

Psychology Internship Program



Salem VA Medical Center

Director of Training for Psychology (116C)
1970 Roanoke Boulevard
Salem, Virginia 24153

(540) 982-2463, extension 4188 or 2934

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



MATCH Number: 161411

Applications due: November 15, 2020

Accreditation Status

The internship at the **Salem VA Medical Center** is accredited by the Commission on Accreditation of the American Psychological Association. Our last site visit was in October of 2019 and we received ten years of accreditation. Our next site visit is scheduled for 2029. 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>

Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

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 intern selection and practicum and academic preparation requirements:

Students with interests that fit with a generalist, scientist-practitioner training model are favored in selection. Applicants seeking a generalist internship that also meets Houston guidelines are also encouraged to apply.

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 interns.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	YES		Amount: 350 combined with Assessment
Total Direct Contact Assessment Hours	YES		Amount: 350 combined with intervention

<p>Describe any other required minimum criteria used to screen applicants:</p> <p>At the time of application, the intern must have some experience with the MMPI-2 and the WAIS. This experience can include classroom instruction. If not clear from the AAPI, any experience with the MMPI-2 and/or WAIS needs to be <u>clearly delineated</u> in the cover letter. If a trainee's assessment experience was impacted by Covid-19, please note this as well.</p> <p>Candidates for internship must be U. S. citizens enrolled in 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. In these instances, the program director must certify that the candidate has received the equivalent of pre-internship preparation. No applicants from programs awarding degrees in areas other than psychology will be accepted. Candidates must be approved for internship status by their graduate program training director. Applicants must have completed at least 350 direct clinical (intervention and assessment) hours at the time of their application.</p> <p>Interns 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). We strongly encourage, and expect, the dissertation proposal to be defended prior to beginning internship but prefer this before interview. Further, the candidate should anticipate that he or she will complete all doctoral requirements within one year following internship.</p> <p>We require use of the AAPI Online Application. Applicants for internship must submit the following:</p> <ul style="list-style-type: none"> Completed APPIC Application for Psychology Internship (AAPI). The AAPI is available on the APPIC Website at http://www.appic.org/. Click on AAPI Online. Three letters of reference are required. <u>Within your cover letter</u>, please indicate the following: <ul style="list-style-type: none"> a <u>ranking of possible interview</u> dates. Please let us know your preference (in order from 1 being the most preferred to 3 being the least) for the following potential interview dates: December 14, December 16, and January 14. a <u>ranking of interviewers</u>. Please include a list of 5 Salem VAMC <u>on-site</u> psychology staff you prefer to meet with on your interview day, ranging from 1 (most preferred) to 5 (preferred). <u>Additional clear information about WAIS and MMPI experience if not clear in AAPI (see above).</u>
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The application materials of candidates are reviewed by our staff psychologists, postdoctoral residents, and interns. Reviewers evaluate the applicant's ability, record of achievement, and degree of potential compatibility with the internship program. These rankings are used to prioritize interview offers. Applicants who do not qualify for consideration will be notified. We invite approximately forty applicants to interview at the Salem VAMC. We conduct full day interviews, which include an introduction to the training program, group meetings with on-site psychology supervisors, and two to three individual or panel interviews, in addition to time with the current interns. The format of these interviews is being adapted this year due to COVID and will all be virtual. Applicants are then rated by the interviewing staff psychologists. These independent ratings are pooled with packet ratings and verbal input from interns and other staff, resulting in our ranking list. An attempt is also made to diversify the intern class according to sex, race, type of doctoral program, clinical interests, and geography.

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 an internship 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. Affiliation Agreement. To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file

with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <http://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. 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>
8. 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.
 - a. Primary source verification is required for all your prior education and training. Your training directors will be reaching out to the appropriate institutions to get that done and complete.
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 (with hyperlinks):

- Trainees receive term employee appointments and must meet eligibility requirements for appointment: <https://www.psychologytraining.va.gov/eligibility.asp>
- 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:

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

- (1) Misconduct or negligence in employment;

- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.
- (c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:
- (1) The nature of the position for which the person is applying or in which the person is employed;
 - (2) The nature and seriousness of the conduct;
 - (3) The circumstances surrounding the conduct;
 - (4) The recency of the conduct;
 - (5) The age of the person involved at the time of the conduct;
 - (6) Contributing societal conditions; and
 - (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$26,234	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	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-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	13	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	6	4
Military health center	0	0
Academic health center	1	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	1	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

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.

THE DEADLINE FOR RECEIPT OF ALL MATERIALS IS NOVEMBER 15. EARLY SUBMISSION OF MATERIALS IS ENCOURAGED. APPLICATIONS AND INTERVIEW OFFERS ARE DONE ON A ROLLING BASIS.

All applications will be reviewed and applicants will be notified via e-mail or mail if materials are incomplete. Applicants invited for interviews will be notified by phone or e-mail on a rolling basis. Latest notification date is December 13 but earlier notification is likely. Virtual interviews will be utilized this year due to Covid-19. Interviews will be conducted on a total of three days, likely scheduled for December 14, December 16, and January 14.

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

Our APPIC match number is: 161411.

NOTE TO APPLICANTS AND DIRECTORS OF TRAINING AT HOME PROGRAMS

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

Psychology Setting

The psychology staff is comprised of thirty-eight doctoral level staff. Psychology falls under the Mental Health Service Line (MHSL) and the Executive Psychologist, Dr. Shenal, provides administrative direction and supervisory oversight for all staff. Psychology has an exceptional reputation in the medical center and psychologists are members of the Medical Staff. A number of our staff psychologists have completed post-doctoral fellowships with emphasis areas including neuropsychology, behavioral neurology, rehabilitation psychology, mental health-primary care integration, substance abuse, evidence-based psychotherapy, geropsychology, and posttraumatic stress disorder. There is a strong emphasis on evidence-based assessment and treatment strategies. Psychologists have actively involved 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 Institutional Review Board. Several psychologists have been national consultants for best practice initiatives, such as the Prolonged Exposure, Cognitive Processing Therapy, and Motivational Interviewing Training Initiatives. Psychology staff members are also involved in the psychiatry or medical residency programs as educators and/or supervisors. Several hold faculty appointments at the Virginia Tech-Carilion School of Medicine. Overall, the psychology service is dedicated to contributing to best practice guidelines, providing high quality direct professional care, being informed by and/or informing clinical research, and providing an exceptional training experience.



Psychologists are deployed throughout the medical center and serve in a number of leadership positions. First and foremost, the Executive Psychologist also serves as the Associate Chief/Clinical Services of the MHSL. In addition, psychologists are employed in supervisory positions in the Center for Traumatic Stress and Behavioral Medicine and Primary Care-Mental Health Integration Teams. Staff psychologists also coordinate many programs, including the Center for Aging and Neurocognitive Services (CANS), the Psychosocial Rehabilitation and Recovery Center (PRRC), Post-Traumatic Stress Disorder Residential Rehabilitation and Treatment Program, the Evidence-Based Psychotherapy Team, Recovery Programs, Palliative Care, Center for Interdisciplinary Pain Management, and the Employee Assistance Program. Staff psychologists also are employed in Acute Psychiatry, Home Based Primary Care, Compensation and Pension, and the Substance Abuse Treatment Program.

The MHSL also includes Acute and Extended Care inpatient units, the Mental Health Clinic, the Mental Health Intensive Case Management Program, the Mental Health ER walk-in clinic, Telepsychiatry, Mental Health Consultation and Liaison, and a Supported Employment Program. The Salem VA Medical Center currently has 61 medical beds in addition to a 56 bed Community Living Center (CLC). The MHSL has thirty-six beds for acute psychiatry, thirteen for the residential PTSD program, and twenty-four designated for the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP).

The Salem VAMC MHSL has grown dramatically over the past 18 years. During this time, we have applied for Mental Health Enhancement funds in the areas of PTSD, Traumatic Brain Injury (Neuropsychology and Rehabilitation Psychology), Substance Abuse, Returning Veterans Initiatives, Mental Health-Primary Care Integration (MH-PCI), Compensated Work Therapy, Psychosocial Peer Support, Psychosocial Recovery, Suicide Prevention, and Community Based Outpatient Clinic (CBOC) Enhancement. Each of these has been funded and our staff, as well as programming, has increased significantly from 7 psychologists in 2000 to 38 psychologists in 2020. In 2008, we applied for and received funding for two postdoctoral fellow positions with emphasis on PTSD and Mental Health-Primary Care Integration. We also received funding from 2010-2012 for a Geropsychology fellowship, which has been continued since 2014. In 2010, we applied for, and received, funding for a recurring two year Neuropsychology Postdoctoral Fellow. In 2012, we applied for and received funding to develop an

Interprofessional Evidence Based Psychotherapy Team, which included one postdoctoral fellow in addition to trainees from psychiatry, social work, and pharmacy. In 2015, we added a postdoctoral fellow in the area of Substance Abuse. We also expanded to offer two neuropsychology fellows and two geropsychology fellows. We have been successful in recruiting and currently have our thirteenth cohort of postdoctoral fellows. Our fellows have exceeded performance expectations and have rated our existing fellowship program similarly. Due to the quality of staff, strong leadership, and the priority placed on training, we have been fortunate to attract and retain our top candidates for staff, intern, and postdoctoral positions.

The Salem VAMC's commitment to educational programs is evident in the generous funding made available for professional continuing education, development, and training activities. The psychology staff offers their own continuing education program, with over 15 scheduled hours per year. To complement our regularly scheduled trainings, MHSL has also sponsored and/or hosted trainings by nationally regarded experts in **evidence-based treatments**, including Dialectical Behavior Therapy, Cognitive Processing Therapy, Motivational Enhancement Therapy, Prolonged Exposure Therapy, EMDR, and Acceptance and Commitment Therapy. Additionally, psychology staff participates in Grand Rounds offered by Psychiatry as well as other non-VAMC training opportunities in the community. Both staff and trainees are granted ample authorized absence to attend educational activities outside the medical center. In addition, we host a journal club, have a monthly clinical case conference, and host a Neurocognitive Seminar Series.

Psychologists at the Salem VAMC have been providing training in professional psychology for more than forty years. In our early history, most of our students were from nearby universities and were accepted as summer trainees, practicum students, and interns. In 1979, a major effort was begun to restructure the program according to APA guidelines, and APA accreditation was awarded in 1981. On our last site visit, we received 10 years of accreditation. We normally have four interns per year (though this year and last we accepted an extra position) and have been fortunate to attract exceptional trainees from graduate programs across the country. For example, over the past several years, our interns were from Notre Dame, Texas A & M, Virginia Tech, Rosalind Franklin, University of Alabama, Gallaudet, East Carolina, Central Michigan, Auburn, Ohio University, University of Arkansas, Western Michigan University, University of Central Florida, West Virginia University, Duke University, Ohio State, American University, Indiana University-Purdue University-Indianapolis, University of Louisville, Northern Illinois University, Purdue University, University of Tulsa, and Virginia Commonwealth University. Past site visit reports have commended our internship, in particular, on staff-trainee relationships, our clear emphasis on training, and our support services, such as office space, clerical support, and computers.

Training Model and Program Philosophy

Training Models

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

We also value a developmental approach to training in which tasks of increasing difficulty and complexity are given to interns throughout the course of their internship as they demonstrate their ability and readiness to take on new responsibilities. Supervision is expected to match the needs of the intern in a way that facilitates professional development and progression. Thus, the intensity of supervision diminishes over the course of the rotation and internship as the intern matures into a role approaching

colleague rather than student. By the internship's end, we expect to play more of a consultant role for the interns, rather than that of a supervisor monitoring every decision and move.

Program Philosophy

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

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

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

Program Aims & Objectives

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

the marketplace or with a clear motivation for further intensive training in some specialized area of their choice. Our interns are prepared for a wide variety of psychology positions. Our expectations for internship are that the interns develop core competencies that will translate well into research, clinical, teaching, administrative, or combined positions and that the interns have time and experience to thoughtfully consider and plan for a career path that most fits their interests.

Program Structure

The core of the internship training experience is direct patient/client care under the supervision of experienced, practicing psychologists in diverse settings. The internship has been structured to maximize the number of available clinical experiences, provide sufficient depth of experience, and maintain the flexibility to accommodate individual interests and needs. The internship offers over twenty different clinical training experiences. Most interns complete a series of three major rotations (three days per week for four months) and up to four minor rotations (one day per week for up to twelve months). Interns are required to complete a rotation in MHC/Evidence-Based Practice (EBP); this is usually as a major rotation, but can be approved as a minor or long-term experience by the Director of Training. The three major rotation series allows interns to select: Outpatient (Center for Traumatic Stress) PTSD; Substance Abuse; Neuropsychology; Behavioral Medicine/Primary Care; Geropsychology; and MHC/EBP. Some interns have elected to complete a series of two six month rotations. As it is our goal to provide solid generalist training and a diverse clinical training experience, the six month series is not the norm. This option is available if it meets the specific training objectives of the intern and staff is available to cover the additional supervision. In addition to the major and minor clinical experiences, interns will also work with one supervisor over the course of the year in a Long-Term Experience. This can include trainings such as Dialectical Behavior Therapy, Motivational Interviewing/Motivational Enhancement Therapy, Neuropsychology Assessment, Telehealth, Couples Treatment, Geropsychology/ Life Review Therapy, LGBTQI, or Cognitive Processing Therapy certification.

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

Supervision is provided by psychologists who are intimately associated with the rotation areas selected. Major rotations require two- three hours of face-to-face supervision per week, and minor rotations require one hour of supervision per week. Long term experiences range from .5 to 1 hour/ week. In actual practice, the total amount of supervision at the work site usually exceeds these APA and program required minimums. Supervision is offered on an individual and group basis through case discussions, live observation, co-therapy, case presentations, video and audio tape review, and seminars. On occasion, supplementary supervision may be provided by members of other professional disciplines when desired and appropriate.

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

A Rotation Review is submitted by each supervisor twice during each rotation, with the exception of one to three-month minors in which interns are normally evaluated only at the end of the rotation. Rotation Reviews include narrative statements and a determination if remediation is warranted and are discussed

with the intern by the supervisor. Rotation reviews are used to inform the bi-annual Competency Evaluation completed by the training program. A formal evaluation of intern progress using the Internship Competency Evaluation is submitted bi-annually by the training program. The competency form has been designed to meet APA accreditation guidelines. The evaluation is discussed between the Director of Training and the intern. Copies of the Competency Evaluation and final rotation reviews are sent to the Training Director of the home school. In addition, interns are asked to prepare evaluations of their supervisors and rotations at the end of each rotation, and to provide an overall evaluation of the internship program at mid and at the end of the year. One year following completion of the internship, former interns complete assessments of how well their internship training prepared them for the residency period.

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

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

Our internship will likely begin on July 20th. An intern is on duty 40 hours per week and works 52 weeks. All rotations are designed to provide sufficient time to complete the required duties within a 40-hour workweek. However, it is reasonable to anticipate spending some off-duty hours reviewing professional literature, treatment manuals, etc. It is expected that the interns will be available for duty for essentially the full 52-week period. Excessively early completion or long, non-emergent absences are discouraged. Over the internship year, interns accrue up to 104 hours of annual leave (vacation) and 104 hours of sick leave. This is accrued on a bi-weekly basis. The granting of leave is entirely discretionary and interns cannot use more than 104 hours of each to meet the minimum number of hours worked. In addition, some states require specific minimum hours so it is recommended that interns work 90% of hours/ year (1792) . Interns must receive approval from rotation supervisors and the Director of Training prior to taking annual leave and, when possible, sick leave. If an intern's use of leave exceeds that which would allow them to have worked 1792 hours, the intern will be required to work the additional hours needed to achieve the 1792 minimum total. This will in effect extend the internship year. Generally, interns cannot accrue extra hours during the internship year to make up this time. This includes maternity and paternity leave. To ensure interns receive sufficient experience on each rotation, no more than a total of ten days of annual leave, in the case of four-month majors, or thirteen days during six-month majors, may be used during any one major rotation. No more than ten consecutive days of leave of any type may be used during the internship year. Emergency situations such as extended illness requiring additional leave will be considered on an individual basis. Maternity and paternity leave falls under the extended leave policy. Interns will need to consult with the Director of Training and Human Resources for information about leave usage options (Annual, Sick, and/or Leave Without Pay (LWOP)) and information on the possible

extension of the training year. Interns may be granted Administrative Leave (Admin) for educational and professional activities outside the medical center, including attendance at training workshops, seminars and professional conferences and conventions.

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 external rotations and inpatient settings 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 rotations, restrictions of trainees on the CLC, no home based primary care visits, 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.

Training Experiences

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

Administration- Cognitive Behavioral Therapy for Substance Use Disorders Training Program (Office of Mental Health and Suicide Prevention/VISN 6 MIRECC)

Supervisor: Josephine M DeMarce, Ph.D.

Rotation Type: Minor only

Rotation Length: Flexible

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

Administration-National and VISN level

Supervisor: Jennifer L. Burden, Ph.D.

Rotation Type: Minor only

Rotation Length: Flexible

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

Administration of Psychological Services-Salem VAMC

Supervisor: Brian Shenal, Ph.D., ABPP

Rotation Type: Minor

Rotation Length: Flexible

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

Behavioral Medicine/Center for Interdisciplinary Pain Management (CIPM)

Supervisors: Christina Pimble, Psy.D. & Johnathan Martin, Psy.D.

Team members: Charles Lamb, MD, Monica St Jacques, PharmD, Lori Rutherford, NP, Sarika Patel, PA

Rotation Type: Minor

Rotation Length: Flexible

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

Interns will have the opportunity to participate in interdisciplinary team meetings, conduct psychological assessments as part of the interdisciplinary pain evaluation process, and provide individual or group psychotherapy interventions. There are also opportunities to "shadow" medical specialists on the team to obtain an understanding of medical and pharmacological aspects of pain management. A variety of

treatment modalities are utilized within Pain Psychology including cognitive behavioral therapy, motivational interviewing, and biofeedback. Interns completing this rotation will gain an understanding of the principles of interdisciplinary pain management. They will learn evidence based approaches to the treatment of chronic pain, improve their understanding of the efficacy and utility of complementary and integrative medicine, and refine their ability to navigate the delicate balance of effective treatment, patient safety, and ethical practice.

Behavioral Medicine/Primary Care

Supervisors: Derek Bacchus, Ph.D. and Sarah Buyck, Ph.D

Rotation Type: Major or Minor

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

The intention of this rotation is to prepare future professionals to work with other health disciplines, providing a unique perspective on the behavioral causes of illness, the subjective nature of pain and distress, and the educational and motivational interventions that will improve health and maximize functioning.

The major rotation provides experience working with a variety of medical clinics, including Primary Care, Interventional Pain Clinic, Cardiology, Oncology, and Infectious Disease. The focus is on providing patients with access to timely, appropriate care in the most efficient way possible. This enhances continuity of care, decreases mental health stigma, and increases the likelihood that patients will engage in treatment in the future. Psychology contributes to this process by screening for previously unidentified problems (stress, bereavement, depression, anxiety, substance use disorders, etc.), providing on-site consultation, offering behavioral treatments to groups of patients, and providing brief psychotherapy, when appropriate. BMED/PCMH Team members also serve as consultants and educators for other multidisciplinary teams throughout the hospital, including the Center for Interdisciplinary Pain Management (CIPM), Diabetes Education, Audiology, MOVE! Weight Management, and Tobacco Cessation.

To function effectively as part of a general medical center program, psychologists must be patient-oriented, problem-focused, flexible, and willing to share their expertise with, and learn from, other health care disciplines. It is notable that since a high proportion of patients followed in Behavioral Medicine may be 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 to the veteran as well as staff members and trainees.

Whether completing a major or minor rotation, interns in Behavioral Medicine/Primary Care will gain understanding of the integrated primary care model of health care delivery and psychology's contribution to the management of the patient's health status. They will understand the perspectives of other disciplines, appreciate the relationship between patient behaviors and health outcomes, learn to recognize the psychological effects of stress and illness on functioning, and be able to intervene to improve patient functioning and reduce health risks in a timely, efficient, evidence-based manner. Common EBPs in which interns gain experience are CBT-insomnia, CBT-pain, Motivational Interviewing, Behavioral Activation, and Problem Solving Training.

A hallmark of this rotation is the vast amount of flexibility that allows interns to design the rotation to fit their training needs. Interns with a behavioral medicine or primary care-mental health integration focus are welcomed on this rotation, as are interns with little or no experience in these settings. Therefore, this rotation can serve as an introduction to the world of behavioral medicine, as well as an opportunity to strengthen current skills while exposing interns to new treatment modalities, health conditions, and patient populations. Interns will learn to conduct problem-focused assessments, formulate treatment plans, and carry out individual and group interventions. They may have opportunities to observe teams as they interact with patients. They will participate in interdisciplinary staffings and become familiar with relevant literature. In the past, interns have worked in specialty clinics such as Oncology, Infectious Disease, Sleep Clinic, Cardiology, and have also worked alongside Salem VAMC's neurologists and

anesthesiologists to develop an in-depth understanding of the neurophysiology of pain and the treatments and procedures involved in medical pain management. Interns may have the opportunity to conduct psychological evaluations for bariatric surgeries, organ transplants, elective amputations, and placement of spinal cord stimulators as such referrals become available. Due to Covid, opportunities to shadow medical specialists in their clinics may be limited.

Center for Traumatic Stress

Supervisors: Sarah Voss Horrell, Ph.D. (major) and Kampbell Salehi, Psy.D. (minor)

Rotation Type: Major or minor

Rotation Length: 4 or 6 months for major; 5 months or longer for minor

The Center for Traumatic Stress is an exciting clinical, education, and research center that provides training experiences with Veterans who have PTSD or subthreshold PTSD resulting from combat military-related trauma (e.g., training accidents, etc.), Military Sexual Trauma (MST), and/or trauma that is not military related (e.g., child abuse, domestic violence, etc.). Veterans also typically present with a range of comorbid conditions including mood disorders, substance use disorders, and personality disorders. The Center offers comprehensive clinical services to these veterans, beginning with development of a comprehensive treatment plan. Interventions offered are time-limited, empirically supported treatments (e.g., Prolonged Exposure, Cognitive Processing Therapy, WET, STAIR/NST). Dialectical Behavior Therapy (DBT) skills groups are offered as part of the comprehensive DBT treatment program for patients who qualify. Opportunity to conduct treatments via telehealth is available and likely during COVID pandemic. In addition to extensive clinical experiences, interns may participate in ongoing clinical research focusing on predictors of treatment outcome, patient retention in evidence-based PTSD treatments, as well as other clinical studies. A research minor is required if an intern is interested in research participation.

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

Clinical Neuropsychology

Supervisor: Neena Cassell, Ph.D., CSP, Katherine Kane, Ph.D., ABPP, and Brian V. Shenal, Ph.D., ABPP

Rotation Type: Minor or Major

Rotation Length: Flexible, minimum 3 month minor, prefer 4

The rotation in Clinical Neuropsychology provides the opportunity to provide neuropsychological and psychological services to veterans who are reporting cognitive dysfunction. During the rotation, interns examine behavioral correlates of cerebral functioning for the purpose of determining current ability. Information from this examination may be used to assist in diagnosis, monitor the course of neuropathological conditions, and/or make decisions about functioning (e.g., employability, engagement in therapy).

Neuropsychological evaluations are flexible and utilize a hypothesis-testing method in order to address specific referral questions, as well as utilize some 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. Requests for evaluation come from a variety of referral sources including psychology, psychiatry, neurology, general medicine, and other multidisciplinary teams. Many of the patients have already been seen by another healthcare provider who has found deficits on brief cognitive screeners and the request

is for a more thorough examination of cognitive functioning. Some patients have well documented neurological or psychiatric disorders or injury while others have more obscure clinical pictures.

During this rotation, interns learn to administer a variety of neuropsychological tests and to conduct evaluations of patients who are referred within various contexts and teams including:

- Outpatient Neuropsychological Testing
- Inpatient Neuropsychological Testing
- Memory Disorders Services
- Spinal Cord Injury Team (SCI)
- Movement Disorders Clinic
- Cognitive Rehabilitation

The rotation is tailored specifically to the goals of the individual intern and is appropriate for interns with no previous neuropsychological experience as well as those wishing to further develop their neuropsychological skills and experiences. During the early phases of the rotation, interpretive skills are taught and, as the intern's neuropsychological skills develop, they prepare the final report and takes increasing responsibility for the entire process of answering referrals. Supervision includes instruction in technique, interpretation of results, evaluation of patients, case conceptualization, and report writing. In addition to supervision, interns may be involved in a neuropsychology case conference as well as have the opportunity to engage in neuropsychology didactics and journal club.

Interns do have the ability to meet Houston conference guidelines for training in neuropsychology while completing internship at the Salem VAMC and interns have been very successful in securing postdoctoral training in neuropsychology.

Employee Assistance Program (EAP)

Supervisor: Current major rotation supervisor

Rotation Type: Required experience, possible Minor

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

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

All interns are included in the EAP rotation list throughout the internship year. The above EAP activities are incorporated within the ongoing rotations. For interns wishing to do EAP as a separate minor rotation, the opportunity exists to create preventive health programs offered on a group basis such as stress management, marital communication, etc. Supervisory staff will be designated depending upon the type of program and the clinical issues in which the intern is interested.

Evidence-Based Psychotherapy Team (EBP)/ Outpatient Psychological Services

Supervisors: Jennifer Caldwell, Ph.D., Liz Courtney, Ph.D., and J. Russell Gray-Couch, Ph.D.

Rotation Type: Required Major or Minor

Rotation Length: 4 or 6 months major; 6-month major rotation requires focus area (e.g., assessment, anxiety, women's issues, specific therapeutic interventions); 8 month or longer minor with DOT approval.

The Evidence Based Psychotherapy (EBP) team is a multicomponent major rotation designed to provide the intern with experience in outpatient psychological treatment and assessment as part of an interprofessional team including staff members and trainees from psychiatry, psychology, social work, and pharmacy disciplines. The primary rotation goals are to refine the intern's skill in the areas of case

conceptualization, differential diagnosis, delivery of empirically-based treatments, and psychological assessment. The core experience of this rotation is centered on the provision of 10-15 hours of face-to-face (including virtual visits) patient contact per week. Interns provide individual, time-limited, empirically-based treatments (e.g., CBT, ACT, or Unified Protocol for depressive and anxiety disorders) to patients with a variety of presenting problems. If necessary to augment EBP patients, interns may also be able to provide assessment, individual, or group treatment to patients being seen in other clinics (e.g., CTS, MST, PRRC, etc.). Depending on the intern's interests and caseload, the intern may also co-lead one to two outpatient groups (e.g., CBT skills group, CBT for Anxiety, Motivation Enhancement).

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

In addition to individual and group therapy, the intern will regularly complete intake interviews and conduct one to three formal psychological assessments throughout the rotation. To refine psychological assessment and diagnostic skills, interns are supervised on the provision of psychological intake interviews, mental status examinations, intellectual assessments, objective personality tests, structured diagnostic interviews, and problem-specific inventories. The emphasis throughout the assessment training component is on accurate and complete acquisition, interpretation, and synthesis of assessment information. Enhancing the intern's ability to write a comprehensive, well-integrated, and meaningful psychological report is also a goal of this training. If completing a minor rotation, the assessment component of this rotation will be limited and other rotations will be expected to address these competencies.

Geropsychology

Supervisor: Katherine Luci, Psy.D., ABPP and Lauren Hagemann, Ph.D.

Rotation Type: Major or Minor

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

A rotation in geropsychology will provide the opportunity to address and resolve the unique difficulties presented by an aging population by providing psychological interventions targeting issues relevant to aging including dementia, caregiver stress, depression, anxiety, pain, grief, and adjustment in lifetime developmental stages. Evidence-based interventions, such as REACH-VA (for caregivers of individuals with dementia) and STAR-VA (an interdisciplinary, non-pharmacological approach to the management of dementia-related behaviors in Community Living Centers* or CLCs) are emphasized. The intern will also further refine skills in assessing psychological and cognitive functioning (including evaluation of psychiatric disorders, dementia, stroke, capacity). These services will be provided primarily within an inpatient treatment setting, specifically in the Community Living Center (CLC). The CLC (formerly the "VA Nursing Home"-- now providing both short-term and long-term rehabilitation services in a more home-like environment) offers opportunities for experience with geropsychological interventions (individual and group), bedside psychological/ neuropsychological assessment, behavior management, and behavioral medicine interventions. (*Note: Due to Covid-19, participation in the CLC by trainees has at times been disrupted or solely virtual). Additional settings to achieve geropsychology experience may include our inpatient psychiatric unit which will involve implementing STAR-VA in the geriatric "pod" and an array of staff education and training opportunities as well as engagement in various projects such as "SAVE-CLC," an outreach program designed to address high risk patients following discharge from the CLC. This experience can be tailored to meet an intern's training goals; opportunities for program development/research (with a geropsychology, behavioral medicine, or other focus) are available with supervisor's approval. All interns will receive experience working within an interdisciplinary treatment approach (including MDs, PT, OT, recreation therapy, SLP, PharmD., nursing, etc.), providing consultation services to other members of the interdisciplinary treatment team on a regular basis.

Outpatient experiences in the Center for Aging and Neurocognitive Services (CANS) Geropsychology Outpatient Program and Memory Assessment Clinic are also available. Interns are invited to attend the geropsychology-focused weekly didactic series, presented virtually in conjunction with several other VA geropsychology postdoctoral training programs nationwide. Complimentary major and minor rotations at the Salem VAMC include Neuropsychology, Hospice/Palliative Care, Home-Based Primary Care, and Primary Care-Mental Health Integration, although several of these rotations have been impacted by Covid-19.

LGBT+ Mental Health

Supervisor: J. Russell Gray-Couch, Ph.D.

Rotation Type: Long-term

Rotation Length: Long-term; 4 hours weekly; ½ hour weekly supervision, 12 months

This rotation is designed to offer specialized training and experience in the area of LGBT+ psychology and healthcare. Interns will engage in activities and projects in at least two of the three following areas: (1) Education and Training; (2) Clinical Practice and Consultation; or (3) Research. Intersectionality with other social identities (race and ethnicity, SES, ability, spirituality, etc.) should be highlighted on all completed projects/research/case conceptualizations. This rotation experience is designed developmentally with each intern-- with the individuals' experience, training, and interests as a guide to setting appropriate milestones for successful completion of the rotation. The experience is designed to work across disciplines, with collaboration in social work, psychiatry, and specialty and primary care. Examples of projects are (but not exhaustive or limited to): developing trainings for staff on best practices for this population; research on quality improvement for delivery of services, increasing staff competence on affirming practices in LGBT+ mental health; design and deliver psychoeducation workshops to LGBT+ veterans; and completing appropriate and affirming assessment and/or psychotherapy with LGBT+ veterans.

Military Sexual Trauma (MST)

Supervisor: Dana R. Holohan, Ph.D. and Sarah VossHorrell, Ph.D.

Rotation Type: Minor

Rotation Length: Minimum 5 months

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

Depending on the length and focus of the rotation, interns may learn to assess PTSD using structured interviews and appropriate psychometric instruments, provide empirically-supported interventions for treatment of sequelae of sexual trauma, participate in DBT consultation meetings, and present clinical cases to staff. Depending on case assignments and training needs, interns may participate in Dialectical Behavior Therapy (DBT) Skills groups. Interns can also provide individual therapy using empirically supported treatments such as PE, CPT, WET, or STAIR/NST. Interns may also use other EBPs when clinically indicated (e.g., CBT for insomnia). Interns will be exposed to research and readings on treatments for sexual trauma and will learn the benefits and limitations of using manualized treatments. Program development and research activities are also encouraged.

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

Primary Care-Mental Health Integration

Supervisors: Sarah Hartley, Ph.D. and Drew Bassett, Ph.D.

Rotation Type: Minor

Duration: Flexible

The Primary Care-Mental Health Integration (PC-MHI) rotation represents a unique opportunity for interns to gain exposure to a growing field of collaborative healthcare that is synchronizing the disciplines of psychology and medicine. PC-MHI at VAMC Salem is based on principles of same-day open-access care and collaboration. The rotation allows for trainees to gain experience working beside medical providers in offices that are located in the Primary Care clinics. Open access means providing mental health triage and brief interventions immediately upon identifying a need, often adjacent to the Veteran's Primary Care appointment. Interns will develop a variety of skills that include brief functional assessment and triage, collaborating with medical team members, and providing mental health services in a primary care setting. Experience will be gained in administration of brief, empirically-supported modalities of care for patients presenting with a variety of psychiatric, behavioral health, and medical concerns. Individual and group appointments are provided face-to-face, by video telehealth, and by telephone care. Opportunities will be provided to participate in several shared interdisciplinary medical group clinics, including tinnitus management, pain school, and weight management, in addition to leading PC-MHI groups addressing tobacco cessation, pain management, and depression. Interns may also help facilitate two newer groups including a primary care-based mindfulness group and a group addressing veterans' "whole health" picture by utilizing mindfulness, SMART Goals, and value-driven behavior. Additionally, interns can expect to gain experience in curbside consultation with primary care staff.

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

Program Development, Implementation, and Evaluation

Supervisors: Psychology Staff

Rotation Type: Minor

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

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

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

Recovery from Severe Mental Illness

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

Rotation type: Minor

Rotation length: minimum of 3 months (based on Quarter System)

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

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

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

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

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

Research

Supervisor: Psychology Service Staff

Rotation Type: Minor

Rotation Length: Flexible, usually six months

Interns may elect to conduct applied research as a minor rotation for up to twelve months of the training year, with approval from the Training Committee and/or Director of Training. Agreement by a staff member to provide appropriate guidance and supervision must be obtained prior to beginning the research. A research plan must also be submitted to a research committee. All requirements of the VAMC's Institutional Review Board must be met. Interns selecting this minor may also be involved in the Psychology Student Research Practicum, offering research mentorship to undergraduates as well as instruction in targeted areas. Some research activities have been impacted by Covid-19, so a discussion

with the Director of Training regarding options that are feasible will occur prior to a final decision about a research minor.

Substance Abuse Treatment Program

Supervisors: Jennifer Self, Ph.D., Ashley Engels, Ph.D., Steven Lash, Ph.D., A. Meade Eggleston, Ph.D., and Phil Lehman, Ph.D.

Rotation Type: Optional Major or Minor

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

The Salem VAMC Substance Abuse Treatment Program (SATP) offers a variety of services for veterans experiencing substance use problems. Primary programs include: the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), Outpatient treatment, Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET), and Aftercare. Funded and unfunded applied clinical research is a key part of these treatment programs.

The 24-bed SARRTP lasts an average of 28 days, depending on the needs of the individual veteran. The program incorporates cognitive-behavioral and motivational principles and provides 12-step support group exposure. Patients are accepted from other units of the hospital and by self-referral. Patients are generally not excluded from admission by medical or psychological diagnosis. Patients who have psychotic disorders are accepted as long as they are stable and can be maintained on anti-psychotic medications.

Outpatient programming is based on Cognitive Behavioral Therapy (CBT) and includes a CBT for Substance Use Disorders (CBT-SUD) group, a Relapse Prevention group, and an MI/MET-based group, a Buprenorphine group, and a Mental Health and Recovery group (for Veterans with comorbid serious mental illnesses). Based upon their needs, Veterans are also typically seen on a regular basis for individual therapy to support their recovery.

Patients completing the residential or outpatient programs are encouraged to attend our Aftercare program, which consists of ongoing individual therapy and group therapy. Plans for follow-up care are developed with the patient and referrals for supplemental treatment are made within the VAMC and to community agencies. Aftercare is seen as a critical element to successful treatment of substance use disorders.

The philosophy of the SATP is that patterns of substance use are learned and that substance misuse is a maladaptive learned behavior. Treatment, therefore, focuses on identification of factors that elicit and reinforce substance misuse and addiction, on methods of altering and coping with these factors, and on alleviation of problems that have resulted from substance use disorders. Research indicates that skill and motivation deficits are problematic for this population and can contribute to the maintenance of substance use disorders. To remedy these deficits, veterans are assisted in enhancing skills in communication, mood management, cognitive restructuring, goal planning, leisure, stress management, problem solving, time management, and reestablishing social support systems. They are educated in nutritional, medical, and pharmacological aspects of substance use disorders. They may also be assisted with developing job skills, seeking work, job placement, and obtaining housing. A team-based evaluation and individualized treatment plan is necessary for each patient so that areas of particular need can be identified and appropriate treatments carried out. Modes of treatment include individual therapy, group psychotherapy, and educational classes. Treatment approaches include Cognitive-Behavioral Therapy and Motivational Enhancement Therapy. The program staff form a multidisciplinary treatment team consisting of professionals in psychiatry, psychology, social work, recreation therapy, kinesiotherapy, and nursing.

Interns will be exposed to the entire continuum of care while on the rotation and are fully involved in the assessment, educational, and therapeutic aspects of substance use disorder treatment. Prior clinical experience with substance use disorder treatment is not required. This rotation affords opportunities to gain understanding of substance use problems among a broad range of patients who cover the spectrum of psychological, medical, and social problems. Required intern duties include participating on the

multidisciplinary treatment team; leading a daily CBT-based relapse prevention group; co-leading a weekly dual diagnosis group; co-leading a weekly outpatient group; conducting regular psychological assessments; co-leading an aftercare group; and attending at least one treatment team or morning report meeting per week. Optional duties include co-leading additional groups (including dual-diagnosis, buprenorphine group, or others); conducting additional assessments (e.g., psychotic disorders, depression, anxiety disorders, cognitive dysfunction, personality functioning); conducting Motivational Enhancement Therapy interventions, and following an individual therapy (CBT-SUD) case. Session coding and feedback for motivational interviewing are also available. Interns with trauma interests may co-lead the residential program Seeking Safety group and/or provide Written Exposure Therapy (WET) to residential patients with PTSD. Participation in ongoing treatment research is encouraged among individuals participating in this rotation.

The Substance Use Disorder Treatment Rotation is available as a major, a research minor, and a clinical minor rotation. Preferably, the clinical minor rotation will last a minimum of 4 months.

COVID-19 Update: SATP services are being offered on a residential and outpatient basis with many modifications. The residential program currently is capped at 14 beds. Opportunities for an intern are similar to those listed above (e.g., assessment, groups, MI or CBT SUD individual, multidisciplinary team meetings), but some are done virtually via Video to Home (VVC), Telephone Conferencing (VANTS), or phone. Services/training opportunities are subject to change as the situation and safety-related recommendations change over the course of the pandemic.

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

Peak Performance Consultation/ Consulting Psychology/Business Psychology

Supervisor: Lou Perrott, Ph.D.

Rotation Type: Minor

Rotation Length: Flexible, Minimum 3 months, usually 6 months

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

Psychological Health* Roanoke- This rotation may not be available due to the pandemic

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

Rotation Type: Minor

Rotation Length: Flexible

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

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

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

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

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

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

Southwestern Virginia Mental Health Institute (SWVMHI)- This rotation is currently unavailable due to the pandemic.

Supervisors: Brian Cowart, Ph.D.

Rotation Type: Minor

Rotation Length: 4 to 6 months

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

SWVMHI is an approximately two-hour drive from the VAMC. Accommodations are available for overnight stay at no expense to the interns. There are four bedrooms with separate keys to each bedroom. The

wing has a kitchenette, living room with cable TV, iron and ironing board, and bathing facilities. Meals are not included, but the hospital has a central staff cafeteria providing lunch at a very reasonable cost.

Requirements for Completion

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

Facility and Training Resources

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

Administrative Policies and Procedures

Authorized Absence/Administrative Leave

Interns may be granted LN Administrative Leave for educational and professional activities outside the medical center, including attendance at training workshops, seminars, and professional conferences and conventions. However, travel for conferences etc. has been impacted by Covid-19 and may not be approved.

Due process

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

Collecting personal information

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

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. Adaptations have been made due to Covid-19 and most seminars and supervisory sessions are now using video technology. Several areas also utilize shared didactic trainings that complement our face to face training opportunities (e.g., a multi-site geropsychology training series). These distance learning opportunities do not replace on site supervision and training.

Self-disclosure

An area of professional competence is an intern's ability to engage in self-reflection. Interns 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 intern is also expected to cope with professional challenges, such as new responsibilities or patient crises, and to demonstrate awareness of any personal and professional problems, issues, and/or stressors that may impact his/her professional practice. The intern is expected to seek supervision and/or personal therapy to resolve issues if needed. Personal stressors can include the impact of emotional issues stemming from the intern's prior and current personal and professional history and relationships. The willingness to openly and non-defensively address the potential impact of one's emotional issues on professional practice and relationships, therefore, is an expected and essential aspect of the supervisory process.

Training Staff

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



Dana R. Holohan, Ph.D.
Director of Training

SALEM VAMC PSYCHOLOGY SUPERVISORY 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.

Jennifer L. Burden, Ph.D., Syracuse University, 2001. Deputy Director, Substance Use Disorder, Office of Mental Health and Suicide Prevention, VA Central Office. Treatment of substance use disorders, treatment engagement, addressing co-occurring treatment needs, continuing care, measurement based care, and residential treatment.

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

Neena T. Cassell, Ph.D., CSP, University of Maryland, Baltimore County, 2015. Neuropsychologist, Salem Telemental Health Coordinator, VISN 6 Telemental Health Lead, and 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.

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

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.

A. Meade Eggleston, Ph.D., Ohio State University, 2007. Substance use disorders, dual diagnosis, pain, motivational interviewing, CBT, and other empirically supported treatments.

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.

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

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

Matthew T. Jameson, Ph.D., Western Michigan University, 2015. Interests include clinical behavior analysis, third wave behavior therapies, Relational Frame Theory (RFT), Motivational Interviewing (MI), 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 Tech, 2008. PTSD/Substance use disorder dual diagnoses, Motivational Interviewing/motivational Enhancement Therapy, Prolonged Exposure, Acceptance and Commitment Therapy.

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

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.

Emily Marston, Ph.D., University of Virginia, 2011. Coordinator of the Residential PTSD Program. Interests include exposure-based anxiety treatments, Acceptance and Commitment Therapy, Mindfulness, and other empirically-supported treatments.

Johnathan Martin, Psy.D., Georgia Southern University, 2015. Behavioral Medicine/Center for Interdisciplinary Pain Management (CIPM); triage, brief assessment and psychotherapy (e.g., CBT, Motivational Interviewing); health behavior; chronic pain management; weight management; tobacco cessation; interprofessional education.

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

Beth Morris, Ph.D., University of South Florida, 2014. 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-CP, Motivational Interviewing, and empirically supported treatments.

C. Beth Ready, Ph.D., University of Delaware 2015. Staff Psychologist at the Center for Traumatic Stress. PTSD, sexual trauma, Dialectical Behavior Therapy, Prolonged Exposure, Cognitive Processing Therapy, co-occurring SUD/PTSD, Motivational Interviewing, and special interest in processes of therapeutic change.

Kampbell Salehi, Psy.D., Argosy University 2002. Staff Psychologist at the Center for Traumatic Stress. Combat stress recovery, MST, Cognitive Processing Therapy, Prolonged Exposure 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. Associate Chief, Mental Health Service Line and Executive Psychologist. Board Certified in Clinical Neuropsychology. Neuropsychology, teleneuropsychology, emotion and cardiovascular correlates, traumatic brain injury, and disaster/emergency psychology.

Julie Usala, Ph.D., SUNY-Binghamton University, 2016. Staff Psychologist in the Center for Traumatic Stress and PTSD-RRTP program. Prolonged Exposure Therapy, Cognitive Processing Therapy, and Dialectical Behavior Therapy. Other interests include Written Exposure Therapy, Alcohol use disorders, Motivational Interviewing, Acceptance and Commitment Therapy, and Military Sexual Trauma.

Sarah Voss Horrell, Ph.D., University of Wyoming, 2008. Psychologist in Center for Traumatic Stress and Military Sexual Trauma Program Coordinator for the Salem VAMC. Consultant for VA Cognitive Processing Therapy Training Program. Primary interests include Prolonged Exposure Therapy, Cognitive

Processing Therapy, Dialectical Behavior Therapy, and research related to treatment retention and factors impacting treatment outcome in EBPs for PTSD.

OFFSITE MINOR ROTATION SUPERVISORY STAFF

PEAK PERFORMANCE CONSULTATION

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

PSYCHOLOGICAL HEALTH *ROANOKE

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

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

SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE

Brian L. Cowart, Ph.D., Virginia Tech, 2013. Director of Psychology/Forensic Coordinator, SWVMHI. Interests: Forensics, Personality Disorders, Trauma-informed care.

Trainees

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

Class Year	Position following internship
2020 graduates	
University of Virginia	Research Postdoctoral position
Virginia Consortium	Private practice
University of Arkansas	Salem VA Psychologist
University of Central Florida	VA Psychologist
Florida Institute of Technology	Salem VA Postdoctoral Fellowship-Neuropsychology
2019 graduates	
Auburn University	Salem VA Psychologist
East Carolina University	Salem VA Postdoctoral Fellowship—Neuropsychology
University of New Mexico	Salem VA Psychologist
Central Michigan University	Postdoctoral Residency-Neuropsychology
2018 graduates	
San Diego State University	VA Postdoctoral Fellowship—Geropsychology and Suicide Prevention
Gallaudet University	Salem VA Postdoctoral Fellowship-EBP
Ohio University	VA Postdoctoral Fellowship—Neuropsychology
University of Virginia	VA Postdoctoral Fellowship-MIRECC
2017 graduates	
Bowling Green State University	Research Therapist
Southern Illinois University	Postdoc
University of Alabama at Tuscaloosa	Salem VA Postdoctoral Fellowship-Geropsychology
University of Missouri-St. Louis	Postdoctoral Fellowship-Women's Health

2016 graduates

Binghamton University
Ohio State University
University of Kansas
University of New Mexico

Salem VA Postdoctoral Fellowship-Substance Abuse
Postdoctoral Fellowship-Neuropsychology
Salem VA Postdoctoral Fellowship-Neuropsychology
VA Postdoctoral Fellowship-Women's Health/Research

2015 graduates

University of Arkansas-Fayetteville
Ohio University
Western Michigan University
University of Central Florida

VA Postdoctoral Fellowship-Substance Abuse
VA Postdoctoral Fellowship-MIRECC/ Research
Salem VA Psychologist-VA
Salem VA Postdoctoral Fellowship-PTSD

2014 graduates

Duke University
American University
Ohio State University

Private practice-EP, independent
VA Postdoctoral Fellowship-PTSD
VA Postdoctoral Fellowship-General/Sub Abuse

2013 graduates

Indiana University-Purdue University-
Indianapolis
University of Tulsa
Virginia Commonwealth University
Purdue University

VA Postdoctoral Fellowship-Behavioral Medicine

Salem VA Postdoctoral Fellowship-PTSD
Salem VA Postdoctoral Fellowship-EBP
Salem VA Postdoctoral Fellowship Neuropsychology

2012 graduates

Indiana University-Purdue University-
Indianapolis
University of Louisville
Northern Illinois University
Indiana University- Purdue University-
Indianapolis

VA Postdoctoral Fellowship-PTSD

VA Postdoctoral Fellowship-PTSD
Salem VA Postdoctoral Fellowship-PTSD
Hospital Psychologist- Behavioral Medicine

2011 graduates

Duke University
University of Pittsburgh
University of Maryland
University of North Carolina-Greensboro

ABD/ Private Practice
Maternity leave
ABD/ Private Practice
VA Postdoctoral Fellowship-Research

2010 graduates

University of Washington-St Louis
University of Alabama-Birmingham
Washington State University
Virginia Polytechnic and State University

Postdoctoral Fellowship-Research
Postdoctoral Fellowship-Behavioral Medicine
Salem VA Postdoctoral Fellowship-PTSD
VA Postdoctoral Fellowship-Neuropsychology

2009 graduates

University of Pennsylvania
Loma Linda University
University of Kansas
Spalding University

VA Postdoctoral Fellowship-Research
Salem VA psychologist
Salem VA psychologist
Postdoctoral Fellowship-Behavioral Medicine

2008 graduates

University of Arizona
Virginia Polytechnic and State University

Indiana State University

Postdoctoral Fellowship-Research
Salem VA Postdoctoral Fellowship-Primary Care/Mental
Health Integration
VA Postdoctoral Fellowship-PTSD/TBI

NOVA Southeastern University

Emergency personnel psychologist

2007 graduates

Spalding University

Salem VA psychologist/recovery coordinator

West Virginia University

World travel

University of Wyoming

Salem VA psychologist

University of South Dakota

VA Postdoctoral Fellowship-Research/PTSD

2006 graduates

University of Texas at Austin

VA psychologist

Binghamton University

VA Postdoctoral Fellowship-PTSD

Virginia Polytechnic and State University

Salem VA psychologist

Ohio State University

Assistant professor

2005 graduates

University of Memphis

Forensic position

Loma Linda University

Salem VA psychologist

University of South Carolina

Private practice

Loyola College of Maryland

Postdoctoral Fellowship-Behavioral Medicine

2004 graduates

Penn State University

Postdoctoral Fellowship-Research

Texas Women's University

Private practice, business consulting

Virginia Polytechnic and State University

Forensic psychology

Texas A&M University

VA Postdoctoral Fellowship-Organizational Psychology

Local Information

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

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

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

Though the urban Roanoke Valley is a modern metropolitan area of some size and complexity, it retains some of the slower pace and charm of a small city. It is truly a wonderful place to live, work, and learn. Usually, our trainees who come here from all over the country fall in love with the area and never want to leave! In fact, 25 of our current staff have done just that!