

Salem VAMC

Postdoctoral Residency

Program

Applications due: January 1, 2021

Salary: \$46,222



Salem VA Medical Center
Director of Training for Psychology
(116C) 1970 Roanoke Boulevard
Salem, Virginia 24153
(540) 982-2463, extension 4188
<http://www.salem.va.gov/>

Contents

Contents.....	1
Accreditation Status.....	2
Current Positions Available.....	2
Postdoctoral Residency Admissions, Support, and Initial Placement Data	3
Psychology Setting	13
Training Model and Program Philosophy	15
Program Aims and Competencies.....	16
Program Structure	18
Training Experiences	22
Training Sites.....	28
Requirements for Completion	35
Facility and Training Resources.....	35
Administrative Policies and Procedures	36
Administrative Leave	36
Due process.....	36
Self-disclosure	36
Collecting personal information	37
Licensure	37
Use of distance education technologies for training and supervision	37
Training Staff.....	37
Select Salem VAMC Psychology Staff.....	37
Trainees.....	41
Local Information	43
COVID-19 Information for applicants	44

Accreditation Status

The Clinical Psychology postdoctoral residency at the Salem VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association. Our last site visit was in September of 2014 and we received seven years of accreditation. Our next site visit is anticipated for 2021. Our Clinical Neuropsychology program is currently Accredited on Contingency. We anticipate submitting our distal data this year. 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>

Current Positions Available

We are recruiting for a total of seven residency positions for the 2021-2022 year. Six positions are in traditional practice area of Clinical Psychology, with emphasis in the following: Geropsychology (2 positions), Substance Abuse (1 position), PTSD (1 position), Primary Care-Mental Health Integration (1 position), and Mood Disorders: Evidence Based Practice (EBP; 1 position). The Clinical Neuropsychology residency positions are 2-year positions and will be recruiting for the 2021-23 position. The Neuropsychology residency will not be participating in the APPCN match process and an offer may be made before the APPIC and APPCN deadlines.

*Due to COVID-19, virtual interviews will be utilized for residency recruitment.

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Postdoctoral Program Admissions-Clinical Program

Date Program Tables are updated: August 28, 2020

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

Trainees with interests that fit with a scientist-practitioner training model are favored in selection. We evaluate the match with past training experiences and interests with the emphasis area.

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. We are committed to attracting and training diverse residents.

Candidates must also have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship. No applicants from programs awarding degrees in areas other than psychology will be accepted. All requirements for the doctoral degree, including dissertations, from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program must be completed prior to starting. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

The application materials of candidates are reviewed by the staff psychologists and current residents. Early submission of applications is encouraged as interview slots will be filled on a rolling basis. Reviewers evaluate the applicant's ability, record of achievement, and degree of potential compatibility with the residency program. These rankings are used to prioritize interview offers. Applicants who do not qualify for consideration will be notified promptly. Due to COVID-19, Virtual Interviews will likely be used. Our start date is expected to occur between late-August and early-September (usually the day after Labor Day). Communication with applicants for the clinical residency will follow the suggested APPIC guidelines for residency selection.

We are in the process of adapting our interview schedule due to Covid-19. For clinical positions, we are expecting to conduct ¾ day interviews, which include an introduction to the training program, meetings with emphasis area supervisors, and several individual or small panel interviews, in addition to time with our current residents. Applicants are then rated by the interviewing staff. These independent ratings are pooled with packet ratings and input from current residents and the Training Director, resulting in our ranking list. Fit of training interests, research, openness to learning and training, and an already developed interest in and experience with emphasis area are important rating criteria.

Describe any other required minimum criteria used to screen applicants:

Candidates for residency must be U. S. citizens enrolled in and graduating from a doctoral program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) in Clinical, Counseling, or Combined Psychology or a Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. See

<https://www.psychologytraining.va.gov/eligibility.asp> for general information about VA eligibility.

Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible. No applicants from programs awarding degrees in areas other than psychology will be accepted. Candidates must be approved for residency status by their graduate program and internship training director and meet all degree requirements before beginning residency. If these requirements are not met, the offer for residency may be rescinded.

Residents are subject to fingerprinting and background checks and all training programs must complete paperwork required by the VA stating that the trainee is able to perform their duties. Match result and selection decisions are contingent on passing these screens (see below). The dissertation must be fully completed. At time of application, the trainee must submit documentation from their dissertation chair regarding the status of dissertation. Further, the candidate should anticipate that all doctoral requirements will be met before residency.

Applicants should submit their applications using the APPA CAS Online Application. Applicants for residency must submit their materials at:

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

This APPA CAS application should include your **CV**, official graduate school **transcript(s)**, and **three letters of reference**. Please also include the following: a **letter of intent** which specifies your future professional goals, details how the residency will contribute toward their achievement, and identifies the emphasis/specialty area for which you are applying; a **letter from your dissertation chair documenting the timeline for completion of the dissertation**; and a **letter from your internship Director of Training documenting your status as an intern, whether any probationary or remedial actions have been taken, whether you are on track to successfully complete your internship, and your anticipated internship completion date**.

The following information includes requirements for eligibility for an appointment as a VA Health Professions Trainee. Many of the required forms below are requested FOLLOWING match, but all applicants to our program should be aware that the following will all be required in order to begin a residency at any VA site:

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

1. U.S. Citizenship. HPTs who receive a direct stipend (pay) must be U.S. citizens.

2. U.S. Social Security Number. All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. Selective Service Registration. Most male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. This is defined for this purpose as individuals born male on their birth certificate regardless of current gender. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take six months for a verdict.
4. Background Investigation. All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. Drug Testing. Per Executive Order 12564 the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however will be subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit: <https://www.va.gov/OAA/TQCVL.asp>
7. Health Requirements. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are EXTREMELY rare. If you decline the flu vaccine, you will be required to wear a mask while in patient care areas of the VA.
8. Primary source verification is required for all your prior education and training. Your training directors will be reaching out to you and the appropriate institutions to get that done and complete. An official final transcript will be required.
9. Additional Forms. Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal

documents will result in the inability to appoint or immediate dismissal from the training program.

10. VA identity proofing requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements:

11. Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.
12. Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

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

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

- Misconduct or negligence in employment;
- Criminal or dishonest conduct;
- Material, intentional false statement, or deception or fraud in examination or appointment;
- Refusal to furnish testimony as required by § 5.4 of this chapter;
- Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

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

- The nature of the position for which the person is applying or in which the person is employed;
- The nature and seriousness of the conduct;
- The circumstances surrounding the conduct;
- The recency of the conduct;
- The age of the person involved at the time of the conduct;
- Contributing societal conditions; and
- The absence or presence of rehabilitation or efforts toward rehabilitation.

Financial and Other Benefit Support for Upcoming Training Year*-Clinical

Annual Stipend/Salary for Full-time Residents	\$46,222	
Annual Stipend/Salary for Half-time Residents	n/a	
Program provides access to medical insurance for resident?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 *	
Hours of Annual Paid Sick Leave	104*	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Access to on site fitness center and credit union. Administrative leave also available with supervisory and medical center approval for activities such as presentations at conferences. *Although more is earned, it is recommended that trainees do not exceed use of 128 hours of sick and annual leave to meet some licensure requirements.		

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

Initial Post-Residency Positions-Clinical

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-20	
Total # of residents who were in the 3 cohorts	11	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		9
Military health center		
Academic health center		
Other medical center or hospital		1
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		1

Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Postdoctoral Program Admissions-Neuropsychology Program

Date Program Tables are updated: August 28, 2020

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

Trainees with interests that fit with a scientist-practitioner training model are favored in selection. We evaluate the match with past training experiences and interests with the specialty area.

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. We are committed to attracting and training diverse residents.

Candidates must also have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship. No applicants from programs awarding degrees in areas other than psychology will be accepted. All requirements for the doctoral degree, including dissertations, from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program must be completed prior to starting. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

The application materials of candidates are reviewed by the staff psychologists and current residents. Early submission of applications is encouraged as interview slots will be filled on a rolling basis. Reviewers evaluate the applicant's ability, record of achievement, and degree of potential compatibility with the residency program. These rankings are used to prioritize interview offers. Applicants who do not qualify for consideration will be notified promptly. Due to Covid-19, virtual interviews will be utilized until further notice and we are adapting our plans for interviews accordingly. Interview ratings are pooled with packet ratings and verbal input from current residents and the Training Director, resulting in our ranking list. Fit of training interests, research, openness to learning and training, and an already developed interest in and experience with specialty area are important rating criteria. Our start date is expected to occur between late-August and early-September (usually the day after Labor Day).

Describe any other required minimum criteria used to screen applicants:

The Clinical Neuropsychology residency positions are 2-year positions and will be recruiting for the 2021-23 class. The Neuropsychology residency will not be participating in the APPCN match process and an offer may be made before the APPIC and APPCN deadlines.

THE DEADLINE FOR RECEIPT OF ALL MATERIALS FOR ALL RESIDENCYS IS JANUARY 1, 2021. EARLY SUBMISSION OF MATERIALS IS ENCOURAGED.

If there are questions about the residency program or if you need to check the status of your application, please call the psychology office at (540) 982-2463, extension 4188. If calling about the Neuropsychology Residency specifically, you may also contact Dr. Katherine Kane at Katherine.Kane@va.gov.

Candidates for residency must be U. S. citizens enrolled in and graduating from a doctoral program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) in Clinical, Counseling, or Combined Psychology or a Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. See

<https://www.psychologytraining.va.gov/eligibility.asp> for general information about VA eligibility.

Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible. No applicants from programs awarding degrees in areas other than psychology will be accepted. Candidates must be approved for residency status by their graduate program and internship training director and meet all degree requirements before beginning residency. If these requirements are not met, the offer for residency may be rescinded.

Residents are subject to fingerprinting and background checks and all training programs must complete paperwork required by the VA stating that the trainee is able to perform his/her duties. Match result and selection decisions are contingent on passing these screens (see below). The dissertation must be fully completed. At time of application, the trainee must submit documentation from their dissertation chair regarding the status of dissertation. Further, the candidate should anticipate that all doctoral requirements will be complete before residency.

Applicants should submit their applications using the APPA CAS Online Application. Applicants for residency must submit their materials at:

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

This APPA CAS application should include: 1) your CV; 2) official graduate school transcript(s); 3) three letters of reference; 4) a letter of intent which specifies your future professional goals, details how the residency will contribute toward their achievement, and identifies the specialty area for which you are applying; 5) a letter from your dissertation chair documenting the timeline for completion of the dissertation; 6) a letter from your internship Director of Training documenting your status as an intern, whether any probationary or remedial actions have been taken, whether you are on track to successfully complete your internship, and your anticipated internship completion date, and 7) a de-identified sample neuropsychological report.

The following information includes requirements for eligibility for an appointment as a VA Health Professions Trainee. Many of the required forms below are requested FOLLOWING match, but all applicants to our program should be aware that the following will all be required in order to begin a residency at any VA site:

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

1. U.S. Citizenship. HPTs who receive a direct stipend (pay) must be U.S. citizens.
2. U.S. Social Security Number. All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. Selective Service Registration. Most male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. This is defined for this purpose as individuals born male on their birth certificate regardless of current gender. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take six months for a verdict.
4. Background Investigation. All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. Drug Testing. Per Executive Order 12564 the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however will be subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>.
7. Health Requirements. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are

EXTREMELY rare. If you decline the flu vaccine, you will be required to wear a mask while in patient care areas of the VA.

8. Primary source verification is required for all your prior education and training. Your training directors will be reaching out to you and the appropriate institutions to get that done and complete. An official final transcript will be required.
9. Additional Forms. Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
10. VA identity proofing requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements:

11. Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.
12. Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

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

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

- Misconduct or negligence in employment;
- Criminal or dishonest conduct;
- Material, intentional false statement, or deception or fraud in examination or appointment;
- Refusal to furnish testimony as required by § 5.4 of this chapter;
- Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

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

- The nature of the position for which the person is applying or in which the person is employed;
- The nature and seriousness of the conduct;
- The circumstances surrounding the conduct;
- The recency of the conduct;
- The age of the person involved at the time of the conduct;
- Contributing societal conditions; and
- The absence or presence of rehabilitation or efforts toward rehabilitation.

Financial and Other Benefit Support for Upcoming Training Year*- Neuropsychology

Annual Stipend/Salary for Full-time Residents	\$46,222	
Annual Stipend/Salary for Half-time Residents	n/a	
Program provides access to medical insurance for resident?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 */year	
Hours of Annual Paid Sick Leave	104 */year	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Access to on site fitness center and credit union. Administrative leave also available with supervisory and medical center approval for activities such as presentations at conferences. *Although more is earned, it is recommended that trainees do not exceed use of 128 hours/year of sick and annual leave to meet some licensure requirements.		

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

Initial Post-Residency Positions-Neuropsychology

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2016-2020	
Total # of residents who were in the 3 cohorts	4	
Total # of residents who remain in training in the residency program	1	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		

University counseling center		
Veterans Affairs medical center		2
Military health center		
Academic health center		
Other medical center or hospital		2
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Psychology Setting

The Salem VAMC psychology staff is comprised of over thirty 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. Supervisory staff is a particular strength of the program. 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 residencies with emphasis/specialty areas including neuropsychology and behavioral neurology, neuropsychology and rehabilitation psychology, primary care-mental health integration, general mental health and evidence based practices, geropsychology, substance use disorders, and posttraumatic stress disorder. Behavioral, cognitive, and interpersonal approaches to clinical practice are all represented among staff and there is a strong emphasis on evidence-based assessment and treatment. 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 VA Psychology Training Council and the Salem VAMC Research and Development Committee. Several psychologists have been national consultants and/or trainers for best practice initiatives, such as the Prolonged Exposure Training, Cognitive Processing Therapy, and Motivation Interviewing/Motivational Enhancement Therapy Initiatives. Psychology staff members are also involved in the psychiatry or medical residency programs as educators and/or supervisors. Overall, the psychology service is dedicated to contributing to best practices 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, psychologists are employed in supervisory or coordinator positions in many inter-professional/interdisciplinary programs including: Center for Traumatic Stress, Behavioral Medicine and Primary Care-Mental Health Integration Teams, the Substance Abuse Treatment Program and PTSD Residential Rehabilitation and Treatment Program, the Center for Aging and Neurocognitive Services (CANS), the Evidence-Based Psychotherapy Team, the Psychosocial Rehabilitation and Recovery Programs, Palliative Care, and the Employee Assistance Program.

In addition to offering the postdoctoral residency trainings, we offer an APA-accredited internship program, training four to five interns each year. We also supervise practicum level students from Virginia Polytechnic Institute and State University and Radford University and undergraduate research practicum students from Roanoke College. Finally, members of our psychology staff are actively involved in our medical residency training program. Many hold faculty appointments at the University of Virginia School of Medicine and the Virginia Tech-Carilion School of Medicine. Staff provide didactic training and clinical supervision to psychiatry and medical residents and medical students through multiple program areas.

In addition to psychology and psychiatry training programs, the Salem VA Medical Center is a major training facility in the region and has many students, interns, and residents in most areas and in all phases of health care education. Students come from a variety of programs including Virginia Tech-Carilion School of Medicine, Edward Via College of Osteopathic Medicine, Jefferson College of Health Sciences, and Radford University.

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 15 scheduled hours per year. Psychology has been provided with approximately \$5,000 per year to bring in a variety of speakers for presentations, seminars, research consultation, and specialty training for staff and trainees. 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, Prolonged Exposure Therapy, Motivational Interviewing, and Acceptance and Commitment Therapy. Additionally, psychology staff participates in Grand Rounds offered by the Hospital and Psychiatry as well as other non-VAMC training opportunities in the community. Both staff and trainees are granted ample administrative leave to attend educational activities outside the medical center. In addition, we host a psychology journal club and clinical case conference, as well as specialized didactic series in neuropsychology, geropsychology, general mental health, and substance use disorders. Due to the quality of staff, strong leadership, and the priority placed on training, we have been able to attract our top candidates in recruitment of staff, interns, postdoctoral residents, and practicum students.

Training Model and Program Philosophy

Training Model

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, residents, and interns. Many of our doctoral staff also participate in research production and/or information dissemination. Residents are expected to participate in these opportunities throughout their training year. Residents are also expected to participate in the mentoring and training of interns, psychiatry residents, pharmacy students, and practicum students in the areas of research design and ethics when these opportunities are available.

We also value a developmental approach to training in which tasks of increasing difficulty and complexity are given to residents throughout the course of their residency as they demonstrate their ability and readiness to take on new responsibilities. Supervision is expected to match the needs of the resident in a way that facilitates professional development and progression.

Program Philosophy

A special focus of our residency is fostering the growth and integration of residents' 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 residents 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. In addition, psychology staff are very open to providing informal assistance in these areas. Finally, the atmosphere in the Mental Health Service Line at the Salem VAMC is quite collegial. We value our residents highly, appreciating them both as professional colleagues and as resident human beings.

Program Aims and Competencies

The overarching aim of the residency experience is to provide the resident with advanced skills that will enable him/her to function effectively as a scientist-practitioner in his/her emphasis or specialty area. The five emphasis areas of our clinical psychology postdoctoral training program

are Geropsychology, Post-Traumatic Stress Disorder (PTSD), Primary Care-Mental Health Integration (PC-MHI), Mood Disorders/Evidence-Based Practices (EBP), and Substance Use Disorders (SUD). We also have two positions in our 2 year Clinical Neuropsychology Specialty, recruiting one each year. The Geropsychology, PTSD, PC-MHI, SUD and EBP programs are each one year in length. The neuropsychology and geropsychology positions also emphasize the provision of services to rural populations. All positions have included training in telemental health. The overall program provides comprehensive training and clinical experiences designed to teach, develop, and enhance the requisite skills for effective practice as a clinical psychologist functioning in PTSD, primary care, evidence based practices, geropsychology, substance use disorders, and neuropsychology settings, as well as for effective leadership in these areas. A second aim of the program is to equip residents with the consultative/liaison, teaching, leadership/administration, and supervisory skills to be prepared for the market place and be able to incorporate the aforementioned skills into their practice. A third specific aim for the neuropsychology residency specialty program is to prepare residents to be eligible for board-certification in clinical neuropsychology.

Consistent with our Scientist-Practitioner model, our goal is to provide residents with training in the areas of empirically supported treatment (EST) and evidence-based practices in each emphasis area; develop specific clinical, assessment, and research skills in each of these emphasis areas and promote training which ensures that clinical research and clinical practice inform one another. Our developmental approach to training also informs our purpose for the program, including the following: improve each resident's confidence in clinical, research, consultative, teaching, administration/leadership, and supervisory skills over the course of the residency year and aid each resident in her/his shift from student to professional.

To meet these aims, the core competencies expected for the Geropsychology, PTSD, PC-MHI, SUD, and EBP resident include: Integration of Science and Practice, Ethical and legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment, Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision.

Core competencies for the Neuropsychology resident include: Integration of Science and Practice, Ethical and Legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment (with a focus on neuropsychological evaluation), Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision.

Specific responsibilities of the resident are, in part, determined by individual needs, interests, and level of readiness. Residents should complete the program with a sense of expertise and competence in the emphasis or specialty area of their choice. Our residents are well-prepared for a wide variety of psychology positions. Our expectations for residency are that the residents develop core competencies that will translate well into research, clinical, teaching, administrative, or combined positions and that the residents have time and experience to thoughtfully consider and plan for a career path that most fits their interests.

Specific Program Goals training experiences are highlighted below.

Program Structure

Residents have clinical and assessment experiences that comprise the majority of their training time. Approximately 50% of time is spent on clinical and assessment duties. This is individualized somewhat by each resident at the onset of the residency year. The specific experiences for each resident are articulated below but, at minimum, the Geropsychology, PTSD, PC-MHI, SUD and MHC/EBP residents receive both group and individual therapy experience and the Neuropsychology residents receive experience in neuropsychological evaluation. All clinical psychology residents are also required to be involved in the provision of at least (3) comprehensive testing batteries. This can include the provision of testing or the supervision of interns providing testing to veterans, with such tests as the MMPI-2, PAI, MCMI-III, WAIS-IV, or WMS-IV, as well as numerous other measures appropriate for the presenting problem. Neuropsychology residents are expected to provide cognitive rehabilitation and may provide individual and group therapy. Residents also take the lead on, complete, and present a research and/or program development project over the course of the year (approximately 20% of time). Residents function in the role of clinical supervisor to psychology interns, practicum

trainees, medical students, psychiatry residents, and/or geriatric medicine residents and fellows (approximately 10%), though there has been some impact on this due to Covid-19.

Interprofessional treatment team participation and consultation (10%) includes being active members of the Psychology Staff, as well as participation in weekly Psychology Staff meetings, monthly Training Committee meetings, and interdisciplinary/interprofessional meetings specific to their emphasis/specialty area. They provide regular consultation to resident members of the psychology team, as well as to medical providers and other mental health staff. To enhance their understanding of the literature and prepare them to supervise, mentor, and/or teach as leaders in their respective fields, the residents are responsible for offering at least two didactic seminars. For clinical psychology residents, one seminar is on Empirically Supported Treatments and one is on a topic relevant to their emphasis area. The clinical neuropsychology residents present two didactics relevant to clinical neuropsychology. Each resident also serves in at least one leadership/administration position (e.g., co-leader of an inter-disciplinary team, coordinator of Journal Club, Project Manager of a Performance Improvement Project, etc.) and/or completes an administrative or leadership project. Lastly, residents participate in our Postdoctoral Residency Seminar Series. This includes didactics on relevant topics for the residents, including Research and Grant Writing, Administration of Mental Health, Professional Development Issues, and Supervision. Residents also participate in didactic series that occur within their own emphasis and specialty areas. Teaching, leadership, and didactics account for approximately 10% of the resident's time.

Residents receive a minimum of four hours of training and supervision per week. At least two of these hours includes supervision with a licensed clinical psychologist. Supervision of clinical therapy cases emphasizes the provision of treatments with empirical support (e.g., Prolonged Exposure Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Depression, Motivational Interviewing). Supervisory techniques available include: co-leading of groups, direct observation, audio/video taping, bug-in-the-ear, and/or clinical case presentation. On occasion, supplementary supervision may be provided by members of other professional disciplines when desired and appropriate.

Teaching methods include a mentorship model of supervision in which the resident functions as a junior colleague under the direction and guidance of our staff psychologists. Each resident develops a comprehensive training plan for the year, with the help of their assigned Primary Mentor, Research Mentor (if different from the Primary Mentor), and either the Director of Training (DOT) or the Neuropsychology Residency Director (NRD). Specific training and teaching modalities include modeling in clinical and research team meetings, use of focused readings in the resident's areas of emphasis, review of administrative and policy issues governing the VHA and specific program areas, and regular participation in educational opportunities, such as Grand Rounds, training workshops and professional conferences. In addition, the residents participate in the weekly Postdoctoral Residency Seminar Series, didactics within their emphasis and specialty areas, and meet monthly with DOT and/or NRD.

A priority of our training program is the provision of exceptional educational experiences for all trainee levels. We, therefore, place a high value on evaluating the efficacy of our training efforts. This is reflected in a multifaceted program evaluation process that includes evaluation of mentors, the program, and each resident. To evaluate our residency mentors and program, residents: a) meet with the DOT and NRD every month which includes a discussion on whether their expectations and goals for the training year are being met and to offer suggestions for improvement; b) evaluate all didactic seminars using our Seminar Evaluation Presenter and Training Feedback Forms; c) complete formal written evaluations of each primary mentor at the end of the year and of the residency program at the midpoint and end of the year; d) complete two year follow-up evaluations that assess: type of career/ position of the resident (e.g., research, clinical, combined), type of setting/employment (e.g., VA, medical school, university), research productivity (e.g., peer-reviewed journal articles, conference presentations, grants), leadership roles, teaching experiences, supervision experience, consulting experience, perceived preparedness for leadership roles in the emphasis area, and any recommendations for program improvement. To evaluate whether clinical psychology residents have met set out goals and objectives, clinical psychology residents are formally evaluated by their primary mentors and the training program twice, once at the mid-point and once at the end of the residency. Our neuropsychology residents are evaluated at 6 months, 12 months, 18 months,

and 2 years to ensure that they have met set out goals and objectives. This is done by using our Clinical Psychology Residency Competency Assessment and Neuropsychology Residency Assessment Forms. The Clinical Psychology Residency Competency Assessment Form requires residents to demonstrate competency in each of the following areas: Integration of Science and Practice, Ethical and Legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment, Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision. The Neuropsychology Residency Competency Assessment Form requires the resident to demonstrate competency in the following areas: Integration of Science and Practice, Ethical and Legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment (with an emphasis on neuropsychological evaluation), Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision. To ensure residents are achieving our set standards, the DOT and/or NRD remain in direct contact with all supervisors and facilitates necessary interventions as soon as problems are recognized. In addition, informal verbal feedback is given to residents throughout the course of the year and formal 6 month, 1 year, 18 month (if applicable), and 2 year (if applicable) evaluations are used to provide residents with written feedback on whether they are meeting program expectations. For residents who are not meeting competency standards, a stepped intervention system is in place to address issues expeditiously and is clearly delineated in our Psychology Training Policy. Finally, residents are also evaluated by trainees for whom the resident provides supervision using our Supervisor Competency Evaluation.

The Neuropsychology Residency Director (NRD) is responsible for the overall administration and coordination of the Neuropsychology Postdoctoral Residency and selection process, under the coordination of the Director of Training for Psychology, with assistance from the Training Committee.

Our residency begins early-August to mid-September. A resident is on duty 40 hours per week and works 52 weeks (Geropsychology, PTSD, PC-MHI, EBP, SUD Residents) or 104 weeks (Neuropsychology Residents). Residency positions 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. Residents may only work 40 hours in their normal work week. It is expected that the residents will be available for duty for essentially the full 52- and 104-week period. Excessively early completion or long, non-emergent absences are discouraged.

Training Experiences

The Geropsychology, PTSD, PC-MHI, EBP, SUD, and Neuropsychology residents are involved in activities appropriate for each emphasis or specialty area.

Geropsychology Resident

The Rural Geropsychology Resident will be exposed to training that is consistent with the Pikes Peak Model for training in professional geropsychology. The provision of services to older Veterans living in rural areas will be emphasized. This position 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 distress behaviors in Community Living Centers) are emphasized. The Resident will also further refine his/her skills in assessing psychological and cognitive functioning (including evaluation of psychiatric disorders, dementia, stroke). These services will be provided in a variety of inpatient and outpatient treatment settings in a diversity of clinics including the Center for Aging and Neurocognitive Services' (CANS) Geropsychology Outpatient Program, the Community Living Center (CLC), the Memory Assessment Clinic, Palliative Care, Home-Based Primary Care, Primary Care-Mental Health Integration, Neuropsychology, and the Evidence-Based Practice Interprofessional Team in the Mental Health Clinic. The Rural Geropsychology Resident will also work with patients through telehealth in a particular effort to enhance services for Veterans living in rural settings. In addition to the Postdoctoral Resident

training seminar, the Geropsychology Resident will attend a weekly videoconference seminar, presented in collaboration with several VA geropsychology postdoctoral residency programs nationwide. Residents will be expected to complete a research and/or program development project related to aging, dementia care, or other area of interest. The Rural Geropsychology Resident is involved in the training and supervision of psychology interns and students, as well as psychiatry residents in CANS. Further, the resident assumes a leadership role in managing performance improvement activities within CANS. The Rural Geropsychology Resident will be expected to consult on a regular and frequent basis with staff on interdisciplinary teams in CANS, in the CLC, and throughout the medical center to provide comprehensive, person-centered care for geriatric Veterans and their families. Note, due to Covid-19, some opportunities have been restricted in particular on the CLC at times during the year.

PTSD Resident

The PTSD resident is exposed to best practice treatments and assessments for PTSD, as well as clinical research. In addition, residents gain a solid understanding of the needs of veterans with chronic PTSD, those who are recently returning from deployment, and those exposed to Military Sexual Trauma. Residents will be exposed to the use of technology to aid treatment of veterans and to reduce barriers to care. Due to Covid-19, the majority of therapy sessions have moved to virtual delivery. Residents are trained in at least two of the following treatments, under the supervision of licensed clinical psychologists skilled in these approaches: Prolonged Exposure Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, STAIR/NST, and Written Exposure Therapy. Residents are trained in group and individual treatments. Residents also conduct psychological assessments. Residents are exposed to research and readings on treatments for PTSD. Residents serve as active team members on our PTSD research projects. There are several ongoing projects in which the resident may become involved. Some examples include: an examination of response to PE vs. CPT, implementation of contingency management, examination of drop-out rates, and cost effectiveness of DBT. The resident is expected to complete one research or program development project over the course of the year, resulting in a submission to a peer-reviewed journal, grant submission, and/or a

presentation at a national conference. Residents consult with other providers throughout the Medical Center regarding referrals and treatment of referred patients. In addition, residents fully participate in team meetings, present clinical cases to team members, and are active in team discussions. The resident is a member of the Center for Traumatic Stress (CTS) Team, which meets weekly for both administrative and clinical purposes. This meeting is essential for increasing the resident's understanding of the administrative complexities of an outpatient PTSD clinic, as well as advancing clinical and consultative skills. In addition, the resident may also participate in any of the following teams: a) the DBT Consultation Team; b) the OPS/EBP which meets weekly for clinical and weekly for administrative purposes. Some opportunities are also available for leadership positions in the area of trauma/PTSD, including organizing outreach opportunities to returning servicemen and women, coordinating PTSD Awareness Month activities, and facilitating transition to a hospital-wide DBT program.

Primary Care-Mental Health Integration Resident

The PC-MHI resident is exposed to a nationally recognized primary care-mental health integrated program. This co-located, collaborative care service delivery model of PC-MHI provides full-time, accessible mental health providers to primary care staff and patients. Evidence indicates that key aspects of successful primary care-mental health integration are mental health involvement in addressing depression, anxiety, substance abuse, chronic pain, health behaviors, and provider-patient communication. As a member of Salem's PC-MHI team, the PC-MHI resident, therefore, focuses practical and didactic training in these six areas. A primary responsibility for the resident is consultation to primary care staff. Residents also have the opportunity to provide treatment for a range of psychological and/or medical conditions/problems, including depression, stress/adjustment difficulties, grief, insomnia, diabetes, obesity, hypertension, cardiovascular disease, and gastrointestinal disorders. Patients who are high service utilizers, engaging in health compromising behaviors, and/or in need of safety assessment/planning are also referred to the PC-MHI resident. Primary treatment and intervention approaches include: Cognitive-Behavioral Therapy, Motivational Interviewing, brief interventions for alcohol use, supportive therapy, and patient and family education. For more

severe psychiatric disorders (e.g., psychosis, bipolar disorders), the resident assists in brief symptom screenings, identification, specialty referral, and specialty adherence monitoring/assistance. The resident also receives training and experience in population-specific patient assessment and monitoring using empirically validated and supported instruments, such as the Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001), Beck Anxiety Inventory for Primary Care (BAI-PC; Beck, Guth, Steer, & Ball, 1997), and the Functional Pain Scale (Gloth, Scheve, Stober, Chow, & Prosser, 2001). The resident will complete a research or program development project during the post-doctoral year. Residents may participate in research involving pain interventions, provider-patient communication, program evaluation of PC-MHI and shared medical appointments, or other program development and assessment projects identified as a need in the primary care setting. Furthermore, the resident can participate on related integrated interprofessional treatment teams. These teams include Salem's Center for Interdisciplinary Pain Management (CIPM) and a multidisciplinary weight management (MOVE!) team. Finally, the resident has the opportunity to participate with primary care and mental health leadership on projects aimed at improving provider-patient communication.

Mood Disorders/ Evidence-Based Practices (EBP) Resident

As a member of the EBP Interprofessional Team, the Resident is exposed to a team that fosters the provision of mental and behavioral health services using a patient-centered, interprofessional model. The team is comprised of staff from various disciplines (psychologists, psychiatrists, social workers, and pharmacists) and trainees (psychiatry residents, pharmacy residents, social work interns, and psychology interns). As a part of the team, the Resident will have a variety of experiences. The Resident will provide time-limited, evidence-based treatment to Veterans with a range of anxiety and depressive disorders. Additionally, there may be opportunities to provide evidence-based therapies to patients requesting couples therapy. The Resident will track patient's progress through on-going assessments and present successes and challenges to the EBP team. The Resident will provide individual supervision to one psychology intern and/or psychiatry resident on the EBP Team. The Resident will be engaged in

didactics on evidence-based practices. The Resident will conduct one weekly intake assessment and discuss treatment planning with the EBP Psychology staff, as well as the intermittent provision of psychological assessments (i.e. objective personality testing, intellectual testing, structured interviews, etc.) for the purposes of differential diagnosis and treatment planning. In addition to participating in the EBP Interprofessional Team meetings, the Resident will consult with other providers in the Medical Center regarding referrals and treatment of referred patients. The Resident, with the mentorship of a staff psychologist, will also be involved in a research project or program development. Some possibilities include identifying improvements in the team or evaluating the success of specific treatment approaches.

Substance Use Disorder Resident

The Substance Use Disorder Resident will work with clients throughout the entire continuum of care for substance use disorders, providing services that include assessment, education, group therapy and individual therapy. The Resident will work with an interdisciplinary team that fosters the provision of mental and behavioral health services using a patient-centered, recovery-oriented model. The team is comprised of staff supervisors from various disciplines (psychology, psychiatry, social work, nursing, kinesiotherapy, recreation therapy, and nutrition) and trainees (psychiatry residents, social work interns, psychology externs, and psychology interns). The Resident will provide time-limited, evidence-based treatment to Veterans with a range of substance use and other mental health disorders. These services typically include assessments, residential CBT-based relapse prevention and dual diagnosis groups, outpatient CBT-SUD individual and/or groups, aftercare groups, and dual diagnosis groups, as well as individual Motivational Enhancement Therapy sessions. The Resident will provide supervised individual supervision to trainees. The Resident will be exposed to didactics on evidence-based practices as well as the opportunity for in-depth, on-going supervision in the provision of Motivational Interviewing that includes coding of session tapes for competency. The Resident will also be required to be involved in a research project. There are opportunities to be involved in ongoing research on basic-science, and treatment and implementation research, as well as application for research grants.

COVID-19 Update: Substance use disorder services are being offered on a residential and outpatient basis with some modifications. The residential program currently is capped at 14 beds. Opportunities for an resident are similar to those listed above, but some are done virtually via VVC, VANTS, or phone. Services/training opportunities are subject to change as the situation and safety-related recommendations change over the course of the pandemic.

Neuropsychology Resident

The Neuropsychology Resident is involved in training consistent with the Division 40 Houston Conference guidelines. The Resident works primarily as part of the Neuropsychology Program in the Center for Aging & Neurocognitive Services (CANS). This program provides neuropsychological consultation to a diversity of inpatient and outpatient clinics throughout numerous services including Mental Health (e.g., Center for Traumatic Stress, Mental Health Clinic, Primary Care-Mental Health Integration), Neurology, the Community Living Center, and Primary Care. Residents can expect to work with a variety of patients with diagnoses including dementia (e.g., Alzheimer's disease, vascular dementia, frontotemporal dementia), brain injury (ABI & TBI) and other neurological disorders, as well as psychiatric disorders (e.g., Bipolar Disorder, Post-traumatic Stress Disorder). The Resident also has exposure to the TBI Program, an interdisciplinary Polytrauma Support Clinic Team for patients with TBI; Memory Assessment Services, an interprofessional clinic that treats patients with Mild Cognitive Impairment and Dementia; the Spinal Cord Injury Team, an interdisciplinary team that provides basic ambulatory and screening services to eligible Veterans who have sustained injury to the spinal cord, or who have other non-traumatic, neurodegenerative conditions, including Multiple Sclerosis (MS) and Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig Disease); and the Movement Disorders Clinic, an interprofessional team that provides diagnosis and treatment of Veterans with suspected movement disorders and neurodegenerative diseases. In addition, the Resident may provide cognitive rehabilitation to individuals with cognitive impairment, in both inpatient and outpatient settings. Residents gain experience in the administration, interpretation and feedback of neuropsychological evaluation through the use of a flexible and hypothesis-testing method in order to address specific referral questions, with some use of

telehealth methods in light of COVID-19 precautions. Assessment procedures include standardized test instruments, elements of Luria's syndrome analysis process, selected behavioral neurology examinations, and special purpose instruments and scales. Training will expand Residents' knowledge base of neuroanatomy, neuropathology, and related neurosciences. Residents may be involved in the implementation of psychoeducational and cognitive rehabilitation strategies that are supported by the best available research evidence. In addition to the Postdoctoral Residency Series Seminar, Neuropsychology Residents are involved in a multi-site neuropsychology seminar series which includes case presentations, fact-finding experiences, and presentations based on relevant topics and readings. The Neuropsychology Resident also attends the CANS case conference with psychology practicum students, interns, geropsychology and pharmacy residents, and CANS staff. Residents may supervise interns, practicum students, and/or psychiatry residents in neuropsychology. The Resident, with the mentorship of a staff psychologist, is required to carry out a research or program development project. Current opportunities include the application of neuropsychology in a rural setting, the use of tele-health in neuropsychology, and a diversity of opportunities related to memory disorders and TBI.

Training Sites

The core training site for the PTSD resident will be the Center for Traumatic Stress (CTS). The primary training site for the PC-MHI resident is the Primary Care-Mental Health Integration clinic. In addition, the resident works with the Behavioral Medicine programs. The core training site for the EBP resident is the Outpatient Mental Health Clinic which serves as the outpatient clinic for mental health needs related to anxiety and depression, and at times comorbid disorders. The core training sites for the Geropsychology resident is the Center for Aging and Neurocognitive Services, Primary Care-Mental Health Integration, and the Community Living Center. Neuropsychology residents primarily work in the Center for Aging and Neurocognitive Services, which includes the Clinical Neuropsychology Program, Memory Disorders Program, and Traumatic Brain Injury Program. The core training site for the SUD resident is within the

Substance Abuse Treatment Program, which includes inpatient, outpatient, and consultation services. Residents may also elect to complete additional minor rotations in areas outside of their primary focus to complement his/her training. Each of these clinics is described in detail below, listed alphabetically.

Behavioral Medicine Clinic (BMED)

The Behavioral Medicine Clinic is a multidisciplinary clinic which provides psychological services, including psychotherapy and assessment, for veterans dealing with mental health issues related to co-occurring medical diagnoses disorders that initially present in Primary Care or other medical contexts (e.g., Acute Care, Extended Care). It is coordinated by two clinical psychologists and staffed with psychology interns, and a program support assistant. BMED provides a full range of clinical and consultative services to medical specialty clinics, such as Interventional Pain Clinic, Cardiology, Infectious Disease (HIV), Oncology, Nephrology, and Sleep Clinic. It is notable that since a high proportion of patients followed by BMED are immunocompromised, interventions provided to medical clinics may be through phone or video telehealth-based during the Covid-19 pandemic. Extra care is taken to prioritize safety for the veteran as well as staff members and trainees.

BMED also conducts psychological evaluations to assess candidacy, and assist in treatment planning, for patients seeking organ transplantation, bariatric surgery, gender affirming surgery/hormone therapy, spinal cord stimulator implants, and elective amputations. Treatment approaches include skills training for specific patient populations, psycho-educational groups for patients and families, techniques for increasing health enhancing behaviors, individual cognitive-behavioral therapy, motivational interviewing, and lifestyle change groups. BMED Team members also serve as consultants and educators for other multidisciplinary teams throughout the hospital, including the Center for Interdisciplinary Pain Management (CIPM), and MOVE!. A strong component of this rotation is regular opportunities to work with staff and trainees from numerous disciplines, including Psychology, Medicine, Social Work, Pharmacy, Rehabilitation, Psychiatry, Nutrition, and Nursing. Due to Covid, opportunities to shadow medical specialists in their clinics may be limited.

Center for Aging and Neurocognitive Services (CANS)

The Center for Aging and Neurocognitive Services is an interdisciplinary clinical, education and research center that is comprised of the Clinical Neuropsychology Program, Memory Disorders Program, Traumatic Brain Injury Program, and the Geropsychology Program. In addition, cognitive rehabilitation and other intervention services can be provided through the CANS. The Clinical Neuropsychology Program provides assessment and treatment for the patients, caregivers and families of veterans with suspected neurocognitive disorders. Memory Disorders Services provide assessment and treatment of patients, caregivers, and families of veterans with Alzheimer's disease, dementia, and other memory disorders. The TBI Program is a Polytrauma Support Clinic that delivers assessment and treatment of patients, caregivers, and families of veterans with suspected traumatic brain injury. The Geropsychology Program provides both inpatient and outpatient assessment and intervention services to aging veterans and their families. The staff in CANS includes: three neuropsychologists, two geropsychologists, two psychiatrists, a clinical social worker, and a medical support assistant. Psychology residents, interns, practicum students, pharmacy residents, and psychiatry residents are regularly involved in the team. In addition, team members consult with nursing, neurology, radiology, audiology, speech-language pathology, PM&R, physical therapy, and occupational therapy. Current research opportunities include third-wave therapies for older adults, geropsychology interventions in a rural setting, tele-health in neuropsychology, neuropsychology of dementia, loneliness in older Veterans, mindfulness in caregivers, and suicide prevention for older adults during times of transition.

Center for Traumatic Stress (CTS)

The Center for Traumatic Stress is a clinical, education, and research center comprised of two programs: PTSD Clinical Team (PCT) and the Military Sexual Trauma Treatment Program (MSTTP). The PCT specializes in providing evidence-based care to veterans diagnosed with PTSD secondary to both military and non-military related traumatic events. The MSTTP offers extensive and gender-specific clinical services if applicable for male and female veterans who

have experienced sexual trauma(s) while in the military. Both programs offer telemental health services, including use of video teleconferencing to patients in need of clinical services closer to their homes. CTS offers comprehensive clinical services to veterans through these programs, each beginning with diagnostic assessment, consultation, and comprehensive treatment planning. Psychosocial interventions offered are generally time-limited, empirically supported treatments (e.g., Dialectical Behavior Therapy, Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy). Groups include DBT skills group as part of the DBT program. Education is provided by CTS staff to patients, family members, returning reservists, hospital staff, and the community. The Center also conducts clinical research focusing on effectiveness of PTSD treatments, treatment retention (drop-out), as well as other clinical studies. Staff include: seven clinical psychologists, staff psychiatry, and one medical support assistant. Psychology interns, postdoctoral residents, practicum students, social work students, pharmacy residents and psychiatry residents round out our treatment team. Team members regularly consult with staff and trainees from Psychiatry, Substance Abuse, Social Work, Primary Care, Supported Employment, and Psychology. In addition, we communicate and consult with staff from our local Vet Center and the PTSD Residential Rehabilitation and Treatment program (RRTP). Residents are expected to be full team members, interacting with other staff, participating in administrative meetings, and presenting clinical and research topics during weekly team meetings.

Community Living Center (CLC)

The Community Living Center provides patient-centered (according to the HATCH model), interdisciplinary team-based delivery of short-term, rehabilitative care, and longer term care for Veterans who require end of life care, prolonged active rehabilitation, or lack clinically appropriate community alternatives. Veterans in the CLC are referred for psychological and/or neuropsychological assessment, as well as short-term or long-term individual and/or caregiver support. Psychology provides assistance with the implementation of an interdisciplinary, non-pharmacological approach to the management of dementia-related distress behaviors (i.e. the STAR-VA program). The CLC psychologist also collaborates with recreation therapists to provide

a twice-weekly cognitive stimulation/reminiscence therapy group for residents with dementia and/or depression. Finally, psychology provides regular consultation to the CLC's interdisciplinary team (consisting of nursing staff, physicians, physical therapists, occupational therapists, recreation therapists, speech and language pathologists, kinesiotherapists, pharmacists, etc.).

Home-Based Primary Care (HBPC) – Due to Covid-19, this rotational experience may not be available.

Home-Based Primary Care is a comprehensive, interdisciplinary primary care program that provides services to veterans in their homes. The team is composed of physicians, nurse practitioners, social workers, psychology, an occupational therapist, a recreational therapist, a pharmacist and a dietician. The clinic provides long-term medical, social, rehabilitative and behavioral care to veterans who are unable to come to one of our facilities. Psychology provides assessment and intervention to veterans and their families to address mental health issues that are affecting their medical care, health status and/or functional capacity.

Mental Health Clinic (MHC)

The Mental Health Clinic (MHC) at the Salem VA Medical Center is an interdisciplinary program that provides outpatient psychological, medical, psychiatric, and social work services to Veterans. The EBP interprofessional team housed within this outpatient clinic is coordinated by a clinical psychologist. Staff in the MHC includes clinical psychologists, clinical social workers, psychiatrists, clinical pharmacists, and nursing staff. This is also a training site for outpatient psychiatry residents through the Virginia Tech/Carilion School of Medicine and Research Institute, who provide medication treatment and management along with psychiatric staff. Psychologists in the MHC provide time-limited, evidence-based psychotherapy to Veterans with various psychological concerns and symptoms (e.g., depression, anxiety, bipolar, post-traumatic stress disorder, adjustment stress, couples treatment). Individual, couples and group therapy are offered, and primarily target anxiety and depressive disorders. Team members regularly

consult about referrals from Primary care, Psychiatry, Substance Abuse, Social Work, and other Psychology specialty areas.

Motivational Interviewing/Motivational Enhancement Therapy

Training in Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) is offered through the medical center's Substance Abuse Treatment Program (SATP). Training consists of a half-day seminar followed by four two-hour training sessions which are spaced over two months. Individual clinical practice supervision and tape coding using the Motivational Interviewing Treatment Integrity (MITI) scale is provided by VA certified MI/ MET trainers. Although substance use is a frequent target behavior, there is also opportunity to use MI skills to facilitate changes to a variety of health-relevant behaviors.

Palliative Care (PC)- This rotation may be impacted by Covid-19.

Palliative Care provides services to terminally-ill veterans and their families enrolled in the inpatient Hospice Program. Psychology is part of an interdisciplinary team that provides veterans and their families with care addressing a variety of needs related to end of life issues, grieving and bereavement.

Primary Care-Mental Health Integration Team (PC-MHI)

Salem's Primary Care-Mental Health Integration Team (PC-MHI) is comprised of three psychologists, two licensed clinical social workers, one part-time psychiatrist, and one program support assistant. The psychologists, social workers, and psychiatrist provide MH services located within VAMC Salem's three Primary Care clinics and the Women's Health Clinic. The Primary Care Service Line has a total of 22 full-time primary care providers, all members of Patient Aligned Care Teams. The PC-MHI team provides full-time, open-access, predictable, integrated availability of mental health staff to these providers and primary care patients. Specifically, the PC-MHI team assists primary care providers with screening and identification of mental health issues, as well as provision of brief, evidence-based treatment (e.g., CBT for pain, insomnia, anxiety, and depression, Motivational Interviewing for health behavior change,

smoking cessation, problem-solving therapy). The team also facilitates or co-facilitates several groups (e.g., Whole Health, Mindfulness in Primary Care, MOVE!, Tobacco Cessation, Tinnitus Management). The PC-MHI team supports coordination of care among primary care, mental health specialty clinics, and other sub-specialty clinics (e.g., neurology and pain clinics, gastroenterology, nutrition, emergency departments). The PC-MHI team works with the Health Promotion Disease Prevention Program, as well as primary care providers, to develop planned, population-specific programs using evidence-based strategies. These include developing shared medical appointments, creating patient education materials, and providing communication consultation and training to medical center staff. The team also has an active role in providing targeted training regarding mental illness identification, management, communication skills, and behavioral management to primary care providers, primary care staff, residents, interns, and nursing students. Research is an integral part of the PC-MHI program. Projects that residents have taken the initiative on have included service utilization and patient adherence, behavioral health outcomes around pain management, and metabolic issues such as diabetes and obesity.

Substance Abuse Treatment Program (SATP)

The Salem VAMC Substance Abuse Treatment Program (SATP) offers a variety of services for veterans experiencing substance use disorders. Primary programs include: the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), Outpatient, and Substance Use Disorder Aftercare. Modes of treatment include individual and group psychotherapy and educational classes. Evidenced-Based Treatment approaches include Cognitive-Behavioral Therapy for Substance Use Disorders (CBT-SUD), Motivational Enhancement Therapy, and Contracts, Prompts and Reinforcement. Funded and unfunded applied clinical research is a key part of these treatment programs. The team is comprised of staff supervisors from various disciplines (Psychology, Psychiatry, and Social Work, among others) and trainees (psychiatry residents, social work interns, psychology externs, and psychology interns).

Requirements for Completion

To successfully complete the residency, residents must demonstrate competency in all core areas identified on the Clinical Psychology Residency Competency Assessment Form or the Neuropsychology Residency Competency Assessment Form. Competency standards require that residents meet exit criteria in each core competency area. If a resident's performance falls below competency standards, the procedures established in the Psychology Training Due Process Procedures are followed. The resident needs to meet competency standards by the conclusion of his/her training. In addition, the Geropsychology, PTSD, PC-MHI, SUD, and EBP residents must complete a full year of training (2080 hours). Neuropsychology residents must complete two full years of training (4160).

Facility and Training Resources

The Salem VAMC has the infrastructure in place to facilitate a strong learning environment for our residents. Residents each have private offices equipped with telephones and networked PC's and telehealth equipment, providing access to an extensive array of information and materials. This includes patient care databases, on-line mental health test instruments and interviews, the internet, and library databases and materials. Also available are numerous hard-copy psychological assessment instruments, as well as a library of empirically validated treatment manuals, self-help materials, and other treatment resources. Funds are available for purchasing additional materials on an as needed basis. Residents 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 residents, as is statistical software, such as SPSS. Our residents are able to use the medical center's library services, which provide access to on station journals and those accessed through inter-library loan. Four group therapy rooms are set up with equipment for either live and/or videotaped supervision. We also have equipment for supervision using "bug-in-the ear." Additionally, a portable video camera and audiocassette or digital recorders allow for the taping of sessions in individual offices. Residents have access to study materials

for the Examination of Professional Practice in Psychology (EPPP). The residents also have administrative support, including program support assistants (one who is specifically assigned to the Psychology Training Program). A variety of more personal facilities housed on-station and available to residents include a fitness center, canteen and retail store, credit union, post office, and barber shop.

Administrative Policies and Procedures

Administrative Leave

Residents may be granted Administrative Leave (LN) for educational and professional activities outside the medical center, including attendance at training workshops, seminars and professional conferences and conventions, though this is currently impacted by Covid-19 and travel may not be approved.

Due process

As psychology residents 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 residents, 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/residency year as possible so steps can be taken to address the problem quickly and thoroughly.

Self-disclosure

An area of professional competence is an resident's ability to engage in self-reflection. Residents are expected to demonstrate openness as well as to demonstrate positive coping strategies to manage personal and professional stressors to maintain professional functioning, so that quality patient care continues uninterrupted. The resident 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 resident 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 resident'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.

Collecting personal information

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

Licensure

The program structure, training experiences, and level of supervision results in residents more than meeting licensing requirements for the Commonwealth of Virginia. If residents plan on pursuing licensing in another state, accommodations are made, when possible, to ensure eligibility for licensing in the chosen state. Residents are encouraged to sit for the licensing exam during the training year. Some study materials for the licensing exam are available for the residents and are updated as funds are available. To date, all residents have earned licensure during, or very shortly after, completion of the residency.

Use of distance education technologies for training and supervision

The large majority of supervision and training is conducted face to face at our Medical Center normally but due to Covid-19, much is done using virtual meetings. Several areas also utilize shared didactic trainings that complement our face to face training opportunities (e.g., a multi-site geropsychology training series and the neuropsychology seminar series).

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.

Select 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.

Drew Bassett, Ph.D., Auburn University, 2019. Motivational interviewing, mental health integration, health behavior change and weight management, brief therapies, gaming disorder.

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, eating disorders treatment.

Sarah (Hartley) Buyck, 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.

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

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

Rena "Liz" Courtney, Ph.D., Gallaudet University, 2018. Development and implementation of evidence-based therapies for depression, anxiety, and trauma-related disorders, couples therapy, assessment related to differential diagnosis and treatment planning, spirituality, Appalachian culture, deaf culture.

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

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.

Lauren Hagemann, Ph.D., Yeshiva University, 2015. Aging issues (with emphasis in a primary care setting), dementia-related behaviors, caregiver support, life review/reminiscence therapy, mindfulness, ACT, suicide prevention in aging population, chronic pain management, sleep hygiene.

Dana Rabois Holohan, Ph.D., American University, 2000. Director of Training for Psychology. 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), Prolonged Exposure Therapy, 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.

Katherine D. Kane, Ph.D., ABPP, University of Colorado at Colorado Springs, 2012. Neuropsychology Residency Director. Neuropsychologist. Neuropsychology, assessment, aging, dementia, stroke, traumatic brain injury, and movement disorders.

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

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.

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

Johnathan Martin, Psy.D., Georgia Southern University, 2015. Primary Care-Mental Health Integration (PC-MHI) and Behavioral Medicine; triage, brief assessment and psychotherapy (e.g., CBT, Motivational Interviewing); weight management; tobacco cessation; interprofessional education.

Emily Marston, Ph.D., University of Virginia, 2011. Exposure-based anxiety treatments, Acceptance and Commitment Therapy, Mindfulness, Interpersonal Psychotherapy (IPT) for Depression, Motivational Interviewing, STAIRS/NST and other empirically-supported treatments.

Beth Morris, Ph.D., University of South Florida, 2014. Psychologist in the Center for Traumatic Stress. Combat stress recovery, Cognitive Processing Therapy, Prolonged Exposure Therapy, Cognitive behavioral approaches to anger management and prevention of intimate partner violence, military culture.

Christina Pimble, Psy.D., Philadelphia College of Osteopathic Medicine, 2016. Clinical Psychologist in the Center for Interdisciplinary Pain Management and Primary Care Mental Health Integration. Chronic pain management, CBT-Chronic Pain, Motivational Interviewing, and empirically supported treatments.

Jennifer A. Self, Ph.D., Washington State University, 2010. Substance Use Disorders and comorbid serious mental illnesses, Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Mindfulness and Recovery.

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

Julie Usala, Ph.D., SUNY-Binghamton University, 2016. Staff Psychologist in the Center for Traumatic Stress (CTS) and PTSD-RRTP program. Prolonged Exposure Therapy, Cognitive Processing Therapy, and Dialectical Behavior Therapy. Written Exposure Therapy, Alcohol Use Disorders, Motivational Interviewing, Acceptance and Commitment Therapy, and MST.

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

Trainees

Our five current residents are from a variety of sites. All received their doctorates in the past year or two. We also previously offered a one year postdoctoral residency with a focus on post-deployment mental health. This resident successfully completed his training in 2006 and is now employed as an Assistant Professor. All of our trainees have traditionally 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 very successful in their careers.

Year and Graduate Program	Emphasis Area	Employment after Residency
2019-2020 East Carolina University Marywood University Palo Alto University University of Louisville Xavier University	Neuropsychology Neuropsychology PTSD Geropsychology Geropsychology	Current Resident- Year 2 Neuropsychologist Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA
2018-2019 JFK University Nova Southeastern University Gallaudet University Marywood University University of Akron Southern Illinois University-- Carbondale University of Kansas	Geropsychology Geropsychology EBP Neuropsychology Neuropsychology PTSD SUD	Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist -VA 2 nd year resident Private Practice Outpatient Clinic Staff Psychologist-VA
2017-2018 University of Alabama George Mason University University of Kansas University of Akron Xavier University	Geropsychology Geropsychology Neuropsychology Neuropsychology PTSD	Staff Psychologist-VA Private Practice Staff Psychologist-VA 2 nd Year Resident Staff Psychologist-VA
2016-2017 Long Island University University of Wyoming University of Kansas Philadelphia College of Osteopathic Medicine University of South Carolina Binghamton University-SUNY	Geropsychology EBP Neuropsychology PC-MHI PTSD SUD	Staff Psychologist-VA Private Practice 2 nd Year Resident Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA

2015-2016 Yeshiva University – Ferkauf Graduate School of Psychology Tennessee State University University of Maryland- Baltimore County Georgia Southern University University of Central Florida Texas Woman’s University	Geropsychology EBP Neuropsychology PC-MHI PTSD SUD	Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Asst Professor/School of Medicine Community Medical Center
2014-2015 University of Alabama University of North Carolina Greensboro Purdue University East Carolina University University of Toledo	Geropsychology EBP Neuropsychology PC-MHI PTSD	Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA
2013-2014 Virginia Commonwealth University Purdue University University of North Texas University of Tulsa	EBP Neuropsychology PC-MHI PTSD	Staff Psychologist-VA 2 nd Year Resident Psychologist -VA Staff Psychologist-VA
2012-2013 Antioch University University of South Carolina Northern Illinois University	Neuropsychology PC-MHI PTSD	VA Residency Staff Psychologist-VA Staff Psychologist-VA
2011-2012 University of Louisville James Madison University Philadelphia College of Osteopathic Medicine University of Virginia	Geropsychology Neuropsychology PC-MHI PTSD	Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA
2010-2011 James Madison University LaSalle University Washington State University	Geropsychology PC-MHI PTSD	Neuropsychology Resident Staff Psychologist-VA Staff Psychologist-VA

2009-2010 Florida State University Pepperdine University	PC-MHI PTSD	Staff Psychologist-VA Psychologist-DOD
2008-2009 Virginia Tech Temple University	PC-MHI PTSD	Staff Psychologist-VA Staff Psychologist-VA

All graduated residents successfully obtained licensure status.

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 excellent 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 residents can be rented for under \$1,000, 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.

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!

COVID-19 Information for applicants

The impacts of Covid-19 have been felt in every area of our lives, including work and training of course. The Salem VAMC has aimed to provide support for our trainees and staff during this very challenging time. As best as possible, we have adapted many of our training experiences to be conducted using Video to Home technologies so as to minimize risk to patients and staff. For the majority of us, thus far, this has been from a private office on station to the home of a Veteran. We also have followed CDC guidelines and recommendations. We have emphasized universal masking and social distancing, and daily self-screenings. Trainees' participation in inpatient settings and Home Based Primary Care (HBPC) have been routinely evaluated, with the goal of maximizing training experience while minimizing risk to patient and trainees. It is impossible to fully predict the impacts on the training opportunities in the upcoming year but some that have already been impacted include: reducing off station experiences like HBPC, restrictions of trainees on the CLC, supervision and didactics using virtual platforms, and use of mock assessments when in person assessment was not recommended. Trainees are considered essential by our Medical Center, and are viewed as important components of our healthcare delivery to our nation's Veterans. Many of our activities have been moved to virtual platforms whenever possible. Trainees have the benefit of private offices which has been very helpful as we have moved to these virtual visits and platforms. Trainees have also utilized larger spaces for face to face appointments to minimize close face to face contacts.