Psychology Internship Training Program 2020-2021

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
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Life in Little Rock

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 healthcare 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

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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, psychodiagnostics, 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 is led by our 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, Education Coordinator, Diversity Chair, Internship Selection Chair, Member-At-Large, Fellowship Director of Training, and Psychology Practicum Coordinator. 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 regarding resolution of identified issues.

Courtney Ghormley, Ph.D., ABPP
Director of Training

Mandy McCorkindale, Psy.D.
Assistant Director of Training

Alissa Kolb, Psy.D.
Assistant Director of Training

Gabby Pugliese, Psy.D.
Education Coordinator

Sarah Henderson, Psy.D.
Diversity Chair

Jennifer Mathis, Ph.D.
Internship Selection Chair

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

Courtney Crutchfield, Ph.D.
Fellowship Director of Training

Scott Mooney, Ph.D., ABPP
Psychology Practicum Coordinator
ABOUT OUR FACULTY

Our doctoral staff are highly qualified, many in specialty areas as well as in general clinical or counseling psychology. Three 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 either have academic appointments or 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. 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.
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
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.

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 facilitate ongoing, bi-directional communication between the intern and the training program, each intern will also have a mid-year individual meeting with the Director 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, and the supervisor(s) will work with each intern to achieve completion. Please note that the spirit of the requirement is to ensure that the trainee gains training in an EBP and does not necessarily constitute certification.
EDUCATION/DIDACTICS

In addition to clinical training experiences, ten percent (10%) of the intern’s time is dedicated to educational and didactic training. All interns’ schedules will be blocked from 12:00-4:30 on Tuesday afternoons, during which time they will attend various required didactic trainings. These trainings will occur periodically throughout each month and include the following:

Intern Development Seminar (IDS) – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled periodically on Tuesday afternoons for two hours 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.

**Tuesdays with Ghormley** – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled periodically on Tuesday afternoons for one hour throughout the training year. The seminar is led by Dr. Courtney Ghormley, Director of Training, 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 but generally center around program-specific and professional development issues (e.g., assessment and resolution of intern needs, navigating fellowship/job applications, etc.). This seminar allows interns the opportunity to connect with and garner support from their internship training director. Please contact Dr. Ghormley at (501) 257-4959 for more information.

**Diversity Seminar** – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for two hours throughout the training year. The seminar is led by Dr. Sarah Henderson, 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 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; apply recovery principles to healthcare services; and learn about the culture of the local community through culturally relevant outings. Please contact Dr. Henderson at (501) 257-5045 for more information about the Diversity 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 two hours 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 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 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 and clinical rotations. 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 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). 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 in neuropsychology (e.g., Neuroanatomy) 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

General Psychology Rotations
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: Dr. Viverito (Note: interns may receive vertical supervision from a Psychosocial Rehabilitation [PSR] fellow)
PSYCHOSOCIAL REHABILITATION RECOVERY CENTER (PRRC)

The PRRC is an outpatient transitional learning center that provides a person-centered and empowering environment to support the recovery of veterans living with serious mental illnesses (SMI). Interns will gain experience working with veterans living with schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, psychosis NOS, or severe PTSD. Veterans typically range in age from 20 to 65. In addition, many have co-morbid addictions issues. Interns will also get to work on an interdisciplinary team.

Time on this rotation will be spent in the following way:

- **Screening/Assessment**: The intern will meet with veterans to determine their eligibility for PRRC services and make appropriate recommendations for care. If the veteran is found to be eligible for care in the PRRC, the intern will conduct the full assessment.

- **Recovery Coaching**: The intern will meet at least monthly with veterans to develop a recovery plan and guide them through goal setting.

- **Class/group co-facilitation**: The intern will be expected to serve as a co-facilitator of PRRC classes that focus on helping individuals develop or enhance skills and better manage mental health symptoms. The groups are a blend of evidenced-based curriculums and creative expression groups targeted to veteran needs.

- **Weekly team meetings**: The intern will be expected to serve as a member of the PRRC team by participating in weekly meetings. During these meetings, the PRRC team discusses clinical issues, conducts ongoing trainings for staff in recovery, and discusses consults.

- **Other training experiences include**:
  - Couples/Family therapy.
  - Personality assessments
  - Creating an innovative PRRC group
  - Program development
  - Presenting the PRRC program at various MHS staff meetings

Supervisor: Dr. Tolleson *(Note: interns may receive vertical supervision from a Psychosocial Rehabilitation [PSR] fellow)*
POSTTRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT)

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, Domino, Duvivier, Fugitt, Gambone, and Reeder
SUBSTANCE USE DISORDER (SUD) TREATMENT PROGRAM

The Substance Use Disorder treatment program consists of a full spectrum of treatment, including Ambulatory Detox (3L), Residential Rehabilitation Treatment Program (RRTP), Intensive Outpatient Program (IOP), and outpatient treatment. The SUD program utilizes a recovery-oriented approach to treatment, individualizing each Veteran’s treatment program based on their needs and goals. The intern will learn this philosophy of care and will engage in developing and applying recovery-based approaches. The SUD team is interdisciplinary, consisting of psychologists, social workers, addiction therapists, psychiatrists, LPNs/APNs, and peer support specialists, who engage in daily treatment team meetings. The intern will have the opportunity to work with each discipline and provide peer supervision/consultation.

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; CBT-SUD; Whole Health; 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. Interns will have the opportunity to create and implement group topics for those in the RRTP and IOP programs. Additionally, interns will be able to gain experience with cognitive screeners (e.g., MOCA), diagnostic interviewing (e.g., CAPS-5), and personality assessments (e.g., MMPI-2/2-RF, MCMI, PAI, TAT, etc.), scoring, interpretation, and report writing.

The SUD rotation tends to be fast paced. Work in this setting often requires interns and staff to ‘think on their feet.’ Interns may be involved in crisis intervention, in-the-moment team meetings to address program infractions and unplanned discharges, and unscheduled meetings to address veterans’ emergent needs as they arise. These experiences provide ample opportunities for the intern to develop flexibility of clinical intervention and to function as part of an interdisciplinary team.

The SUD rotation is available as a major or minor rotation. Interns who select it as a minor rotation will individualize their rotation experience to include specific components of the major SUD rotation, as suited for their schedules and interests.

Supervisors: Drs. Pugliese and Rookey
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
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
SLEEP MEDICINE

The CAVHS Sleep Center is staffed during the day by two board-certified sleep medicine physicians, one advanced practice nurse, one psychologist, three sleep technicians, and two respiratory therapists. The CAVHS Sleep Center serves over 12,000 patients on positive airway pressure (PAP) for obstructive sleep apnea and also treats other sleep disorders in this population, the most common of which is insomnia.

Psychology interns on the sleep medicine rotation will become competent to provide Cognitive Behavioral Therapy for Insomnia (CBT-I) and will have the opportunity to work individually with several patients. They will learn to incorporate treatment for PAP nonadherence and claustrophobia to the mask with insomnia treatment since our population often requires behavioral intervention in both areas. Insomnia is common in most patient populations, and CBT-I is considered the gold standard for treatment. Interns will spend some time shadowing our sleep psychiatrist and/or our sleep pulmonologist while they meet with patients with the goal of learning broad concepts about sleep medicine, including diagnosis and treatment options for breathing-related sleep disorders and other sleep disorders. They will also shadow the respiratory therapists in the CPAP clinic as they work with veterans learning to use PAP with the goal of gaining an understanding of PAP and mask fit.

This option is available as a minor rotation, which means that the intern will spend one-and-a-half days per week on this rotation. This rotation is limited to only one intern at a time and is available only on Mondays and Tuesday mornings.

Supervisor: Dr. Aikman
PRIMARY CARE BEHAVIORAL HEALTH (PCBH)

On the PCBH 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. PCBH 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.

PCBH 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. PCBH 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.

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
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
COMMUNITY LIVING CENTER (CLC)

The CLC rotation provides an intensive inpatient training experience with a broad range of geriatric patients. Interns will develop specialized skills in psychological assessment, intervention, and interdisciplinary 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 inpatient units within the CLC:

- **Transitional Care & Rehabilitation Unit** – provides medical services to veterans requiring lengthy medical treatment (e.g., IV antibiotic therapy, wound healing, etc.) 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 team 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 geriatric and medical populations (e.g., IPT, MI, CBT); and (5) develop enhanced skills in crisis intervention, consultation, and behavioral management techniques.

**Supervisor:** Dr. Preston
OUTPATIENT NEUROPSYCHOLOGY

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), Neurology/Neurosurgery, Primary Care, Substance Use Disorder (SUD) program, 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.

Supervisor: Dr. Mathis (Note: interns may receive vertical supervision from a neuropsychology fellow)
GERIATRIC NEUROPSYCHOLOGY

This rotation provides wide-ranging training in neuropsychological evaluation of geriatric patients with extensive experience in the administration and interpretation of neuropsychological procedures, including training in validated standardized psychometric testing and other neurobehavioral approaches for diagnostic, treatment, and disposition planning purposes. Interns on this rotation will develop skills necessary for differential diagnosis of normal aging and disease states that impact cognition and function in the aged. 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. During the rotation, interns can expect to accomplish the following: (1) enhancement of foundational knowledge to include pertinent biomedical considerations in the aged; (2) obtain increased competence in interviewing, neuropsychological assessment, and treatment/disposition planning relevant to geriatric and medical populations; and (3) facilitation of neuropsychological case formulation and differential diagnostic skills.

In addition to the above opportunities for neuropsychological assessment, interns who have completed their dissertation, or equivalent doctoral program requirement, who are rotating through the Geriatric Neuropsychology rotation will also have an opportunity to participate in research.

Supervisor: Dr. Mooney (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 (2012-2018)

### 2018-2019 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>Henry Ford</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System (CAVHS)</td>
<td>Staff Psychologist</td>
</tr>
<tr>
<td>Baylor, Scott, and White Medical Center</td>
<td>Neuropsychology Fellow</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System (CAVHS)</td>
<td>Staff Psychologist</td>
</tr>
<tr>
<td>Private Practice</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Central Arkansas Veterans Healthcare System (CAVHS)</td>
<td>Staff Psychologist</td>
</tr>
</tbody>
</table>

### 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>
Trainee Admissions, Support, and Outcome Data

INTERNSHIP PROGRAM ADMISSIONS TABLE

Date Program Tables Were Updated: August 1, 2019

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...............................................................................................................$26,229
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: 2016-2019

Total # of interns who were in the 3 cohorts...23

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>6</td>
<td>6</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>6</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.
Application and Selection

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
The CAVHS Psychology Internship Program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). Following our last site visit, our program was re-accredited for a full 10 years, with our next site visit scheduled to be held in 2027. This program is also a member of the Association of Psychology Predoctoral and Internship Centers (APPIC). The program adheres to APPIC policy regarding offers and acceptances for training.

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 to 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.

- **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:**
  - NOVEMBER 5TH, 2019 @ 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 December 2nd, 2019 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 their interview is December 9th, 2019. Unconfirmed slots will be offered to waitlisted candidates. On-site interviews will be conducted Monday-Friday, January 13th-17th, 2019.

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 major rotations; and two, six-month minor 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 $26,229 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 Bios

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
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.

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