowship, which has now been continued beginning in 2014. In 2010, we applied for, and received, funding for a recurring two year Neuropsychology Postdoctoral Fellow. In 2012, we applied for and received funding to develop an Interprofessional Evidence Based Psychotherapy Team, which included one postdoctoral fellow in addition to trainees from psychiatry, social work, and pharmacy. Last year, we added a postdoctoral fellow in the area of Substance Abuse. We have been successful in recruiting and currently have our eighth cohort of postdoctoral fellows. Our fellows have exceeded performance expectations and have rated our existing fellowship program similarly. Due to the quality of staff, strong leadership, and the priority placed on training, we have been fortunate to attract and retain our top candidates for staff, intern, and postdoctoral positions.

The Salem VAMC's commitment to educational programs is evident in the generous funding made available for professional continuing education, development, and training activities. The psychology staff offers their own continuing education program, with over 17 scheduled hours per year. To complement our regularly scheduled trainings, MHSL has also sponsored and/or hosted trainings by nationally regarded experts in **evidence-based treatments**, including Dialectical Behavior Therapy, Cognitive Processing Therapy, Motivational Enhancement Therapy, Prolonged Exposure Therapy, and Acceptance and Commitment Therapy. Additionally, psychology staff participates in Grand Rounds offered by Psychiatry as well as other non-VAMC training opportunities in the community. Both staff and trainees are granted ample authorized absence to attend educational activities outside the medical center. In addition, we host a journal

club, have a monthly clinical case conference, and host a Neurocognitive Seminar Series.

Psychologists at the Salem VAMC have been providing training in professional psychology for more than thirty years. In our early history, most of our students were from nearby universities and were accepted as summer trainees, practicum students, and pre-doctoral interns. In 1979, a major effort was begun to restructure the program according to APA guidelines, and APA accreditation was awarded in 1981. On our last site visit, we received 7 years of accreditation. We have four interns per year and have been fortunate to attract exceptional trainees from graduate programs across the country. For example, over the past several years, our interns were from Ohio University, University of Arkansas, Western Michigan University, University of Central Florida, West Virginia University, Duke University, Ohio State, American University, Indiana University-Purdue University-Indianapolis, University of Louisville, Northern Illinois University, Purdue University, University of Tulsa, and Virginia Commonwealth University. Past site visit reports have commended our internship, in particular, on staff-trainee relationships, our clear emphasis on training, and our support services, such as office space, clerical support, and computers.

Training Model and Program Philosophy

Training Models

The Scientist-Practitioner model guides our psychology training programs. Our ideal is that of a psychologist who is skilled in the understanding and application of clinical research and scientific methods to her/his practice. Barlow, Hayes and Nelson (1984) speak of three roles of scientist-practitioners: that of research consumers and implementers, practice evaluators, and research generators and disseminators. The first two roles are expected of all of our professional psychologists, fellows, and interns. The majority of our doctoral staff also participates in research production and/or information dissemination. Interns are strongly encouraged to participate in these opportunities throughout their training year. Interns are also expected to participate in the mentoring and training of practicum students in the areas of research design and ethics, when this is available.

We also value a developmental approach to training in which tasks of increasing difficulty and complexity are given to interns throughout the course of their internship as they demonstrate their ability and readiness to take on new responsibilities.

Supervision is expected to match the needs of the intern in a way that facilitates professional development and progression. Thus, the intensity of supervision diminishes over the course of the rotation and internship as the intern matures into a role approaching colleague rather than student. By the internship's end, we expect to play

more of a consultant role for the interns, rather than that of a supervisor monitoring every decision and move.

Program Philosophy

The setting and environment provided by the Salem VA Medical Center is especially well suited to the general practice of professional psychology. It provides the opportunity to work closely with a diverse patient population under the supervision of practicing psychologists who have a variety of interests and expertise. Because of the emphasis on both breadth and intensity of training, interns are provided with a solid, well-rounded experience in learning to better understand and assist people who are experiencing significant psychological problems. In addition, experiences are provided requiring a broad array of clinical skills that are important in helping patients that one would encounter in settings in and outside of a large VA Medical Center. The overarching goal of the internship experience is to provide the intern with the necessary clinical skills that will enable him/her to function effectively in a professional role in a broad range of potential employment settings.

The provision of quality mental health treatment and education is at the core of our program philosophy. We believe that to the greatest extent possible, clinical practice should be conducted using empirically derived methods. We value a developmental approach to training, which involves assigning progressively more difficult and complex tasks consistent with the goals and skill level of the intern. Continued professional growth is fostered through ongoing examination of current research to inform clinical practice and through encouraging interns to learn and utilize treatments that he or she may not have been exposed to in the past. Supervision will also generally be matched to the needs of the intern and the intensity of this supervision is expected to diminish as the intern transitions into the role of a psychologist.

A special focus of our internship is fostering the growth and integration of interns' personal and professional identities. We emphasize the need for balance in our lives. This results in our insistence on a 40-hour work week and encouraging our interns to pursue interests outside of psychology, such as recreation, exercise, family, and friendships. Professional identity development, especially in the areas of employment location and selection, is assisted by seminars about job searches, licensure, program development, mental health administration, and supervision. Two Job Days and a two session seminar series on private practice issues are part of our didactic efforts in this area. Additionally, the Director of Training spends significant time with the interns, both individually and as a group, encouraging and facilitating completion of the dissertation, exploring possible career paths, and assisting in conducting appropriate, timely, and successful job searches. In addition, psychology staff are very open to providing informal assistance in these areas. Finally, the atmosphere in Mental Health at the

Salem VAMC is quite collegial. We value our interns highly, appreciating them both as professional colleagues and as fellow human beings.

Program Goals & Objectives

Traditional assessment and psychotherapeutic techniques are practiced under close supervision in the context of the common demands for clinical service present in a general medical, surgical, and psychiatric medical center. While experience in specialized skills is available, it is our point of view that concentration in such areas should occur following the predoctoral internship after more general clinical skills have been mastered. Therefore, our core objectives include demonstrated competency in areas we feel are necessary for success in any professional setting. These include: ethics and sensitivity to diversity; professional practice; scholarly inquiry; psychotherapeutic interventions; assessment and diagnosis; and consultation/liaison, supervision, teaching, and administration. Specific responsibilities of the intern are, in part, determined by his or her individual needs, interests, and level of readiness. In general, however, the intern should: develop an understanding of the clinical setting, work effectively with other disciplines, put administrative requirements into practice, handle ethical considerations wisely, and project psychology as an asset to the overall health care delivery endeavor. The didactics and preliminary practice skills of the university are integrated with the practical demands of a service-producing environment as the intern continues his/her development toward being an independent provider of psychological services. Interns should complete the program either prepared for the marketplace or with a clear motivation for further intensive training in some specialized area of their choice.

Program Structure

The core of the internship training experience is direct patient/client care under the supervision of experienced, practicing psychologists in diverse settings. The internship has been structured to maximize the number of available clinical experiences, provide sufficient depth of experience, and maintain the flexibility to accommodate individual interests and needs. The internship offers over twenty different clinical training experiences. Most interns complete a series of three major rotations (three days per week for four months) and up to four minor rotations (one day per week for up to twelve months). Interns are required to complete a rotation in MHC/Evidence-Based Psychotherapy (EBP). The three major rotation series allows interns to select: either Outpatient (Center for Traumatic Stress) or Inpatient PTSD; Substance Abuse; Neuropsychology; Behavioral Medicine/Primary Care; Geropsychology; and EBP. Some interns have elected to complete a series of two six month rotations. As it is our

goal to provide solid generalist training and a diverse clinical training experience, the six month series is not the norm. This option is available if it meets the specific training objectives of the intern and staff is available to cover the additional supervision. In addition to the major and minor clinical experiences, interns will also work with one supervisor over the course of the year in a Long-Term Experience. This can include trainings such as Dialectical Behavior Therapy, Motivational Interviewing/Motivational Enhancement Therapy, Neuropsychology Assessment, Telehealth, Couples Treatment, Geropsychology/ Life Review Therapy, or Skills Training in Affective and Interpersonal Regulation/Narrative Story Telling.

Minor rotations may be done for one through twelve months, depending on the rotation. While not all minors are available in all time frames, there is a wide range of options open to interns. Interns generally choose to complete three major and three minor rotations throughout the year, on average. Up to approximately ten months, in one day per week segments, may be spent in off-site non-VAMC minor rotations. A description of each training experience follows this section.

Supervision is provided by psychologists who are intimately associated with the rotation areas selected. Major rotations require three hours of face-to-face supervision per week, and minor rotations require one hour of supervision per week. In actual practice, the total amount of supervision at the work site usually exceeds these APA and program required minimums. Supervision is offered on an individual and group basis through case discussions, live observation, co-therapy, case presentations, video and audio tape review, and seminars. On occasion, supplementary supervision may be provided by members of other professional disciplines when desired and appropriate.

The first week of the internship is an orientation period during which interns meet with all supervisory staff and visit each of the rotation sites. This period provides the interns with the opportunity to more closely evaluate and consider potential elective training experiences. It also allows staff the opportunity to determine an intern's readiness for any particular rotation. This is very much an informal evaluation based on information from the home school and from the interns themselves with regard to any special needs or perceived weakness. The purpose of this evaluation is to provide any necessary remediation during the first rotation by means of rotation selection and/or special design. Toward the end of the first week, interns discuss their rotation preferences with the Director of Training and any remaining concerns and questions are addressed. Interns then determine a Training Plan and select their anticipated rotations and long-term supervisor.

A formal evaluation of intern progress using the "Psychology Intern Competency Assessment Form" is submitted routinely by each supervisor twice during each rotation, with the exception of one to three-month minors in which interns are evaluated only at

the end of the rotation. Each evaluation is according to a standard rating system along with a narrative statement. The evaluation form has been designed to meet APA accreditation guidelines. The evaluation is discussed between supervisor and intern. Copies of the final evaluation for each rotation are sent to the Training Director of the home school. In addition, interns are asked to prepare evaluations of their supervisors and rotations at the end of each rotation, and to provide an overall evaluation of the internship program at the end of the year. One year following completion of the internship, former interns complete assessments of how well their internship training prepared them for the residency period.

The internship program provides weekly seminars on a variety of topics related to the practice of professional psychology. These are provided by psychology staff, as well as other professionals with expertise in particular practice areas. Included are topics related to psychological assessment, ethical/legal issues, forensic evaluations, working with couples, psychopharmacology, personality disorders, supervision, and clinical neuropsychology, as well as a variety of other topic areas of interest to the staff and interns. Interns also participate in a monthly informal case conference in which staff and interns present and consult on challenging clinical cases. In addition, interns participate in psychology staff meetings where, once a month, members of the staff and invited speakers present on topics of clinical and research interest. Interns are expected to make at least one formal presentation of a case conceptualization and one of research during the year at these staff meetings. Interns also coordinate and participate in our Journal Club in which a recent research article is presented and discussed. Interns are invited to attend seminars scheduled as part of the Psychiatry Residency Program and Psychiatry Grand Rounds, and are encouraged to attend continuing medical education conferences offered by the Mental Health Service Line. Finally, the medical center and other area health care institutions frequently sponsor programs of speakers, conferences, and workshops, which are often of interest to mental health professionals.

The internship program is administered and governed by the Director of Training (DOT) and a Training Committee comprised of the DOT, the Executive Psychologist (EP), staff psychologist representatives from each of the major rotations and an intern representative. Interns may elect one representative for the entire training year or may alternate membership among members of the intern class.

Our internship will likely begin on July 24th. An intern is on duty 40 hours per week and works 52 weeks. All rotations are designed to provide sufficient time to complete the required duties within a 40-hour workweek. However, it is reasonable to anticipate spending some off-duty hours reviewing professional literature, treatment manuals, etc. It is expected that the interns will be available for duty for essentially the full 52-week period. Excessively early completion or long, non-emergent absences are discouraged.

Training Experiences

The following provides a general description of each of the available training rotations within the VA Medical Center and the staff who are currently providing supervision on each rotation.

Administration-Cognitive Behavioral Therapy for Substance Use Disorders Training Program (VA Central Office)

Supervisor: Josephine M DeMarce, Ph.D.

Rotation Type: Minor only

Rotation Length: Flexible

This rotation is intended to familiarize the intern with a national, decentralized, evidenced-based psychotherapy training program. The VA Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) Training Program is part of a national initiative to disseminate and implement evidence-based psychotherapies. This competency based training program trains VA therapists and consists of a face-to-face regional training followed by four months of consultation with an expert in CBT-SUD. The rotation will provide the opportunity for the intern to observe and work with the training team, consultants, trainers, and subject matter experts. The training team is decentralized so it will also provide the intern with experience working as part of a team that works virtually. As part of the rotation, the intern will also complete a project over the course of the rotation and this project may be related to program development, implementation, or evaluation.

Administration-National and VISN level

Supervisor: Jennifer L. Burden, Ph.D.

Rotation Type: Minor only

Rotation Length: Flexible

This rotation is intended to familiarize the intern with administrative processes within the Veterans Health Administration with an emphasis on national and VISN processes. The areas covered during the rotation include: (1) organizational structures within VA (VA Central Office, VISN, Medical Center, Service Line, Program level) (2) program structure, staffing, and operations with a focus on the residential treatment programs; (3) oversight (congressional, VACO, VISN, and Medical Center); (4) policy development and review; (5) inter-professional practice; and (6) workload analyses. During the rotation, didactic experiences will be combined with opportunities for the intern to observe and work with the national Residential Program section office as well as established workgroups. He/she will also be assigned a management project to complete over the course of the rotation. This project will be targeted to the intern's interests and existing opportunities within the residential program section.

Administration of Psychological Services-Salem VAMC

Supervisor: Brian Shenal, Ph.D.

Rotation Type: Minor

Rotation Length: Flexible

This rotation is intended to familiarize the intern with the management of mental health services in a large, general medical hospital. The areas covered during the rotation include: (1) organizational structure of the Department of Veteran Affairs, VISN 6, the Salem VA Medical Center, and the Mental Health Service Line; (2) medical center accreditation standards and processes (Joint Commission and CARF); (3) mental health program operations; (4) performance improvement and quality management; (5) staffing strategies and personnel management; (6) workload analyses; and (7) fiscal operations and budgeting. During the rotation, didactic experiences will be combined with opportunities for the intern to observe and work with established interdisciplinary management teams by serving on several service line and medical center committees. He/she will also be assigned a management project to complete over the course of the rotation. This project may be a program evaluation or a plan to modify and improve some aspect of mental health services.

Behavioral Medicine/Primary Care

Supervisors: Derek Bacchus, Ph.D.; Sarah Hartley, Ph.D.; Michael Leibow, Psy.D., Dr PH., Esther Brahmstadt, Psy.D.

Rotation Type: Major or Minor

Rotation Length: Major: 4 or 6 months; Minor: Flexible

The nature of health care delivery is undergoing a profound change and the role of psychologists in medical settings will change along with it. The intention of this rotation is to prepare future professionals to work with other health disciplines, providing a unique perspective on the behavioral causes of illness, the subjective nature of pain and distress, and the educational and motivational interventions that will improve health and maximize functioning.

The major rotation provides experience working with a variety of medical clinics, including Primary Care, Interventional Pain Clinic, Cardiology, Oncology, and Infectious Disease. The focus is on providing patients with access to timely, appropriate care in the most efficient way possible. This enhances continuity of care in an era where economic and political issues have led to fragmentation of service delivery and perceptions by patients that there is no one there who really knows them as a person. In order to provide this type of coordinated care, our hospital's clinics rely heavily on associated health professions, such as social work, psychology, dietetics, and rehabilitation. Psychology contributes to this process by screening for previously unidentified problems (stress, bereavement, depression, anxiety, alcoholism, etc.),

providing on-site consultation, offering behavioral treatments to groups of patients, and providing brief psychotherapy, when appropriate. To function effectively as part of a general medical center program, psychologists must be patient-oriented, problem-focused, flexible, and willing to share their expertise with, and learn from, other health care disciplines. BMED/PCMHI Team members also serve as consultants and educators for other multi-disciplinary teams throughout the hospital, including the Center for Interdisciplinary Pain Management (CIPM), the Metabolic Assistance Group Intervention Clinic (MAGIC), MOVE!, and Tobacco Cessation.

Whether completing a major or minor rotation, interns completing the Behavioral Medicine/Primary Care rotation will gain understanding of the primary care model of health care delivery and psychology's contribution to the management of the patient's health status. They will understand the perspective of other disciplines, appreciate the relationship between patient behaviors and health outcomes, learn to recognize the psychological effects of stress and illness on functioning, and be able to intervene to improve patient functioning and reduce health risks in a timely, efficient, empirically proven manner.

A hallmark of this rotation is the vast amount of flexibility that allows interns to design the rotation to fit their training needs. Interns with a behavioral medicine or primary care-mental health integration focus may complete this rotation, as may interns with little or no experience in these settings. Therefore, this rotation can serve as an introduction to the world of behavioral medicine, as well as an opportunity to strengthen current skills while exposing interns to new treatment modalities, health conditions, and patients. Interns will learn to conduct problem-focused assessments, formulate treatment plans, and carry out individual and group interventions. They will observe teams as they interact with patients, participate in interdisciplinary staffings, and become familiar with relevant literature. In the past, interns have worked in specialty clinics such as Oncology, Infectious Disease, Sleep Clinic, Cardiology, and have also worked alongside Salem VAMC's neurologists and anesthesiologists to develop an in-depth understanding of the neurophysiology of pain and the treatments and procedures involved in medical pain management. Interns may have the opportunity to conduct evaluations for bariatric surgeries, organ transplants, and placement of spinal cord stimulators as such referrals become available. There also are opportunities to "shadow" medical specialists in their clinics to obtain an understanding of what is involved in the care provided by those with whom we collaborate.

Behavioral Medicine/Center for Interdisciplinary Pain Management (CIPM)

Supervisor: Kimberly M. Pratt, PhD.

Team members: Charles Lamb, MD, Monica St Jacques, PharmD, Lori Rutherford, NP, Cathy Rice, RN

Rotation Type: Minor

Rotation Length: Flexible

The Center for Interdisciplinary Pain Management (CIPM) provides comprehensive pain assessment, consultation services, education, behavioral health services, and Complementary and Integrative Medicine (CIM) to Veterans with chronic non-malignant pain. The center is founded on the principle of interdisciplinary pain management and emphasizes pain acceptance and functional improvement. Our team consists of providers in a variety of disciplines (pharmacy, medicine, social work, psychology, rehabilitation medicine, and nursing) that collaborate with a number of services throughout the hospital (e.g., primary care, mental health integration, psychiatry, surgery, emergency medicine, substance abuse, acute psychiatry, etc.). Interns who complete this rotation will have the opportunity to work with Veterans who present with a variety of pain diagnoses and comorbid psychiatric conditions. There is a strong emphasis on program development and interns are encouraged to share their ideas and shape the rotation to fit their training needs.

Interns will have the opportunity to participate in interdisciplinary team meetings, conduct psychological assessments as part of the interdisciplinary pain evaluation process, and provide individual or group psychotherapy interventions. There are also opportunities to “shadow” medical specialists on the team to obtain an understanding of medical and pharmacological aspects of pain management. A variety of treatment modalities are utilized within Pain Psychology including cognitive behavioral therapy, acceptance and commitment therapy, motivational interviewing, dialectical behavior therapy skills, and biofeedback. Interns completing this rotation will gain an understanding of the principle of interdisciplinary pain management. They will learn evidence based approaches to the treatment of chronic pain, improve their understanding of the efficacy and utility of complementary and integrative medicine, and refine their ability to navigate the delicate balance of effective treatment, patient safety, and ethical practice.

Center for Traumatic Stress

Supervisors: Sarah Voss Horrell, Ph.D. and Dana Holohan, Ph.D.

Rotation Type: Major or minor

Rotation Length: 4 or 6 months for major; 4 months or longer for minor

The Center for Traumatic Stress is an exciting clinical, education, and research center that provides training experiences with two primary populations: Veterans with PTSD from military-related traumatic experiences (combat and non-combat), and men and women who have experienced Military Sexual Trauma (MST). The Center offers comprehensive clinical services to these Veterans, beginning with an initial assessment and treatment plan. Interventions offered are generally time-limited, empirically supported treatments (e.g., Prolonged Exposure, and Cognitive Processing Therapy). Groups may include psycho-educational, skills training, or exposure treatments. Treatments for specialized populations are included, such as Seeking Safety and Dialectical Behavior Therapy. Individual therapy is offered, primarily focusing on cognitive-behavioral treatments. In addition to extensive clinical experiences, interns may participate in ongoing clinical research focusing on predictors of treatment outcome, PTSD and shame, interpersonal violence and PTSD, computer-based interventions for PTSD, as well as other clinical studies. Finally, the Center offers outreach to returning veterans and their family members. Interns may participate in these educational experiences as part of their rotational duties.

The rotation is intended to expose interns to best practice treatments and assessments for PTSD. In addition, interns will gain a solid understanding of the needs of recently returning veterans, as well as those with Military Sexual Trauma (MST). Interns will also participate in a multi-disciplinary team, present clinical cases to this team, and be active members in all team discussions. Interns will be exposed to research and readings on treatments for PTSD and will learn the benefits and limitations of using manualized treatments. Program development and research activities are encouraged.

Clinical Neuropsychology

Supervisor: Brian V. Shenal, Ph.D., Stacy M. Belkonen, Ph.D., and Neena Cassell, Ph.D.

Rotation Type: Minor or Major

Rotation Length: Flexible

The rotation in Clinical Neuropsychology provides the opportunity to closely examine behavioral correlates of cerebral functioning for the purpose of determining current ability. Information from this examination may be used to assist in diagnosis, monitor the cause of neuropathological conditions, and/or make decisions about employability, need for specialized care, and so forth.

The examination procedures are flexible and utilize a hypothesis-testing method in order to address specific referral questions. Assessment procedures include standardized test instruments, elements of Luria's syndrome analysis process, selected behavioral neurology examinations, and special purpose instruments and scales. Requests for examination come from a variety of referral sources including psychology, psychiatry, neurology, general medicine, and other multidisciplinary teams. Many of the patients have already been seen by another healthcare provider who has found deficits on the mental status exam and the request is for a more thorough examination of cognitive functioning. Often patients have well documented neural disease or injury while others have more obscure clinical pictures. Frequently, there is an additional request for us to attend to "functional" factors as well.

During this rotation, interns learn to administer a variety of neuropsychological tests and to conduct examinations of patients who are referred for evaluation. Interns are also able to gain experience in cognitive rehabilitation. The rotation is tailored specifically to the goals of the individual intern and is appropriate for interns with no previous neuropsychological experience as well as those wishing to further develop their neuropsychological skills and experiences. During the early phases of the rotation, interpretive skills are taught and, as the intern's neuropsychological skills develop, he or she prepares the final report and takes increasing responsibility for the entire process of answering referrals. Case by case supervision is provided.

Supervision includes instruction in technique, interpretation of results, examination of patients, case conceptualization, and writing of case reports.

Employee Assistance Program (EAP)

Supervisor: Current major rotation supervisor

Rotation Type: Required experience, possible Minor

Rotation Length: Flexible. Usually minimum of six months for program development

The EAP at the Medical Center serves primarily as a brief assessment and referral service. Employees are typically seen for one visit during which current concerns and problems are discussed. Treatment recommendations and referrals, either within the VAMC for veteran employees, or in the community, are provided. Employees seek out EAP services either on their own or through recommendations of co-workers or supervisors. A broad range of issues is addressed, including substance abuse, depression, marital and family conflicts, stress, and anxiety.

All interns are included in the EAP rotation list throughout the internship year. The above EAP activities are incorporated within the ongoing rotations. For interns wishing to do EAP as a separate minor rotation, the opportunity exists to create preventive health programs offered on a group basis such as stress management, marital

communication, etc. Supervisory staff will be designated depending upon the type of program and the clinical issues in which the intern is interested.

Evidence-Based Psychotherapy Team (EBP)

Supervisors: Gina Raza, Ph.D. and Jennifer Caldwell, Ph.D.

Rotation Type: Required Major or Minor

Rotation Length: 4 or 6 months major; 6-month major rotation requires focus area (e.g., assessment, anxiety, women's issues, specific therapeutic interventions).

The Evidence Based Psychotherapy (EBP) team is a multicomponent major rotation designed to provide the intern with experience in outpatient psychological treatment and assessment as part of a multidisciplinary team including staff members and trainees from psychiatry, psychology, social work, and pharmacy disciplines. The primary rotation goals are to refine the intern's skill in the areas of case conceptualization, differential diagnosis, delivery of empirically-based treatments, and psychological assessment. The core experience of this rotation is centered on the provision of 10-15 hours of face-to-face patient contact per week. Interns provide individual, time-limited, empirically-based treatments (e.g., CBT, ACT, or Unified Protocol for depression and anxiety; CPT, PE, or STAIR for traumas; IBCT for couples therapy) to patients with a variety of presenting problems. If necessary to augment EBP patients, interns may also be able to provide assessment, individual, or group treatment to patients being seen in the other clinics (e.g., CTS, MST, PRRC, etc.). Depending on the intern's interests and caseload, the intern will also co-lead one to two outpatient groups (e.g., ACT for Depression, CBT for Anxiety, Motivation Enhancement).

Individual patients are selected to match interns' current competencies and interests, but also to provide enough challenge that growth as a therapist is facilitated. Individual supervision of therapy cases occurs twice weekly and as needed. This utilizes audio recordings and is often supplemented with readings about treatment modalities. Supervision opportunities are also available through the ACT consultation group, case consultation meetings, and case presentations. The intern is expected to utilize this experience to increase her/his theoretical and conceptual abilities, broaden and refine his/her therapeutic skills, enhance skills related to clinical case and workload management, and develop increased awareness of how one's own interpersonal style may be impacting her/his therapeutic work.

In addition to individual and group therapy, the intern will conduct one to three formal psychological assessments throughout the rotation. To refine psychological assessment and diagnostic skills, interns are supervised on the provision of psychological intake interviews, mental status examinations, intellectual assessments, objective personality tests, structured diagnostic interviews, and problem-specific inventories. The emphasis throughout the assessment training component is on accurate and complete acquisition,

interpretation, and synthesis of assessment information. Enhancing the intern's ability to write a comprehensive, well-integrated, and meaningful psychological report is also a goal of this training.

Geropsychology

Supervisor: Katherine Luci, Psy.D.

Rotation Type: Major or Minor

Rotation Length: Major: 4 to 6 months; Minor: Minimum 3 months; Recommend 4 to 6 months

A rotation in geropsychology will provide the opportunity to address and resolve the unique difficulties presented by an aging population by providing psychological interventions targeting issues relevant to aging including dementia, caregiver stress, depression, anxiety, pain, grief, and adjustment in lifetime developmental stages. Evidence-based interventions, such as REACH-VA (for caregivers of individuals with dementia) and STAR-VA (an interdisciplinary, non-pharmacological approach to the management of dementia-related behaviors in Community Living Centers* or CLCs) are emphasized. The intern will also further refine his/her skills in assessing psychological and cognitive functioning (including evaluation of psychiatric disorders, dementia, stroke, capacity). These services will be provided primarily within an inpatient treatment setting, specifically in the Community Living Center (CLC). The CLC (formerly the "VA Nursing Home"-- now providing both short-term and long-term rehabilitation services in a more home-like environment) offers opportunities for experience with geropsychological interventions (individual and group), bedside psychological/neuropsychological assessment, behavior management, and behavioral medicine interventions. This experience can be tailored to meet an intern's training goals; opportunities for program development/research (with a geropsychology, behavioral medicine, or other focus) are available with supervisor's approval. All interns will receive experience working within an interdisciplinary treatment approach (including MDs, PT, OT, recreation therapy, SLP, PharmD., nursing, etc.), providing consultation services to other members of the interdisciplinary treatment team on a regular basis. Outpatient experiences in the Center for Neurocognitive Services' (CNS) Geropsychology Outpatient Program and Memory Assessment Clinic are also available. Interns are invited to attend the geropsychology-focused weekly didactic series, presented virtually in conjunction with several other VA geropsychology postdoctoral training programs nationwide. Complimentary major and minor rotations at the Salem VAMC include Neuropsychology, Hospice/Palliative Care, Home-Based Primary Care, and Primary Care-Mental Health Integration.

Military Sexual Trauma (MST)

Supervisor: Dana R. Holohan, Ph.D.

Rotation Type: Minor

Rotation Length: Minimum 4 months, recommend 5-6 months

The Military Sexual Trauma Treatment Program (MSTTP) offers counseling for male and female veterans who have experienced a sexual trauma in the military. The MSTTP offers both individual and group treatment options that consist of psycho-educational, trauma-focused, and skills-focused interventions.

Dependent on the length and focus of the rotation, interns may learn to conduct sensitive and comprehensive interviews, assess PTSD using structured interviews and appropriate psychometric instruments, provide empirically-supported interventions for treatment of sequelae of sexual trauma, participate in DBT consultation meetings, and present clinical cases to staff. Depending on case assignments and training needs, interns may participate in psycho-educational groups and educational seminars, trauma-focused groups (e.g., Cognitive Processing Therapy (CPT)), and/or Dialectical Behavior Therapy (DBT) Skills groups. Interns also follow several individual patients, using a number of empirically supported treatments, such as DBT, PE, or CPT. Interns may also use Acceptance and Commitment Therapy (ACT) or STAIR/NST when clinically indicated. Interns will also be exposed to research and readings on treatments for sexual trauma and will learn the benefits and limitations of using manualized treatments. Program development and research activities are also encouraged.

Supervision on this rotation will focus on clinical assessment and treatment planning for the complex and diverse patients receiving services in this clinic. Sessions with patients are generally audiotaped, but supervision may also include use of videotaping and live supervision. Interns will focus on identifying their own responses to patients and use these responses to better understand patients. Interns will also gain experience in working with personality disorders and high risk patients.

Palliative Care Minor

Supervisors: Betty Gillespie, Ph.D.

Rotation Type: Minor

Rotation Length: 3 minimum- recommend 6 months

Interns who decide to complete the Palliative Care Unit minor rotation in order to gain more experience working with terminally ill patients and their families, would have the following responsibilities: 1) provision of psychological intervention, including assessment, treatment planning, case management and psychotherapy, with a caseload of at least one inpatient throughout rotation, 2) attendance of one hour of

supervision weekly with recommended reading, and 3) optional attendance of one treatment group per week.

Post-Traumatic Stress Treatment Program-Inpatient

Supervisors: Emily Marston, Ph.D. and Matt Jameson, Ph.D.

Rotation Type: Major

Rotation Length: 4 or 6 months

The Salem VAMC Inpatient PTSD Program is a 13-bed inpatient unit that has been providing group treatment for PTSD since 1990. We work as a multidisciplinary team that includes psychologists, social workers, nurses, a physician assistant, a pharmacist, a psychiatrist, and a dietician. We provide PTSD treatment in two tracks:

- 1) PTSD Education & Coping (2-3 week rolling program)- provides foundational knowledge of PTSD and coping skills to prepare Veterans for intensive trauma treatment. This program is recommended for Veterans new to PTSD treatment who are also in need of some stabilization. Groups typically have 4 Veterans.

We help Veterans learn about the symptoms of PTSD and ways it might be impacting their lives; identify the role of avoidance in their life; practice mindfulness; learn safe ways to cope with strong emotions and more effective ways to communicate with people. We also provide information about effective treatments for trauma.

- 2) Trauma Processing (8 week cohort program) provides intensive trauma treatment in specialty groups (e.g., non-combat Male, Female, and LBGTQI) for Veterans who need a more intensive environment following outpatient trauma treatment. Groups typically have 9 Veterans.

The Trauma Processing program is an intensive program designed to address emotional and interpersonal problems related to trauma experienced during military service. Childhood trauma and post-deployment trauma frequently emerge as contributing factors. The Veterans treated in the PTST program present with PTSD plus at least one co-morbid disorder, such as depression, substance abuse, panic, diabetes, and pain.

Treatment's core is a combination of Acceptance and Commitment Therapy (ACT) and emotional processing. ACT is an evidence-based treatment for many of the mental and physical disorders that are frequently co-morbid with PTSD. Its focus is on emotional and behavioral avoidance and psychological inflexibility and it addresses these problems via acceptance, diffusion, mindfulness, self-as-context, values, and committed action. The emotional processing model posits the creation of fear structures as a result of trauma, followed by avoidance and numbing, and the development of negative belief

schemas. Successful treatment involves utilizing ACT principles to support engagement with rather than avoidance of problematic emotions and behaviors. ACT sets the stage for exposure to traumatic experiences; *in vivo* exposure to trauma-related stimuli; and altering the function and impact of maladaptive thoughts and feelings in an effort to promote new perspectives on traumatic experiences. Outcome measures indicate that veterans completing the program experience significant improvement in the areas of depression, hopelessness, and traumatic cognitions. The VA's Northeast Program Evaluation Center (NEPEC) data indicate the treatment promotes change.

Program clinicians strive to help veterans create a trusting and validating environment where members can confront their fears, guilt, resentments and limitations, and move beyond them to more adaptive communication, expression of emotions, and interpersonal relationships. PTST Program goals include reorganizing and reinterpreting traumatic memories; improving veteran awareness and understanding of themselves (particularly their emotions) and others; identification of changes needed to be made in their lives; and the acquisition of the tools needed to begin making these changes. An additional goal of the program is to identify Veterans who would benefit from additional evidence-based treatment and prepare them for such treatment in an outpatient setting.

During this rotation, the intern becomes a member of the multidisciplinary treatment team that includes representatives from psychology, psychiatry, social work, and nursing. The intern participates in program activities and assists in facilitating group sessions. In addition, the intern attends treatment team meetings and is designated as the primary contact person for selected program participants. The intern also assists in evaluating veterans for participation in the program. Finally, interns will have the opportunity to learn to provide Prolonged Exposure Therapy (PE) while on this rotation.

Primary Care-Mental Health Integration

Supervisors: Sarah Hartley, Ph.D., Michael Leibow, Psy.D., Dr.P.H., and Esther Brahmstadt, Psy.D.

Rotation Type: Minor

Duration: Flexible

The Primary Care-Mental Health Integration (PC-MHI) rotation represents a unique opportunity for interns to gain exposure to a growing field of collaborative healthcare that is synchronizing the disciplines of psychology and medicine. PC-MHI at VAMC Salem is based on principles of open-access care and allows for trainees to gain experience working beside medical providers in offices that are located in the Primary Care clinics. Open access means providing mental health triage and brief interventions immediately upon identifying a need. Interns will develop a variety of skills that include brief assessment and triage and collaborative services within a primary care setting. Experience will be gained in administration of brief, empirically-supported modalities for

patients presenting with a variety of psychiatric, behavioral health, and medical concerns. Opportunities will be provided to participate in several shared interdisciplinary medical group clinics, including metabolic management, chronic pain, and weight management, in addition to leading PC-MHI groups addressing stress, sleep, and depression. Additionally, interns can expect to gain experience in curbside consultation with primary care staff.

Common psychiatric and behavioral health concerns encountered within this elective include depression, anxiety-related conditions, substance misuse, and suicidal ideation/risk assessment. Common medical concerns encountered during this elective include metabolic diseases (e.g., diabetes, obesity, hypertension, and/or hyperlipidemia), insomnia, tobacco cessation, pain management, and non-adherence. This elective allows interns to augment their repertoire of behavioral health skills. The elective also provides practical experience for those considering behavioral medicine or integrated mental health postdoctoral positions or specialization.

Program Development, Implementation, and Evaluation

Supervisors: Psychology Staff

Rotation Type: Minor

Rotation Length: Flexible, usually requires a minimum of six months

This rotation provides the intern with an opportunity to develop, implement, and evaluate a treatment program with a specified clinical population or issue. Working closely with supervisory staff and other medical center personnel, the intern may begin the rotation by conducting a thorough needs assessment and formulating an initial proposal for a clinical treatment program. A comprehensive review of the relevant clinical literature provides a basis for the actual design of the treatment program. The program is expected to include pertinent screening criteria, specific intervention strategies, and clinical outcome measures. The final steps in the process are patient recruitment, actual program implementation, and outcome evaluation and analysis.

Supervisory staff will be designated depending upon the type of treatment program and the clinical population in which the intern is interested. Some program development projects have included: communication and healthy relationships classes, caregiver stress support groups, short-term treatment for nightmares, coping skills groups, relationship groups, treatment of fibromyalgia, and the development of a web-based treatment for PTSD.

Psychiatric Emergency Room

Supervisors: Arvin Bhandari, MD

Rotation Type: Minor

Rotation Length: Flexible

In the ER, interns assist psychiatrists in conducting psychiatric triage to determine the necessity for inpatient hospitalization or commitment and make recommendations for appropriate outpatient treatment. On this rotation, interns work closely with psychiatrists, psychiatric residents, and social workers, as well as interact with patients in the more acute and florid stages of their illnesses. After an initial period of orientation and training, interns become full participants in the psychiatric/psychological assessment process, including contributing to decisions regarding further treatment, hospitalization and/or commitment. Occasionally interns may be asked to assess ethical issues relating to Confidentiality, Informed Consent, and Medical Decision Making Capacity. Ethical issues may also arise when deciding on Involuntary Commitment of Patients. Both formal and informal education in psychopharmacology, differential diagnosis and the intersection between medical and psychiatric issues is ongoing. The ER psychiatrist provides supervision.

Recovery from Severe Mental Illness

Supervisors: Katie LeSavage, Psy.D., Pam Melton, Ph.D., and Alexa Casey, Psy.D.,

Rotation type: Minor

Rotation length: Flexible

This rotation will further the intern's knowledge of "recovery" and understanding of how to facilitate recovery among the Veteran population diagnosed with Severe Mental Illness (SMI). The intern will learn how to assist Veterans to reclaim their lives by instilling hope, validating Veterans' strengths, teaching skills, and facilitating community integration so that the Veterans served can develop meaningful self-determined roles in the community. The rotation will consist of experiences on the acute inpatient care unit and the Psychosocial Rehabilitation & Recovery Center (PRRC).

On the Inpatient Unit, interns will gain experience with and knowledge about a full spectrum of mental health diagnoses, with symptom expression by Veterans often being at its most severe at the time of hospital admission. Interns will then witness the recovery process as it progresses over the Veteran's inpatient stay, facilitated by way of individualized treatment planning and an interdisciplinary approach. As part of this rotation, the intern will also actively participate in multidisciplinary treatment team meetings, individual and group interventions with Veterans while they remain on the Inpatient Unit, as well as discharge planning, with particular focus on the transition of those Veterans meeting criteria for PRRC entry to ongoing, outpatient recovery-oriented work.

In the outpatient setting, the intern will have the opportunity to contribute to services offered through the PRRC, a recovery-orientated, outpatient program founded on Acceptance and Commitment Therapy (ACT). The primary therapeutic goal of the program is to increase psychological flexibility among Veterans, thereby allowing them to make contact with valued life ends and build patterns of committed action in pursuit of those ends. Relevant evidence-based treatments (e.g., Social Skills Training, WRAP) are incorporated into personalized plans for recovery. The PRRC Minor is individualized to meet particular training objectives. Typical components to the rotation include: co-facilitating an evidence-based group, serving as the primary facilitator for an open group (e.g., Awakening Hope, Recovery Skills Planning), working with Veterans 1:1 towards the completion of their Recovery Plan, working with Veterans 1:1 for time-limited treatment (e.g., Behavioral Activation, ACT, Anger Management), and attending PRRC Business/Multidisciplinary Staff Meetings.

As part of the rotation, the intern will be exposed to valuable resources in the community. Familiarization with community-based resources is paramount when it comes to facilitating the PRRC's mission to support community integration. The intern will have the opportunity to learn about natural supports in the community (e.g., book clubs, art classes, hiking clubs) and have direct experience supporting Veterans in the process of building lives in the community.

As their interest dictates, the intern will also have the opportunity to work with other MH programs targeting the seriously mentally ill, including the Supported Employment (SE) Program and Mental Health Intensive Case Management (MHICM) Program. These diverse training opportunities will provide the intern with exposure to recovery-oriented treatment based on the 10 Fundamental Components of Recovery (SAMSHA, 2006): Self-Direction, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strengths-Based, Peer Support, Respect, Responsibility, and Hope.

Research

Supervisor: Psychology Service Staff

Rotation Type: Minor

Rotation Length: Flexible, usually six months

Interns may elect to conduct applied research as a minor rotation for up to twelve months of the training year, with approval from the Training Committee and/or Director of Training. Agreement by a staff member to provide appropriate guidance and supervision must be obtained prior to beginning the research. A research plan must also be submitted to a research committee. All requirements of the VAMC's Institutional Review Board must be met. Interns selecting this minor may also be involved in the Psychology Student Research Practicum, offering research mentorship to undergraduates as well as instruction in targeted areas.

Substance Abuse Treatment Programs

Supervisors: Jennifer Self, Ph.D., Ashley Engels Dibble, Ph.D., Steven Lash, Ph.D., and Phil Lehman, Ph.D.

Rotation Type: Optional Major or Minor

Rotation Length: Major: 4 or 6 months, Minor: Clinical- 4 month minimum, Research-Flexible

The Salem VAMC Substance Abuse Treatment Program (SATP) offers a variety of services for veterans experiencing substance abuse problems. Primary programs include: the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), Partial Hospitalization, and Substance Abuse Aftercare. Funded and unfunded applied clinical research is a key part of these treatment programs.

The SARRTP accepts up to 26 patients and lasts an average of 28 days, depending on the needs of the individual veteran. The program incorporates cognitive-behavioral and motivational principles and provides 12-step support group exposure. Patients are accepted from other units of the hospital and by self-referral. Patients are generally not excluded from admission by medical or psychological diagnosis. Patients who have psychotic disorders are accepted as long as they are stable and can be maintained on anti-psychotic medications. Patients completing the program are encouraged to attend aftercare that consists of ongoing individual case management and group therapy. Plans for follow-up care are developed with the patient and referrals for supplemental treatment are made within the VAMC and to community agencies. Aftercare is seen as the critical element to successful treatment of substance abuse.

The philosophy of the substance abuse treatment program is that patterns of substance use are learned and that substance abuse is a maladaptive learned behavior. Treatment, therefore, focuses on identification of factors that elicit and reinforce substance abuse, on methods of altering and coping with these factors, and on alleviation of problems that have resulted from substance abuse. Research indicates that skill and motivation deficits are problematic for this population and can contribute to maintenance of substance abuse. To remedy these deficits, patients are assisted in enhancing skills in communication, rational-emotive thinking, goal planning, leisure, relaxation, problem solving, time management, and reestablishing social support systems. They are educated in nutrition, medical, and pharmacological aspects of substance abuse, stress management, and prevention of sexually transmitted diseases. They may also be assisted with developing job skills, seeking work, job placement, and obtaining housing. A comprehensive evaluation and individualized treatment plan is necessary for each patient so that areas of particular need can be identified and appropriate treatments carried out. Modes of treatment include individual counseling, group psychotherapy, and educational classes. Treatment approaches include

Cognitive-Behavioral (relapse prevention), Motivational Enhancement Therapy, and 12-step. The Substance Abuse staff form a multidisciplinary treatment team consisting of professionals in psychiatry, psychology, social work, addiction treatment, recreation therapy, and nursing.

Interns will be exposed to the entire continuum of care while on the rotation and are fully involved in the assessment, educational, and therapeutic aspects of substance abuse treatment. Prior clinical experience with substance abuse treatment is not required. The substance abuse rotation affords opportunities to gain understanding of substance abuse issues among a broad range of patients who cover the spectrum of psychological, medical, and social problems. Required intern duties include participating as staff members on the multidisciplinary treatment team; leading a daily CBT-based relapse prevention group; co-leading a weekly dual diagnosis group; co-leading a weekly outpatient group; conducting two psychological assessments per week; co-leading an aftercare group; and attending at least one treatment team or morning report meeting per week. Optional duties include co-leading additional groups (including dual-diagnosis or Early Intervention groups); creating and leading a new group (e.g., relationship difficulties, self-esteem); conducting additional assessment/testing (e.g., thought disorder, depression, anxiety disorders, cognitive dysfunction, personality functioning, using profiles/relapse risk); conducting Motivational Enhancement Therapy interventions, and following an individual therapy case. Tape coding and feedback for motivational interviewing sessions are also available. Interns with trauma interests may co-lead the residential program Seeking Safety group or work with individual returning veterans enrolled in SAR RTP on issues related to post-deployment adjustment, relaxation and grounding, and/or trauma education. Participation in ongoing treatment research is encouraged among individuals participating in this rotation.

The Substance Abuse Rotation is available as a major, a research minor, and a clinical minor rotation. Preferably, the clinical minor rotation will last a minimum of 6 months and target specific aspects of substance abuse treatment, such as assessment.

The following provides a general description of each of the available Off-Site Minor training rotations and the staff who are currently providing supervision on each rotation.

Peak Performance Consultation/ Consulting Psychology/Business Psychology

Supervisor: Lou Perrott, Ph.D.

Rotation Type: Minor

Rotation Length: Flexible, Minimum 3 months

This rotation exposes the intern to the field of consulting psychology for businesses and organizations. Through readings, discussion, and training opportunities, interns will become familiar with techniques and interventions used when working with organizational clients. The intern, possibly in collaboration with others, will develop and implement an organizational consultation project, which may involve assessment, “executive coaching”, trainings, team-building, or the use of other techniques within local non-profit organizations, as opportunities arise, or within the VAMC, itself, when possible.

Psychological Health* Roanoke

Supervisors: John Heil, D. A. (Pain Management, Sport Psychology) and Samuel Rogers, Ph.D. (General Practice)

Rotation Type: Minor

Rotation Length: Flexible

Psychological Health*Roanoke (PH*R) is a Comprehensive Mental Health group practice with providers trained in psychology, counseling, and social work. PH*R offers a broad range of assessment and treatment approaches to a variety of inpatient and outpatient populations. Services include psychological assessment; individual, group, marital, and family therapy; biofeedback and stress management; and medical/surgical consultation/liaison. Services are provided in both traditional private practice and managed health care formats. PH*R also provides a variety of consultation and training services.

1. Child/Adolescent Program - This program provides outpatient services for children and adolescents. A variety of individuals are seen ranging from those who are functioning adequately in the community, to those experiencing acute psychiatric conditions and in need of hospitalization. The type of client varies widely and includes attention based concerns, oppositionalism, abuse, emancipation issues, anxiety disorders, eating disorders, and those in need of parenting assistance. The intern will have the opportunity to conduct intake interviews, perform psychological testing, and develop and implement treatment plans. Due to the diverse needs of the clinical

population that is seen, the intern will be encouraged to experiment with a wide variety of treatment modalities. These will include individual and family therapy as well as group therapy, play therapy, and parent training. The intern will be expected to participate as a facilitator in a parenting seminar in order to better understand issues relating to children, adolescents, and their families.

2. Pain & Behavioral Medicine -This includes psychological approaches to chronic pain and illness behaviors. The intern will participate in group therapy as a co-therapist and conduct individual supportive therapy and psychological self-regulation skills training. He or she will also conduct psychological assessments, including pre-surgical evaluations and evaluations for special procedures.

3. Sport Psychology - Sport psychology is an evolving discipline which draws on clinical psychology, and the sport and exercise sciences. Sport psychology focuses on enhancing performance and the psychological well-being of athletes; and, on the utilization of sport, exercise, and performance enhancement techniques in the treatment of behavioral health and medical problems. The intern will have an opportunity to participate in the eclectic mix of services that characterize this discipline. The scope and opportunities provided in conjunction with this training experience reflect the eclectic practice interests of the supervisor. The training experience itself will be customized based on the intern's goals, as well as prior training and sport experience. In addition to consultation with athletes, activities may include: educational programs for coaches and parents; sport psychology test profiling; consultation with sports teams and sports organizations. The intern may be introduced to performance enhancement procedures for personal development. The rotation will require some flexibility in scheduling.

4. General Practice - In this training rotation, the intern will have the opportunity to experience the diverse aspects of a comprehensive mental health private practice – including management, clinical and consulting services. This will include opportunity to participate in practice management activities and to gain an understanding of the business of mental health care. As a service provider, the intern would potentially be exposed to a wide variety of patients from across the life span with presenting problems ranging from depression and anxiety to marital and family problems. The treatment interventions would span a broad range of short and long-term psychotherapy in group and individual formats. There is a behavioral health emphasis reflected in the fact that 50 percent of this practice's referrals come from physicians. This rotation may include psychological assessment provided on a consulting basis to other clinicians in the practice or work as a triage specialist for urgent and emergent psychological problems. It may potentially include consultations to organizations.

Southwestern Virginia Mental Health Institute (SWVMHI)

Supervisors: Colin Barron, Ph.D. and James R. Moon, Ph.D.

Rotation Type: Minor

Rotation Length: 4 to 6 months

Interns will be exposed to a variety of experiences involving a diverse inpatient population. They will be involved in assessment and treatment activities with individuals experiencing a variety of severe mental disorders, substance abuse, personality disorders, and the developmental disabilities, working primarily with those with some form of forensic legal/criminal justice involvement. There will be opportunities to observe the civil commitment process, become familiar with Virginia Not Guilty by Reason of Insanity (NGRI) statutes, participate in the program of treatment and risk management that is utilized, and become familiar with current research on risk assessment for violence and sexual offending. On this rotation, interns would observe: multidisciplinary team meetings dealing with adult forensic patients; court hearings and expert testimony; and forensic evaluations, including Competency to Stand Trial and Mental Status at the Time of the Offense. Supervised experience will be provided in: psychological testing, individual and group therapy, risk assessment, forensic evaluation and report writing.

SWVMHI is an approximately two-hour drive from the VAMC. Accommodations are available for overnight stay at no expense to the interns. There are four bedrooms with separate keys to each bedroom. The wing has a kitchenette, living room with cable TV, iron and ironing board, and bathing facilities. Meals are not included, but the hospital has a central staff cafeteria providing three meals a day at a very reasonable cost.

Requirements for Completion

To successfully complete the internship, interns must demonstrate competency in all core areas identified on the Intern Competency Evaluation Forms. Competency standards require that interns meet exit criteria in each core competency area. If an intern's performance falls below competency standards, the procedures established in the Psychology Training Due Process Procedures are followed. The trainee needs to meet competency standards by the conclusion of their training. In addition, interns must complete a minimum of 1792 training hours. Professional leave (Authorized Absence) counts toward the 1792 required hours. Interns must also successfully present both a Case Conceptualization Presentation and a Research Talk.

Facility and Training Resources

The Salem VAMC has the infrastructure in place to facilitate a strong learning environment for our interns. Interns each have private offices equipped with telephones

and networked PC's, providing access to an extensive array of information and materials. This includes patient care databases, on-line mental health test instruments and interviews, Internet, and library databases and materials. Also available are numerous hard-copy psychological assessment instruments, as well as a library of empirically supported treatment manuals, self-help materials, and other treatment resources. Funds are available for purchasing additional materials on an as needed basis. Interns also have access to service line clerical support staff, basic office supplies, and office equipment, such as fax machines, voice mail, and copy machines. Several research databases from staff-initiated research projects are available to interns, as is statistical software, such as SPSS and AMOS. Our interns are able to use the medical center's library services, which provide access to on station journals and those accessed through inter-library loan. Three group therapy rooms are set up with equipment for both live and videotaped supervision. We have equipment for supervision using "bug-in-the ear." Additionally, a portable video camera as well as audiocassette and digital recorders allow for the taping of sessions in individual offices. The interns also have administrative support, including four medical support assistants (one who is specifically assigned to the Psychology Training Program) and one psychology technician. A variety of more personal facilities housed on-station and available to interns include a fitness center, canteen and retail store, credit union, post office, and barber shop.

Administrative Policies and Procedures

Authorized Absence

Interns may be granted Authorized Absence (AA) for educational and professional activities outside the medical center, including attendance at training workshops, seminars and professional conferences and conventions, meetings with dissertation advisors and committees, or for employment interviews at Federal government agencies (e.g., VA Medical Centers, Federal Bureau of Prisons).

Due process

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

Collecting personal information

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

Self-disclosure

An area of professional competence assessed by our “Psychology Intern Competency Assessment Form” is an intern’s ability to manage stressors, both professional and personal, so as to minimize the potential negative impact on her or his professional relationships. The intern is expected to demonstrate positive coping strategies to manage personal and professional stressors to maintain professional functioning, so that quality patient care continues uninterrupted. The intern is also expected to cope with professional challenges, such as new responsibilities or patient crises, and to demonstrate awareness of any personal and professional problems, issues, and/or stressors that may impact his/her professional practice. The intern is expected to seek supervision and/or personal therapy to resolve issues if needed. Personal stressors can include the impact of emotional issues stemming from the intern’s prior and current personal and professional history and relationships. The willingness to openly and non-defensively address the potential impact of one’s emotional issues on professional practice and relationships, therefore, is an expected and essential aspect of the supervisory process.

Training Staff

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



***Dana R. Holohan,
Ph.D.***

Director of Training

Salem VAMC Psychology Staff

Derek Bacchus, Ph.D., Loma Linda University, 2009. Mental health integration, motivational interviewing, CBT for chronic pain and insomnia, health psych assessment, geropsychology.

Stacy M. Belkonen, Ph.D., Fuller Theological Seminary, 2007. Neuropsychology, traumatic brain injury, cognitive rehabilitation, executive dysfunction, aging, dementia, and stroke.

Esther Brahmstadt, Psy.D., Philadelphia College of Osteopathic Medicine, 2012. Primary care mental health, brief CBT in primary care, chronic pain, adapting to chronic illness.

Jennifer L. Burden, Ph.D., Syracuse University, 2001. Deputy Director, Mental Health Residential Rehabilitation Treatment Programs, Mental Health Services, VA Central Office. Treatment of substance use disorders, treatment engagement, addressing co-occurring treatment needs, continuing care, and residential treatment.

Mary K. Burton, Ph.D., Virginia Tech, 1991. Compensation and Pension Evaluations, Prolonged Exposure Therapy.

Jennifer Caldwell, Ph.D., University of South Carolina, 2012. Evidence-based therapies, early intervention, women's health, couples therapy, intimate partner violence, health consequences of partner violence, and gender differences in partner violence.

Alexa Z. Casey, Psy.D., Wright State University, 1993. Trauma-oriented therapy, Emotional Focused Treatment, EMDR, ACT, Recovery Focused treatment, Work with Individuals, Family and Couples

Neena T. Cassell, Ph.D., CSP, University of Maryland, Baltimore County, 2015. Neuropsychologist, Certified Specialist in Psychometry, and Telemental Health Coordinator. Neuropsychology, assessment, dementia, traumatic brain injury, stroke, epilepsy, cognitive rehabilitation, and telemental health.

Josephine M. DeMarce, Ph.D., Virginia Polytechnic Institute & State University, 2006. Cognitive behavioral therapy, motivational interviewing, training, program development, and program evaluation.

Ashley Engels Dibble, Ph.D., Virginia Commonwealth University, 2013. Substance Use Disorders, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Cognitive Processing Therapy, and Behavioral Couples Therapy for Substance Use Disorders.

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

J. Russell Gray-Couch, Ph.D., University of Kentucky, 2009. Treatment of PTSD, anxiety disorders, and depression; gender and sexual minority issues in therapy and supervision.

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

Dana Rabois Holohan, Ph.D., American University, 2000. Director of Training for Psychology and Director of the Center for Traumatic Stress. Sexual trauma, treatment of personality disorders, shame, DBT, PTSD, and empirically supported treatments.

Matthew T. Jameson, Ph.D., Western Michigan University, 2015. Interests include clinical behavior analysis, third wave behavior therapies, Relational Frame Theory (RFT), Motivational Interviewing (MI), assertiveness skills training, and applied social psychology.

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

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

Cynthia A. Lease, Ph.D., Virginia Polytechnic Institute and State University, 1994. Mood and anxiety disorders, psychotic disorders, individual, group, and family therapy, cognitive behavioral therapy, spirituality and mental health.

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

Michael Leibow, PsyD, DrPH., Loma Linda University, 2012. Primary Care-Mental Health Integration, Tobacco Cessation, Weight Management, Motivational Interviewing, and Health Behavior Change.

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

Katherine Luci, Psy.D., James Madison University, 2010. Aging, dementia-related behaviors, capacity evaluations, caregiving, life review/reminiscence therapy, mindfulness, ACT, multicultural therapy, resilience.

Emily Marston, Ph.D., University of Virginia, 2011. Coordinator of the Inpatient PTSD Program. Interests include exposure-based anxiety treatments, Acceptance and Commitment Therapy, Mindfulness, Interpersonal Psychotherapy (IPT) for Depression, Motivational Interviewing, STAIRS/NST and other empirically-supported treatments.

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

Beth Morris, Ph.D., University of South Florida, 2014. Evidence-based treatments for combat stress recovery and PTSD.

Kimberly M. Pratt, Ph.D., Utah State University, 2012, Health Psychology, Chronic Pain, Complementary and Alternative Medicine, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and Integrated care.

Gina Raza, Ph.D., Northern Illinois University, 2012. Coordinator of EBP Team. Empirically supported treatments for anxiety, depression, and trauma (e.g., CBT, ACT, BA, IPT, CPT, PE, STAIR), motivational enhancement, couples therapy (IBCT). Research interests: diversity issues, interdisciplinary work, and treatment efficacy.

Jennifer A. Self, Ph.D., Washington State University, 2010. Substance Use Disorders, Cognitive Behavioral interventions for Relapse Prevention, Mindfulness and Recovery, and Computer-Based Attention Retraining for PTSD.

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

Sarah Voss Horrell, Ph.D., University of Wyoming, 2008. Psychologist in Center for Traumatic Stress. Prolonged Exposure Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, and treatment efficacy.

Lisa E. Woodrich, Psy.D., Pacific University, 2014. Evidence-based treatments for PTSD, trans-diagnostic treatment, Military Sexual Trauma, and Acceptance and Commitment Therapy.

Salem VAMC Non-Psychology Staff

Arvin S. Bhandari MD., University of Dar-es-Salaam, Tanzania 1981. Residency in Psychiatry, V-Tech-Carilion SOM Residency Training Program, Roanoke VA. Director, Psychiatry Emergency Services and Assistant Professor of Clinical Psychiatry, VTC SOM. Main Interest is General Adult Psychiatry.

Offsite Minor Rotation Supervisory Staff

Peak Performance Consultation

Louis Perrott, Ph.D., Duquesne University, 1973. Private Practice, The Manassas Group, Roanoke, Virginia. Business Psychology: organizational consultation. Clinical Psychology: Stress-related physiological disorders, panic, anxiety, and affective disorders, codependent issues, and marital dysfunction. Business of Practice Issues.

Psychological Health *Roanoke

John Heil, D.A., Lehigh University, 1982. Coordinator pain behavioral medicine; coordinator sport psychology. President, APA Division of Sport & Exercise Psychology

Samuel Rogers, Jr., Ph.D., University of Vermont, 1981. Co-coordinator panic disorders, phobias, obsessive compulsive disorders, behavioral medicine, depression, and marital therapy.

Southwestern Virginia Mental Health Institute (SWVMHI)

Colin Barron, Ph.D., Memphis State University, 1985. Director of Psychology. Forensic clinical psychology, risk assessment, treatment of severe and persistent mental illness, and clinical psychopharmacology.

James R. Moon, Ph.D., Virginia Tech, 1982. Treatment of severe and persistent mental illness, forensic clinical psychology, solution focused psychotherapy, persuasion and influence, personality disorders, and rural psychology.

Trainees

Below is a list of recent trainee classes, the programs they came from, and their professional activities following internship. Our interns have done quite well in their job searches, receiving multiple offers. Our feedback from our graduates is that they feel quite prepared for the job market and have been successful in their careers post-internship.

Class Year	Position following internship
2016 graduates Binghamton University Ohio State University University of Kansas University of New Mexico	Postdoctoral Fellowship-Substance Abuse Postdoctoral Fellowship-Neuropsychology Postdoctoral Fellowship-Neuropsychology Postdoctoral Fellowship-Women's Health
2015 graduates University of Arkansas-Fayetteville Ohio University Western Michigan University University of Central Florida	Postdoctoral Fellowship-Substance Abuse Postdoctoral Fellowship-MIRECC/ Research VA Psychologist Postdoctoral Fellowship-PTSD
2014 graduates Duke University American University Ohio State University	Private practice Postdoctoral Fellowship-PTSD Postdoctoral Fellowship-General/Sub Abuse
2013 graduates Indiana University-Purdue University-Indianapolis University of Tulsa Virginia Commonwealth University Purdue University	Postdoctoral Fellowship-Behavioral Medicine Postdoctoral Fellowship-PTSD Postdoctoral Fellowship-EBP Postdoctoral Fellowship-Neuropsychology
2012 graduates Indiana University-Purdue University-Indianapolis University of Louisville Northern Illinois University Indiana University-Purdue University-Indianapolis	Postdoctoral Fellowship-PTSD Postdoctoral Fellowship-PTSD Postdoctoral Fellowship-PTSD Hospital Psychologist- Behavioral Medicine
2011 graduates Duke University University of Pittsburgh University of Maryland University of North Carolina-Greensboro	ABD/ Private Practice Maternity leave ABD/ Private Practice Postdoctoral fellowship-Research
2010 graduates University of Washington-St Louis University of Alabama-Birmingham Washington State University Virginia Polytechnic and State University	Postdoctoral Fellowship-Research Postdoctoral Fellowship-Behavioral Medicine Postdoctoral Fellowship-PTSD Postdoctoral Fellowship-Neuropsychology
2009 graduates University of Pennsylvania Loma Linda University University of Kansas Spalding University	Postdoctoral Fellowship-Research VA psychologist VA psychologist Postdoctoral Fellowship-Behavioral Medicine
2008 graduates University of Arizona Virginia Polytechnic and State University Indiana State University NOVA Southeastern University	Postdoctoral Fellowship-Research Postdoctoral Fellowship-Primary Care/Mental Health Integration Postdoctoral Fellowship-PTSD/TBI Emergency personnel psychologist

Class Year	Position following internship
2007 graduates Spalding University West Virginia University University of Wyoming University of South Dakota	VA psychologist/recovery coordinator World travel VA psychologist Postdoctoral Fellowship-Research/PTSD
2006 graduates University of Texas at Austin Binghamton University Virginia Polytechnic and State University Ohio State University	VA psychologist Postdoctoral Fellowship-PTSD VA psychologist Assistant professor
2005 graduates University of Memphis Loma Linda University University of South Carolina Loyola College of Maryland	Forensic position VA psychologist Private practice Postdoctoral Fellowship-Behavioral Medicine
2004 graduates Penn State University Texas Women's University Virginia Polytechnic and State University Texas A&M University	Postdoctoral Fellowship-Research Private practice, business consulting Forensic psychology Postdoctoral Fellowship-Organizational Psychology

Local Information

Roanoke is at the southern edge of Virginia's Shenandoah Valley. It is in the heart of the Blue Ridge Country, with the Blue Ridge Mountains to the east and the Alleghenies to the west. The cities of Roanoke, Salem, and Vinton are politically separate but geographically contiguous. Along with surrounding suburban Roanoke County, they represent a population of about 225,000 people. This active, productive metropolitan area is the center of health care, finance, trade, services, and transportation for most of Southwestern Virginia, as well as parts of West Virginia and North Carolina.

Recreational activities are numerous and varied. Two municipal Civic Centers present a broad spectrum of public entertainment from opera to sports. The Center in the Square offers an art center, live theater, a science museum, and planetarium. Area colleges maintain their own schedule of cultural events and invite speakers with national and international reputations. Spring brings minor league professional baseball to a state of the art ballpark in Salem. Fall brings college football, and the mountains turn to color along the Blue Ridge Parkway and beyond. Nearby, Smith Mountain Lake boasts of 500 miles of shoreline with sailing, water skiing, and twenty pound plus striped bass. Stocked trout streams flow through the cities themselves. Golf, tennis, and hiking are minutes from most any doorstep. Educational facilities include two private colleges and

a community college that are in the immediate area. Within reasonable commuting distance are a number of other colleges, including Virginia Polytechnic Institute and State University, Virginia Military Institute, Mary Baldwin College, Radford, and Washington and Lee University.

Retail shopping opportunities are plentiful. There are many shops in downtown Roanoke and Salem, as well as a quaint Farmer's Market. There are two major shopping malls and many smaller, older shopping centers as well. Numerous restaurants serving a variety of American, traditional southern and multi-ethnic cuisines suit nearly every diner's taste. Housing is plentiful and reasonably priced. Apartments meeting the needs of most of our interns can be rented for \$550 to \$850, including utilities, depending on size and location. These are generally unfurnished garden style apartments, which often provide laundry facilities, pools, clubhouses, and tennis courts. More basic, less expensive accommodations can be found with some looking, and there are houses for rent for those so inclined or who need greater space. Furniture rental is available.

Though the urban Roanoke Valley is a modern metropolitan area of some size and complexity, it retains some of the slower pace and charm of a small city. It is truly a wonderful place to live, work, and learn. Usually, our trainees who come here from all over the country fall in love with the area and never want to leave!