Psychology Internship Training Program 2019-2020

Central Arkansas Veterans Healthcare System (CAVHS)

Accredited by:
THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

For information regarding APA accreditation of this or other internships, please contact: Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242, phone: (202) 336-5979.

This internship program, as a member of the Association of Psychology Pre-doctoral and Internship Centers (APPIC), adheres to APPIC policy regarding offers and acceptances for training.

For more information, please contact: Dr. Courtney Ghormley at Courtney.Ghormley@va.gov
# Table of Contents

- Life in Little Rock: 6
- About Our Medical Center: 10
  - Population Served: 10
  - Services Provided: 10
  - History of Training: 11
- VHA Mission: 11
- VHA Vision: 11
- VA Core Values: 11
- Facilities: 12
  - North Little Rock Division: 12
  - Little Rock Division: 13
  - Intern Learning Resources: 13
- Contacts: 14
- Psychology Internship Program: 15
  - Overview: 15
  - Training Model: 15
  - Program Aims: 15
  - Training Philosophy: 16
  - Commitment to Diversity: 16
  - Program Leadership: 17
  - About Our Faculty: 18
Core Program Requirements........................................................................................................19

Program Structure...................................................................................................................19

Supervision.............................................................................................................................19

Evaluation...............................................................................................................................19

Assessment Requirement.......................................................................................................20

Evidence-Based Protocols (EBPs)..........................................................................................21

Education/Didactics................................................................................................................21

Internship Development Seminar (IDS)................................................................................21

Intern Scholarly Presentation.................................................................................................21

Intern Case Presentation........................................................................................................21

Cultural Exploration and Self-Awareness Seminar..............................................................22

Recovery Journal Club............................................................................................................22

Professional Development Seminar (PDS)............................................................................22

Psychology Community Meetings..........................................................................................22

Other Didactic Opportunities................................................................................................22

Psychology Training Tracks..................................................................................................23

The General Psychology Track............................................................................................24

The Health Psychology Track...............................................................................................24

The Neuropsychology Track.................................................................................................24

Clinical Rotations..................................................................................................................25

General Psychology Rotations.............................................................................................25

Mental Health Clinic (MHC).................................................................................................25

Acute Inpatient Psychiatry......................................................................................................26

Homeless Domiciliary Residential Rehabilitation Treatment Program (Homeless DRRTP) ....27

Posttraumatic Stress Disorder Clinical Team (PCT)............................................................28
You may know Little Rock, Arkansas, as the home of Bill and Hillary Clinton and the Clinton Presidential Library. Or perhaps you know it better for the events that followed the Supreme Court's famous Brown v. Board of Education decision in the late 1950s, when the Arkansas National Guard tried to prevent nine black teenagers from entering Little Rock High School. The region has come a long way since the "Little Rock Nine" incident and is now home to a diverse population. Today, Arkansas' capital has earned a reputation among history buffs, foodies, and art lovers as an exciting place to live. Residents can spend their weekend exploring the historic Arkansas State Capitol, wandering through the Arkansas Art Center, or sipping beer at one of the area's breweries. Plus, the beautiful Ozark Mountains provide plenty of opportunities to enjoy the great outdoors!

Little Rock accommodates a variety of tastes. Neighborhoods range from luxurious, well-appointed loft apartments in midtown and downtown Little Rock, to the suburban and family-oriented dwellings of Chenal Valley, Hillcrest, and The Heights. It has a lower cost of living than the national average, so your money will go a long way in this region. The median sale price of a home is noticeably lower than the national median, while Little Rock residents generally pay less for things like food, utilities, and health care than the average American.
Getting around Little Rock is a cinch! Virtually any place in the region can be easily reached by car within 30 minutes. Those who prefer not to drive can rely on the Rock Region Metro bus system, which offers routes throughout downtown Little Rock and well into the suburbs. The metro area also features a streetcar with two lines operating between Little Rock and North Little Rock. When you’re ready to take a break from Little Rock and the responsibilities of home and work life, the Bill and Hillary Clinton National Airport offers daily direct flights to many regions across the nation, provided by major airlines like American, Delta, and United Airlines. Amtrak and Greyhound also provide ground transportation to nearby metro areas.

You may also be interested to know that Little Rock experiences all four seasons. For those looking to escape the harsh weather conditions of other areas farther north, you’ll be happy to know that winters in Little Rock are historically mild; on the other hand, summers can be intense and are typically characterized by humid heat. You may find, however, that enduring our summers is worth it when you are rewarded with gorgeous Arkansas fall and spring seasons year after year.
Have we mentioned that Little Rock is a fantastic place to live for those who enjoy the outdoors? The region is an easy drive from Pinnacle Mountain State Park, Ouachita National Forest, and the stunning Ozark Mountains, and Hot Springs National Park is only an hour away. Residents can also take advantage of golf courses and trails found within the city limits.

For those who identify more as city folks, the downtown and midtown areas feature a variety of local restaurants and breweries. The metro area also enjoys a great live music scene, which ranges from piano bars to the Arkansas Symphony Orchestra. The local Arkansas Arts Center hosts theater performances, and the region also contains a handful of art galleries. There are also local stores and boutiques for shopping. More family-oriented entertainment can be found at neighborhood pools, the year-round ice rink, and the Little Rock Zoo.
And don’t forget about all the opportunities to follow local Arkansas sports, whether it’s watching the Arkansas Razorbacks play at War Memorial Stadium in Little Rock or Razorback Stadium in Fayetteville or the Arkansas Travelers at Dickey-Stephens Park!

But if all that doesn't sell you on Little Rock, maybe this will...many of our current psychologists on staff (about 1 out of 3, most of whom were not originally from Arkansas) were previously an intern or fellow at CAVHS. They liked it so much that they either stayed after completing their training or returned when an opening later became available. Not only does this demonstrate that Arkansas is a fantastic place to live, it also says a great deal about the training culture at CAVHS. So, regardless of whether Arkansas becomes a temporary or permanent home for you, we are confident you will find much to appreciate, not only about our state and its culture, but about our training program and its culture, too!
About Our Medical Center

POPULATION SERVED
Located in beautiful central Arkansas, Central Arkansas Veterans Healthcare System (CAVHS) is a large and comprehensive VA medical complex within the Department of Veterans Affairs (VA) that serves a diverse population representative of the cultural diversity inherent to the geographical region. The medical center is located in a metropolitan area of over 725,000 people and draws from a primary service area of 275,000 veterans. CAVHS providers also serve many veterans from other VAs and surrounding states, many of whom are referred for specialty programs, as well as active duty and National Guard personnel and family members. CAVHS serves adult veterans and their families, and the age range varies tremendously. Veterans served may include active duty patients in their early twenties to geriatric patients aged 100+ years. Historically, the patient population has been predominately male, but with our recent Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflicts, an increasing percentage of women are establishing care and utilizing health care services at CAVHS. Fortunately, our Women’s Clinic, which has been in place since the mid-1990s, is more than equipped to address the recent rise in the population of female veterans served. Additionally, ethnic diversity is broad, with the African American community being the largest minority group served. The medical center also serves veterans requiring a wide variety of needs, ranging from medical, surgical, behavioral, psychiatric, and psychosocial concerns.

SERVICES PROVIDED
Accredited by both the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF), CAVHS is a Category 1A flagship healthcare provider and is one of the largest and busiest VA medical centers in the country. Its two consolidated campuses, located in Little Rock and North Little Rock, anchor a broad spectrum of inpatient and outpatient healthcare services, ranging from disease prevention, through primary care, to complex surgical procedures, to extended rehabilitative care. Comprehensive healthcare is provided through primary, tertiary, and long-term care in areas of medicine, surgery, mental health, physical medicine and rehabilitation, neurology, dentistry, ophthalmology, geriatrics and extended care, women’s health, and others.

Across its two main campuses, CAVHS has 280 operating hospital beds as well as a 119-bed Residential Rehabilitation Treatment Unit that provides long-term rehabilitative care and a 152-bed Community Living Center (formerly Nursing Home Care Unit). CAVHS also provides care to Veterans across Central Arkansas through its eight Community-Based Outpatient Clinics (CBOCs) in the cities of Conway, El Dorado, Hot Springs, Mena, Mountain Home, Pine Bluff, Russellville, and Searcy. When care in one of the two main hospitals or eight outpatient clinics is either not possible or medically recommended, the Home Based Primary Care (HBPC) program provides primary health care to eligible veterans in their homes. A Day Treatment Center and Vet Center are also
located in the Little Rock Metro Area. Finally, CAVHS offers an active telemedicine program, which provides remote services using advanced telemedicine technology directly from the North Little Rock campus to the area CBOCs.

**HISTORY OF TRAINING**

Throughout its rich history, CAVHS has been widely recognized, first and foremost, for a tradition of quality and caring for Arkansas veterans as well as for excellence in education, research, and emergency preparedness. To that end, CAVHS serves as a teaching facility for more than 1,500 students and residents enrolled in more than 65 educational programs; its principal affiliate is the University of Arkansas for Medical Sciences (UAMS). The history of CAVHS includes training for the field of psychology since the 1950s. The Psychology Internship Program has been fully accredited by APA since 1979, and the Postdoctoral Fellowship Program has been fully accredited by APA since May 2013.

**VHA MISSION**

To honor America's veterans by providing exceptional health care that improves their health and well-being.

**VHA VISION**

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research, and service in national emergencies.

**VA CORE VALUES**

Our core values are Integrity (i.e., act with high moral principle); Commitment (i.e., work diligently to serve veterans and other beneficiaries); Advocacy (i.e., be truly veteran-centric by identifying, fully considering, and appropriately advancing the interests of veterans and other beneficiaries); Respect (i.e., treat all those you serve and with whom you work with dignity and respect); and Excellence (i.e., strive for the highest quality and continuous improvement).
Facilities

NORTH LITTLE ROCK DIVISION

Situated atop scenic bluffs overlooking the Arkansas River and the Little Rock Metropolitan skyline, our North Little Rock campus occupies the late-19th century Fort Roots military installation, originally commissioned for the US Army Cavalry prior to World War I, and is now a functioning hospital complex and National Historic Site. Located on the North Little Rock campus, the Eugene J. Towbin Healthcare Center is a large four-story building, which was constructed in 1983. It houses each of this division’s outpatient programs, residential rehabilitation programs, and inpatient beds. This building also contains a cafeteria, canteen store, medical library, bowling alley, barber shop, and indoor walking trail. The grounds of the North Little Rock campus are large and contain two small fishing lakes, an employee fitness center (available to staff and interns on a 24-hour basis), a fitness trail, a softball field, a newly constructed State Veterans Home, and numerous historic buildings operating as administrative offices for the VA. Also co-located on the North Little Rock Campus are the VISN 16 Mental Illness Research, Education, and Clinical Center (MIRECC) and the VA’s Federal Law Enforcement Training Center (FLETC), which trains the entire federal VA police force.

The North Little Rock campus contains the medical center’s Primary Care Clinics, Outpatient Mental Health Clinic, Outpatient and Residential Substance Use Treatment Clinics, Outpatient and Residential PTSD Clinics, Intermediate Medicine, Neuropsychology, Rehabilitation, Domiciliary, Community Living Center, and the Psychosocial Rehabilitation and Recovery Center. The North Little Rock division also serves as the primary setting for most clinical rotations in the Psychology Internship program.

Eugene J. Towbin Healthcare Center
2200 Fort Roots Drive
North Little Rock, AR 72114
Phone: (501) 257-1000
LITTLE ROCK DIVISION

Approximately eight miles and just a 15-minute drive away from the North Little Rock Division and conveniently situated in the heart of Midtown Little Rock, the John L. McClellan Memorial Veterans Hospital is our Little Rock campus. It is adjacent to, and physically connected to, the University of Arkansas for Medical Sciences (UAMS). This medical center houses inpatient wards including acute medicine, oncology, cardiology, surgery, neurology, neurosurgery, and intensive care units. It also serves hemodialysis patients and houses many medical and surgical outpatient clinics, a women's clinic, and an active emergency room. A cafeteria, canteen store, and medical library are also available at this campus.

John L. McClellan Memorial Veterans Hospital
4300 W. 7th Street
Little Rock, AR 72205-5484
Phone: (501) 257-1000

INTERN LEARNING RESOURCES

Both campuses have adequate office space, and all interns are provided office space equipped with appropriate furniture, a telephone with private voicemail, and a computer which allows access to medical records including progress notes, consult reports, laboratory findings, imaging films and reports, and access to remote records from other VA facilities across the nation. Email access, internet access, and a virtual library for literature searches are also available on each computer. Both campuses house medical libraries, and interns can gain access to the UAMS library located beside the Little Rock campus if needed. If a book or article cannot be found via the onsite libraries or virtual libraries, an online inter-library loan request can be made. Interns have free parking at both campuses, and the VA shuttle bus, which departs each campus once per hour, is available for travel between divisions.
Central Arkansas Veterans Healthcare System
2200 Fort Roots Drive (116B/NLR)
North Little Rock, AR 72114

Courtney Ghormley, Ph.D., ABPP: (501) 257-4959
Mandy McCorkindale, Psy.D.: (501) 257-3925
Alissa Kolb, Psy.D.: (501) 257-2870

Thank you for your interest in the CAVHS Psychology Internship Program. Please do not hesitate to contact us if you have any questions throughout the application process. We look forward to hearing from you!
OVERVIEW
The CAVHS Psychology Internship Program provides a generalist training experience. All interns, regardless of specialty interests, are expected to learn and demonstrate the basic skills required of a beginning psychologist, primarily in the areas of assessment, intervention, consultation, and professional development. Our program focuses on supervised clinical training and features tracks with emphasis areas in general psychology, health psychology, and neuropsychology. All tracks provide vigorous training in evidence-based practices and promote recovery-oriented, veteran-centered care.

TRAINING MODEL
Our program is built on a practitioner-scholar model of training. The program emphasizes, in all aspects of its training, that the best practice must be solidly based in science. The important hands-on experiential aspects of internship training are grounded in the scientific literature, and our interns are challenged to systematically measure their assessment and intervention practices against an established knowledge base. All rotation supervisors emphasize the importance of consulting the scientific literature when working with a new patient population.

PROGRAM AIMS
The overall aim of our program is to ensure that interns acquire a broad range of the professional skills necessary to function effectively as psychologists in a variety of multidisciplinary healthcare settings, specifically the Veterans Healthcare Administration as well as other complex medical centers. Furthermore, those interns who choose careers in other areas of practice such as academia, research, and administration can be confident that this internship will have significantly contributed to their professional goals. In addition to its overall aim, the Psychology Internship Program has two specific aims:

1. To train psychologists in the delivery of quality, recovery-oriented healthcare
2. To train psychologists to appreciate the unique needs of the veteran population and in the provision of veteran-centered care
TRAINING PHILOSOPHY

Our philosophy of training reflects a basic belief that education and training for the internship is primarily experiential in nature and for the purpose of learning through service delivery under the supervision of staff providing similar services. The philosophy is consistent with VHA’s mission, vision, and core values. The philosophy of the program includes a commitment to the recovery-oriented, veteran-centered approach to all services. We strive to provide a supportive environment for interns, and we seek applicants whose desirable qualities include strong clinical and scholarly training experience, combined with strong interpersonal skills and sound character.

Our goal for the internship year is to provide each intern with individualized experiences and supervised training as well as increasing amounts of responsibility and autonomy, commensurate with demonstrated abilities, so that sufficient preparation for the role of professional psychologist will be achieved by the end of the internship year. As noted previously, the Psychology Internship Program is a generalist training experience, focused on enabling each intern to learn and develop the basic clinical skills involved in assessment, psychodiagnosis, psychotherapy, and consultation necessary for the practice of professional psychology. Still, the breadth and flexibility of the training program provides those interns who are well-versed in the basics of psychology an opportunity to develop and pursue their interests in specialty areas.

We recognize that service delivery is only one part of the psychologist’s role; therefore, we provide opportunities for our interns to become well acquainted with the other aspects of the practice of psychology. This includes offering diversified applied training; opportunities for understanding ethical and legal responsibilities; networking with peers and other professionals; gaining experience with administration; and functioning as a practitioner, consultant, and/or instructor.

COMMITMENT TO DIVERSITY

The CAVHS Psychology Internship Program is committed to promoting awareness of, and respect for, cultural and individual diversity with the goal of preparing interns to become culturally-competent providers of mental health care. To achieve this goal, we integrate training on diversity and related factors throughout the internship year and work to create an inclusive environment where individuals of diverse backgrounds are welcomed and valued. We consider diversity as including various cultures, values, and experiences of trainees and faculty as well as different theoretical models, research paradigms, and ways of professional practice. Our training program incorporates multiculturalism, recovery-oriented approaches, and a biopsychosocial emphasis to ensure that diversity is fully integrated in the training experience. Intern applicants from diverse groups who are underrepresented in psychology are highly encouraged to apply.
PROGRAM LEADERSHIP

Our program includes the Executive Training Committee, which is designed to facilitate administration and ongoing evaluation of the Psychology Internship Program. Formal membership on this committee includes The Director of Training, Assistant Directors of Training, Internship Selection Chair, Diversity Chair, Education Coordinator, Practicum Coordinator, Member-At-Large, and Director of Fellowship Training. The Committee meets in-person monthly, and email discussions are utilized on an as-needed basis. The duties of the committee include evaluation of the progress of each intern; evaluations of and recommendations for specific training needs; ongoing program evaluation and implementation of needed modifications; and review of applications and selection of interns. All psychology staff members and interns are encouraged to provide input and feedback to the Executive Training Committee, as desired or deemed necessary. If satisfactory resolution of any staff/intern problem cannot be achieved though the guidance of the Director of Training, the Committee will then serve as the decision-making body in regard to resolution of identified issues.

Nathaniel Cooney, Ph.D.
Member-At-Large

Courtney Crutchfield, Ph.D.
Director of Training (Fellowship)

Courtney Ghormley, Ph.D., ABPP
Director of Training (Internship)

Alissa Kolb, Psy.D.
Assistant Director of Training

Mandy McCorkindale, Psy.D.
Assistant Director of Training

Marie Mesidor, Ph.D.
Diversity Chair

Jennifer Paulson, Ph.D.
Internship Selection Chair

Gabby Pugliese, Psy.D.
Education Coordinator

Craig Rookey, Ph.D.
Practicum Coordinator
ABOUT OUR FACULTY

Our doctoral staff are highly qualified, many in specialty areas as well as in general clinical or counseling psychology. Four of our staff are board-certified through the American Board of Professional Psychology (ABPP). One faculty member is certified in biofeedback by the Biofeedback Certification International Alliance (BCIA) and is accredited by the American Society for Clinical Hypnosis as an approved consultant in clinical hypnosis. Several of our VA psychologists are on staff at our affiliate, the University of Arkansas for Medical Sciences (UAMS).

The psychology staff also holds membership in a variety of professional organizations, including the American Psychological Association and various state psychological associations (Arkansas, Illinois, Kentucky, and Missouri). The internship is also a member of the Association for Internship Training in Clinical Neuropsychology and the Council of Professional Geropsychology Training Programs.

A number of this internship's supervisors are active in leadership of local and national professional organizations. Several have served as President of the Arkansas Psychological Association, and many have served or are currently serving on the Board of Directors or as committee Chairs. Through their dedicated years of service, seven have obtained fellow status in the association. Three of our psychologists also serve as members of the National Association of VA Psychology Leadership. Two staff members have or are currently serving on the American Psychological Association Council of Representatives.
Core Program Requirements

PROGRAM STRUCTURE
The training year includes one week of general orientation (i.e., one day of VA-wide New Employee Orientation [NEO] and four days of Psychology Internship Program orientation); three, four-month major rotations; and two, six-month minor rotations. Interns spend three days (24 hours) per week on each major rotation and one-and-a-half days (12 hours) per week on each minor rotation. Additionally, all interns are required to spend 10% of their time (one-half day, or 4 hours, per week) in didactic training over the course of the training year.

SUPERVISION
Interns receive at least four (4) hours of supervision per week. Each intern receives at least two (2) hours of scheduled, individual, face-to-face supervision from a doctoral-level licensed psychologist per week, with further consultation readily available. This includes one hour of scheduled, individual, face-to-face supervision with the intern’s major rotation supervisor and one hour of scheduled, individual, face-to-face supervision with the intern’s minor rotation supervisor each week. The remaining two hours of required weekly supervision may include any combination of the following modalities: individual vertical supervision by an unlicensed psychologist or postdoctoral fellow under the supervision of a licensed psychologist; unscheduled supervision with a licensed psychologist; and group supervision with a licensed psychologist. On each rotation throughout the training year, supervision will include direct observation of the intern by a licensed psychologist. Intern participation during various didactic seminars (e.g., intern case presentations) does not count toward the total minimum supervision hours required each week.

EVALUATION
Evaluation is a mutual process among interns, supervisors, and the training program as a whole. It serves important and necessary functions to ensure optimal training and achievement of expected competencies. Interns are formally evaluated on the following profession-wide competency areas: 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. Consistent with our program’s aims, interns are also formally evaluated on the following CAVHS program-specific competency areas: recovery-orientation/patient-centered care and veteran/military populations. Additional opportunities are provided for interns to develop more detailed, informal training objectives as needed or desired, allowing interns to tailor their training experiences to meet their individualized professional goals.

The Psychology Internship Program requires that supervisors provide interns with timely and ongoing verbal feedback as well as formal or written evaluations over the course of the training experience. Supervisors and interns develop a learning plan at the
beginning of each training experience, including discussion of profession-wide and CAVHS program-specific competencies to be
developed. Behavioral objectives are clearly defined by primary supervisors at the beginning of each rotation, with input from the
intern.

Formal, written evaluation occurs at mid-rotation and end-of-rotation for each major and minor clinical rotation. At the mid-point
and conclusion of each rotation, the intern is evaluated on the degree to which the identified competencies were met, via a formal
rating and narrative evaluation targeting training competency objectives. Evaluations will be completed by the primary supervisor
but will also incorporate feedback from any secondary supervisors. These evaluations are discussed with the intern and the
Psychology Internship Training Committee and will be stored by the Director of Training in a designated and secure location.
Copies will also be sent to the intern's school at mid-year and end-of-year. Interns whose performance is not at an expected level of
competence will be advised regarding the problem area(s) in his/her performance, and a specific plan to address the deficiency will
be provided in writing and discussed with the intern. When performance improvement plans are warranted, they will be developed
with the Executive Committee and approved by the Director of Training.

Just as we care about interns receiving appropriate evaluation, it is equally important that interns evaluate their supervisors, clinical
rotations, and the training program as a whole. Ongoing feedback from interns has regularly shaped the program's policies,
procedures, and training opportunities. Interns and staff are expected to exchange feedback routinely and informally as a part of
the supervisory process, but we also include formal evaluations in this process to allow the Psychology Internship Program to
evaluate its progress in providing a quality training experience that successfully trains interns in identified competencies. Identified
strengths and deficiencies of specific training experiences are closely examined in order to implement necessary program changes.
We also want to be sure that our training staff is consistent with our program philosophy of treating interns with courtesy and
respect and engaging wherever possible in collaborative interactions as part of the training program. Therefore, at the end of each
rotation, the intern will complete and submit to the Director of Training a rotation evaluation form. The responses from each intern
are kept confidential and then quantified during the next internship year, when the general results are shared with the supervisors
and training committee. Identified strengths and deficiencies of specific rotations are closely examined in order to implement
necessary program changes.

To better facilitate ongoing, bi-directional communication between the intern and the training program, each intern will also have a
quarterly individual meeting with either the Director of Training or Assistant Director(s) of Training to discuss the intern's ongoing
progress and experiences.

ASSESSMENT REQUIREMENT
All interns, regardless of training track, are expected to complete six comprehensive, integrated assessments and reports (i.e.,
including measures of cognition and personality/mood) over the course of their training year. This requirement may be achieved on
any combination of their selected rotations.
EVIDENCE-BASED PROTOCOLS (EBPs)
All interns, regardless of training track, are expected to receive training in at least one EBP (e.g., Motivational Interviewing [MI], Cognitive Processing Therapy [CPT], etc.) and complete a full therapy protocol (i.e., individual or group format) in their selected EBP over the course of the internship year. This requirement may be achieved on any of their selected rotations.

EDUCATION/DIDACTICS
In addition to clinical training experiences, ten percent (10%) of the intern’s time is dedicated to educational and didactic training, including the following:

Intern Development Seminar (IDS) – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled weekly on Tuesday afternoons for two hours (2:30-4:30) throughout the training year. The seminar is led by Dr. Gabby Pugliese, Education Coordinator, and presentation topics are chosen based on our program’s identified aims, feedback collected from prior intern cohorts, and the unique interests and training needs of each new intern class. A wide variety of topics are covered and generally include presentations in the areas of military culture, cultural competence/diversity, clinical assessment and intervention, evidence-based psychotherapy, medical/health psychology, neuropsychology, geropsychology, and professional development. They often serve as an opportunity to discuss legal, ethical, and cultural issues involved in the practice of psychology as well as diagnostics and testing, psychotherapy, new research, and specialty issues. Presenters primarily include faculty within the Psychology department, though psychology fellows, staff from other healthcare disciplines, and non-VA or community professionals occasionally serve as invited guest speakers. Please contact Dr. Pugliese at (501) 257-3473 for more information.

Additionally, as part of this didactic series, interns are required to complete the following presentations during their training year:

**Intern Scholarly Presentation** – This is a required presentation experience for all interns, regardless of training track. The intern will schedule his/her presentation at the beginning of the training year. Presentations are expected to be scientific in nature and may include original research, program development/evaluation, or quality improvement. All presentations must involve literature review, research design, methods, data, and data analysis in a format similar to a publication submission. Interns have typically used the forum as an opportunity to practice their dissertation presentation before their final defense. Interns will present in a venue open to all Psychology staff and trainees. All proposed topics must be approved by the Education Coordinator prior to the presentation date.

**Intern Case Presentation** – This is a required presentation experience for all interns, regardless of training track. The intern will schedule his/her presentation at the beginning of the training year and will choose a faculty mentor to serve as a guide prior to and during presentation of the case. Presentations are expected to include review and discussion of a unique or challenging assessment and/or intervention case. All presentations must involve an overview of the referral question, patient history and presenting problems, the intern’s chosen assessment and intervention methods, treatment course and outcomes, relevant cultural and ethical considerations, and any identified areas for continued growth. Integration of the relevant literature is also expected. The presentation is designed to increase the intern’s experience with educating and facilitating discussion among one’s peers as well as providing thoughtful and constructive feedback regarding his/her peer’s case conceptualization and assessment/treatment methods. While some prior interns have historically chosen to
present formally with a PowerPoint presentation, others have presented more informally. Some have opted to incorporate learning tools that are unique to their cases and clinical rotations (e.g., neuropsychology interns who have brought neuroimaging scans or raw test data for education purposes; interns working in the PCT who have provided abbreviated transcriptions of a PE protocol; etc.). Interns will present in a venue open to all Psychology staff and trainees. All proposed topics must be approved by the Education Coordinator prior to the presentation date.

Cultural Exploration and Self-Awareness Seminar – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour (1:30-2:30) throughout the training year. The seminar is led by Dr. Marie Mesidor, Diversity Chair, and presentation topics are chosen based on our program’s identified aims, feedback collected from prior intern cohorts, and the unique interests and training needs of each new intern class. The Cultural Exploration and Self-Awareness Seminar is designed to provide a consistent and safe environment for trainees (interns and fellows) to explore and appreciate cultural diversity; enhance self-awareness and self-reflection skills; explore ways to better use supervision; and learn about the culture of the local community through culturally relevant outings. Please contact Dr. Mesidor at (501) 257-6306 for more information about the Cultural Exploration and Self-Awareness Seminar.

Recovery Journal Club – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour (1:30-2:30) throughout the training year. The seminar is led by Dr. Kristen Viverito, Local Recovery Coordinator, and presentation topics are chosen based on our program’s identified aims, feedback collected from prior intern cohorts, and the unique interests and training needs of each new intern class. The Recovery Journal Club is a learning and socialization opportunity for CAVHS staff and trainees (interns and fellows) to discuss a recovery-related article and its implications for applying recovery principles to our healthcare services. Please contact Dr. Viverito at (501) 257-1699 for more information about the Recovery Journal Club.

Professional Development Seminar (PDS) – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour (2:30-3:30) throughout the training year. The seminar is led by Dr. Scott Meit, Chief Psychologist. A wide variety of topics are covered and generally include presentations related to professional development. They often serve as an opportunity to discuss legal, ethical, and cultural issues involved in the practice of psychology. Presenters primarily include faculty within the Psychology department, though psychology fellows, staff from other healthcare disciplines, and non-VA or community professionals occasionally serve as invited guest speakers.

Psychology Community Meetings – This meeting is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour (2:30-3:30) throughout the training year. The seminar is led by Dr. Scott Meit, Chief Psychologist. Topics generally center around various training site policies and procedures.

Other Didactic Opportunities – Other didactic opportunities may or may not be available or required for all interns, depending on their specific training tracks. These learning experiences could include various track-specific/rotation-specific didactics; group supervision, including additional training in theory and application of supervision skills under the mentorship of a staff psychologist; grand rounds in psychiatry; neurology grand rounds; interdisciplinary team meetings and/or family conferences; and VA-sponsored educational programs.
As noted previously, our training program is a generalist internship ensuring that each intern develops the basic skills necessary for the practice of psychology. All interns will be expected to demonstrate minimum competency in multiple modalities of treatment, including therapy with individuals and groups; evidence-based protocols (EBPs); and psychometrics. However, while these basic skills are expected of all interns, the program also supports early development of specialty interest in addition to the generalist philosophy. For this reason, our program offers training in two emphasis tracks (i.e., Health Psychology and Neuropsychology).

Please note that, because we are a generalist psychology internship program, interns can spend no more than 50% of their time on rotations within one specialty track (i.e., Health Psychology or Neuropsychology). Specific learning opportunities will vary depending on the track for which the intern is chosen as well as the individual’s interests, training needs, and program requirements. During the first week of orientation, the Director of Training and Assistant Directors of Training will work collaboratively with intern to develop a course of internship training, which will meet the intern’s needs and interests, to optimize training for each individual intern.
The General Psychology Track is focused on providing interns with a well-rounded experience in a wide variety of clinical settings. Applicants for this track are expected to have basic clinical skills as well as an interest in general clinical or counseling psychology. Interns who choose this track and have a solid grounding in the basics of professional psychology will be given opportunities to develop a wider breadth of experiences or greater depth of skills in more specific mental health areas or treatment modalities. Although ample training will be provided in working with mental health patients, the generalist intern will also be exposed to working with medical patients. Interns accepted for this track will have the option of selecting a combination of major and minor rotations among any of the General Psychology, Health Psychology, and Neuropsychology training experiences. However, please note that, because we are a generalist psychology internship program, interns can spend no more than 50% of their time on rotations within one specialty track (i.e., Health Psychology or Neuropsychology).

The Health Psychology Track is listed with Division 38 of APA and meets the criteria for pre-doctoral training in Health Psychology. Applicants for this track are expected to have good basic clinical skills as well as an interest in health psychology/behavioral medicine. Specific prior training in health psychology is desired but not required. This track offers a wide variety of experiences in behavioral medicine and health psychology and provides a minimum of six months of training in settings that serve primarily medical patients. Opportunities are also offered to work with psychiatric, substance abuse, vocational rehabilitation, geropsychology, neuropsychology, and/or PTSD patients during the rest of the year. Interns accepted for this track are required to select two major rotations among those that are listed as Health Psychology training experiences and can select a combination of one major rotation and two minor rotations among any of the remaining General Psychology and Neuropsychology training experiences. Please note that, because we are a generalist psychology internship program, interns can spend no more than 50% of their time on rotations within one specialty track (i.e., Health Psychology or Neuropsychology).

The Neuropsychology Track is listed with Division 40 of APA as meeting the criteria for pre-doctoral training in neuropsychology, and we are members of the Association for Internship Training in Clinical Neuropsychology (AITCN). Additionally, the Chief and primary supervisor of the Neuropsychology Track is a board-certified (ABPP) neuropsychologist. Applicants for this track are expected to have good basic clinical skills as well as an interest in neuropsychology. Applicants with a strong clinical background in neuropsychology will be given highest priority. Practicum experience in neuropsychology or past work experience (e.g., as a neuropsychology technician) is required. Course work (e.g., Neuroanatomy) in neuropsychology is preferred but may be waived with sufficient practical experience. Interns who have been accepted for the Neuropsychology Track are required to select two major rotations among those that are listed as Neuropsychology training experiences and can select a combination of one major rotation and two minor rotations among any of the remaining General Psychology and Health Psychology training experiences. Please note that, because we are a generalist psychology internship program, interns can spend no more than 50% of their time on rotations within one specialty track (i.e., Health Psychology or Neuropsychology).
Clinical Rotations

Below are descriptions of each available rotation within the General Psychology, Health Psychology, and Neuropsychology training tracks.

Note: Given the possibility of unforeseen circumstances, the following clinical rotations and supervising staff are subject to change. However, please note that we will make every effort to inform prospective interns of any potential changes to our program as soon as they occur.

MENTAL HEALTH CLINIC (MHC)
A major or minor rotation in the MHC will consist of individual therapy, group psychotherapy, and psychological/personality evaluations of psychiatric outpatients. The clinic is comprised of an interdisciplinary team of more than 40 providers (i.e., psychologists, pharmacists, psychiatrists, social workers, and nursing staff) in addition to support personnel staff. An essential part of the rotation will be collaboration with other treatment providers, including providing feedback on psychological assessments to various disciplines of referring providers.

The MHC serves a diverse patient population, not only in terms of ethnicity, but also in terms of socioeconomic status, gender, age, and educational and occupational backgrounds. Our patients are also diverse in terms of diagnoses. Diagnoses of outpatients range from relatively mild problems (e.g., adjustment disorder) to more severe psychopathology such as schizophrenia, personality disorders, and dual diagnoses. Interns will be expected to gain experience in at least two evidence-based psychotherapies during their time on the rotation. Therapeutic approaches include, but are not limited to, Cognitive Behavioral Therapy, Cognitive Behavioral Treatment for Insomnia, Dialectical Behavior Therapy, and Interpersonal Psychotherapy.

Weekly supervision provides ongoing feedback on performance. Interns are evaluated on competencies in therapy and assessment through direct observation, supervision, audio recording, review of progress notes, and review of assessment reports. The rotation is designed to be flexible in meeting the training needs and interests of interns.

Supervisors: Drs. Crutchfield, McCandless, and Milwee
ACUTE INPATIENT PSYCHIATRY

The Acute Inpatient Psychiatry unit at CAVHS is a 26-bed unit located on unit 3K in North Little Rock. This is an excellent opportunity for interns who have not yet completed an inpatient experience to be able to learn more about serious mental illness, recovery, and the inpatient milieu. It is also a wonderful opportunity for those familiar with inpatient units and/or veterans with SMI, as it offers unparalleled flexibility in creating your own groups, training programs, and additions to the milieu. This rotation also offers the unique opportunity to follow veterans as they transition to less acute inpatient units.

Because of the flexible nature of the rotation, interns choose how to focus their time. For example, interns may wish to use group materials developed by past supervising psychologists and trainees or create their own program. All interns will provide group and individual services to veterans with a wide range of presenting problems. They will increase their skills in quickly developing rapport and instilling hope while working with veterans with significant personal, symptomatic, and environmental challenges. Interns also gain skills and confidence in developing safety plans with acutely suicidal and homicidal veterans, group management skills, and approaching inpatient treatment from a recovery orientation. Past trainees have identified that developing their group management skills during unit groups was both the most challenging and most rewarding aspect of the rotation. Additionally, interns will work closely with the interdisciplinary team made up of peer support, psychiatry, psychology, pharmacy, social work, recreational therapy, nursing, and students and residents from several disciplines.

As interns gain skill and confidence, they will have the opportunity for significant autonomy in selecting their areas of focus and specific work, with readily available supervision and consultation. It is important to note that this rotation is particularly flexible, with only morning meeting and group times scheduled. All other encounters occur as needed for the veterans, and interns are able to work them in around their other duties. This may come naturally to you, or you may work with your supervisor on developing this professional skill during supervision; rest assured that all interns have been very successful in making this rotation their own. While specific activities will vary depending on each intern's interests and needs, all interns will spend time:

- Attending morning meetings from 8:30-9:00 on as many days as they can fit into their schedules
- Facilitating and co-facilitating groups
- Meeting with veterans individually for time-limited therapy, safety planning, and discharge planning
- Developing and implementing staff education/training
- Working with the multidisciplinary team as well as outpatient providers to coordinate care
- Completing a thorough chart review of a veteran of their choice

Interns are welcome to select this rotation as a major or minor rotation at any point in their training year, though space is limited to no more than two interns at a time.

Supervisor: Licensed psychologist to be determined (Note: Interns may receive vertical supervision from a Psychosocial Rehabilitation [PSR] fellow)
HOMELESS DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT PROGRAM (HOMELESS DRRTP)

The Homeless DRRTP is a thirteen to twenty-four-week residential program with emphasis on providing opportunities for Veterans to achieve and maintain their highest level of independent community integration. This is accomplished through the provision of residential services designed to improve functional status, sustaining rehabilitation gains, disability management, recovery, and breaking the cycle of recidivism. The DRRTP works to provide these opportunities by helping the Veteran in developing life and work-hardening skills and increasing awareness. The DRRTP also works from a recovery-oriented model helping the Veteran to identify and manage self-defeating behaviors and improving quality of life. An interdisciplinary team composed of social workers, a recreational therapist, an occupational therapist, a vocational rehabilitation specialist, social service assistants, one staff psychologist, one staff psychiatrist, a peer support apprentice, and an APN provide services to the unit.

Interns choosing this placement will be actively involved in the delivery of treatment that includes elements of cognitive behavioral therapy and mindfulness. Examples of treatment programming include Seeking Safety (an integrated group treatment for PTSD and substance use disorders), Face Everything and Recover or F.E.A.R (designed to help Veterans acknowledge and learn coping skills to deal with apprehensions or fears they may have with reintegrating into society), Cognitive Behavioral Therapy, Acceptance and Commitment Therapy (ACT), and Cognitive Processing Therapy (individual therapy for appropriate patients). Interns may also be provided the opportunity to co-facilitate groups with other interdisciplinary team members (i.e., Conflict Management, Social Skills Training, Discharge Planning, and Community Reintegration).

A primary goal of the Homeless DRRTP rotation is to provide the intern with a structured philosophy of treatment that focuses more on improved quality of life rather than mere symptom reduction. Furthermore, the skills learned on this rotation can be implemented readily to other patient populations with whom the intern may work. In addition to participating in program groups, interns will also be exposed to issues common to program development and gain increased understanding of the role of an interdisciplinary team. Although most therapeutic activities are group-oriented, there is the possibility of structured, brief individual psychotherapy.

It is expected that the intern will become more autonomous as the rotation progresses and independently (with supervision) lead some of the groups in the program.

Supervisor: Licensed psychologist to be determined
The PTSD Clinical Team (PCT) accepts referrals from across the hospital system (in addition to interfacility requests) for veterans and active duty service members who have been diagnosed with PTSD related to military service. Veterans may receive services either on an outpatient basis or through a 28-bed (variable length stay) PTSD Residential Rehabilitation Treatment Program. All clinical services within the PCT are provided within a recovery framework and emphasize a whole-health approach to treatment, built upon a foundation of evidence-based practice and trauma-informed care. Within this framework, the focus of treatment extends beyond mere symptom reduction to also include improved overall quality of life and wellness. Our services are delivered by an interdisciplinary team comprised primarily of psychologists, social workers, graduate and post-graduate trainees, and support staff. Team members also regularly collaborate with medical staff (psychiatrists, advanced practice nurses, and pharmacists) and work with other allied health providers (including occupational and recreational therapists, nutritionists, social service assistants, and others) while coordinating care for our veterans.

Trainees on this rotation will improve their understanding of factors that contribute to the development and maintenance of PTSD as well as how to effectively intervene with individuals living with this disorder. The overarching goal is to provide trainees with both breadth and depth of experiences, commensurate with their level of prior experience, current training needs, and future career goals. Experiences will include exposure to multiple treatment modalities (psychoeducation, evidence-based treatments, and supplemental approaches), multiple formats for intervention (group vs individual; face-to-face vs. tele-health; and outpatient vs. residential), assessment and measurement-based care, diversity of clients (with respect to cultural background, military service era, type of trauma, etc.), and more. Consistent with graduated levels of responsibility, trainees will be given greater levels of autonomy as competence and mastery of skills are demonstrated. Whenever possible, trainees who have demonstrated competence with particular PTSD interventions may be given the opportunity to be trained in providing vertical supervision to other trainees with less experience in that area (e.g., if available, fellows may supervise interns, interns may supervise practicum students). Live observation and/or session recordings are routinely used to enhance the supervision and feedback provided to trainees on this rotation.

Representative treatments currently utilized in the clinic, and which may be available as training opportunities, include: Prolonged Exposure (PE); Cognitive Processing Therapy (CPT); Acceptance & Commitment Therapy (ACT); Seeking Safety; Couples Therapy (CBCT, IBCT); Mind & Body Wellness (ActiVets); Mindfulness & Relaxation; Moral Injury Group; PTSD Orientation / Treatment Selection Group; Self-Defeating Behaviors; Student Veterans Group; Transitions (Re-adjustment services); Treatment for trauma-related sleep disturbances and nightmares; Whole Health Coaching (Health for Life); Yoga for PTSD; and others.

Interns are welcome to select this rotation as a major or minor rotation at any point in their training year. While preferable to have two or fewer interns per rotation, this may be negotiated if there is a specific need to have more interns at a particular time.

Supervisors: Drs. Brewer, Cooney, Duvivier, Gambone, Moore, Pepper, Reeder, and Roca
MILITARY SEXUAL TRAUMA RECOVERY PROGRAM (MSTRP)

This option is available as a major internship rotation. The Military Sexual Trauma Recovery Program offers specialized services to survivors of military sexual trauma (MST) as well as survivors of non-military sexual trauma. Program participants undergo a sexual trauma assessment during which time appropriate treatment options are discussed. Veterans may elect to participate in MST-specific treatment options or request services available through other programs at CAVHS. MSTRP staff are members of the medical center’s MST Committee, promoting MST awareness and best clinical practices related to MST. It is common for MSTRP providers to consult with other practitioners about the care of veterans in the program. Participating veterans vary widely in age and era of military service. Current participant ages range from 25 to 70 years of age, with the bulk being in their 40s to early 50s. Common diagnoses include PTSD, adjustment disorder, depression, substance use/abuse/dependency, bipolar disorder, and characterological problems.

Interns will work with Veterans in group and individual therapy. Furthermore, the MST program is a hospital-wide program so interns will also have the opportunity to work with the Women’s Health Center Medical Social Worker and other professionals from various disciplines, such as Psychology, Social Work, Recreation Therapy, Nursing, Public Health Administration, etc.

Current activities available for intern involvement include sexual trauma assessment intakes; MST psycho-educational groups (16-week Recovery Group); Cognitive Processing Therapy for MST groups; Prolonged Exposure for MST (individual); Dialectical Behavior Therapy Skills Training Group (depending); Overcoming Trauma through Yoga; MST aftercare groups; supportive therapy; case management and case consultations; utilizing clinical judgment to make appropriate consults; and outreach to veterans and staff (e.g., NEO training, Camp Robinson Outreach events, CAVHS meetings, etc.). Additional training opportunities include participation on the medical center’s MST Committee, which is comprised of CAVHS staff from various disciplines; participation in MST Committee Workgroups (e.g., Veteran Outreach, Sexual Assault Awareness Month (April), Staff Training, Print/Visual Material, and Grants); and participation in the Sexual Assault Awareness Month Conference (planning and/or participation).

Twenty-four hours of program activities will be required per week (Monday-Thursday). Interns will receive two hours of supervision weekly, though the supervision experience may also include group supervision.

Supervisors: Dr. Pepper, MST Coordinator; Drs. Brewer, Gambone, and Cooney
SUBSTANCE USE DISORDERS (SUD) TREATMENT PROGRAM

The Substance Use Disorders treatment program consists of a full spectrum of treatment, including detoxification, residential treatment, intensive outpatient treatment, outpatient treatment, and long-term supportive programming. The SUD program is a Recovery-based approach of shared responsibility for treatment, with final responsibility for one's future life and wellbeing clearly resting on the Veteran. The intern will learn this philosophy of care and will engage in developing and applying Recovery-based approaches. The SUD team is multidisciplinary, consisting of Psychologists, Social Workers, Addiction Therapists, Psychiatrists, LPNs/APNs, and Peer Support Specialists.

Interns choosing this placement will be actively involved in assessment, treatment planning, and delivery of treatment to a wide spectrum of Veterans with SUD and co-occurring disorders. Examples of treatment programming include Seeking Safety; DBT-Skills; Motivational Interviewing and Enhancement; Harm Reduction; Relapse Prevention; psychoeducational groups; and process groups. Treatment is presented primarily in group format, but opportunities for individual therapy are present. If interested, interns may create and implement a new group. Additionally, interns will be able to gain experience with diagnostic personality assessments (MMPI-2/2-RF, MCMI, PAI, TAT, etc.), including scoring, interpretation, and report writing. Interns will also have the opportunity to vertically supervise psychology practicum students.

The SUD rotation is available as a major and minor rotation. Interns who select this option will individualize their rotation experience to include specific components of the larger SUD rotation as are suited to their schedules and interests.

Supervisors: Drs. Pugliese and Rookey (Note: supervision may also be provided by a Psychosocial Rehabilitation [PSR] fellow)
ORGANIZATIONAL HEALTH

The Organizational Health rotation provides interns with an opportunity to work with VA employees requesting services from three programs, including the Employee Assistance Program (EAP), Wellness Is Now (WIN), and Civility, Respect, and Engagement in the Workplace (CREW).

In EAP, interns will gain experience working to improve employee satisfaction by addressing biopsychosocial issues that affect employee job performance through assessment of presenting problems and referral of employees to the appropriate resources to meet their needs. Interns may also provide short-term problem-solving interventions or supportive therapy services. The EAP is called upon frequently to provide psychoeducation to VA staff with topics ranging from communication and team building to burnout and stress management and at times will facilitate crisis debriefing. Interns will even have the opportunity to develop and present a VA-wide psychoeducational series of their choosing.

The WIN program is part of the VA's Employee Health Promotion and Disease and Impairment Prevention program and addresses employee wellness by providing education, coaching, motivational interviewing, and coordination of VA-wide fitness events that target physical and mental health promotion. Interns can assist in any number of wellness initiatives including organization of campus-wide health fairs, leading campus Wellness events, or providing unit level Wellness interventions and education as well assisting with employee smoking cessation and the MOVEmployee fitness and nutrition program.

The CREW program was launched by VHA leadership in response to finding that civility levels are a major factor in workplace satisfaction and organizational health. CREW represents the organization's commitment to work-group level conversations about civility as a mechanism for change. Interns may assist in coordination of the CREW program and facilitation of a CREW workgroup.

The programs in Organizational Health are continuously evolving so interns can gain experience in program development, administration, and evaluation.

The EAP, WIN, and CREW programs serve the entire facility with offices in both North Little Rock and Little Rock. The EAP Coordinator also serves on facility committees and workgroups which provide interns the opportunity to be exposed to organizational development in action. Since the current EAP Coordinator also serves as the CAVHS Local Evidence-Based Psychotherapy Coordinator, interns have the opportunity to gain to be involved in the administrative implementation of the VA Evidence-Based Psychotherapy training initiative during this placement.

Supervisor: Dr. Linson
LITTLE ROCK VET CENTER READJUSTMENT COUNSELING SERVICE

This option is available as a minor internship rotation, which means that the intern will spend one-and-a-half days per week on this rotation. The Little Rock Vet Center Readjustment Counseling Service provides Veterans and their families a continuum of quality care, including professional readjustment counseling, community education, outreach to special populations, the brokering of services with community agencies, and providing a key access link between Veterans and other services in the U.S. Department of Veterans Affairs. Readjustment counseling includes individual, marital, family and group psychotherapy. The treatment population consists of (1) Veterans who served in combat zones, including World War II, Korean War, Merchant Marines, Vietnam War, Lebanon, Grenada, Panama, Persian Gulf, Somalia, Former Yugoslavia, and Global War on Terrorism; (2) Family members of armed forces personnel who died in service to our country; (3) Family members of Reserve and National Guard personnel who died while on federally activated duty; and (4) Veterans of any era who experienced sexual trauma or harassment while serving on active duty.

This rotation will provide the intern with the opportunity to be exposed to and gain experience working with combat Veterans and their families. He/she will have the opportunity to gain experience in several different therapeutic modalities, including:

▪ Assessment: The intern will complete all documentation required by Vet Center Readjustment Counseling Service guidelines, including an intake assessment, military history, progress notes, and follow-up or closing letters.

▪ Individual Therapy: The intern will see Veterans for individual therapy, only after being initially seen by the Team Leader to ensure the Veteran is appropriately matched with a counselor/fellow.

▪ Group Therapy: The intern will have the opportunity to co-facilitate a psychotherapy group, either one that already exists or to co-facilitate a time-limited, topic-specific group.

▪ Family Therapy: The intern will have the opportunity to gain experience working with Veterans and their families.

▪ Marital Therapy: The intern will have the opportunity to work with Veterans in marital therapy.

Additional training opportunities include assisting the Veterans Outreach Specialist and the Mobile Vet Center Technician in outreach/community events. During this rotation, the intern will also work with the Office Manager, Veterans Outreach Specialist, and Mobile Vet Center Technician.

Twelve hours of program activities will be required per week. The intern will be supervised by Dr. Crownover for approximately one-and-a-half hours weekly. In the event Dr. Crownover is unavailable, Dr. Moore, the Vet Center’s External Consultant and Clinical Liaison, will serve as the primary supervisor. James McAuley will be secondary supervisor for family and marital therapy. Additionally, Lee Ann Welsh and Jentry Tillman may serve as secondary supervisors, depending on clinical areas of expertise (i.e. MST, SUD, etc.). Supervision time may vary depending on the intern’s interests and clinical level.

Supervisors: Drs. Crownover and Moore (primary supervisors); Mr. McAuley, Mr. Tillman, and Ms. Welsh (secondary supervisors)
HEALTH PROMOTION DISEASE PREVENTION (HPDP)

A psychology intern on the HPDP rotation will have the opportunity to be involved in providing health interventions to veterans and program development. Occasionally, there may be the opportunity for interns to assist with staff training (e.g., motivational interviewing training) and planning and implementing shared medical appointments focused on a variety of health issues (i.e., hypertension, diabetes, COPD, etc.). Individual and group interventions primarily focus on tobacco cessation counseling, weight management, and adjustment to blindness. There will be opportunities for interns to conduct pre-bariatric surgery psychological assessments and psychosocial evaluations for the inpatient blind rehabilitation program. In addition, interns will have the opportunity to be involved in developing new programs and initiatives to address the health needs of veterans. On this rotation, interns will have opportunities to work with a variety of healthcare professionals (e.g., dieticians, pharmacists, etc.).

This option is available as a minor rotation and is offered during the second six-month rotation only, which means that the intern will spend one-and-a-half days per week on this rotation during the months of February-July. This rotation is limited to only one intern at a time and is limited to Mondays (mornings required), Wednesdays (afternoons required), and Thursdays (optional).

Supervisor: Dr. Mesidor
On the PCMHI rotation, interns will work as a member of an integrated treatment team, including psychologists, psychiatrists, primary care physicians, social workers, RNs, APNs, pharmacists, and administrative assistants. PCHMI seeks to bridge the gap between medical and mental health care outside of a specialty mental health clinic in order to improve access to behavioral health services within the primary care treatment environment. This rotation provides opportunities to work closely with Patient Aligned Care Team (PACT) providers, various specialty medical services, and psychiatry in order to coordinate care and provide brief, solution-focused mental health/behavioral medicine interventions. The goal is to enhance the delivery of holistic health services in primary care and to develop skills to address behavior change needs.

PCMHI interns will learn to conduct brief assessments and problem-focused, solution-oriented individual and group interventions to address mild to moderate psychiatric and behavioral health issues, including depression, anxiety, PTSD, pain, insomnia, stress management, tobacco use, weight management, treatment adherence, and substance use disorders, in an integrated, patient-centered environment. Through brief assessments (30 minutes) and shorter duration treatment (not more than 4-6 sessions), interns will be able to learn or to refine skills in using motivational enhancement strategies to improve Veterans' follow through with treatment recommendations and/or to make healthy lifestyle changes within the primary care setting. They will also be able to develop skills in succinctly communicating assessment findings and treatment plans to both Veterans and PACT providers.

PCMHI is a fast-paced, ever-changing work environment that can help to develop an intern’s ability to ‘think on his/her feet’, multitask, and conceptualize from a problem-focused perspective.

Current classes/groups offered through PCMHI include: The Living Healthy Series (a 4-week open access group with a variety of topics to improve overall health); Sleep Education (a 1-session education group); Rest, Relax, Revive (a 4-week CBT-I group); and Problem Solving Training (a 4-week evidence-based treatment teaching problem-solving and emotion regulation skills).

Supervisors: Drs. Deen and McCorkindale
INTEGRATIVE MEDICINE PATIENT ALIGNED CARE TEAM (IMPACT) FOR PAIN MANAGEMENT CLINIC

The IMPACT for Pain management clinic is comprised of an interdisciplinary team offering a wide range of services and interventions for veterans with chronic pain, including tele-medicine, acupuncture, nutrition, yoga, tai chi, stress management, counseling, health coaching, and biofeedback. In addition to a psychologist specializing in health and chronic pain, interdisciplinary team providers include a functional integrative medicine physician, an integrative advanced practice nurse, functional medicine nurses, a functional nutrition dietician, a physical therapist, a clinical pharmacist, and various support staff.

This rotation provides experience working with a Whole Health functional medicine orientation (biopsychosocial) to the management of chronic pain. Opportunities exist to co-lead a Whole Health lifestyle management group, a stress management group, an ACT for Pain group, and an IBS group. There will be an opportunity to learn about the use of heart rate variability biofeedback as well as how yoga and tai chi are used as interventions for chronic pain.

This is an excellent major rotation for those with a health psychology orientation looking to work in the healthcare system of the future. This can also be a minor rotation for interns wanting to explore how to take their psychology skillsets and apply them to chronic pain and health behavior. Interns are welcome to select this rotation at any point in their training year, though space is limited to only one intern per available rotation.

Supervisor: Dr. Broderick

PSYCHOLOGICAL CONSULTATION & LIAISON

Interns who select the Psychological Consultation & Liaison rotation will primarily work as a consultant with medical patients who are experiencing adjustment problems/psychological distress related to their medical condition(s). Interns will conduct assessments and psychotherapy, as warranted by the referral question, and these services will be provided to both inpatients and outpatients. Training opportunities include working with medical interdisciplinary and multidisciplinary teams on a general medical ward. Interns will have the opportunity to play an active role on these teams providing psychological consultation services.

Clinical duties of the rotation include: conducting inpatient/outpatient assessments, including pre-transplant (e.g., bone marrow, organ) and pre-surgical (e.g., spinal cord stimulator placement) evaluations as well as mental health evaluations to determine appropriateness for placement in the Blind Rehabilitation Program; providing brief, individual, supportive psychotherapy to medical patients with a wide range of chronic illnesses; providing focused, bedside assessments and interventions to Veterans and/or families; providing group supportive therapy for blind veterans; and providing biofeedback for patients with pain disorders. Interns will also have opportunities to observe spinal cord stimulator placement procedures, attend Neurology Grand Rounds, and complete specialized training in Whole Health.

Supervisor: Dr. Powers
HOME BASED PRIMARY CARE (HBPC)

The HBPC rotation provides the opportunity for the intern to gain experience as an integral part of an interdisciplinary primary care team. HBPC utilizes an interdisciplinary approach in the provision of services to homebound Veterans with chronic and disabling medical illnesses. The intern has the opportunity to work with various specialties, including nursing, occupational therapy, social work, dietetics, and pharmacy. The average age of our Veteran population is approximately 80 years old; therefore, the rotation provides expansive opportunities for those interested in working with older adults. The rotation also offers the unique experience of providing a wide range of mental health services to our patient group in their home environments. Training opportunities available to Psychology Interns include:

- Neuropsychological screenings and behavioral health assessments to identify level of functioning, inform treatment planning, and facilitate patient care.
- Individual and family therapy for depression, anxiety, end-of-life issues, and other forms of emotional distress.
- Providing support to caregivers of patients diagnosed with dementia utilizing the REACH (Resources for Enhancing All Caregivers Health) model. Formal certification in REACH, which is an empirically-based treatment, is available to the intern if desired.
- Training in behavioral interventions and environmental modifications focused on the management of psychological problems in patients with varying levels of cognitive impairment.
- Implementation of behavioral medicine interventions (i.e., behavioral sleep management, pain management, weight management, smoking cessation) with a medically complex patient population.
- Consultation with other program staff about the role of psychological issues in the day-to-day management of patient care.

All home visits by the intern are made with the supervising psychologist, and Dr. Ghormley is board-certified in Geropsychology. Supervision includes 1–2 hours of formal individual supervision per week, with additional opportunities for informal discussion throughout the training day. Training and supervision about health care team dynamics, as well as Psychology’s role in facilitating the overall functioning of interdisciplinary teams, is included as part of the supervision process.

Supervisors: Drs. Ghormley and Henderson
CLINICAL GEROPSYCHOLOGY

The Clinical Geropsychology rotation provides an intensive inpatient training experience with a broad range of geriatric patients. Interns will develop specialized skills in psychological assessment, intervention, and multidisciplinary consultation with older adult populations in medical, psychiatric, and long-term care settings. On this rotation, the intern will work as a member of an interdisciplinary treatment team (i.e., geriatricians, nursing, pharmacists, dieticians, social workers, and rehabilitative therapists) on one or more of the following geriatric units in the Community Living Center (CLC):

- **Transitional Care & Rehabilitation Unit** – provides medical services to veterans requiring long-term medical treatment and physical rehabilitation
- **Geriatric Evaluation and Management (GEM) Unit** – provides care for veterans with a variety of short stay medical issues
- **Geriatric Special Care Unit** – provides medical and psychiatric services to veterans diagnosed with one or more serious mental illnesses, one or more functional deficits, and evidence of cognitive impairment
- **Dementia Care Unit** – a long-term care unit that provides medical and psychiatric services to veterans diagnosed with dementia and one or more psychiatric disorders

Behavioral interventions, staff consultation, and psychoeducation are critical components on these units. Interns on this rotation are involved in a variety of psychological services, including psychological assessment and intervention, brief cognitive screening, and individual and group therapeutic modalities. Interns function as a fully integrated treatment member, providing crisis intervention as well as staff training and staff consultation. The assessment and treatment of the elderly veteran requires a solid understanding of both the aging process and the sequelae of various medical conditions. Initial focus is on assessment of psychological factors, which are either caused by or are now complicating a range of medical problems. Common examples include alterations in mental status, mood, cognitive functioning, coping skills, and socialization.

There is no prerequisite experience or training required for this rotation, as skill development goals are specifically suited to the abilities of each intern. At a minimum, interns can expect to accomplish the following during this rotation: (1) Gain a solid understanding of the aging process and the psychological needs of the elderly from both theoretical perspectives and clinical experiences; (2) Obtain increased competence in interviewing and psychological assessment relevant to geriatric and medical populations; (3) Experience working within an interdisciplinary treatment team model of veteran-centered care; (4) Continued refinement of evidenced-based psychotherapy skills effective with the geriatric & medical populations (e.g., IPT, MI, CBT); and (5) Develop enhanced skills in crisis intervention, consultation, and behavioral management techniques.

Interns are welcome to select this rotation as a *major or minor* rotation at any point in their training year, though space is limited to two interns at any given time.

**Supervisor:** Dr. Pope
ACUTE REHAB

The Physical Medicine and Rehabilitation Service (PM&RS) operates a 15-bed, inpatient, CARF-accredited, acute medical rehabilitation program. The unit serves a large veteran population, and individualized programs are available to provide targeted interventions for individuals with a variety of complex medical and rehabilitation needs. Veterans served on this unit are typically recovering from or improving their level of function as a result of various acute or chronic traumatic, progressive, or congenital injuries and illnesses that may result in a wide variety of physical, sensory, neurocognitive, behavioral, and/or emotional disturbances. Veterans typically served on this unit include individuals who have experienced cerebrovascular accidents, traumatic or other acquired brain injuries, spinal cord injuries or disorders, limb amputations, neuromuscular disorders, brain tumors, cardiac arrest, cancer, orthopedic problems, burns and/or disfigurement, chronic pain, deconditioning, and other medical conditions that limit functioning or participation in valued life activities.

Treatment programs are designed and implemented by an interdisciplinary team of professionals with the goals of broadening patient opportunities as well as facilitating maximal individual functioning and participation in social relationships and activities, recreation, education, employment, and the community in general. This team includes the veteran and his/her family, attending physiatrist, advanced practice registered nurses, rehabilitation nurses, physical therapists, occupational therapists, kinesiotherapists, speech-language pathologist, social worker, rehabilitation psychologist, dietician, recreational therapist, pharmacist, and other consultants. The interdisciplinary team meets bi-weekly to discuss each Veteran's progress and prognosis for recovery, rehabilitation goals, participation in his or her therapies, and plans for discharge.

Interns who choose this rotation will provide brief, focused, and time-limited assessment and intervention services to assist veterans living with disability, activity limitations, and/or societal participation restrictions as well as their significant others in coping with and adapting to the effects of the injury or illness, with the primary goals of increasing overall function and quality of life. The intern will function as an integral team member, providing consultation, assessment, and intervention services to assist veterans and the team with managing various emotional, cognitive, and behavioral barriers to participation and recovery, including but not limited to poor adjustment to disability, depression, anxiety, cognitive impairment, questions of capacity, substance use, treatment adherence issues, acute and chronic pain, family conflict, and psychosocial issues.

Depending on the intern's level of interest as well as the clinic's overall need for Rehabilitation Psychology services, this rotation also provides limited opportunities to gain exposure to Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans, who potentially experienced a combat-related concussion and/or traumatic brain injury (TBI), in the outpatient Polytrauma Clinic.

Interns are welcome to select this rotation as a major or minor rotation at any point in their training year, though space is limited to two interns at any given time.

Supervisor: Dr. Kolb (Note: Interns may receive vertical supervision from a neuropsychology fellow)
HOSPICE AND PALLIATIVE CARE

This option is available as a minor internship rotation only, which means that the intern will spend one-and-a-half days per week on this rotation. The purpose of the rotation will be to orient the intern to general aspects of health psychology as well as to the psychologist’s role in palliative care. Readings and other didactic components will be determined based on the intern’s learning needs. Interns will complete 30 minutes of individual, face-to-face supervision per week, with additional opportunities for informal supervision throughout the day, as needed.

Interns who select the Hospice and Palliative Care rotation will primarily work as a member of the interdisciplinary palliative care team, which provides services to Veterans in both inpatient and outpatient settings. Most direct clinical care will be with medical patients who may be experiencing adjustment problems/psychological distress related to their medical condition(s) or issues surrounding end of life. Frequently, these Veterans also hold comorbid mental health diagnoses. Interns will conduct intake assessments and provide short-term psychotherapy. Services will be provided to both Veterans and their family members.

Training opportunities will likely include collaborating with an interdisciplinary palliative care team, responding to palliative care consults when psychology services are requested, rounding on the inpatient unit with team physicians, attending family meetings on the unit, participating in a monthly integrative medicine clinic for chronic pain, and conducting brief outpatient/inpatient psychotherapy to Veterans and their family members. Attention will be paid to exposing interns to patients who have a variety of medical and mental health diagnoses and understanding the interaction of these patients with the medical system. Interns will have the opportunity to play an active role on these teams providing psychological services. This rotation includes opportunities to work closely with staff physicians as well as the medical fellows and residents who rotate with the palliative care team. Thus, it offers interns additional exposure to issues that arise regarding treatment/diagnosis of medical conditions by team physicians.

Clinical duties of the rotation include: conducting inpatient/outpatient assessments related to hospice/palliative care; providing brief family therapy to families of patients at the end of life; offering brief bedside interventions to Veterans with a wide range of chronic illnesses; providing short-term psychotherapy to outpatient palliative care patients; working with the interdisciplinary palliative care team as a consultant/primary member of the team; attending morning rounds; and participating in the Palliative Care Integrative Medicine Clinic (monthly) for palliative care patients with chronic pain.

Supervisor: Dr. Wilson
OUTPATIENT NEUROPSYCHOLOGY

One fellowship-trained, board-certified neuropsychologist and two psychometrists staff this clinical rotation within the Mental Health Service. This rotation provides training in neuropsychology with extensive experience in the administration and interpretation of a flexible battery approach, including training in empirically based neuropsychological procedures for diagnostic, treatment, and rehabilitation purposes.

Neuropsychological assessment will be utilized to increase the understanding of behavioral expression of brain dysfunction, assist in diagnostic clarification, and provide recommendations for treatment and recovery-oriented interventions. Whether the novice in mental status examinations or the advanced neuropsychology student, skill development goals are specifically suited to the abilities of each intern. No prerequisite experience or training is required. Patients are seen on a referral basis for neuropsychological evaluation. Referrals are received from the Physical Medicine and Rehabilitation Service (PM&RS), Primary Care, Substance Use Disorder (SUD) team, Posttraumatic Stress Disorder programs, Mental Health Clinic (MHC), and the Domiciliary. Interns are encouraged to attend staff conferences, team meetings, and Grand Rounds in neurology and psychiatry. Additionally, the opportunity to develop skills in cognitive rehabilitation approaches, including facilitating/co-facilitating a cognitive rehabilitation group, is available for interested interns. The intern may also participate in program evaluation and administration. If the dissertation is complete, neuropsychological and rehabilitation research for publication or presentation at national conferences will be supported through time allowance, statistical support, manuscript editing, and/or mentoring.

Supervisors: Drs. Andrews and Paulson (Note: Interns may receive vertical supervision from a neuropsychology fellow)
GERIATRIC NEUROPSYCHOLOGY

This rotation provides wide-ranging training in neuropsychological assessment of geriatric patients with extensive experience in the administration and interpretation of a flexible battery approach, including training in empirically-based neuropsychological procedures for diagnostic, treatment, and rehabilitation purposes. Interns on this rotation will develop skills necessary for differential diagnosis of normal aging, delirium, and various dementia syndromes. Interns will gain skills in making treatment recommendations and providing feedback to patients and their families.

There is no prerequisite experience or training required for this rotation as skill development goals are specifically suited to the abilities of each intern. At a minimum, interns can expect to accomplish the following during this rotation: (1) Obtain increased competence in interviewing and neuropsychological assessment relevant to geriatric and medical populations; (2) Experience working within an interdisciplinary treatment team model; (3) Gain solid neuropsychological assessment skills including differential diagnosis of normal aging vs. various dementias; and (4) Develop skills in decisional capacity assessment of the elderly.

In addition to the above opportunities for neuropsychological assessment, interns rotating through the Geriatric Neuropsychology rotation will also have an opportunity to develop specialized skills in geriatric psychotherapeutic intervention and cognitive rehabilitation therapy under the supervision of a board-certified geropsychologist. If interested in this learning experience, the intern will gain knowledge and skills in the assessment and treatment of the elderly Veteran as well as provide therapeutic intervention and caregiver support services to patients and family members within the outpatient Cognitive Rehabilitation Clinic.

Supervisors: Drs. Andrews, Paulson, and Pope (Note: Interns may receive vertical supervision from a neuropsychology fellow)
Over the years, our former interns have gone on to secure postdoctoral fellowships and employed positions in a variety of settings including VA medical centers, private hospitals, university medical centers, rehabilitation centers, head trauma facilities, universities, state hospitals, community mental health clinics, counseling centers, private practices, and HMOs. They have become directors of addictions programs, faculty in medical schools and psychology departments, and administrators of hospital-based programs. More specifically, they serve as neuropsychologists, psychotherapists, diagnosticians, administrators, consultants, teachers, researchers, and authors. The majority of our recent interns have chosen to pursue postdoctoral training in specialty areas, including Neuropsychology, Geropsychology, PTSD, and Health Psychology, though several have opted to pursue employment immediately following internship. Please refer to the table below for a list of the positions some of our former interns have secured at the end of their internship training years.
## INTERN PLACEMENT BY COHORT (2012-2017)

### 2017-2018 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Arkansas Veterans Healthcare System (CAVHS)</td>
<td>Staff Psychologist</td>
</tr>
<tr>
<td>Florida Hospital Medical Group</td>
<td>Neuropsychology Postdoctoral Fellow</td>
</tr>
<tr>
<td>Geisinger Medical Center</td>
<td>Neuropsychology Postdoctoral Fellow</td>
</tr>
<tr>
<td>Kansas City VA Medical Center</td>
<td>Postdoctoral Fellow (SMI Emphasis)</td>
</tr>
<tr>
<td>University of Oklahoma Health Sciences Center/Oklahoma City VA Consortium</td>
<td>Psychology Fellow (Chronic Mental Illness)</td>
</tr>
<tr>
<td>University of Florida, Department of Psychiatry</td>
<td>Adjunct Clinical Post-Doctoral Associate</td>
</tr>
<tr>
<td>VA Pacific Islands Health Care System</td>
<td>Postdoctoral Resident (PCMHI)</td>
</tr>
<tr>
<td>Western Illinois University</td>
<td>Assistant Professor</td>
</tr>
</tbody>
</table>

### 2016-2017 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Texas Veterans Health Care System (STVHCS)</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>Indiana University School of Medicine</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System (CAVHS)</td>
<td>Staff Psychologist</td>
</tr>
<tr>
<td>Houston VA Medical Center</td>
<td>PTSD Fellow</td>
</tr>
<tr>
<td>Memphis VA Medical Center</td>
<td>Health Fellow</td>
</tr>
<tr>
<td>Oklahoma City Consortium</td>
<td>Neuropsychology/Geropsychology Fellow</td>
</tr>
<tr>
<td>The VHA National Center for Organization Development (NCOD)</td>
<td>Fellow</td>
</tr>
<tr>
<td>ABD</td>
<td>ABD</td>
</tr>
</tbody>
</table>

### 2015-2016 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford VA Medical Center</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>JFK Rehab</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System (CAVHS)</td>
<td>PTSD Fellow</td>
</tr>
<tr>
<td>Bay Pines VA Healthcare System</td>
<td>PTSD/Women's Health Fellow</td>
</tr>
<tr>
<td>Jackson VA Medical Center</td>
<td>Geriatric Mental Health Fellow</td>
</tr>
<tr>
<td>Private Practice</td>
<td>Psychologist</td>
</tr>
</tbody>
</table>
### 2014-2015 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dartmouth</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>Northern California VA</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>Palo Alto VA</td>
<td>General/PSR Fellow</td>
</tr>
<tr>
<td>Puget Sound VA</td>
<td>General/Geropsychology Fellow</td>
</tr>
<tr>
<td>Phoenix VA</td>
<td>Health/Pain Fellow</td>
</tr>
<tr>
<td>Henry Ford</td>
<td>Health/Behavioral Medicine Fellow</td>
</tr>
</tbody>
</table>

### 2013-2014 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shepard Center</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>Henry Ford</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>San Diego VA</td>
<td>PTSD/TBI Fellow</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System (CAVHS)</td>
<td>PTSD Fellow</td>
</tr>
<tr>
<td>Jackson Medical Center</td>
<td>Health Fellow</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System (CAVHS)</td>
<td>PSR Fellow</td>
</tr>
</tbody>
</table>

### 2012-2013 Intern Cohort

<table>
<thead>
<tr>
<th>Placement</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuquerque VA</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>Duke</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>North Florida/South Georgia VA</td>
<td>Geropsychology Fellow</td>
</tr>
<tr>
<td>Memphis VA Medical Center</td>
<td>Health Fellow</td>
</tr>
<tr>
<td>Los Angeles VA</td>
<td>General Staff</td>
</tr>
<tr>
<td>Tampa VA</td>
<td>Health/Pain Fellow</td>
</tr>
</tbody>
</table>
INTERNSHIP PROGRAM ADMISSIONS TABLE

Date Program Tables Were Updated: July 23, 2018

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: This is a clinical internship, and we follow the practitioner-scholar model of training. Candidates with experience working with adults from diverse backgrounds and with a range of psychological and medical conditions are desired.

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 (250)
Total Direct Contact Assessment Hours.............................................................................................................................Yes (250)

Describe any other required minimum criteria used to screen applicants: At a minimum, applicants must be actively involved in pursuing a Ph.D. or Psy.D. degree from an APA-accredited program in Clinical or Counseling Psychology or must be a respecialization candidate currently associated with such a program. All applicants must have the approval of his/her program director to begin internship. Please see Eligibility and Requirements section below for more information.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns............................................................................................................................$26,166
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?..........................................................................................................................Yes

Hours of Annual Paid Personal Time Off (PTO and/or Vacation) .................................................................104
Hours of Annual Paid Sick Leave..................................................................................................................................104

Other Benefits (please describe): We follow Family Friendly Medical Leave guidelines for extended leave without pay. Extended leave beyond above will require an extension of internship.

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table
INITIAL POST-INTERNSHIP POSITIONS TABLE

Training Years Included: 2015-2017

Total # of interns who were in the 3 cohorts..............................................................22

Total # of interns who did not seek employment because they
returned to their doctoral program/are completing doctoral degree.................................1

<table>
<thead>
<tr>
<th>POSITION</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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.
AVAILABLE POSITIONS

Our training program currently maintains seven (7) internship slots, including three General Psychology Track interns, two Health Psychology Track interns, and two Neuropsychology Track interns. These positions may be filled by either Clinical or Counseling psychology students. No positions are dedicated to any one university, and our interns come from all over the United States.

ELIGIBILITY AND REQUIREMENTS

1. Applicants must: (1) be actively involved in pursuing a Ph.D. or Psy.D. degree from an APA-accredited program in Clinical or Counseling Psychology, or (2) must be a respecialization candidate currently associated with such a program. All applicants must have the approval of his/her program director to begin internship.

2. Applicants should have completed at least 900 total hours of practicum experience, which includes face-to-face delivery of professional psychology services that are relevant to the applicant’s goals for internship. Applicants should also have completed a minimum of 250 assessment and 250 intervention hours to be considered for this internship program.

3. Applicants are expected to have at least minimal proficiency in the administration, scoring, and interpretation of the more common psychological testing instruments and to have had some experience with psychotherapeutic interventions with adults.

4. Once matched to our program, all applicants must first be listed on a Trainee Qualifications and Credentials Verification Letter (TQCVL). A TQCVL from the director of the sponsoring (VA or non-VA) program must be submitted to the VA Facility Director through the VA Designated Education Officer (DEO) prior to onboarding. If you match to our program, you will need to visit https://www.va.gov/OAA/TQCVL/TQCVL_Guide2018FINAL.pdf for comprehensive instructions, including approved samples and templates, for completing a TQCVL.

5. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.

6. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

7. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
8. A training occurs in a health care setting. Some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at VA or other hospitals. Securing a statement from university student health center, your regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training year (or taking additional preventative measures to limit patient exposure to the flu) will be required. Please discuss this with the program training director after you have matched and well before your start date to facilitate your onboarding.

9. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work; however, once selected, they are subject to random selection for testing as are other employees.

**ACCREDITATION**

This internship is accredited by the American Psychological Association (APA) and is a member of the Association of Psychology Predoctoral and Internship Centers (APPIC). The program adheres to APPIC policy regarding offers and acceptances for training.

Please note that our last APA site visit was completed in 2017, and our program is currently awaiting a formal decision from the Commission on Accreditation (CoA). Please contact Dr. Courtney Ghormley, Director of Training, by phone at (501) 257-4959 or via email at Courtney.Ghormley@va.gov for any questions related to our program’s accreditation status.

For further information regarding APA accreditation of this or other accredited internships, prospective applicants are also encouraged to contact:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, D.C. 20002-4242
Phone: (202) 336-5979
APPLICATION PROCEDURES

Note: This program meets criteria of Equal Employment Opportunity (EEO). In accordance with the membership guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC), recruitment and selection procedures are designed to protect and preserve applicants’ rights to make a free choice among internship offers.

Please visit www.appic.org to review instructions for submitting your application, and complete the online APPIC Application for Psychology Internships (AAPI). The standard application packet, including cover letter, CV, letters of recommendation, Director of Clinical Training verification of AAPI, graduate transcripts, and supplemental information, will be submitted through the online application portal. Below is a list of application materials needed to apply to the Central Arkansas Veterans Healthcare System (CAVHS) psychology internship program:

- **COVER LETTER**
  - We are happy you have decided to apply to our program! Please include a cover letter listing your specific clinical interests and any rotations of interest to you. Please include, in the first paragraph and in bold, the one (1) track to which you are applying. If applying to multiple tracks, a separate application is required for each track.

- **CURRICULUM VITAE**

- **AAPI ONLINE (WWW.APPIC.ORG)**
  - Include verification by your Director of Clinical Training (replaces the APPIC Academic Program’s Verification of Internship Eligibility and Readiness Form)

- **OFFICIAL COPIES OF ALL GRADUATE TRANSCRIPTS**

- **THREE (3) LETTERS OF RECOMMENDATION**
  - These should be provided by clinical supervisors and/or faculty who can speak to your clinical and academic skills

- **DEADLINE FOR APPLICATION:**
  - OCTOBER 31ST, 2018 @ 11:59PM (PST)

- **APPIC MATCH NUMBERS:**
  - General Psychology - 110511
  - Neuropsychology - 110512
  - Health Psychology - 110513
INTERVIEWS
In-person interviews will be conducted by invitation only. All applicants will be notified by November 21st, 2018 as to whether they are invited to interview. If invited to interview, specific details about the interview process will be provided at that time. The cutoff date for invited applicants to confirm his/her interview is November 28th, 2018. Unconfirmed slots will be offered to waitlisted candidates. Our program typically interviews 30-35 applicants. On-site interviews will be conducted Monday-Friday, December 10th-14th, 2018, from 8:00 a.m. to 12:00 p.m.

SELECTION AND NOTIFICATION
The Training Committee will meet in early February to make selections and rank candidates. The final decision will be made by the Director of Training, and selection notification will be implemented in accordance with APPIC guidelines. Acceptance letters will be sent to selected interns and to their directors of training within 72 hours of Intern Notification Day.

FINAL APPOINTMENT
Appointment is made for a 12-month period, and the intern is expected to complete a total of 2,080 hours over the course of the internship year. The internship year is divided into one week of orientation; three, four-month primary rotations; and two, six-month secondary rotations. Interns are expected to be on duty five days per week, with a tour of duty from 8:00 a.m. to 4:30 p.m.

STIPEND
The VA stipend is set nationally at $26,166 per year, with pay distributed every two weeks. Intern benefits include health insurance, accrued sick and annual (personal) leave, 10 paid federal holidays, and authorized absence for approved conferences.

QUESTIONS?
Please contact Dr. Courtney Ghormley, Director of Training, by phone at (501) 257-4959 or via email at Courtney.Ghormley@va.gov.

RELATED RESOURCES
For information on the CAVHS Psychology Fellowship Program, please visit:

http://www.littlerock.va.gov/careers/psychology/fellowship/Psychology_Fellowship_Prgram.asp
Faculty Profiles

Grace Aikman, Ph.D., is a psychologist in the Sleep Clinic. She received her doctorate from Texas A&M University in 2000. She completed her fellowship in Clinical Psychology & Substance Abuse at the Kansas City VAMC. She is licensed in Kentucky. Dr. Aikman's preferred theoretical orientation is integrative, including primarily cognitive-behavioral and interpersonal psychotherapy approaches. Her clinical and teaching interests include psychotherapy, personality assessment, and bipolar disorder. Her primary research interest is in assessment. Dr. Aikman is a member of the American Psychological Association.

Email: Grace.Aikman@va.gov

Tammy Alexander, Psy.D., is a psychologist in the Primary Care Compensation and Pension (C&P) program. She received her doctorate from Spalding University. She completed her internship at University of Arkansas for Medical Sciences/Arkansas Children's Hospital. She is licensed in Arkansas. Dr. Alexander’s preferred theoretical orientation is integrative, including primarily cognitive-behavioral and interpersonal psychotherapy approaches. Her clinical and teaching interests include mental health recovery, public policy, grant writing, supported employment, and disaster mental health services. Dr. Alexander is a member of the Arkansas Behavioral Health Planning and Advisory Council.

Email: Tammy.Alexander2@va.gov

Darla Amos, Ph.D., is a psychologist on the acute inpatient psychiatry unit. She received her doctorate from the University of Arkansas in 1982. Her preferred theoretical orientation is psychodynamic. Her clinical and teaching interests include psychotherapy and assessment, psychotropic medication use in psychiatric populations, and schizophrenia. Dr. Amos is a member of the Society for Personality Assessment.

Email: Darla.Amos@va.gov
Garrett Andrews, Psy.D., ABPP, is the Chief of the Neuropsychology, Vocational Rehabilitation, and Rehabilitation Psychology services. He earned his doctorate from Forest Institute in 2005. He completed his internship at the Black Hills VA and a two-year neuropsychology fellowship at Geisinger Medical Center. He is licensed in Arkansas and board-certified in Clinical Neuropsychology. His preferred theoretical orientation is integrative, including flexible battery, functional-oriented battery, and cognitive-behavioral approaches to assessment and intervention. His clinical and teaching interests include traumatic brain injury, dementia, sports concussion, cognitive rehabilitation, forensic neuropsychology, neuropsychology consultation, pre-surgical cognitive exam (chronic pain, deep brain stimulation), and assessment of symptom validity. Research areas include TBI, dementia, cognitive rehabilitation, and symptom validity measurements. Dr. Andrews is a member of the American Academy of Clinical Neuropsychology; APA, Division 40; and National Academy of Neuropsychology.

Email: Garrett.Andrews@va.gov

Linda Brewer, Ph.D., is a psychologist assigned to the PTSD Clinical Team (PCT). She earned her doctorate from Central Michigan University in 2007 and is licensed in Arkansas. Her preferred theoretical orientation is cognitive-behavioral. Her clinical and teaching interests include PTSD, sleep disturbance, acceptance and commitment therapy (ACT), cognitive processing therapy (CPT), military sexual trauma (MST), developmental psychology, and learning theory. Research areas include pupil dilation as an index of emotional reactivity in psychosis-prone individuals (schizotypal PD) and the impact of schizotypal traits on interpersonal functioning. Dr. Brewer is a member of the Arkansas Psychological Association, American Psychological Association, and Arkansas Association of Black Psychology Professionals.

Email: Linda.Brewer@va.gov

Daniel Broderick, Ph.D., is a psychologist in the IMPACT clinic. He earned his doctorate from Ball State University in 1996. He completed his internship at West Haven VAMC with an emphasis in Health Psychology. He is licensed in Indiana. His preferred theoretical orientation is integrative. His clinical and teaching interests include pain psychology, cognitive-behavioral therapy, acceptance and commitment therapy, health coaching/motivational interviewing, biofeedback, and spirituality. Dr. Broderick is a member of the Indiana Psychological Association, and he serves as a Captain in the Indiana National Guard.

Daniel.Broderick2@va.gov
Nathaniel Cooney, Ph.D., is a psychologist assigned to the PTSD Clinical Team (PCT). He also serves as the Assistant Director of Training for the psychology postdoctoral fellowship program and as a Member-at-Large on the Executive Committee for the psychology internship program. Dr. Cooney received his doctorate from Oklahoma State University in 2013. He completed his internship at the Dayton VA Medical Center in Ohio (neuropsychology emphasis) and his fellowship at CAVHS (clinical psychology/PTSD emphasis). He is licensed in Arkansas. His preferred theoretical orientation includes an integrative approach with cognitive-behavioral and client-centered foundations. Clinical and teaching interests include psychopathology, psychological assessment, evidence-based treatment, motivational interviewing, trauma and recovery, spirituality, sleep, and nightmares. Dr. Cooney is a member of the National Register of Health Service Psychologists, the American Psychological Association, and the Association for VA Psychologist Leaders.

Email: Nathaniel.Cooney@va.gov

Carrie Crownover, Ph.D., is a psychologist at the Vet Center. She received her doctorate from the University of Oklahoma in 2007. She completed her internship at the Wichita Collaborative Psychology Internship Program. She is licensed in Kansas. Her preferred theoretical orientation is integrative. Clinical and teaching interests include vocational rehabilitation, diversity (ethnic minorities, spirituality, SES), acceptance and commitment therapy, cognitive processing therapy, prolonged exposure, PTSD, and military sexual trauma. Her research interests include diversity and program evaluation. Dr. Crownover is a member of the American Psychological Association and the Arkansas Psychological Association.

Email: Carrie.Crownover@va.gov

Courtney Crutchfield, Ph.D., is a psychologist in the Mental Health Clinic (MHC). She also serves as the Director of Training (DoT) for the psychology postdoctoral fellowship program. She received her doctorate from Tennessee State University in 2009. She completed her fellowship at CAVHS with an emphasis in psychosocial rehabilitation and recovery-oriented services. She is licensed in Arkansas. Her preferred theoretical orientation is integrative, including an object relations approach. Clinical interests include brief individual psychotherapy, acceptance and commitment therapy (ACT) for depression and anxiety, seeking safety, cognitive processing therapy (CPT), and cognitive behavioral treatment. Teaching interests include psychology and the human experience, developmental psychology, and abnormal psychology. Research areas include diversity, substance abuse, hopelessness, application of mindfulness, and race disparities. Dr. Crutchfield has served as an adjunct instructor at Philander Smith College (2008-2010), Pulaski Technical College (2010-2011), and University of Arkansas at Little Rock (2012-present). She is a member of the American Psychological Association, Arkansas Association of Black Professional Psychologists, and Arkansas Psychological Association.

Email: Courtney.Crutchfield@va.gov
Tisha Deen, Ph.D., is a psychologist in the Primary Care Mental Health Integration (PCMHI) program. She received her doctorate in clinical psychology from the University of Arkansas in 2010. She completed her internship at the University of Arkansas for Medical Sciences (UAMS) and her fellowship at CAVHS. She is licensed in Arkansas. Her preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include research and research methods, dialectical behavior therapy, acceptance and commitment therapy, behavioral health, and primary care mental health. Research areas include behavioral health interventions for PTSD. Dr. Deen is a member of the American Psychological Association, Arkansas Psychological Association (President 2017), and Association for Contextual Behavioral Science.

Email: Tisha.Deen@va.gov

Leticia Duvivier, Ph.D., is a psychologist assigned to the PTSD Clinical Team (PCT). She earned her doctorate from the University of Miami in 2016. She completed her internship at the Charleston Consortium - Medical University of South Carolina and Ralph Johnson VA (trauma psychology emphasis) and her fellowship at CAVHS (PTSD emphasis). Licensure is currently pending. Her preferred theoretical orientation is cognitive-behavioral with an emphasis on the therapeutic alliance/relationship. Clinical and teaching interests include PTSD, military sexual trauma, evidence-based treatments for PTSD, and acceptance and commitment therapy. Research areas include dissemination and implementation of evidence-based treatments.

Email: Leticia.Duvivier@va.gov

Laura J. Gambone, Ph.D., is a psychologist assigned to the PTSD Clinical Team (PCT). She received her doctorate in clinical-community psychology from the University of South Carolina in 2009. She completed her internship at the Cincinnati VAMC in Ohio (PTSD track) and her fellowship at the Harry S. Truman VA in Columbia, Missouri (TBI/PTSD track). She is licensed in Missouri. Her preferred theoretical orientation is integrative, including cognitive-behavioral and humanistic approaches. Clinical interests include PTSD/complex trauma, cognitive processing therapy (CPT), and dialectical behavior therapy (DBT). Dr. Gambone serves as a VISN 16 Regional CPT trainer and consultant. She is a member of the American Psychological Association and the International Society of Traumatic Stress Studies.

Email: Laura.Gambone@va.gov
Courtney O. Ghormley, Ph.D., ABPP, is a psychologist in the Home-Based Primary Care (HBPC) program. She also serves as the Director of Training (DoT) for the psychology internship program. She received her doctorate from the University of Tulsa in 2004. She completed her internship (neuropsychology track) at CAVHS and her fellowship (geriatric neuropsychology track) at the University of Arkansas for Medical Sciences (UAMS). She is licensed in Arkansas and is board-certified in Geropsychology. Her preferred theoretical orientations include flexible/process and cognitive-behavioral approaches to assessment and intervention. Clinical and teaching interests include dementia, geriatric neuropsychology, and geropsychology. Dr. Ghormley serves as an APA Council Representative for Arkansas and is a past president for the Arkansas Psychological Association. She is a member of the American Psychological Association, including APA-Division 20 (Adult Development and Aging), and the Arkansas Psychological Association.

Email: Courtney.Ghormley@v.gov

Sarah Henderson, Psy.D., is a psychologist in the Home-Based Primary Care (HBPC) program. She received her doctorate from Nova Southeastern University in 2018. She completed her internship at CAVHS (general psychology track). Licensure is currently pending. Her preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include geropsychology, dementia, caregiver stress, and health psychology. Research areas include first responder behavioral health, sleep disorders, and intimate partner violence. Dr. Henderson is a member of the American Psychological Association, including APA-Division 20 (Adult Development and Aging), and the Council of Professional Geropsychology Training Programs.

Email: Sarah.Henderson3@va.gov

Edward C. Kleitsch, Ph.D., is a psychologist in the outpatient neuropsychology clinic. He received his clinical psychology respecialization degree from the Illinois School of Professional Psychology in 1985. He is licensed in Arizona, Arkansas, and Illinois. Dr. Kleitsch is certified in biofeedback by the Biofeedback Certification International Alliance (BCIA) and is accredited by the American Society for Clinical Hypnosis as an approved consultant in clinical hypnosis. His preferred theoretical orientation is integrative. Clinical and teaching interests include adult neuropsychology, behavioral medicine, clinical hypnosis, use of hypnosis in the treatment of cancer and psychophysiological disorders, biofeedback, geropsychology, and chronic benign pain. Research areas include applied behavior analysis, developmental disabilities, sexual behavior and dysfunction, prescription privileges, geropsychology, smoking cessation treatment outcomes, and chronic pain treatment outcomes. Dr. Kleitsch also works in private practice and serves as a member of the Arkansas Psychology Board, American Psychological Association, National Register of Health Service Providers in Psychology, American Society of Clinical Hypnosis, National Academy of Neuropsychology, Arkansas Psychological Association, and Illinois Psychological Association.

Email: Edward.Kleitsch1@va.gov
Alissa B. Kolb, Psy.D., is a psychologist on the acute inpatient medical rehabilitation unit. She also serves as an assistant director of training for the psychology internship program. She received her doctorate from the University of Indianapolis in 2013. She completed her internship at the South Texas Veterans Healthcare System (geropsychology emphasis) and her fellowship at the Louis Stokes Cleveland VA Medical Center (rehabilitation psychology emphasis). She is licensed in North Carolina. Her preferred theoretical orientation is integrative with primarily cognitive-behavioral and interpersonal psychotherapy approaches. Clinical and teaching interests include adjustment to disability, cognitive assessment, spinal cord injury and disorders (SCI/D), and traumatic brain injury (TBI). Research interests include program development and measurement of treatment outcomes as related to post-SCI/D sexual health interventions and post-TBI socio-communication interventions. Dr. Kolb is a member of Division 22 (Rehabilitation Psychology) of the American Psychological Association.

Email: Alissa.Kolb@va.gov

Lisa McGill Linson, Ph.D., is a psychologist in Organizational Health. She also serves as an Employee Assistance Program Coordinator, Local Evidence Based Psychotherapy Coordinator, CREW Coordinator, and Employee Wellness Coach. She received her doctorate from the University of Missouri-Kansas City in 2005. She completed her fellowship (geriatric neuropsychology track) at the University of Arkansas for Medical Sciences (UAMS). She is licensed in Arkansas. Her preferred psychotherapeutic model is acceptance and commitment therapy. Clinical and teaching interests include multicultural education, evidence-based psychotherapy, psychoeducation, organizational health and development, employee health and wellness, and stress management. Dr. Linson is a member of the Arkansas Psychological Association, American Psychological Association, Employee Assistance Professionals Association, and Society of Occupational Health Psychology.

Email: Lisa.Linson@va.gov

Stephen McCandless, Psy.D., is a psychologist in the Dialectical Behavior Therapy (DBT) program within the Mental Health Clinic (MHC). He received his doctorate from Indiana State University in 2004 and is licensed in Arkansas. His preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include dialectical behavioral therapy, objective personality assessment, neuropsychological assessment, and program development. Research areas include neuropsychological aspects of ADHD and dialectical behavioral therapy.

Email: Stephen.McCandless@va.gov
Mandy McCorkindale, Psy.D., is a psychologist in the Primary Care Mental Health Integration (PCMHI) program, where she serves as Program Manager for Primary Care Behavioral Health. She also serves as an assistant director of training for the psychology internship program. She received her doctorate from the Forest Institute in 2010. She completed her internship at the United States Air Force's Wilford Hall Medical Center and her fellowship at the Little Rock Air Force Base. She is licensed in Arkansas and is certified in CPT and PE. Her preferred theoretical orientation is integrative and includes cognitive-behavioral and acceptance and commitment therapy approaches. Clinical and teaching interests include primary care health psychology and integrated care, issues specific to OEF/OIF veterans, and women in the military. Research areas include ADHD in primary care, military women’s issues, and HIV in the military population. Dr. McCorkindale is a member of the Collaborative Family Healthcare Association, Association for Contextual Behavioral Sciences, and Arkansas Psychological Association.

Email: Amanda.McCorkindale@va.gov

Scott Meit, Psy.D., ABPP, serves as Chief Psychologist at CAVHS. He received his doctorate from Florida Tech in 1989. He completed his internship at the Southern Arizona Veterans Healthcare System. He completed fellowships at Michigan State College of Human Medicine/Family Medicine (Primary Care Health Psychology & Medical Education) and at the US Department of Health & Human Services (Primary Health Care Policy). He is licensed in Ohio and board-certified in Clinical Psychology and Clinical Health Psychology. His preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include primary care health psychology and integrated care. Research areas include the patient experience/perspective of medical procedures and mental health stigma. Dr. Meit is a former member of the APA Commission for the Recognition of Specialties and Proficiencies in Professional Psychology and is a former representative to the APA Council of Representatives. He currently serves as a member of the APA Committee on Rural Health, as an APA fellow, as a fellow of APA divisions 12 (clinical psychology) and 38 (health psychology), and as a member of APA divisions 18 (psychologists in public service) and 19 (military psychology).

Email: Scott.Meit@va.gov

Marie Mesidor, Ph.D., is a psychologist in the Health Promotion Disease Prevention (HBDP) program. She also serves as the Health Behavior Coordinator for CAVHS and as Diversity Chair for the psychology internship program. She received her doctorate from the University of Massachusetts-Boston in 2004. She completed fellowships at Lynn Community Health Center and at the Boston University Center for Psychiatric Rehabilitation. She is licensed in Arkansas and Massachusetts. Her preferred theoretical orientation is integrated. Clinical and teaching interests include women’s health, mindfulness, culture, spirituality, weight management, motivational interviewing, and acceptance and commitment therapy. Research areas include health promotion as well as health access and integration. Dr. Mesidor is a member of the American Psychological Association.

Email: Marie.Mesidor@va.gov
John B. Milwee, Psy.D., is a psychologist in the Mental Health Clinic (MHC). He received his doctorate from the Philadelphia College of Osteopathic Medicine and is licensed in Arkansas. His preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include cognitive behavioral therapy (CBT), mindfulness, and dialectical behavioral therapy (DBT). Dr. Milwee also works as an instructor for the Psychiatric Research Institute’s psychotherapy seminars and provides medical resident training in CBT and behavior therapy. He is a member of the Arkansas Psychological Association.

Email: John.Milwee@va.gov

William Mark Moore, Ph.D., is a psychologist assigned to the PTSD Clinical Team (PCT). He also serves as the student veteran psychologist and as the Vet Center liaison. He received his doctorate from the University of Arkansas-Fayetteville in 1992. He is licensed in Arkansas. His preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include PTSD, cognitive processing therapy, self-defeating behaviors, defense styles, quality of life, use of repeated measures in treatment, and telemental health. Dr. Moore is a former virtual instructor of psychology (internet) for Ouachita Technical College and the University of Arkansas at Little Rock as well as a former coordinator of continuing education for the Arkansas Psychological Association. He is currently a member of the Arkansas Psychological Association and the International Society for Traumatic Stress Studies.

Email: William.Moore1@va.gov

Jennifer A. Paulson, Ph.D., is a psychologist in the outpatient neuropsychology clinic. She serves as the Internship Selection Chair for the psychology internship program. She received her doctorate from the California School of Professional Psychology at Alliant International University in 2016. She completed her internship at the Southern Arizona Veterans Healthcare System (neuropsychology track) and her fellowship at CAVHS (neuropsychology). She is licensed in Arkansas. Her preferred theoretical orientations include flexible battery and integrative approaches to assessment and intervention. Clinical and teaching interests include neuropsychology; ACT-informed neuropsychological feedback; cognitive rehabilitation; performance validity assessment; and ACT for chronic pain. Research areas include biological and cognitive aspects of stress response and chronic pain. Dr. Paulson is a member of the American Academy of Clinical Neuropsychology; International Neuropsychology Society; National Academy of Neuropsychology; Association of Contextual Behavioral Science; Cognitive Neuroscience Society; International Society of Traumatic Stress Studies; and Divisions 19 (Military Psychology), 40 (Neuropsychology), and 56 (Trauma Psychology) of the American Psychological Association.

Email: Jennifer.Paulson3@va.gov
Shanti Pepper, Ph.D., is a psychologist assigned to the PTSD Clinical Team (PCT). She also serves as the MST Coordinator at CAVHS. She received her doctorate from Pennsylvania State University in 2009. She completed fellowships at the Ohio State University and at CAVHS (PTSD emphasis). She is licensed in Arkansas. Her preferred theoretical orientation is integrative. Clinical interests include PTSD/complex trauma; military sexual trauma; holistic mental health interventions; yoga; diversity issues in therapy (LGBT, racial/ethnic, ability, SES, religion, etc.); eye movement desensitization and reprocessing (EMDR); acceptance and commitment therapy (ACT); mindfulness-based psychotherapy; dialectical behavioral therapy (DBT); and cognitive processing therapy (CPT). Research areas include complementary and alternative approaches to mental health treatment, effectiveness of evidence-based PTSD treatment, and diversity issues. Dr. Pepper is a member of the Arkansas Psychological Association and EMDRIA.

Email: Shanti.Pepper2@va.gov

Caryanne Pope, Ph.D., ABPP is a psychologist in the Community Living Center (CLC). She received her doctorate from the University of Georgia at Athens in 2007. She is licensed in Arkansas and Wisconsin and is board-certified in Geropsychology. Her preferred theoretical orientation is cognitive-behavioral, though she also draws from health psychology and interpersonal psychotherapy approaches. Clinical and teaching interests include cognitive and psychological testing, medical consultation, and behavioral management. Research areas include alexithymia, PTSD, geriatric psychology, nonpharmacological interventions for challenging patient behaviors, dementia, and decision-making capacity evaluations. Dr. Pope also works for the VA Regional Office conducting compensation and pension evaluations. She is a member of the Arkansas Psychological Association and the American Psychological Association.

Email: Caryanne.Pope@va.gov

Cheralyn H. Powers, Ph.D., is a psychologist working in Psychological Consultation and Liaison. She received her doctorate from the University of Southern Mississippi in 1986 and is licensed in Arkansas. Her preferred theoretical orientation is cognitive-behavioral. Her clinical and teaching interests include behavioral medicine. Research areas include dyseidetic learning disorder in children with hydrocephalus. Dr. Powers is a member of the American Psychological Association.

Email: Cheralyn.Powers@va.gov
Gabrielle N. Pugliese, Psy.D., is a psychologist in the substance use disorders (SUD) program. She also serves as Education Coordinator for the psychology internship program. She received her doctorate from the California School of Professional Psychology at Alliant International University in 2017. She completed her internship at CAVHS (general psychology track). Licensure is currently pending. Her preferred theoretical orientation is integrative with a primary emphasis in psychodynamic approaches. Clinical and teaching interests include substance use disorders, PTSD, MST, personality assessment, and process-oriented groups. Research areas include the effects of PTSD on active duty military/veteran spouses, vicarious traumatization, and military/veteran couples therapy. Dr. Pugliese is a member of divisions 19 (Military Psychology) and 56 (Trauma Psychology) of the American Psychological Association and the Western Psychological Association.

Email: Gabrielle.Pugliese@va.gov

Kevin Reeder, Ph.D., is a psychologist assigned to the PTSD Clinical Team (PCT) and is a PTSD-SUD specialist. He received his doctorate from Tennessee State University in 2005. He completed his internship at the Vanderbilt/Tennessee Valley Healthcare System Consortium and his fellowship at the Kansas City Veterans Affairs Medical Center. He is licensed in Arkansas. His preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include PTSD, co-occurring disorders, returning veterans readjustment issues, spirituality and psychotherapy, prolonged exposure therapy, seeking safety, and crisis negotiations. Dr. Reeder also serves as a consultant/trainer for the Prolonged Exposure Therapy Dissemination Project, National Center for PTSD, Dissemination and Training Division; as a senior trainer for Seeking Safety; as adjunct faculty for the Department of Psychiatry and Behavioral Sciences at the University of Arkansas for Medical Sciences; as secretary for the Arkansas Psychology Board; as a special advisor for Songwriting with Soldiers; and as a consultant to local and state law enforcement in the area of veterans’ mental health issues. He is a member of the Association of VA Psychologist Leaders, Arkansas Psychological Association, and International Society of Traumatic Stress Studies.

Email: Kevin.Reeder@va.gov

J. Vincent Roca, Ph.D., serves as Chief of the PTSD Clinical Team (PCT). He received his doctorate from the University of Mississippi in 1994 and is licensed in Arkansas. His preferred theoretical orientation is behavioral. Clinical and teaching interests include PTSD, community-based workshops, acceptance and commitment therapy (ACT), and relational frame theory. Research areas include PTSD, ACT, and treatment outcomes. Dr. Roca also serves as a PTSD mentor for VISN 16; as the VISN lead for PTSD workgroup; as affiliate for the National Centers for PTSD (NCPTSD) Dissemination and Training Division; as the regional VA trainer/consultant for its ACT for Depression Dissemination Project; and as a peer-reviewed ACT trainer for the Association for Contextual Behavior Science (ACBS). He is a member of the Arkansas Psychological Association and Association for Contextual Behavioral Science (ACBS).

Email: John.Roca@va.gov
Craig P. Rookey, Ph.D., serves as Program Manager for the substance use disorders (SUD) program. He also serves on the CAVHS Emergency Medical Response Team and as the Practicum Coordinator for the psychology internship program. He received his doctorate from the University of Arkansas in 1988 and is licensed in North Carolina. He is also a certified psychiatric rehabilitation trainer. His preferred theoretical orientation is integrative with primarily a learning theory approach. Clinical and teaching interests include vocational rehabilitation, substance abuse, fear, depression, anger, PTSD, individual and group psychotherapy, personality disorders, and ethics. Research areas include prediction of treatment success, program evaluation, and patient-treatment matching. Dr. Rookey also works as an instructor of Psychiatry at the University of Arkansas for Medical Sciences (UAMS). He is currently a member of the Arkansas Psychological Association.

Email: Craig.Rookey@va.gov

William E. Siegel, Ph.D., serves as Program Manager for the Primary Care Compensation and Pension (C&P) program. He received his doctorate from Florida State University in 1978 and is licensed in Arkansas. His preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include assessment, attention deficit disorders, and cognitive-behavioral therapy. Dr. Siegel was a former Chair for the Arkansas Board of Examiners in Psychology.

Email: William.Siegel2@va.gov

Byron Simoneaux, Ph.D., is a psychologist in the Primary Care Compensation and Pension (C&P) program. He received his doctorate from Louisiana Tech University in 2012. He completed his internship at CAVHS and is licensed in Arkansas. His preferred theoretical orientation is integrative with primarily cognitive-behavioral and interpersonal psychotherapy approaches. Clinical and teaching interests include posttraumatic stress, cognitive processing therapy, and deception/non-disclosure in supervision and psychotherapy. Research areas include deception, inference of lies, and cognitive deception detection. Dr. Simoneaux is a member of the American Psychological Association and the Louisiana Psychological Association.

Email: Byron.Simoneaux@va.gov
Kristen Viverito, Psy.D., serves as the Local Recovery Coordinator for CAVHS. She received her doctorate from the University of Indianapolis. She completed her internship at the Gulf Coast Veterans Health Care System. She completed fellowships in psychosocial rehabilitation and recovery for veterans with serious mental illness (CAVHS) and in health services research and development at the Center for Mental Health and Outcomes Research (CAVHS). She is licensed in Kansas. Her preferred theoretical orientation is integrative with primarily cognitive-behavioral and interpersonal psychotherapy approaches. Clinical and teaching interests include serious mental illness and recovery and rehabilitation. Research areas include improving the physical health of veterans with SMI. Dr. Viverito is a member of the Association of VA Psychology Leaders.

Email: Kristen.Viverito@va.gov

Jennifer Wilson, Psy.D., is a psychologist in Hospice and Palliative Care. She received her doctorate from Nova Southeastern University in 2016. She completed her internship at Baylor Scott & White Health (Health/Mental Health emphasis) and her fellowship at CAVHS (Clinical Psychology/PSR emphasis). Licensure is currently pending. Her preferred theoretical orientation is integrative with cognitive-behavioral, humanistic, and interpersonal psychotherapy approaches. Clinical and teaching interests include anxiety disorders, exposure therapies, palliative care, pre-surgical evaluations, integrative/complementary medicine, chronic pain; and resilience among military families. Research areas include defensive pessimism and health behaviors/motives. Dr. Wilson is a member of the Arkansas Psychological Association, American Psychological Association, and Florida Psychological Association.

Email: Jennifer.Wilson1978@va.gov