

Psychology Internship Training Program 2021-2022



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.

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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 health care than the average American.



Getting around Little Rock is a cinch! Virtually any place in the region can be easily reached by car within 30 minutes. Those who prefer not to drive can rely on the Rock Region Metro bus system, which offers routes throughout downtown Little Rock and well into the suburbs. The metro area also features a streetcar with two lines operating between Little Rock and North Little Rock. When you're ready to take a break from Little Rock and the responsibilities of home and work life, the Bill and Hillary Clinton National Airport offers daily direct flights to many regions across the nation, provided by major airlines like American, Delta, and United Airlines. Amtrak and Greyhound also provide ground transportation to nearby metro areas.



You may also be interested to know that Little Rock experiences all four seasons. For those looking to escape the harsh weather conditions of other areas farther north, you'll be happy to know that winters in Little Rock are historically mild; on the other hand, summers can be intense and are typically characterized by humid heat. You may find, however, that enduring our summers is worth it when you are rewarded with gorgeous Arkansas fall and spring seasons year after year.



Have we mentioned that Little Rock is a fantastic place to live for those who enjoy the outdoors? The region is an easy drive from Pinnacle Mountain State Park, Ouachita National Forest, and the stunning Ozark Mountains, and Hot Springs National Park is only an hour away. Residents can also take advantage of golf courses and trails found within the city limits.



For those who identify more as city folks, the downtown and midtown areas feature a variety of local restaurants and breweries. The metro area also enjoys a great live music scene, which ranges from piano bars to the Arkansas Symphony Orchestra. The local Arkansas Arts Center hosts theater performances, and the region also contains a handful of art galleries. There are also local stores and boutiques for shopping. More family-oriented entertainment can be found at neighborhood pools, the year-round ice rink, and the Little Rock Zoo.



And don't forget about all the opportunities to follow local Arkansas sports, whether it's watching the Arkansas Razorbacks play at War Memorial Stadium in Little Rock or Razorback Stadium in Fayetteville or the Arkansas Travelers at Dickey-Stephens Park!



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

About Our Medical Center

POPULATION SERVED

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

SERVICES PROVIDED

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

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

located in the Little Rock Metro Area. Finally, CAVHS offers an active telemedicine program, which provides remote services using advanced telemedicine technology directly from the North Little Rock campus to the area CBOCs.

HISTORY OF TRAINING

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

VHA MISSION

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

VHA VISION

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

VA CORE VALUES

Our core values are **I**ntegrity (i.e., act with high moral principle); **C**ommitment (i.e., work diligently to serve veterans and other beneficiaries); **A**dvocacy (i.e., be truly veteran-centric by identifying, fully considering, and appropriately advancing the interests of veterans and other beneficiaries); **R**espect (i.e., treat all those you serve and with whom you work with dignity and respect); and **E**xcellence (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.

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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!

Psychology Internship Program

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 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 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 through the guidance of the Director of Training, the Committee will then serve as the decision-making body regarding resolution of identified issues.



Courtney Ghormley, PhD, ABPP
Director of Training



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Assistant Director of Training



Alissa Kolb, PsyD
Assistant Director of Training



Gabby Cox, PsyD
Education Coordinator



Sarah Henderson, PsyD
Diversity Chair



Jennifer Mathis, PhD
Internship Selection Chair



Nathaniel Cooney, PhD
Member-at-Large



Courtney Crutchfield, PhD
Fellowship Director of Training



Scott Mooney, PhD, ABPP
Practicum Coordinator

ABOUT OUR FACULTY

Our doctoral staff are highly qualified, many in specialty areas as well as in general clinical or counseling psychology. Four of our staff are board-certified through the American Board of Professional Psychology (ABPP). One faculty member is certified in biofeedback by the Biofeedback Certification International Alliance (BCIA) and is accredited by the American Society for Clinical Hypnosis as an approved consultant in clinical hypnosis. Several of our VA psychologists 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. Four of our psychologists also serve as members of the National Association of VA Psychology Leadership. Two staff members have or are currently serving on the American Psychological Association Council of Representatives.

Core Program Requirements

PROGRAM STRUCTURE

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

SUPERVISION

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

EVALUATION

Evaluation is a mutual process among interns, supervisors, and the training program as a whole. It serves important and necessary functions to ensure optimal training and achievement of expected competencies. Interns are formally evaluated on the following profession-wide competency areas: research; ethical and legal standards; individual and cultural diversity; professional values and attitudes; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills. Consistent with our program's aims, interns are also formally evaluated on the following CAVHS program-specific competency areas: recovery-orientation/patient-centered care and veteran/military populations. Additional opportunities are provided for interns to develop more detailed, informal training objectives as needed or desired, allowing interns to tailor their training experiences to meet their individualized professional goals.

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

developed. Behavioral objectives are clearly defined by primary supervisors at the beginning of each rotation, with input from the intern.

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

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 Cox, 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. Cox 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.

Supervision Seminar – This seminar is a required didactic experience for all interns, regardless of track. It is scheduled bimonthly on Thursday afternoons for one-and-a-half hours throughout the training year. The seminar is led by Drs. Jennifer Mathis and Erica Moseby. Interns are exposed to numerous supervision models, the Competency-Based Supervision approach, foundational supervision competencies, diversity factors, and ethical standards for supervision. Throughout the six sessions, interns will engage in role-plays, vignette discussions, and self-reflective exercises. The seminar is designed to provide interns with the opportunity to continue to build knowledge and skills in supervision of trainees. Please contact Dr. Mathis at (501) 257-1960 for more information about the Supervision Seminar.

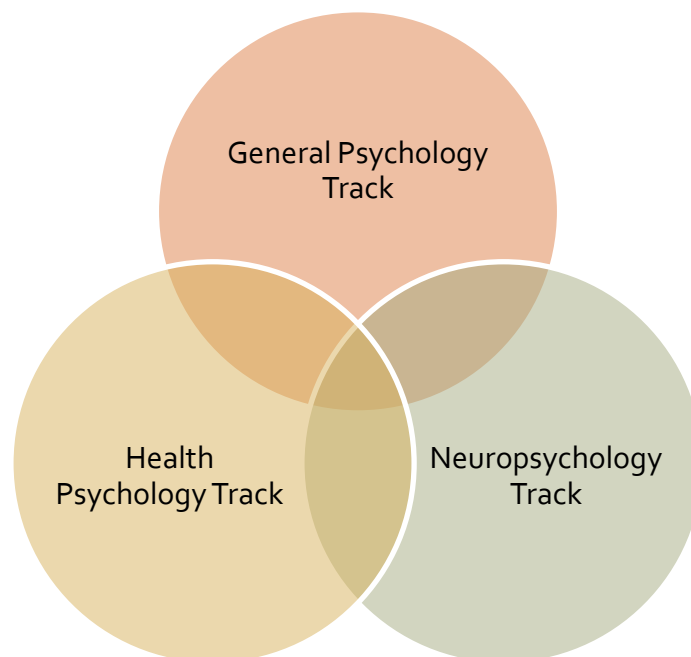
Professional Development Seminar (PDS) – This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour throughout the training year. The seminar is led by Dr. Scott Meit, Chief Psychologist. A wide variety of topics are covered and generally include presentations related to professional development, including discussion of specialty board certification through the American Board of Professional Psychology (ABPP). 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 seminars or didactics; journal clubs; group supervision, including additional training in theory and application of supervision skills under the mentorship of a staff psychologist; grand rounds in psychiatry and/or neurology; interdisciplinary team meetings and/or family conferences; and VA-sponsored educational programs.

Psychology Training Tracks

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 the Health Psychology or Neuropsychology tracks.

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 the Health Psychology track.

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 the Neuropsychology track.

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, including the recent global pandemic, 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.

General Psychology Rotations

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, Marston, McCandless, Moseby, and Williams

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 (8-week 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 a multidisciplinary team comprised primarily of psychologists, social workers, graduate and post-graduate trainees, and support staff (though we collaborate with professionals across disciplines in other hospital areas while coordinating care for our Veterans). Members of the PCT embrace living and working in valued ways. Team members routinely find support in work and in life from a group of colleagues that share much in common, yet are professionally, personally, and culturally diverse. The team is committed to providing the best professional care available to our Veterans while never neglecting to personally care for ourselves or one another. As a result, the PCT is generally a healthy and happy environment in which to train!

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. Our training utilizes a developmental model, with trainees being given greater levels of autonomy as competence and mastery of skills are demonstrated. Live observation and/or session recordings are routinely used to enhance the supervision and feedback provided. Though not guaranteed, whenever possible, trainees who have demonstrated competence with particular PTSD interventions may be given the opportunity to provide vertical supervision to other trainees with less experience in that area (e.g. if available, fellows may supervise interns, interns may supervise practicum students, etc.).

Depth of training in the PCT is achieved with a primary focus on the development and refinement of skills related to the delivery of evidence-based practices. Specifically, trainees will emphasize learning and delivering a manualized treatment (Cognitive Processing Therapy or Prolonged Exposure), with both fidelity and flexibility, and will learn to balance doing so while incorporating the other pillars of evidence-based practice that exist beyond the intervention itself. Breadth of training is achieved through exposure to multiple treatment modalities (psychoeducation, evidence-based treatments, and supplemental approaches), multiple formats for intervention (group vs. individual; in-person 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.

Specific treatment modalities offered through the PCT vary over time as the needs of our populations and skillsets of our practitioners change. Representative treatments currently utilized in the clinic, and which **may** be available as training opportunities, include: Prolonged Exposure (PE); Cognitive Processing Therapy (CPT); PTSD Intakes; Acceptance & Commitment Therapy (ACT); Seeking Safety; Couples Therapy (CBCT, IBCT); Whole Health Interventions; Mindfulness & Relaxation; Moral Injury / Adaptive Disclosure; Transitions (Re-adjustment services); Collaborative Assessment and Management of Suicidality (CAMS); Motivational Interviewing; CBT for Post-Trauma Nightmares (cbt-TN); and others.

Interns are welcome to select this rotation as either a *major* or *minor* rotation at any point in their training year.

Supervisors: Drs. Brewer, Cooney, Domino, Duvivier, Fugitt, Griffin, Reeder, and Simoneaux

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 multidisciplinary, 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 rotation 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 conducted primarily in group format, but opportunities for individual therapy are present. Additionally, interns may have the opportunity to gain experience with cognitive screeners (e.g., MoCA), diagnostic interviewing (e.g., CAPS-5), and personality assessments (MMPI-2/2-RF, MCMI, PAI, TAT, etc.), including scoring, interpretation, and report writing, as needed.

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, as well as 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 a minor rotation will individualize their rotation experience to include specific components of the larger SUD rotation, as suited to their schedules and interests.

Supervisor: Dr. Cox

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. Viverito (*Note: interns may receive vertical supervision from a Psychosocial Rehabilitation [PSR] fellow*)

RESIDENTIAL REHABILITATION TREATMENT PROGRAM (RRTP) GENERAL DOMICILIARY

The RRTP General Domiciliary is a residential treatment program for Veterans with a variety of psychosocial issues, including substance use disorders, mental health concerns, homelessness, and/or medical issues. Length of stay widely varies but typically ranges from 3-6 months, dependent on Veteran needs. Common diagnoses include PTSD, MDD, substance use disorders, personality disorders, bipolar I/II, and schizophrenia. Unlike other RRTP programs, the General Domiciliary does not treat a particular disorder or subset of disorders. Often, Veterans present with comorbid substance use and mental health disorders. Thus, this rotation is a good fit for interns interested in generalist training, who might want more clinical experience with a variety of mental health diagnoses as well as those interested in gaining experience in a residential setting.

This rotation is flexible and is tailored to the specific training needs of the intern, but interns can expect to be involved in the following:

- Initial assessment: Veterans are given an initial assessment when they enter the program based on what they identify as primary concerns. Interns will be involved in administering screeners and assisting with write up of a short initial diagnostic report for new admissions.
- Group therapy: There are a variety of groups available on the unit that interns would be invited to cofacilitate, including Seeking Safety, Smart Recovery, Cognitive Behavioral Therapy for Psychosis, Mind Over Mood, Acceptance and Commitment Therapy, Dialectical Behavior Therapy Skills Group, and Ending Self-Stigma. If interested in program development, interns also have the option of creating their own weekly group to facilitate on the unit.
- Individual therapy: Interns will be expected to provide individual therapy on the unit. Due to the diversity of our patient population and their presenting problems, interns will likely be able to gain clinical experience with a variety of evidence-based psychotherapies (EBPs). Some commonly used individual treatments include Cognitive Processing Therapy, Prolonged Exposure, Acceptance and Commitment Therapy, and Cognitive Behavioral Therapy (including CBT-Insomnia).
- Team meetings: Interns will be expected to serve as a member of the team by participating in daily team meetings (as often as schedule allows) as well as one weekly, formal interdisciplinary team meeting. During these meetings, the team and Veteran discuss patient progress and problem-solve various unit issues. Typically, daily meetings consist of social workers, psychologists, and nurses, and weekly meetings consist of social workers, psychologists, nurses, recreation therapist, dietitian, and pharmacist.

Interns are welcome to select this rotation as their *second minor or third major* rotation, and space is limited to one intern at any given time.

Supervisors: Drs. Bryant and Mitchell

PTSD DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT PROGRAM (PTSD DOM)

CAVHS' PTSD Domiciliary Residential Treatment Program (PTSD DOM) is an intensive 8-week program designed to treat and address the specific issues related to veterans with PTSD. Emphasis is placed on improving quality of life, increasing management of PTSD symptoms, psychosocial rehabilitation, identification and management of self-defeating behaviors, increasing awareness, and education on PTSD. Consistent with an RRTP focus, clinical services within the PTSD DOM emphasize a whole-health approach within a recovery framework. Evidence-based treatment is focused on both the reduction of symptom severity and improvement of overall quality of life in all functional spheres. The program employs evidence-based therapies to reduce PTSD symptoms and utilizes occupational and recreation therapies aimed at improving socialization skills, time management abilities, and leisure activities.

The PTSD DOM benefits from an active interdisciplinary team comprised of psychologists, social workers, occupational therapists, recreational therapists, medical staff, including psychiatrists, pharmacists, and advanced practice nursing staff, Veteran peer support specialists, social services assistants, graduate and post-graduate trainees, and 24-7 support staff.

Trainees on this rotation should expect to improve their understanding of PTSD, including onset and maintenance, as well as intervention approaches. The PTSD DOM aims to provide a training experience that will facilitate career goal fulfillment by working with the trainee to maximize breadth and depth of experience in a way that reinforces prior experience to address current training needs and prepare for future needs.

Specific PTSD DOM training experiences involve individual assessment, treatment planning, and evidence-based therapy for PTSD, including Cognitive Processing Therapy and Prolonged Exposure Therapy. Programming also includes a wide range of supportive group-level interventions designed to address the many areas of life affected by trauma, such as Anger Management Therapy, Dialectical Behavior Therapy for emotion regulation, Values-Based Behavior Change Group (based on Acceptance & Commitment Therapy), and Moral Injury Group. Other experiences include EBT (CPT and PE) Process Groups, Whole Health Group, a Skills Practice Lab, and a series of elective group interventions, including art therapy, exercise, and mindfulness, as well as groups that target specific areas such as parenting, relationships, sleep hygiene, substance abuse, sexual trauma, transitioning back to civilian life, and other topics. The PTSD DOM's RRTP model also provides the opportunity to work with Veterans individually to facilitate transition to independent community participation, including skill-building in the areas of housing, employment, health management, finance management, VA benefits management, and others.

The PTSD DOM rotation can be challenging and is regularly rewarding in its demand for flexibility with a diverse population and dynamic interdisciplinary team, as well as the ability to adapt to fluid contextual factors. Daily interactions with Veterans may involve crisis intervention and frequently involve impromptu treatment team consultation to address program infractions and unplanned discharges, and unscheduled meetings to address veterans' emergent needs as they arise.

This rotation is available as a *second minor or third major* rotation, and space is limited to two interns at any given time. Interns who select it as a minor rotation will individualize their rotation experience to include specific components of the major rotation, as suited for their schedules and interests.

Supervisor: Dr. Ray

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 Psychology Rotations

PRIMARY CARE BEHAVIORAL HEALTH (PCBH)

On the PCBH rotation, interns will work as a member of an integrated treatment team, including several psychologists, one of whom is board-certified in Clinical Health Psychology; 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, McCorkindale, McLeod, and Scott

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., dietitians, pharmacists, etc.).

This rotation is available as a *minor rotation* and is available 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 one intern at any given time and will be offered on Wednesdays and Thursdays only.

Supervisor: Dr. Mesidor

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 dietitian, 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

INPATIENT MEDICAL CONSULTATION

Interns who select the Inpatient Medical Consultation rotation will primarily work as a consultant to various inpatient medical services/teams that provide care to veterans who are experiencing adjustment difficulties/psychological distress related to their medical condition(s) and/or issues surrounding end of life. Frequently, these veterans also have comorbid mental health diagnoses. Interns will have exposure to patients with a variety of medical and mental health diagnoses, and attention will be paid to helping them understand the interaction of these patients with the medical system. Consultation services are primarily provided to veterans within the Hospice and Palliative Care, Hematology/Oncology, Medical/Surgical, Nephrology, and Pulmonary teams. While most clinical services will be provided to inpatients, there are also opportunities to work with outpatient veterans and family members.

Interns who select this rotation will work as a consultant to each interdisciplinary team, playing an active role in the comprehensive care of each veteran, collaborating with various team members, and providing education and recommendations as needed. This rotation includes opportunities to work closely with attending physicians, medical fellows and residents who rotate on each team, nursing staff, social workers, and other healthcare providers. Thus, it offers interns additional exposure to various diagnostic, medical treatment, psychosocial, and systemic issues that arise when caring for veterans with complex medical and mental health conditions.

Clinical and training opportunities of the rotation include conducting focused, bedside assessments, as warranted by the referral question, to inpatient veterans with a variety of chronic medical conditions; conducting pre-transplant (e.g., bone marrow, organ) and pre-surgical (e.g., liver, kidney, and stem cell transplants) evaluations; providing individual, time-limited, supportive psychotherapy to veterans and their families; providing biofeedback for patients with pain disorders; and attending daily team meetings.

This rotation will be offered as a *third major rotation* only, and space is limited to one intern at any given time.

Supervisor: Dr. Powers

HOME BASED PRIMARY CARE (HBPC)

The HBPC rotation provides in-depth training in geropsychology and the opportunity for interns 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 medicine, 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, which may be the Veteran's personal home, an Assisted Living Facility, or VA Medical Foster Home.

Training opportunities available to Psychology Interns include the following:

- 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.
- Conduct capacity evaluations.
- Provide crisis management, stabilization, and coordination of care for Veterans at risk for suicide.
- Implementation of behavioral medicine interventions (i.e., behavioral sleep management, pain management, weight management, smoking cessation) with a medically complex patient population.
- Participate in reporting of suspected elder abuse and neglect as a mandated reporter.
- Consultation with other program staff about the role of psychological issues in the day-to-day management of patient care.
- Interns have the opportunity to serve as the key mental health provider for a primary care team, to coordinate care with other team members, to participate in team meetings, and to manage the mental health needs of geriatric Veterans.

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.

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.

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*)

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

Neuropsychology Rotations

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 Primary Care, Neurology/Neurosurgery, the Physical Medicine and Rehabilitation Service (PM&RS), Community Living Center (CLC), Mental Health Service (MHS) programs (e.g., Mental Health Clinic [MHC], Substance Use Disorder [SUD] program, PTSD Clinical Team [PCT]), and active duty military bases. Interns are *required* to attend Neurotrack Intern didactics and Neuropsychology Case Conference and are encouraged to attend the *optional* weekly team meeting, Neuropsychology-GRECC Journal Club, morgue brain cuttings, and Grand Rounds in neurology, psychology, and neuroradiology. 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. Dr. Mooney is board certified in Clinical Neuropsychology.

There is no prerequisite experience or training required for this rotation, as skill development goals are specifically suited to the abilities of each Intern. Interns are *required* to attend Neurotrack Intern didactics and Neuropsychology Case Conference --- and are encouraged to attend the *optional* weekly team meeting, Neuropsychology-GRECC Journal Club, morgue brain cuttings, and Grand Rounds in neurology, psychology, and neuroradiology. In that end, 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, and are rotating through the Geriatric Neuropsychology rotation will also have an opportunity to participate in research.

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 major rotation interns and two minor rotation interns at any given time.

Supervisor: Dr. Mooney (*Note: interns may receive vertical supervision from a neuropsychology fellow*)

Former Interns

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 (2012-2019)

2019-2020 Intern Cohort

| Placement | Position |
|---|--|
| Rehabilitation Institute of Michigan | Postdoctoral Fellow (Neuropsychology Emphasis) |
| New Mexico Veterans Administration Health Care System | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Miami VA Healthcare System | Postdoctoral Fellow (Mental Health Integration-Recovery & Rehabilitation Emphasis) |
| Central Arkansas Veterans Healthcare System | Postdoctoral Fellow (PSR Emphasis) |
| Gundersen Health System | Postdoctoral Fellow (Health/Rehabilitation Psychology Emphasis) |
| N/A | Not Currently Employed |

2018-2019 Intern Cohort

| Placement | Position |
|---|--|
| Henry Ford | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Baylor, Scott, and White Medical Center | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Central Arkansas Veterans Healthcare System | Psychologist |
| Central Arkansas Veterans Healthcare System | Psychologist |
| Central Arkansas Veterans Healthcare System | Psychologist |
| Central Arkansas Veterans Healthcare System | Psychologist |
| Private Practice | Psychologist |

2017-2018 Intern Cohort

| Placement | Position |
|---|---|
| Florida Hospital Medical Group | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Geisinger Medical Center | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Kansas City VA Medical Center | Postdoctoral Fellow (SMI Emphasis) |
| Oklahoma University Health Sciences Center/Oklahoma City VA | Postdoctoral Fellow (Chronic Mental Illness Emphasis) |
| VA Pacific Islands Health Care System | Postdoctoral Fellow (PCMH Emphasis) |
| University of Florida, Department of Psychiatry | Postdoctoral Fellow |
| Central Arkansas Veterans Healthcare System | Psychologist |
| Western Illinois University | Assistant Professor |

2016-2017 Intern Cohort

| Placement | Position |
|--|---|
| South Texas Veterans Health Care System | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Indiana University School of Medicine | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Oklahoma City Consortium | Postdoctoral Fellow (Neuropsychology/Geropsychology Emphasis) |
| Houston VA Medical Center | Postdoctoral Fellow (PTSD Emphasis) |
| Memphis VA Medical Center | Postdoctoral Fellow (Health Emphasis) |
| The VHA National Center for Organization Development | Postdoctoral Fellow |
| Central Arkansas Veterans Healthcare System | Psychologist |
| ABD | ABD |

2015-2016 Intern Cohort

| Placement | Position |
|---|--|
| Bedford VA Medical Center | Postdoctoral Fellow (Neuropsychology Emphasis) |
| JFK Rehab | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Central Arkansas Veterans Healthcare System | Postdoctoral Fellow (PTSD Emphasis) |
| Bay Pines VA Healthcare System | Postdoctoral Fellow (PTSD and Women's Health Emphasis) |
| Jackson VA Medical Center | Postdoctoral Fellow (Geriatric Mental Health Emphasis) |
| Private Practice | Psychologist |

2014-2015 Intern Cohort

| Placement | Position |
|------------------------|---|
| Dartmouth | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Northern California VA | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Palo Alto VA | Postdoctoral Fellow (General/PSR Emphasis) |
| Puget Sound VA | Postdoctoral Fellow (General/Geropsychology Emphasis) |
| Phoenix VA | Postdoctoral Fellow (Health/Pain Emphasis) |
| Henry Ford | Postdoctoral Fellow (Health/Behavioral Medicine Emphasis) |

2013-2014 Intern Cohort

| Placement | Position |
|---|--|
| Shepard Center | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Henry Ford | Postdoctoral Fellow (Neuropsychology Emphasis) |
| San Diego VA | Postdoctoral Fellow (PTSD/TBI Emphasis) |
| Central Arkansas Veterans Healthcare System | Postdoctoral Fellow (PTSD Emphasis) |
| Jackson Medical Center | Postdoctoral Fellow (Health Emphasis) |
| Central Arkansas Veterans Healthcare System | Postdoctoral Fellow (PSR Emphasis) |

2012-2013 Intern Cohort

| Placement | Position |
|--------------------------------|--|
| Albuquerque VA | Postdoctoral Fellow (Neuropsychology Emphasis) |
| Duke | Postdoctoral Fellow (Neuropsychology Emphasis) |
| North Florida/South Georgia VA | Postdoctoral Fellow (Geropsychology Emphasis) |
| Memphis VA Medical Center | Postdoctoral Fellow (Health Emphasis) |
| Tampa VA | Postdoctoral Fellow (Health/Pain Emphasis) |
| Los Angeles VA | Psychologist |

Trainee Admissions, Support, and Outcome Data

INTERNSHIP PROGRAM ADMISSIONS TABLE

Date Program Tables Were Updated: July 1, 2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements: 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.....\$26,234
Annual Stipend/Salary for Half-time Interns.....N/A
Program provides access to medical insurance for intern?.....Yes
If access to medical insurance is provided:.....
Trainee contribution to cost required?.....Yes
Coverage of family member(s) available?.....Yes
Coverage of legally married partner available?.....Yes
Coverage of domestic partner available?.....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: 2017-2019

Total # of interns who were in the 3 cohorts.....21

Total # of interns who did not seek employment because they
returned to their doctoral program/are completing doctoral degree.....0

| POSITION | PD | EP |
|---|----|----|
| Community mental health center | 0 | 0 |
| Federally qualified health center | 0 | 0 |
| Independent primary care facility/clinic | 0 | 0 |
| University counseling center | 0 | 0 |
| Veterans Affairs medical center | 6 | 5 |
| Military health center | 0 | 0 |
| Academic health center | 1 | 0 |
| Other medical center or hospital | 6 | 0 |
| Psychiatric hospital | 0 | 0 |
| Academic university/department | 0 | 1 |
| Community college or other teaching setting | 0 | 0 |
| Independent research institution | 0 | 0 |
| Correctional facility | 0 | 0 |
| School district/system | 0 | 0 |
| Independent practice setting | 0 | 1 |
| Not currently employed | 0 | 1 |
| Changed to another field | 0 | 0 |
| Other | 0 | 0 |
| Unknown | 0 | 0 |

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

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 6TH, 2020 @ 11:59PM (PST)

APPIC MATCH NUMBERS:

- General Psychology - 110511
- Neuropsychology - 110512
- Health Psychology - 110513

INTERVIEWS

All interviews will be conducted by invitation only. All applicants will be notified by November 30th, 2020 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 18th, 2020. Unconfirmed slots will be offered to waitlisted candidates. Due to the recent global pandemic, all interviews will be conducted virtually this year and will occur Monday-Friday, January 11th-15th, 2021.

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 \$26,234 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



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 served as a Captain in the Indiana National Guard. He was also the recipient of the Psychology Internship Program's Supervisor of the Year Award in 2019.

Email: Daniel.Broderick2@va.gov



Jessica Bryant, Ph.D. is a psychologist in the Residential Rehabilitation Treatment Program (RRTP) General Domiciliary. Dr. Bryant received her doctorate from Mississippi State University in 2018. She completed her internship at Mississippi State Hospital with an emphasis in Adult Psychopathology. She completed her fellowship at CAVHS with an emphasis in Psychosocial Rehabilitation. She is licensed in Arkansas. Her preferred theoretical orientation is eclectic, with a cognitive-behavioral lean. Her clinical and teaching interests include individual and group psychotherapy, adult psychopathology, serious mental illness, substance use disorders, PTSD, CBT, and ACT.

Email: Jessica.Bryant4@va.gov



Nathaniel Cooney, Ph.D. is the Program Manager for the PTSD Clinical Team (PCT). He also serves as the Assistant Director of Training for the Psychology Postdoctoral and Interprofessional Fellowship and as a Member-at-Large on the Executive Committee for the Psychology Internship program. Dr. Cooney received his doctorate from Oklahoma State University (clinical health emphasis) in 2013. He completed his internship at the Dayton VA Medical Center (neuropsychology emphasis) and his fellowship at Central Arkansas Veterans Healthcare System (clinical psychology/PTSD emphasis). He is licensed in Arkansas. His preferred theoretical orientation includes an integrative approach with cognitive-behavioral and client-centered foundations. Clinical and teaching interests include psychopathology, psychological assessment, evidence-based intervention, motivational interviewing, trauma and recovery, spirituality, sleep, and nightmares. Dr. Cooney is a member of the National Register of Health Service Psychologists, the American Psychological Association, the Association for VA Psychologist Leaders, and the VA Psychology Training Council.

Email: Nathaniel.Cooney@va.gov



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

Email: Gabrielle.Cox@va.gov



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

Email: Courtney.Crutchfield@va.gov



Tisha Deen, Ph.D. is a psychologist in the Primary Care Behavioral Health (PCBH) program. She received her doctorate in clinical psychology from the University of Arkansas in 2010. She completed her internship at the University of Arkansas for Medical Sciences (UAMS) and her fellowship at CAVHS. She is licensed in Arkansas. Her preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include integrated care (Primary Care Mental Health Integration-PCMHI) and Dialectical Behavior Therapy. Research areas include implementation science and evidence-based treatments for PCMHI settings. Dr. Deen is a past president (2017) and current committee chair for the Arkansas Psychological Association. She is also a member of Division 31 of the American Psychological Association.

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Mandy McCorkindale, Psy.D., ABPP is the Program Manager for the Primary Care Behavioral Health (PCBH) program. She also serves as an assistant director of training for the psychology internship program. She received her doctorate from the School of Professional Psychology at the Forest Institute in 2010, and her internship was with the United States Air Force's Wilford Hall Medical Center in San Antonio, TX. She is licensed in Arkansas and is board-certified in Clinical Health Psychology, where she has also served as a mentor for others in the ABPP process. Dr. McCorkindale is certified in CPT and PE, and she has been a training consultant for Prolonged Exposure in Primary Care (PE-PC). Her preferred theoretical orientation is integrative and includes cognitive-behavioral and acceptance and commitment therapy approaches. Clinical and teaching interests include primary care and health psychology, issues specific to OEF/OIF veterans, and women in the military. Research areas include ADHD in primary care, military women's issues, and HIV in the military population. Dr. McCorkindale is currently a Major and State Lead Behavioral Health Officer for the Arkansas Army National Guard, and she is a member of the American Psychological Association, Collaborative Family Healthcare Association, and Arkansas Psychological Association.

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