Memphis VA Medical Center

CLINICAL PSYCHOLOGY FELLOWSHIP PROGRAM

Updated October 2016

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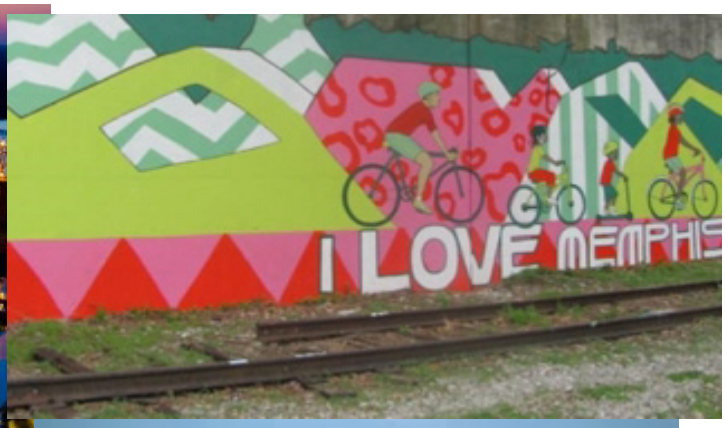
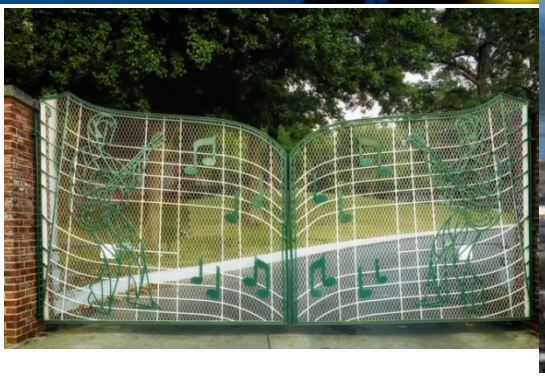




Welcome!

The supervisors and staff at the Memphis VA Medical Center are happy that you are interested in our Clinical Psychology Fellowship Program. We come from varied backgrounds and all four corners of the country, and we are proud to provide training at the Memphis VAMC and to call Memphis and the mid-south our home. In addition to reviewing the program-specific information, we hope you will take a few minutes to look through the *Living in Memphis* section of the brochure to give you a better understanding of what makes Memphis a unique and enjoyable place to live and work.

Program Director:
Karen A. Clark, PhD
Phone: (901) 523-8990, ext. 7187
Email: Karen.Clark2@va.gov

Program website:
www.memphis.va.gov/careers/PsychologyTraining.asp

Applications Due: January 4, 2017

In addition to the Clinical Psychology Fellowship, the Memphis VAMC offers training in Clinical Health Psychology (APA accredited one-year program) and Clinical Neuropsychology (APA accredited two-year program). Please refer to the brochures for these specific programs for additional information.

Fellowship Setting

The Memphis VA Medical Center provides health care services to over 200,000 eligible Veterans of United States military service living in a 53-county tristate area (West Tennessee, East Arkansas, and North Mississippi). On a yearly basis, the Memphis VAMC and its nine extended clinics serve over 68,000 veterans, providing over 600,000 outpatient visits and over 6,500 inpatient and residential admissions. With an operating budget of over $465 million, the facility has over 2250 employees and provides 250 inpatient and residential beds. The Memphis VA is classified as a Clinical Referral Level I facility and offers a complex range of outpatient and inpatient care. It is also a Dean's Hospital that has a strong teaching affiliation with the University of Tennessee (UT) Health Sciences Center, providing a full range of state-of-the-art patient care service, extensive education, and cutting-edge research. Comprehensive primary, secondary, and tertiary healthcare is provided in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, spinal cord injury, neurology, oncology, dentistry, geriatrics, and palliative care. Specialized outpatient services are provided through general, specialty, and subspecialty outpatient clinics. Psychological services are provided to Veterans and their families through the Psychology Section of Mental Health Service. The Chief of the Mental Health Service (currently a psychologist) is a member of the Medical Center Clinical Executive Board that oversees all healthcare programs. The Psychology Section consists of over 40 doctoral-level psychologists, three masters-level psychology technicians, and three full-time office support staff.

The Psychology Section of the Mental Health Service offers training opportunities at the practicum level, internship level, and postdoctoral fellowship level. At the postdoctoral fellowship level, three APA-accredited programs are available: Clinical Psychology Fellowship, Clinical Health Psychology Fellowship, and Clinical Neuropsychology Fellowship.

Administration and Resources

Karen A. Clark, PhD

Training Director, Psychology Training Programs; Director, Clinical Psychology Fellowship Program

Anne Ayres, PhD

Preceptor, Evidence-Based Treatment Focus Area

Nancy Jordan, PhD

Preceptor, Post-Traumatic Stress Disorder Focus Area

John Whirley, PhD and Katherine Veazey Morris, PhD

Co-Preceptors, Returning Veterans/Polytrauma Focus Area

The Clinical Psychology Fellowship is integrated within the overall psychology training infrastructure at the Memphis VAMC, which involves fellows from two accredited fellowship programs in addition to the Clinical Psychology Fellowship (i.e., Clinical Health Psychology Fellowship and Clinical Neuropsychology Fellowship), interns, and clinical practicum students. The Training Director is responsible for the administration of the overall Psychology Training Program and also serves as the director of the Clinical Psychology Fellowship. Direct feedback is solicited from from supervisors regarding fellows' performance and from fellows regarding their training needs, the quality of their training experiences, and any other issues that may influence their training.

The Psychology Training Committee formulates and oversees the policies and procedures concerning psychology training in the Medical Center, and maintains responsibility for addressing trainee problems in the areas of conduct and/or performance brought before the committee. The Executive Training Committee, chaired by the Director of Training and consisting of representatives from all psychology training areas, meets at least quarterly to coordinate aspects of the overall training program, coordinate allocation of resources, and to develop strategic plans and related policies. A monthly Supervisors Subcommittee meeting, attended by all current supervisors, is held to discuss the progress of trainees and assure continuity of training across various rotations and training settings. Final decisions regarding the Psychology Training Program are the responsibility of the Chief of the Psychology Section.

Facility and Training Resources

Fellows are provided individual offices located in the same area as the offices of other psychology fellows. Each office is equipped with a networked personal computer, providing ready access to patients' computerized medical records, e-mail, and internet, in addition to facilitating report and note writing. Video recording equipment is also available in each office, with video-recorded sessions saved directly to a secure designated computer drive. The office area includes a conference room equipped with A/V presentation and telehealth systems that is frequently used for training didactics. A check in/waiting area for patients and families is located adjacent to the office area, and clerical support is available.

Library facilities available to fellows include the Medical Center's professional library and the library of the University of Tennessee's Health Science Center, as well as a number of online resources. Assistance with literature retrieval is provided through the Medical Center's professional library and UT library. Key materials/readings related to practice and professional issues are maintained in easily accessible online folders.

Salary and Benefits

VA-funded Clinical Psychology Fellows are paid a full-time stipend of $42,239, provided in biweekly payments. Benefits include the opportunity for group health insurance and paid time off for federal holidays. Every year, we offer up to five days of authorized absence for professional development activities such as attending or presenting at conferences. In evaluating fellows' performance and progress, applicable statutes and policies concerning due process and fair treatment are followed.

Note: Our privacy policy prohibits collection of personal information about you when you visit our website.

Training Model and Philosophy

The mission of the program is to provide advanced training in clinical psychology, with the following focus areas:

- Evidence-Based Treatment (EBT)
- Post-traumatic Stress Disorder (PTSD)
- Returning Veterans/Polytrauma

Training is offered in the context of a range of team models and in consultation with a range of healthcare disciplines. The goal of the program is to produce clinical psychology practitioners with a) advanced competencies in general clinical psychology and within each designated focus area, b) the capability to integrate knowledge bases and approaches within clinical psychology in a medical center setting, and c) the capability to function effectively in interdisciplinary treatment settings.

The philosophy of our fellowship training program mirrors the mission of the Memphis VAMC in the context of preparation for the fellowship's role as a source of advanced training in the fellowship's focus areas within advanced clinical psychology practice. The model of our training program is scholar-practitioner, drawing on the ideas of Hoshmand and Polkinghorne (1992) and Stricker and Trierweiler (1995) regarding the integration of nomothetic psychological science with the inherently ideographic nature of practice. The program is also developmental, initially involving close supervision, with an increasing level of autonomy as the year progresses. At the beginning of the year, fellows receive a comprehensive orientation to training opportunities and expectations in each focus area. As fellows develop more autonomous practice, supervision addresses more specific and advanced aspects of practice within each focus area. The program also emphasizes self-directed professional development, achieved via its variety of clinical settings and opportunities within each focus area to augment training with experiences outside of the focus area.

Accreditation:

The Clinical Psychology Fellowship at the Memphis VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be in 2021.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202)336-5979/E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Supervised Clinical Experience

The program focuses on education and training via supervised clinical experience, placing a priority on training above generation of clinical workload. Fellows receive intensive training within their focus area, which constitutes most of their supervised clinical experience. Fellows also receive training in other areas of interest based on professional goals. They are encouraged to choose and develop training experiences consistent with their academic preparation and their professional interests and goals within the parameters of the focus area's requirements.

We take supervision very seriously at the Memphis VAMC, providing a minimum of two hours of individual supervision per week, supplemented by group supervision on a number of rotations and additional time with supervisory staff as they provide didactic training for the fellows. A wide array of didactic offerings is

available, with fellows attending a minimum of two hours of didactic presentations per week. (Please see the Didactics section below for a listing of these offerings.) As fellows progress in the program and their professional skills and duties develop and expand, they assume greater responsibility in the clinical setting and for those patients with whom they are involved. However, it should be noted that adequate supervision, based upon a premise of collegiality, continues throughout the process. We consider fellows' opportunity to observe and experience various staff role models as an essential experience with a focus on developing more independence and professional autonomy as the year progresses.

Supervision and Teaching

The primary goals of teaching experiences are to further increase fellows' expository knowledge base, to give them greater comfort as psychology's ambassadors to various healthcare settings, and to assist them in negotiating the transition to independent practice through fostering leadership experiences. Providing supervision helps fellows develop their own supervision style and foster confidence in their ability to train others. In supervising the supervision of fellows, the goal of psychology staff is to serve as mentors to developing psychologists who will later serve the profession by training others, whether in formal training programs or less formalized training settings. .

Fellows have the opportunity to assist in the training of psychology interns in the Memphis VA Psychology Internship Program, interns in the University of Tennessee Professional Psychology Training Consortium (UT Consortium) who are on VA rotations, and/or psychology practicum students. Fellows may also contribute to the clinical education of trainees from other healthcare disciplines (e.g., medical students and residents, social work students, chaplaincy residents) within the context of the interdisciplinary team approach employed in many of the clinical settings in the medical center. By exposing these trainees to psychological assessment and intervention techniques, fellows gain experience in cross-disciplinary training and demonstrate to future healthcare providers the broad contributions that psychologists routinely make to healthcare.

Fellows gain experience in teaching through their presentations based on the professional and research literature in the Fellowship Seminar, through their formal case presentations in Psychology Case Conferences, and through their scheduled presentations on relevant topics of interest in other didactics and in rotation-specific journal clubs.

References:

Hoshmand, L.T., & Polkinghorne, D.E. (1992). Redefining the science-practice relationship and professional training. American Psychologist, 47, 55-66.

Stricker, G., Trierweiler, S.J. (1995). The local clinical scientist: A bridge between science and practice. American Psychologist, 50, 995-1002.

Program Structure and Requirements

General Program Structure

The Memphis VAMC Clinical Psychology Fellowship is structured as a one-year, full-time clinical training experience, with fellows typically working 40-50 hours per week. Three four-month rotations are offered during the training year. At any one time, each fellow is typically involved in one major rotation (20-24 hours/week) and one minor rotation (8-12 hours/week), in addition to other requirements as noted below. The range of hours in major and minor rotations also allows for add-on rotations (approximately 4

hours/week) in some circumstances. Upon successful completion of the yearlong fellowship, all fellows receive a certificate that indicates they have completed a Clinical Psychology Fellowship.

Program Completion Requirements

Minimum Hours

- Successful completion of minimum of 2,080 employment hours in no less than one calendar year (including earned sick and annual leave and federal holidays).
- Minimum of five sixths (i.e., 1733 hours) of the training hours must take place in rotations offered at the VA Medical Center. If desired, the remaining hours may be spent in a combination of non-VA training experiences (i.e., UT Consortium agencies, non-VA research), as approved by the Focus Area preceptor and the director of training.

Rotation Requirements

- As defined by the Focus Area (see below)

Didactic Requirements

- Fellowship Seminar
- Cultural Diversity Seminar
- Clinical Health Psychology Seminar
- Other seminars, as required by the Focus Area (see below) and/or specific rotations

Additional Required Elements

- Provide supervision of psychology interns and/or practicum students in Focus Area setting
- Complete at least one program evaluation/development project and demonstrate ability to build program from conceptual stage to evaluation in Focus Area (Note: Project focus will depend on program needs and training interests of the fellow.)
- Clinical case presentation in Case Conference Series and additional teaching as indicated
- Organization and management experience in clinical and/or research activities in the Focus Area

Exit Criteria

- Advanced practice competencies in Clinical Psychology
- Advanced competencies in the designated Focus Area

Specific Focus Area Requirements

Evidence-Based Treatment

Note: See *Training Experiences* section for rotation descriptions.

- Completion of two major rotations and one minor rotation in the Mental Health Clinic with emphasis on EBT approaches.
- Completion of one major rotation in an additional setting that provides specified training opportunities in EBT approaches.
- Completion of minor rotations in two of the following supplementary areas: Inpatient Psychiatry, Family Therapy, Program Development/Evaluation, and other rotations that offer significant EBT opportunities. (Minors in other areas will be considered if consistent with fellow's professional goals and with agreement of preceptor and DOT.)
- Participation/teaching in Psychotherapy Seminar.

Post-Traumatic Stress Disorder (PTSD)

Note: See *Training Experiences* section for rotation descriptions.

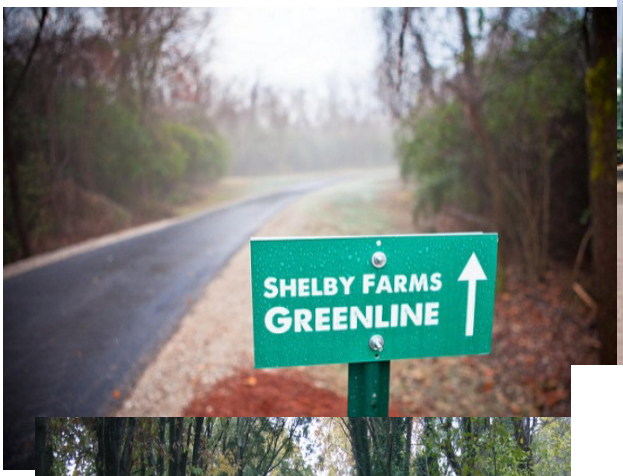
- Completion of two major rotations and one minor rotation in core PTSD settings (i.e., PTSD Outpatient Clinic and/or PTSD Residential Program).

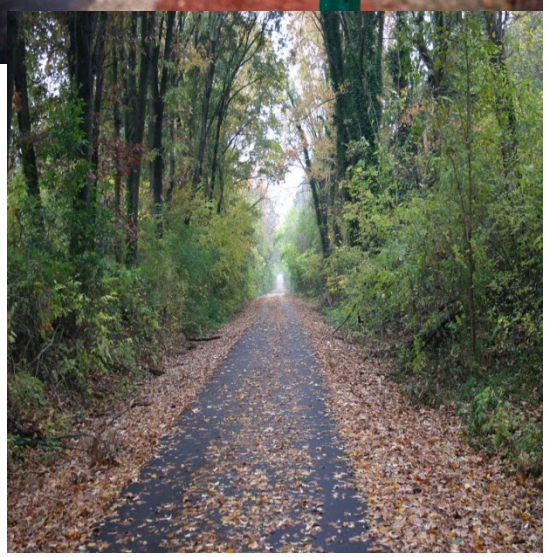
- Completion of one major rotation in the Returning Veterans/Polytrauma settings.
- Completion of minor rotations in two of the following four supplementary areas: Chemical Dependency Center, Neuropsychology, Research, or Family Therapy. (Minors in other areas will be considered if consistent with fellow's professional goals and with agreement of preceptor and DOT.)

Returning Veterans/Polytrauma

Note: See *Training Experiences* section for rotation descriptions.

- Completion of two major rotations and one minor rotation in core Returning Veterans/Polytrauma settings (i.e., Polytrauma Program and OEF/OIF/OND Clinical Team).
- Completion of one major rotation in a PTSD setting.
- Completion of formal training in neurocognitive evaluation.
- Completion of remaining supplementary rotations (one or two minors) consistent with the fellow's professional goals and with agreement of preceptor and DOT.
- Participation in Neuropsychology Seminar





Fellowship Competencies

The program has a strong focus on developing advanced competence in health service psychology, with training and evaluation in the following general competency areas:

General Professional Competencies

- Demonstrates knowledge and application of ethics and professional issues in clinical psychology
- Uses supervision productively
- Completes professional tasks in a timely manner
- Demonstrates effective social and relational functioning
- Demonstrates awareness of cultural issues and diversity in professional activities
- Demonstrates that professional activities are informed by scholarly inquiry
- Demonstrates effective management of personal and professional stressors

General Clinical Psychology Competencies

- Clinical Psychology Intervention Competency
- Clinical Psychology Assessment Competency
- Clinical Psychology Team/Professional Role Competency
- Clinical Psychology Supervision and Teaching Competency
- Clinical Psychology Program Development and Evaluation Competency
- Clinical Psychology Organization, Management, and Administration Competency

Competencies Specific to Focus Area

- Foundations for Clinical Psychology in EBT Competency
- Foundations for Clinical Psychology in PTSD Competency
- Foundations for Clinical Psychology in Returning Veterans/Polytrauma Competency

Eligibility and Appointment

Eligibility Requirements

The program actively recruits students from diverse ethnic and cultural groups. Physically challenged applicants are also strongly encouraged to apply.

The minimum requirements for entry into the training program are as follows:

- Completion of APA-accredited or CPA-accredited doctoral program in Clinical or Counseling Psychology (including dissertation defense) prior to the start date of the fellowship program.
- Completion of an APA-accredited or CPA-accredited Psychology Internship Program.
- United States citizenship.
- Training, experiences, and professional interests that reflect a commitment to the clinical application of psychology, the indicated Focus Area, and the goals of the fellowship program.

Appointment Period

The training year will begin on August 7, 2017 and end on August 3, 2018.

Application and Selection Procedures

Application Procedures

Applicants submit materials using the APPA CAS (APPIC Psychology Postdoctoral Application). After entering basic information, select the Memphis VAMC Clinical Psychology Program. Letters of recommendations, referred to as "Evaluations" are requested electronically within the APPA CAS system and uploaded by letter writers. Please refer to information within the APPA CAS for more information.

Submit the following required information through APPA CAS:

1. Cover letter – Be sure to include the following:
   - Focus Area(s) to which you are applying within the Clinical Psychology Fellowship Program.
   - Expected date of internship completion.
   - Current progress of completing all degree requirements, including dissertation research (if applicable).
   - Career goals and how our fellowship program contributes to meeting those goals.
2. Curriculum Vita - Please be sure to include any employment, internship experiences, teaching, and presentations/publications relevant to clinical psychology.
3. Copies of graduate transcripts.
4. Letters of Reference
   - Three letters of recommendation from current or former psychologists who have supervised your work.
   - Applicants who are currently on internship should include an additional letter from their Director of Internship Training verifying their standing in the internship program and the expected date of completion. (Please note, if your internship director is writing a recommendation letter for you, this information can be included in that letter.)
   - Letter from the chairperson of your dissertation indicating the status of your research project (e.g., completed data collection) and the anticipated date of dissertation completion. (Please note, if your dissertation chairperson is writing a recommendation letter for you, this information can be included in that letter.)

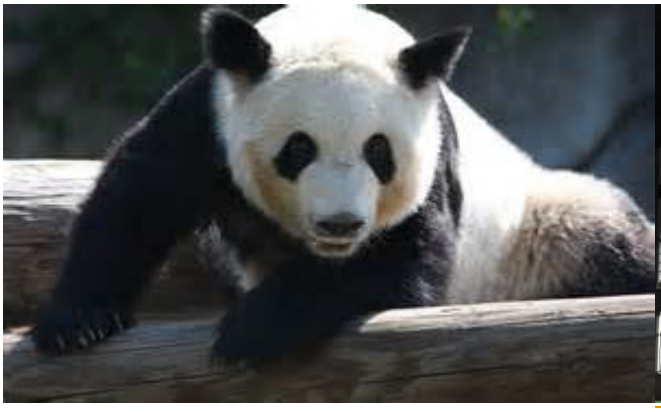
Selection Procedures

Review of applications will begin on January 4, 2017. Following review, invitations for on-site interviews will be extended to selected applicants. Phone or videoconference interviews are possible for applicants who are unable to come for an on-site interview. The final evaluation of applications and supporting documents will take place when interviews have been completed.

We will follow APPIC Postdoctoral Selection Guidelines for making fellowship offers, waiting to make initial offers until **10:00 AM Eastern Time on Monday, February 27, 2017**. In keeping with the guidelines, we will also consider making reciprocal offers should candidates receive verified postdoctoral offers from other programs prior to the common notification date.

Prior to beginning the fellowship year, it will be necessary for applicants selected for the fellowship program to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees) and training modules as directed. During the training year, fellows are responsible for adhering to the policies and procedures of the Psychology Training Program and the Psychology

Section. Also, many of the laws, rules, and guidelines that apply to federal employees are also applicable to trainees in federal training positions. A copy of the training program's policies and procedures will be made available to fellowship applicants at the time of their interview and is provided to each fellow during orientation at the beginning of the training year.



Didactics

Fellowship Seminar – Attendance is required for all fellows.

This series offers presentations on a variety of psychology-related topics, including ethics, job search, and licensure process. It meets two to three times monthly. (Coordinators: Current fellows and Karen Clark, PhD)

Clinical Health Psychology Seminar - Attendance is required for all fellows.

The seminar provides fellows with instruction in foundational areas of Clinical Health Psychology as well as intervention and assessment applicable to specific medical issues and populations. Topics are aimed at building competency in medical foundations of Clinical Health Psychology. Presentations include discussion of relevant anatomy and physiology, pathophysiology, the intersection of medical and psychiatric illness and the compounded impact on presentation, conceptualization, diagnosis, medical

procedures, and treatment. It is held weekly throughout the year. (Coordinator: Jennifer Jacobson, PsyD)

Psychology Case Conference Series - Attendance is required for all fellows.

Current fellows and interns formally present intervention cases, including pertinent research and review of patient background and case conceptualization. A supervisory panel provides individualized feedback regarding the presentation content and format. It is held weekly, beginning in March. (Coordinator: Karen A. Clark, PhD)

Cultural Diversity Seminar - Attendance is required for all fellows.

This seminar explores the cultural variations occurring most frequently in the medical center's patient population and attempts to raise the awareness of the impact of culture on the client/therapist relationship. It meets weekly for a minimum of 8 weeks over the course of the training year. (Coordinator: Karen A. Clark, PhD)

Neuropsychology Seminar - Attendance is required for fellows with a rotation in neuropsychology and is open to other trainees.

This weekly seminar covers foundations of neuropsychology, including neuroanatomy, neuropathology, and behavioral neurology. (Instructors: Brad L. Roper, PhD, ABPP-CN and Ellen Crouse, PhD)

Psychotherapy Seminar - Attendance is required for the fellow in the EBT Focus Area and is optional for other trainees.

This seminar focuses on enhancing psychotherapy skills and covers a wide spectrum of issues and perspectives in individual and group psychotherapy practice, including an introduction to several EBPs rolled out by the VA. The impact of the therapeutic alliance on the therapist as well as the patient is examined. Participants will share videotapes of their clinical work and participate in group supervision. The seminar is held weekly throughout the year. (Instructors: Anne Ayres, PhD, Catherine Morton, PhD, Kim Fleming, PhD, and Judiann Jones, PhD)

Family Therapy Seminar - Attendance is required for all fellows who are seeing family therapy cases and is optional for other trainees.

This seminar focuses on enhancing fellows' skills in treating family problems. A combination of didactic instruction and experiential learning approaches is used. Fellows will be introduced to evidence-based therapy models, such as Emotion Focused Therapy, Integrative Behavioral Couple Therapy, and Cognitive/Behavioral Conjoint Therapy for PTSD. Participants are encouraged to share videotapes of their clinical work. It is held weekly throughout the year. (Instructor: Betty Shadish, LCSW)

Psychological Assessment Seminar – Attendance is optional for all fellows.

This seminar will enhance fellows' ability to integrate a range of data from core assessment instruments in order to complete differential diagnosis, form a case conceptualization, and provide cogent treatment recommendations. Topics covered include objective personality assessments (e.g., MMPI-2), cognitive assessments, symptom validity tests, and specialty topics determined by trainee interests. The frequency of the seminar varies from year to year. (Instructors/Coordinators: Eliyahu Reich, PhD and Eileen Todd, PhD)

Training Experiences

Clinical Psychology Rotations

Posttraumatic Stress Disorder Clinical Team (PCT) and Residential Rehabilitation Treatment Program (RRTP)

General Description

The PTSD rotation affords the opportunity for trainees to work in both the outpatient and residential PTSD treatment programs as a major or minor rotation. The PCT is a specialized outpatient program that provides assessment, consultation, and treatment designed to address psychological trauma (i.e., combat trauma, non-combat trauma, military sexual trauma, and moral injury) in Veterans of all eras. The PCT offers treatment in individual and group formats and also offers telemental health options.

The PTSD Residential Rehabilitation Treatment Program (PTSD-RRTP) is a six-week, six-bed intensive group-oriented rehabilitation program housed at the medical center. The RRTP addresses the needs of PTSD-diagnosed Veterans with a high level of impairment for whom outpatient treatment is not sufficient. The RRTP interdisciplinary team includes psychology, social work, nursing, psychiatry, recreation therapy, chaplaincy, and peer support. Patients experiencing PTSD often present with complex comorbidities. The RRTP provides a comprehensive approach and offers treatment for PTSD and associated features.

Potential Training Opportunities in PTSD-RRTP

1. Assist with interdisciplinary decisions on admissions and treatment planning and conduct additional assessments as needed;
2. Cofacilitate or facilitate group therapies including:
3. Mindfulness Based Stress Reduction (daily)
4. Cognitive Processing Therapy
5. Cognitive Behavioral Therapy for Insomnia
6. Skills Training in Affective and Interpersonal Regulation
7. Anger Management
8. CogSMART
9. Individual therapy and case management with residents of the program;
10. Participate in weekly interdisciplinary treatment team to review progress towards discharge goals.

PCT offers outpatient psychodiagnostic assessment, as well as intervention experience in both group and individual formats. Additionally, the PCT can provide long-term psychotherapy cases for trainees who are not completing a rotation in PTSD but are interested in working with PTSD-diagnosed Veterans over the course of the year.

Potential Training Opportunities in PCT

1. Conducting comprehensive psychodiagnostic interview-based assessment including the CAPS-5 (and MMPI-2 as needed);
2. Conducting individual psychotherapy, including evidenced based therapies (EBTs) such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT);
3. Providing clinical services via telemental health where appropriate;
4. Facilitating and cofacilitating group psychotherapy (e.g., Stress Management, Mindfulness Based Stress Reduction, Anger Management, Seeking Safety, Military Sexual Trauma, Dialectical Behavior Therapy, Moral Injury/Self-Forgiveness);
5. Developing and implementing specialized treatment (e.g., grief resolution, treatment of nightmares, dialectical behavior therapy, mindfulness therapy);
6. Participating in interdisciplinary treatment;
7. Providing long-term individual psychotherapy with the option of incorporating a Jungian approach;
8. Consult management and treatment planning; and
9. Possible participation in research projects and program development.

Returning Veterans/Polytrauma Programs

General Description

The fellow may engage in a variety of activities in support of the Polytrauma Program and the Returning Veterans (Operation Iraqi Freedom/ Operation Enduring Freedom/Operation New Dawn) Programs. In the Returning Veterans Program, the fellow will work with the interdisciplinary team to provide services to all returning Veterans. These services may involve psychoeducation, community outreach, assessment, and individual and group therapy. Veterans with a suspected Traumatic Brain Injury (TBI) are referred to the Polytrauma Team for further assessment. This interdisciplinary team completes a comprehensive assessment, arranges for additional assessment on an individualized basis, and develops integrative treatment plans for those identified as having postconcussive symptoms. Included among these are severely wounded who are referred from military hospitals or from the VA's polytrauma system of care. The fellow will be involved in designing and/or implementing interventions and developing materials to support the mission of the program. Majors will involve a combination of the following training opportunities, whereas minors will need to choose between the Polytrauma Program and the Returning Veterans Program.

Potential Training Opportunities

Returning Veterans

1. Providing assessment and education to returning Veterans on topics such as sleep hygiene, nightmare management, PTSD, and stress management;
2. Providing evidence-based psychotherapy to Veterans with recent combat experience who exhibit symptoms of mental disorders including PTSD, depression, anxiety, complicated bereavement, and substance abuse;
3. Working closely with care managers and OEF/OIF dedicated primary care physicians in providing integrated treatment to OEF/OIF Veterans;
4. Developing facility with the consult process, both in making appropriate consults to specialty providers and in responding to consults for OEF/OIF services;

5. Serving as a resource to other providers in the system in keeping with an integrated approach to health care consistent with the Uniform Mental Health Services guidelines;
6. Preparing Veterans to take advantage of more intense specialty services such as residential treatment for PTSD and substance abuse;
7. Becoming familiar with military language and the conditions and situations faced by combat Veterans in the present wars, and thereby becoming more effective at engaging Veterans in conversation and treatment; and
8. Participating in team teleconferences, interdisciplinary team meetings, outreach activities, and case conferences.

Polytrauma

1. Providing crucial psychological input to the interdisciplinary assessment and treatment planning process for polytrauma Veterans, including provision of tailored PTSD treatment for Veterans with history of TBI;
2. Recognizing and implementing modifications in therapy approaches needed to account for the challenges to treatment posed by such issues as cognitive impairment, poor organization, memory issues, grief, stigma, mistrust, and physical conditions;
3. Facilitating intervention groups addressing specific needs in Veterans' treatment plans such as sleep and nightmares, obstructive sleep apnea, coping with TBI, stress reduction, mindfulness, resilience, and compensatory skills development;
4. Working closely with care managers and OEF/OIF dedicated primary care physicians in providing integrated treatment to polytrauma Veterans;
5. Serving as a resource to other providers in the system in keeping with an integrated approach to health care consistent with the Uniform Mental Health Services guidelines;
6. Preparing Veterans to take advantage of more intense specialty services such as residential treatment for PTSD and substance abuse;
7. Becoming familiar with military language and the conditions and situations faced by combat Veterans in the present wars, and thereby becoming more effective at engaging Veterans in conversation and treatment; and
8. Participating in team teleconferences, interdisciplinary team meetings, and journal clubs perusing recent research in the area.

Mental Health Clinic

General Description

The Mental Health Clinic (MHC) is an ambulatory mental health care delivery program that is comparable to a community mental health center. Services offered include both short and long-term individual psychotherapy, group psychotherapy, pharmacotherapy, family therapy, and marital therapy. A range of evidence-based intervention strategies (e.g., CBT, CBT-I, CPT, PE, MI, ACT, MBSR, DBT, IBCT, and EFT) are used in this setting, in addition to more traditional psychotherapeutic interventions, such as compassion-based approaches. An additional function of the MHC is to screen applicants for psychiatric hospitalization or refer patients for services elsewhere as indicated. A specialized team within the MHC, Admission Intervention Team (AIT), works with patients with serious mental illness to help them function more effectively on an outpatient basis. Fellows may also be involved with the Behavioral Health Integrative Program (BHIP), where they will work closely with an interdisciplinary team and attend regular "huddles."

Fellows will be supervised by one of the team psychologists, although other professionals on the team are also available for consultation. This rotation is available as either a major or a minor rotation.

Potential Training Opportunities

1. Providing services to patients with a variety of disorders, including military and non-military trauma, acute stress reactions, panic/agoraphobia, grief reactions, adjustment to illness, severe personality disorders, domestic violence, and mood disorders;
2. Coleading and/or leading both psychoeduational and process-oriented groups;
3. Conducting psychotherapy intakes and emergency psychiatric screenings;
4. Conducting psychological evaluations to assist in treatment planning;
5. Participating in couple therapy and family therapy. The director of the Family Therapy Program works closely with the psychotherapy staff, and fellows may request supervision from her or may work directly with her as co-therapist;
6. Providing group and individual treatment to assist patients in the management of a wide variety of chronic pain symptoms;
7. Working with the AIT, which specializes in treatment of patients with serious mental illness;
8. Participating in an interdisciplinary BHIP team;
9. Participating in specified program development and/or program evaluation projects;
10. Participating in the weekly Psychotherapy Seminar;
11. Working closely with psychiatrists who provide management of patients' psychotropic medications, fellows have the opportunity to increase their psychopharmacology knowledge base; and
12. Opportunities to supervise practicum students may be available.

Family Therapy Program

General Description

The Family Therapy Program receives referrals from throughout the medical center and outpatient clinics. The referral problems include marital and family conflicts, sexual disorders, family disruptions due to physical or mental disorders, and family violence. The program is staffed by three social workers with extensive experience in the treatment of couples and families. This training experience is available as a minor rotation during the first two rotations of the training year or as an add-on throughout the year. In their work with couples and families, fellows will have the opportunity to use evidence-based intervention models, including such as Emotion Focused Therapy, Integrative Behavioral Couple Therapy, and Cognitive/Behavioral Conjoint Therapy for PTSD.

Potential Training Opportunities

1. Learning evidence-based intervention models (e.g., Emotion Focused Therapy, Integrative Behavioral Couple Therapy, and Cognitive/Behavioral Conjoint Therapy for PTSD).
2. Serving as cotherapist with the supervisor or another trainee in family psychotherapy sessions;
3. Serving as the sole therapist in the treatment of selected families;
4. Conducting assessments for admission to the Domestic Violence Program;
5. Serving as a cotherapist in a 24-week Domestic Violence Group for court-mandated batterers; and
6. Participating in weekly group supervision sessions (in addition to individual supervision) in which case discussions, didactic material, and videotapes of past and present family therapy cases are utilized;

Community Emergency Services

General Description

This add-on experience offers the fellow an opportunity to participate in a variety of programs that demonstrate the excellent interface between professional psychology and police and fire services in the community of Memphis.

The first component involves working with the Memphis Police Department's nationally and internationally recognized Crisis Intervention Team (CIT) that responds to mental health emergencies in the city of Memphis. The Memphis Police Department provides CIT training for select officers from Memphis as well as from other jurisdictions around the country. Psychologists provide various components of CIT training to police officers. Opportunities for the trainee include instructional roles in CIT training.

The second component of this add-on is participation in Critical Incident Services (CIS) for the Memphis Police Department, Memphis Fire Department, and TN Task Force 1 Urban Search and Rescue (TNTF1 USAR), as well as other community and business organizations. Members of the CIS team are all psychologists who work with trained peers to provide critical incident stress debriefing to individuals and groups who have experienced a psychological crisis or traumatic situation where there exists the potential for adverse mental health consequences. Members of the team have been involved in providing debriefing for local and national crises such as the Oklahoma City bombing attack and the September 11th attacks. In providing services, the team uses the best of several models of crisis intervention. The trainee will be able to participate in debriefing experiences with both police and fire personnel. The trainee may participate in peer training experiences for police and fire services personnel. Finally, the trainee has the option of participating in "ride-along" experiences with Memphis Fire Department personnel aboard fire suppression vehicles as well as ambulances.

Potential Training Opportunities

1. Gaining insight into the role of police officers in deescalating mental illness crisis events by exposure to the Memphis CIT Model that emphasizes jail diversion as opposed to criminalization of persons with mental illness;
2. Becoming familiar with the skills most useful for police officers' interventions with mentally ill persons by participating in didactic and experiential training events for Memphis CIT officers, as well as law enforcement officers from other jurisdictions;
3. Participating in police officer, firefighter, and paramedic debriefings, thereby gaining exposure to the unique stressors these professionals regularly experience; and
4. Participating in a ride-along experience with Memphis Fire Department personnel to gain insight into the complexity of tasks involved in fire suppression and responding to medical emergencies.

General Inpatient Psychiatry

General Description

This rotation provides a supervised work experience on an acute care, general psychiatric unit. The inpatient unit provides treatment for patients with a wide range of psychiatric symptoms. The treatment model is that of the multidisciplinary team approach within a therapeutic community. The program is designed to address the psychological, behavioral, physical, and social problems presented by the patient. The trainee participates in patient evaluation, assessment, treatment planning, intervention, and follow-up. Supervision is provided by the psychologist, however, the psychiatrists, psychiatry residents, medicine fellows, nursing personnel, recreation therapists, and social workers are available for consultation. Emphasis is placed on interaction and personal involvement with staff and patients.

Potential Training Opportunities

1. Serving as primary or cotherapist in ongoing short-term groups and individual psychotherapy;
2. Participating in multidisciplinary treatment team meetings/activities;
3. Documentation of patient progress and the results of standardized psychological assessment;
4. Participating in both the development and implementation of psychoeducational groups designed to address patients' needs (e.g., emotional regulation, assertiveness training, social skills, discharge planning, and family support);

5. Providing assessment and treatment to Veterans with PTSD and co-occurring disorders, including substance abuse. Treatment may include skills education targeting acute and chronic symptoms of the disorder (e.g., grounding, breathing, progressive muscle relaxation, meditation, and guided imagery) and psychoeducation regarding specific disorders for patients when receiving an initial diagnosis. Identifying availability of local and national treatment resources is emphasized, in addition to steps necessary in initiating placement when indicated; and
6. Participating in the dynamic needs assessment by creating groups and activities which meet the specific needs of the population, including patients with cognitive decline as well as individuals who may be diagnosed with both a major mental illness and a personality disorder.

Forensic Services

Note: This rotation is available through a reciprocal agreement with the APA-accredited University of Tennessee Professional Psychology Consortium. Additional mental health rotations are also available to VA trainees through this agreement. Pease refer to the UT Consortium Brochure for a complete listing of these rotations.

General Description

West Tennessee Forensic Services, Inc. provides evaluations of defendants facing criminal charges ranging from minor misdemeanor to capital murder for the Shelby County Courts under contract with the State of Tennessee Department of Mental Health. The team consists of five forensic psychologists and a certified social worker. Evaluations typically focus on defendants' competency to stand trial and mental condition at the time of the alleged offense (i.e., "sanity"). Trainees may be involved in all aspects of the evaluation, including interview, mental status examination, psychological testing, hospital follow-up services, consultation with defense and prosecuting attorneys, and courtroom testimony. This rotation is usually available as a major or minor.

Clinical Health Psychology Rotations

Geriatrics/Rehabilitative Medicine

General Description

Geriatric/Rehabilitative Medicine provides a range of acute and rehabilitative services to medically ill geriatric patients in the Geriatric Evaluation and Management Unit (a 13-bed inpatient geriatric medical unit). The model of care is interdisciplinary, with strong involvement from medicine, psychology, nursing, clinical pharmacy, dietary, social work, and rehabilitative services. This training experience is offered to fellows as a major rotation.

Potential Training Opportunities

1. Participating in interdisciplinary team conferences, weekly patient care planning meetings, unit bed rounds, didactic training experiences and family conferences;
2. Performing bedside psychological and neurocognitive screenings, diagnostic assessments, and capacity evaluations of medically ill older adults;
3. Gaining significant skills in the differential diagnosis of dementia;
4. Providing therapeutic interventions and education to patients and caregivers;
5. Developing behavioral and environmental interventions to assist patients, caregivers and staff;
6. Working with patients to develop compensatory strategies for demonstrated cognitive deficits in order to enhance rehabilitation and overall functioning;
7. Providing consultation to the interdisciplinary medical team regarding psychological and cognitive factors pertinent to the patients' overall care;
8. Developing differential psychological diagnostic skills in an inpatient setting, including an understanding of how medical illness and treatment complicate differential diagnosis;

9. Learning how to identify and manage the ethical and legal dilemmas facing the psychologist practicing in a medical setting;
10. Developing a strong medical knowledge base including medical conditions that commonly impact older adults, medication usage (including drug interactions and side effects), medical/surgical interventions, and associated terminology;
11. Learning to work within an interdisciplinary team structure to provide comprehensive care to older medical patients; and
12. Developing aspects of the Geriatric Psychology Program aimed at enhancing patient care and/or team functioning or presenting a topic of interest to the treatment team based on a review of the literature.

Memory Clinic

General Description

The Memory Clinic provides comprehensive transdisciplinary evaluation and treatment recommendations for older adults with suspected cognitive impairment and functional decline. Geriatric specialists (including medicine, pharmacy, social work, and psychology) provide diagnostic clarification, identify potentially reversible/contributing causes, review medications, evaluate cognition and mood, identify needed patient/caregiver resources, and assist with behavioral manifestations of dementia. Psychology plays a primary role in administration, program development, assessment, and intervention. This training experience is offered to fellows as a major rotation.

Potential Training Opportunities

1. Performing neuropsychological assessments and conducting expanded patient/caregiver interviews;
2. Participating in transdisciplinary diagnostic and treatment planning conferences, didactic training experiences and family/caregiver feedback sessions;
3. Gaining skills in the differential diagnosis of dementia in the context of a medical clinic and transdisciplinary team;
4. Providing interventions and education to patients and caregivers aimed at understanding cognitive deficits and diagnoses, addressing modifiable risk factors to cognition and/or mood, managing caregiver burden, improving functional abilities, gaining access to VA and community resources, and/or addressing the behavioral manifestations of dementia;
5. Developing behavioral/environmental interventions to assist patients and caregivers;
6. Working with patients to develop compensatory strategies for demonstrated cognitive deficits in order to enhance overall functioning;
7. Developing differential psychological diagnostic skills in a medical/team setting, including an understanding of how medical illness and treatment complicate differential diagnosis;
8. Learning how to identify and manage the ethical and legal dilemmas facing the psychologist practicing in a medical setting;
9. Gaining skills in providing useful/practical feedback to patients, families and referring providers;
10. Assisting patients and families in long term care planning;
11. Conducting capacity evaluations if needed;
12. Developing a strong medical knowledge base including medical conditions that commonly impact older adults, medication usage (including drug interactions and side effects), medical/surgical interventions, and associated terminology;
13. Developing a working knowledge base regarding treatment of cognitive and mood-related disorders in older adults;
14. Learning to work within a transdisciplinary team structure to provide comprehensive evaluation and treatment recommendations to older medical patients;

15. Designing a program development project aimed at enhancing patient care and/or team/clinic functioning.

Home Based Primary Care (HBPC)

General Description

The Memphis VAMC maintains a large, interdisciplinary Home Based Primary Care (HBPC) program. Psychologists in HBPC work closely with other team members, including a program coordinator, physician, nurse practitioners, nurses, social workers, rehabilitation therapists, dietitians, and pharmacists. The HBPC team serves Veterans in a three-state region who live within a 30 mile radius of the medical center and spinal cord injury patients who are homebound and live within a 100 mile radius. The HBPC team provides primary care medicine to patients who are primarily elderly and who may have several chronic illnesses that limit their ability to travel to the medical center for their appointments. The role of the psychologist in primary medical care has greatly expanded in recent years, especially in the home care sector. Research and clinical experience have supported the value of psychological services in preventing, reducing, and/or eliminating the negative emotional impact of chronic/acute illness and physical impairment. This rotation offers psychology fellows the opportunity to receive specialized training and experience in the provision of direct clinical services in patients' homes, serving as an active member of an interdisciplinary primary medical care team. This training experience is offered as a major rotation or a minor rotation.

Potential Training Opportunities

1. Performing screenings of psychological functioning and mental status, including capacity evaluations as needed;
2. Developing differential psychological diagnostic skills in a home care setting, with an understanding of how medical illness may complicate the process of making accurate psychological diagnoses;
3. Providing specific therapeutic interventions in the home care setting (e.g., supportive counseling; brief psychotherapy; more focused behavioral interventions, such as relaxation training, pain management, and smoking cessation; communication skills building between/among patients and medical staff; facilitation of patients' emotional adjustment to their medical diagnoses; and helping the Veteran and the team manage medical treatment compliance issues);
4. Providing consultation to the interdisciplinary medical team regarding psychological factors involved in the patients' overall care and enhancement of team functioning;
5. Building knowledge base regarding the interaction among medical illnesses, medications and other medical interventions, as well as the related behavioral, emotional, and cognitive factors;
6. Learning about the ethical and legal issues facing the psychologist when practicing in a home care setting;
7. Gaining experience with dementia, related caregiver issues, and the interplay between combat experiences and dementia;
8. Attending team conferences and other training activities; and
9. Gaining experience with therapeutic interventions addressing end-of-life issues.

Health Coaching and Preventive Medicine

General Description

This rotation provides training in the patient-centered care model of preventive medicine, with a strong focus on interdisciplinary teams and systems improvement. The goal of these activities is to facilitate the VA's transformation to Patient-Centered Care. The fellow will gain exposure to a variety of conditions, habits, and diseases that are amenable to change. It is a very flexible rotation that involves a good deal of program development, interaction with interdisciplinary and multidisciplinary medical teams, and clinical

treatment for the Veteran. Duties include learning health coaching (communication) techniques, such as those in the TEACH for Success program and Motivational Interviewing, assisting the Health Behavior Coordinator (HBC) in training staff to use these communication styles, presurgical evaluations, and clinical work with patients referred by primary care physicians for assistance with chronic disease management and habit disorders. The trainee will also have limited opportunities to work with LGBT Veterans via evaluation for cross-sex hormone therapy and psychotherapy to assist in adjustment during transition. LGBT program development internally and externally may be included. The trainee should have a strong interest in Health Psychology. This is a major rotation.

Potential Training Opportunities

1. Learning specific health coaching teaching styles. Styles are based on TEACH for Success model and Motivational Interviewing;
2. Learning the patient-centered approach to healthcare management and how to integrate mental health into the Patient Aligned Care Teams (PACT);
3. Assisting the HBC in program development and program execution. This will involve learning policy and procedure in some areas of the Memphis VAMC, working with staff across disciplines and occupations, and communicating with the team to bring a plan to fruition. Examples include: The Great American Smokeout, Health Fairs, and Environmental Scans of resources;
4. Coaching Veterans in smoking cessation, weight loss, chronic disease management (including diabetes and hypertension), leading smoking cessation classes both in person and via telehealth, leading MOVE groups for weight loss, and coping with chronic pain;
5. Providing medical hypnosis interventions (see description below);
6. Providing clinical services via telehealth modalities; and
7. Providing mental health evaluations for organ transplant, cross-sex hormone therapy, and bariatric surgery candidates.

Medical Hypnosis

General Description

Training in basic techniques of hypnosis is offered with an emphasis on smoking cessation due to the number of requests for assistance in this area. Fellows will provide hypnosis by referral or at bedside for a wide variety of patients and presenting problems. Hypnosis will be offered as appropriate cases become available.

Please note, hypnosis is not offered as a separate rotation. It is offered as an adjunct to the Smoking Cessation rotation and the Health Coaching and Preventive Medicine rotation.

Potential Training Opportunities

1. Gaining a basic understanding of the history of hypnosis, including myths and misconceptions, its present day applications, and ethical concerns;
2. Gaining a familiarity with current research in hypnosis and efforts to develop empirically supported treatments in hypnosis;
3. Assessing hypnotizability using standardized instruments and those currently in development and learning how to apply strengths and weaknesses in hypnotizability to the development of the patient's induction;
4. Learning how to recognize and develop a specific and directed induction tailored to the patient;
5. Learning strategies for achieving trance, management of dissociation during trance, and
6. working with resistance; and
7. Developing relationships with medical providers to foster referrals and educate providers on realistic expectations for patient change.

Behavioral Sleep Clinic

General Description

Trainees in Behavioral Sleep will work with insomnia and other sleep related issues such as CPAP resistance, using cognitive behavioral strategies such as Cognitive Behavior Therapy for Insomnia. There will be opportunity to interact with sleep specialists and sleep medicine fellows and take part in journal reviews to develop a broader understanding of sleep, sleep disorders, and treatment. In this Most interventions in this setting are group based.

Potential Training Opportunities

1. Learning diagnostic systems for sleep disorders;
2. Developing entry-level expertise in assessing insomnia and other sleep problems;
3. Treating insomnia with Cognitive Behavior Therapy for Insomnia (CBT-I), CPAP adherence, and nightmare treatment;
4. Utilizing CPAP adherence group (including cognitive restructuring, graded exposure therapy, and relaxation principles) to facilitate adherence to sleep apnea treatment in Veterans who are experiencing difficulties with use of positive airway pressure therapy.
5. Gaining experience with Imagery Rehearsal Therapy for nightmares.

Spinal Cord Injury Service

General Description

The SCI service offers primary and acute medical care for existing SCI patients and provides rehabilitation to patients with new spinal cord injuries. Increasingly, telemedicine is utilized to optimize coordination of care with SCI spoke sites. The rehabilitation program is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), and psychologists are integrated into the interdisciplinary team.

The SCI Service includes two inpatient units (1-East and 1-West) with a total of 60 inpatient beds, an outpatient primary care medical clinic, and a comprehensive rehabilitation clinic. Dr. Jennifer Vandergriff is the primary SCI inpatient psychologist, and Dr. Alixandra Lyon-Bramhall is the primary SCI outpatient psychologist

- The 1-E inpatient unit serves new injury patients, as well as acute and chronically ill medical patients. A rotation on 1-E will emphasize experiences with patients who have sustained a recent spinal cord injury in addition to SCI patients with chronic medical issues.
- The 1-W inpatient unit serves ventilator-dependent patients as well as acute and chronically ill medical patients. A rotation on 1-W will emphasize training experiences with patients with "older" spinal cord injuries, chronically ill medical patients, patients admitted for annual examinations, and those with significant respiratory compromise.
- The SCI outpatient clinic is a primary care setting which has a significant focus on annual evaluations and preventative health. A rotation in the outpatient clinic will emphasize assessment of patients seen for annual SCI examinations, although intervention opportunities may also be available. Possible interventions may include health maintenance/disease prevention, pain management, behavioral sleep medicine, and brief individual therapy. An opportunity for program development (specifically, group development) may be available to interested trainees.

The services provided by SCI Psychologists include the following:

- Assessments of personality, mood, anxiety, mental status, capacity, pain, sleep, quality of life, and life satisfaction. More broadly, annual mental health evaluations for SCI inpatients and outpatients.
- Interventions that address cognitions, behavior, emotions, coping, relationships, existential concerns, and engagement in healthcare. SCI psychology staff has specific training in motivational interviewing, motivational enhancement therapy, acceptance and commitment therapy, and cognitive behavioral therapy for insomnia. Beyond patient interventions, SCI psychology providers intervene with families and staff members as indicated.
- Treatment team meetings, discharge planning meetings, and family conferences.
- Provision of continuity of care across treatment settings (e.g., acute SCI rehabilitation services, outpatient care, and intensive care units).

Potential Training Opportunities

1. Learning about the relationship between medical and psychological/psychiatric conditions;
2. Becoming familiar with spinal cord injury-specific issues including the level of injury and degree of completeness, predicted degree of disability, predicted level of independence, and the specific medical complications and medical issues associated w/ SCI such as impairment in bladder and bowel function, skin breakdown, respiratory difficulties, urological difficulties/sexual dysfunction and infections (most specifically urinary tract infections);
3. Participating in all areas of psychological service including therapy, assessment, and interdisciplinary team work;
4. Working closely with both newly injured and aging SCI patients as they move through the process of responding to injury and life-stage development. This may include working with patients who are 1) undergoing rehabilitation from a recent injury, 2) in need of an amputation, 3) preparing for or recovering from a surgery, or 4) patients weaning off of a ventilator. We often assist Veterans w/ adjusting to the aging process and associated problems (e.g., health issues, chronic illness). The trainee may have the opportunity to work on issues of death and dying with one or more patients;
5. Becoming familiar with mental status and cognitive screenings utilized as a rehabilitation/clinical health psychologist, how to give feedback to the patient and team regarding the results of testing, and deciding when to consult neuropsychology.
6. Learning how cognitive issues can impact the rehabilitation process and/or discharge planning and how to work with the team regarding these issues; and
7. Participating in a SCI Journal Club focusing on rehabilitation psychology and clinical health psychology competencies and recent research as related to SCI. Topics include discussion of relevant diversity considerations, including ADA, models of disability, and societal beliefs about disability.

Palliative Care Unit (PCU) and Palliative Care Consultation Team (PCCT)

General Description

The Palliative Care program at the Memphis VAMC is comprised of both a Palliative Care Consultation Team (PCCT) and a dedicated Palliative Care Unit (PCU). Palliative Care promotes quality of life across the illness trajectory through the relief of suffering, including care of the dying and bereavement follow-up. The goal of the program is to provide the best quality of life through the relief of suffering, pain and symptom management, psychosocial support, and respect for autonomy and the appropriate role of family and decisional surrogates. The program also strives to provide education to other practitioners about end-of life-issues.

The PCCT is an interdisciplinary team that provides palliative care services on a consultative basis to patients who are in the advanced stages of a life-threatening illness and to their caregivers, and families. The core team includes a psychologist, physician, chaplain, social worker, pharmacist, and nurse practitioner. The consult team works with other teams and professionals throughout the medical center to establish goals of care and focus on caring for the whole patient. Sensitivity to personal, cultural and religious values, beliefs, and practices is emphasized.

The PCU is an eight-bed acute care unit that serves patients across the palliative care continuum (i.e., life-limiting condition for which patients continue to receive life-extending treatment to patients who are actively dying). The transdisciplinary team includes a physician, psychologist, chaplain, social worker, pharmacist, dietician, and the unit's dedicated nursing staff. The team attends to medical, psychological, spiritual, and social needs of patients and their families. All team members participate in the care of each patient and patient's treatment plans are developed with input from all team members. Education and support of patients as well as their families are significant components of care. Education of patients and families is provided during all aspects of the team's interaction with the patient, including treatment team rounds, family conferences, and individual meetings with team members. Given the stress associated with providing palliative care, psychologists routinely offer services for both staff and family members, including the processing of anticipatory grief and bereavement support.

This training experience is offered as a major or minor rotation.

Potential Training Opportunities

1. Completing comprehensive palliative care evaluations/interviews;
2. Performing cognitive and mood screenings, mental status exams, and capacity evaluations;
3. Providing therapeutic interventions and education to patients, families, and caregivers, including provision of supportive counseling, brief grief counseling, and bereavement contacts;
4. Developing a knowledge base regarding medical conditions, medication usage (including drug interactions and side effects), other medical/surgical interventions, and associated terminology;
5. Gaining familiarity with psychological, social, cultural, and spiritual issues related to end-of-life care;
6. Assisting patients and families in the transition to hospice status;
7. Providing staff consultation to the interprofessional medical team regarding psychological factors involved in the patients' overall care and enhancement of team functioning (including brief debriefing/processing meetings after each death on the PCU);
8. Learning to identify and manage the ethical and legal dilemmas facing the psychologist and other clinicians practicing in a medical setting;
9. Assisting with ongoing development of program structure and function;
10. Evaluating/tracking aspects of PCCT program functioning;
11. Assisting with development of materials/strategies for enhancing education of non-team staff regarding end-of-life care;
12. Learning to work within a transdisciplinary team structure to provide care for palliative care patients and their families; and
13. Participating in daily team rounds/meetings and didactic training experiences.

Primary Care Mental Health Integration – Medical Center (Copper Clinic)

General Description

This rotation provides psychology a wide variety of experiences in primary care and behavioral medicine/health psychology. Under supervision of a primary care psychologist, the trainee can provide individual and group psychotherapy and health psychology interventions (e.g., modifying unhealthy

behaviors, treating symptoms of medical disorders that are amenable to behavioral interventions, and improving adherence to medical regimens). Treatment modalities may include stress management, individual and group psychotherapy (e.g., CBT, ACT, Motivational Interviewing) and psychoeducational interventions. Brief psychotherapy is the norm and is typically completed in 6-8 sessions. Trainees will have the opportunity to learn about and utilize the Behavioral Health Laboratory (BHL). The BHL includes an initial triage assessment that provides primary care providers with a comprehensive assessment of Veterans' mental health and substance abuse symptoms. Based on the results of the initial assessment, the BHL service also includes structured follow-up assessments and care management. This rotation is offered as a major or minor rotation.

Potential Training Opportunities

1. Developing and refining diagnostic and intervention skills:
    - Intake and therapy sessions are typically 30 minutes
    - Feedback and triage takes place at the end of the initial 30 minute intake;
2. Providing brief evidence-based treatments for mild to moderate mental health concerns and health behavior concerns:
    - Sessions are typically 30 minutes
    - Duration of treatment is typically 6-8 sessions;
3. Participating in the collaborative management of patients' health care as a member of an interdisciplinary primary care team;
4. Participating in "huddles"—PACT (Patient Aligned Care Team) meetings;
5. Providing crisis assessment;
6. Triaging "warm handoffs"—unscheduled patients whose primary care provider requests they be seen for a mental health appointment that day;
7. Learning about and utilizing the Behavioral Health Laboratory; and
8. Creating and/or co-leading group psychotherapy

Primary Care Mental Health Integration - Women's Clinic

General Description

The Women's Health Clinic provides primary care services to female Veterans treated at the VA Medical Center. Our female Veterans present with a range of often-complex psychological and physical health concerns. Psychology's role in this clinic, therefore, is an integrative one as the psychologist works collaboratively with the primary care providers to enhance treatment of the full spectrum of medical and psychological problems presented by clinic patients. Body image issues, chronic pain syndromes, childhood and/or military sexual trauma, depression, anxiety disorders, and compliance issues are presenting problems common in this population. As in other Primary Care rotations, trainees are afforded experience in providing a range of direct clinical services in a primary medical care setting. They will gain a greater appreciation for the impact of interacting physical and psychosocial factors on women's health. This training experience is offered as a major or minor rotation.

Potential Training Opportunities

1. Performing psychological, cognitive, and/or behavioral medicine screenings;
2. Consulting with clinic staff regarding differential diagnosis, treatment planning, and compliance
3. issues;
4. Providing therapeutic interventions to individuals and/or groups;
5. Developing and/or participating in educational groups regarding women's health issues;
6. Working with physicians, nurses, and other clinic staff to develop programs aimed at enhancing
7. women's overall health; and
8. Attending clinic conferences, meetings, and other training opportunities.

Primary Care Mental Health Integration - Serious Mental Illness (Blue Clinic)

General Description

The Blue Primary Care Clinic provides primary care medical services to Veterans with serious mental illness (SMI) or significant mental health issues. Under supervision of a primary care psychologist, the trainee will provide face-to-face mental health services tailored to the primary care environment (i.e., Co-located Collaborative Care) and gain an understanding of and exposure to the Behavioral Health Lab (i.e., Care Management). Co-located Collaborative Care and Care Management comprise the blended model of primary care-mental health integration (PC-MHI), the Uniform Services evidenced based practice for larger primary care clinics. This rotation is offered as both a major and minor rotation.

Potential Training Opportunities

1. Providing same-day assessment of Veteran's mental health and behavioral health care needs;
2. Referring to specialty services within the medical center;
3. Delivering psychological treatment tailored to the primary care environment;
4. Providing timely "curb-side" consultation;
5. Conducting crisis assessment and intervention;
6. Providing brief evidence based treatments for Chronic PTSD, Depression, and Insomnia; and
7. Contributing to the implementation of Primary Care-Mental Health Integration.

Primary Care Mental Health Integration - Community Based Outpatient Clinic (North Clinic)

General Description

This rotation provides trainees with a wide variety of experiences in primary care and health psychology. Under close supervision of a primary care psychologist the fellow will provide long term and short term individual psychotherapy and health psychology interventions. Primary models of intervention include eclectic, solution-focused, supportive and behavioral therapies, including CBT, CBT-I, and CPT. Trainees have the opportunity to learn and utilize the Behavioral Health Laboratory (BHL). The BHL is a flexible clinical service that helps to manage the mental health needs of Veterans seen in the primary care setting. The BHL provides primary care providers a comprehensive assessment of Veterans' mental health and substance abuse symptoms and a triage plan based on the assessment.

Potential Training Opportunities

1. Gaining experience in applying psychological theory and techniques to behavioral aspects of health and illness;
2. Delivering on-site and timely assessment and consultation;
3. Developing and refining skills in brief intervention and communication with medical providers;
4. Participating in the collaborative management of patients' health care as a member of an interdisciplinary primary care team;
5. Providing crisis assessment;
6. Learning and utilizing the Behavioral Health Laboratory;
7. Providing psychoeducation and behavioral lifestyle change interventions; and
8. Implementing evidence-based practice for mental health concerns.

Tobacco Cessation

General Description

This rotation provides training in health coaching, using Motivational Interviewing to assist Veterans in their efforts to quit smoking or using tobacco. This service is in high demand in the VA. Approximately 34% of Veterans smoke, and it is estimated that the percentage is higher for Veterans diagnosed with PTSD (up to 45%). A stepped-care approach to treatment is used, in accordance with the

Transtheoretical Model and the Stages of Change, to best meet the needs of the Veteran in his or her current stage of change. Behavioral strategies are used in combination with pharmacological treatment to capitalize on the Veteran's motivation to quit tobacco. Treatment is offered through groups, individual coaching, telehealth and telephone coaching, as well as hypnosis. Fellows will also have the option of learning basic skills in hypnosis. This is a minor rotation.

Potential Training Opportunities

1. Coleading or leading single-session groups (both locally and via telehealth) primarily focused on increasing motivation, educating the Veteran regarding the health risks of smoking, and describing treatment options;
2. Providing brief smoking cessation interventions via telehealth and telephone to CBOC patients;
3. Coleading or leading open-ended groups that are both supportive and educational;
4. Providing tobacco cessation on a consultative basis to patients from a variety of subspecialties including cardiology, hematology/oncology, and residential treatment for substance abuse or PTSD;
5. Delivering presentations to residential cohorts at the request of the specialty clinic to address smoking cessation;
6. Utilizing hypnosis (see Medical Hypnosis description);
7. Assisting with organization of events such as health fairs and The Great American Smokeout;
8. Delivering telehealth services; and
9. Attending community outreach activities with your supervisor (e.g., Tennessee Cancer Coalition Tobacco Cessation Committee).

Oncology

General Description

The Psychology Section of the Mental Health Service provides services to patients undergoing evaluation and/or treatment for cancer in the Hematology-Oncology Clinic and/or the Radiation Oncology Clinic. Services are also provided to patients during inpatient admissions. Patients may be seen at any stage of the disease process including at the time of the initial diagnosis and workup, at the time of initial and subsequent treatments, during management of associated conditions and complications, and through the later stages of the disease process and end of life care. A multidisciplinary team model is employed, including professionals from medicine and surgery, nursing, social work, nutrition, clinical pharmacy, physical therapy, occupational therapy, and chaplaincy, as well as psychology. This training experience is available as a minor rotation with a focus in either Hematology-Oncology Clinic or Radiation Oncology Clinic.

Potential Training Opportunities

1. Providing individual and family support for a range of problems including emotional reactions at the time of initial diagnosis, assisting patients and family in formulating questions for their medical caregivers, dealing with anxiety generated by treatment delays or complications, dealing with body image issues, assisting with compliance issues, and coping with terminal illness;
2. Providing more focused interventions, such as relaxation training;
3. Performing interview assessments of patients' mental status, as well as on-going monitoring of mental status and affective condition;
4. Providing staff consultations including assisting the treatment team in understanding the psychological implications of severe physical illness on individuals' behavior, allowing staff to share their thoughts and feelings about working with seriously ill patients and patients in the process of dying; and

5. Attending continuing education activities including weekly Oncology Rounds, Tumor Board diagnostic/treatment conferences, local teleconferences, and Oncology/Palliative Care Journal Club.

Clinical Neuropsychology Rotations

Neuropsychology Division, Memphis VAMC

General Description

The Neuropsychology Program provides psychological services related to clinical problems specifically pertaining to brain-behavior relationships. It provides consultation to other sections of the Mental Health Service (e.g., Inpatient Psychiatry, Chemical Dependency, Mental Health Clinic), Inpatient Medicine, Primary Care, Neurology, Neurosurgery, Spinal Cord Injury Service, Vocational Rehabilitation, Women's Clinic, and other clinics and units of the Medical Center. Within the Spinal Cord Injury Service, Neuropsychology performs routine screening of patients admitted to CARF-accredited rehabilitation beds. The Neuropsychology Program also works with the Polytrauma Program in meeting the complex needs of patients with traumatic brain injury, psychiatric disorders, and/or physical injuries. Clinical presentations of patients referred to Neuropsychology are quite varied and include dementias of various types, focal cortical syndromes from cerebrovascular accident or other causes; traumatic brain injury; epilepsy; cerebral infections, and psychiatric disorders such as major depression, bipolar disorder, post-traumatic stress disorder, other anxiety disorders, somatoform disorders, and various psychotic disorders. Many of the patients seen also have chronic health problems such as cardiac, metabolic, or pulmonary conditions that impact cognitive abilities.

Fellows gain experience in administration and interpretation of neuropsychological evaluations and consultation with referring health care professionals from multiple units and clinics. Fellows also perform brief neurocognitive evaluations of more severely impaired patients. An important factor in obtaining competence in neuropsychological assessment is exposure to the behavioral presentations of a wide range of neurological, psychiatric, and other medical conditions. Fellows learn both basic and advanced aspects of diagnosing disorders of higher brain functions, analysis of the interactions among cognitive impairments and psychiatric and physical illnesses, and the practical implications of patients' impairments on their functional abilities. Changes in mood or personality are often present in cases referred to our clinic; therefore, personality assessment plays an important role in the services we provide. Using a variety of objective personality assessment techniques (most typically the MMPI-2 or various screening measures for depression and anxiety), neuropsychology assists in the differential diagnosis of psychiatric and neurological disorders impacting emotional and/or cognitive functioning, assesses the effects of brain damage on premorbid personality, and assesses the emotional stress resulting from debilitating neurological disease. Likewise, measurement of effort is important in establishing the validity of neurocognitive measures. As such, careful behavioral observations as well as the administration of formal performance validity measures are an important part of many neurocognitive assessments. Emphasis is placed on the integration of all data sources (i.e., testing, patient interview and qualitative behavioral observations, the report of family members, and extant records including other neurodiagnostic studies) in order to reach diagnostic impressions and provide practical recommendations to staff, patients, and family members.

Through involvement in Neuroradiology Rounds and other opportunities, fellows routinely consult and interact with medical staff and residents in neurology and related specialties. Fellows provide detailed feedback to referral sources, patients, and family members. Fellows may take either a major or minor rotation.

Potential Training Opportunities

1. Administering and interpreting a variety of neuropsychological tests in order to learn an eclectic approach to assessment based upon a flexible battery approach;
2. Becoming familiar with both clinical and behavioral neurology via didactics and assessment of acute and chronic focal neurological presentations;
3. Gaining exposure to various sources of neuropsychological normative data;
4. Writing neuropsychological reports, including specific recommendations for patient care, rehabilitation, and discharge planning;
5. Participating in feedback of results to patients and their families;
6. Gaining exposure to neurodiagnostic images such as CT and MRI scans;
7. Participating in a weekly Neuropsychology Seminar;
8. Participating in therapeutic feedback with patients and family members;
9. Leading or co-leading groups for building compensatory cognitive strategies and improving function in everyday life; and
10. Attending weekly Neuropsychology Case Conference and Rounds.

Semmes-Murphey Neurologic and Spine Institute

Note: This rotation is available through a reciprocal agreement with the APA-accredited University of Tennessee Professional Psychology Consortium. Additional mental health rotations are also available to VA trainees through this agreement. Pease refer to the UT Consortium Brochure for a complete listing of these rotations.

General Description

Supervision is provided by Brandon Baughman, PhD, ABPP. Dr. Baughman's practice is broadly clinical and involves the neuropsychological assessment of adults primarily and also adolescents. Fellows perform comprehensive neuropsychological evaluations and provide consultation to referring practitioners. Fellows may take part in independent neuropsychological evaluations for forensic or disability purposes, chronic pain evaluations, and fitness-for-duty evaluations of commercial airline pilots. Note that availability is limited and this rotation cannot be guaranteed.

St. Jude Children's Research Hospital

Note: This rotation is available through a reciprocal agreement with the APA-accredited University of Tennessee Professional Psychology Consortium. Additional mental health rotations are also available to VA trainees through this agreement. Pease refer to the UT Consortium Brochure for a complete listing of these rotations.

General Description

There are two fellowship rotations offered through St. Jude. The first rotation involves outpatient neuropsychological assessment and consultation with patients from infancy through young adulthood with primary diagnoses of brain tumor, acute lymphoblastic leukemia, sickle cell disease, HIV/AIDS or rare genetic disorders (listed in order of frequency). These clinical populations present with a wide-range of cognitive difficulties (related to disease and/or treatment) affording broad-based training. Supervisors for this rotation include Darcy Raches, PhD, and Andrew Molnar, PhD The second rotation involves brief, standardized cognitive screeners for children with sickle cell disease at four predetermined developmental time periods (4-5 years, 8-9 years, 12-13 years and 16-17 years). The primary supervisor for this rotation is Jane Schreiber, PhD. Note that availability is limited and this rotation cannot be guaranteed.

Training and Support Staff

VA Medical Center Staff

Khatidja Ali, PhD
University of Memphis, 2011 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Oncology and Palliative Care

Timothy Arentsen, PhD
Fuller Theological Seminary, 2014 (Clinical Psychology, Neuropsychology Emphasis)
Licensed Psychologist, Tennessee (Health Service Provider)
Neuropsychology

Anne Ayres, PhD
Georgia State University, 1992 (Counseling Psychology)
Licensed Psychologist, Tennessee and Mississippi (Health Service Provider)
Mental Health Clinic; Preceptor, Evidence-Based Treatment Focus Area, Clinical Psychology Fellowship

Robert Baldwin, PhD
Gallaudet University, 2002 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
PTSD/SUD Psychologist

Sandra Baltz, MD
University of Tennessee Health Science Center, 1991
Licensed Psychiatrist, Tennessee
Psychiatry Consultation and Liaision

Michelle Bowen, LCSW
University of Tennessee – Memphis, 1997
Licensed Clinical Social Worker, Tennessee
Senior Social Worker, PTSD Clinic

Karen A. Clark, PhD

University of Mississippi, 1991 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Director of Training, Psychology Training Programs; Director, Psychology Internship Program; Director, Clinical Psychology Fellowship Program; Director, Palliative Care Program

Krystin R. Coldwell, PsyD

Xavier University, 2009 (Clinical Psychology)
Licensed Psychologist, Washington State
(Primary Care Mental Health Integration – Women's Clinic)

Teresa K. Cook, PsyD

Baylor University, 2006 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Hypnosis, Health Behavior Coordinator, Medical Psychology

Ellen M. Crouse, PhD

University of Montana, 2005 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Neuropsychology, Interventions Coordinator

Kimberly Fleming, PhD

University of Louisville, 2015 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Mental Health Clinic - Behavioral Health Integrative Program (BHIP)

Lynne Hennessey, MS

Mississippi State University, 1982
Licensed Senior Psychological Examiner, Tennessee
Neuropsychology

Samuel A. Holcombe, PsyD

Illinois School of Professional Psychology - Chicago, 2002 (Clinical Psychology)
Licensed Clinical Psychologist, Tennessee (Health Service Provider)
Inpatient Psychiatry

Norman I. Itkowitz, PsyD

Antioch New England Graduate School, 2000 (Clinical Psychology)
Licensed Psychologist, Louisiana and Tennessee (Health Service Provider)
Primary Care Mental Health Integration -- Blue Clinic (SMI)

Jacqueline Jackson, MS, CSP

University of West Alabama, 2008
Certified Specialist in Psychometry
Neuropsychology

Jennifer L. Jacobson, PsyD

Spalding University, 2002 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Geriatrics/Rehabiliative Medicine and Memory Clinic; Program Director, Clinical Health Psychology Fellowship

Judiann Jones, PhD

University of Memphis, 2015 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Mental Health Clinic - Behavioral Health Integrative Program (BHIP)

Nancy Jordan, PhD

University of Memphis, 2001 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Supervisor, Trauma Recovery Center

Thomas M. Kirchberg, PhD, ABPP-CL

University of Memphis, l992 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Chief, Psychology Section; Crisis Intervention Team

Susan Kolderup, PsyD

PGSP-Stanford PsyD Consortium, 2013 (Clinical Psychology)
Licensed Psychologist, California and Tennessee (Health Service Provider)
Home Based Primary Care

Robert C. Kores, PhD, ABPP-CL

University of Memphis, 1979 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Mental Health Clinic, Admission Intervention Team

Alixandra Lyon-Bramhall, PsyD

Roosevelt University, 2014 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Spinal Cord Injury Service

Anice R. Modesto, PhD

Memphis State University, 1985 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Mental Health Clinic

Catherine S. Morton, PhD

The University of Memphis, 1999 (Counseling Psychology)
Licensed Psychologist, Tennessee and Mississippi (Health Service Provider)
Mental Health Clinic/Consult Triage

Natasha Mroczek, PsyD

Florida Institute of Technology, 2014 (Clinical Psychology)
Licensed Psychologist, Virginia
Primary Care Mental Health Integration – Nonconnah Boulevard Clinic; Chronic Pain Program

Tahere Pourmotabbed, PhD

Howard University, 1990 (Counseling Psychology)
Licensed Psychologist, Tennessee and Washington D.C. (Health Service Provider)
Primary Care and Mental Health -- North Clinic, Community Based Outpatient Clinic

Joann P. Raby, PhD

Saint Louis University, 1994 (Clinical Psychology)
Licensed Psychologist, Tennessee and Mississippi (Health Service Provider)
Home Based Primary Care

Eliyahu P. Reich, PhD

St. John's University, 2009 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
PTSD/SUD Psychologist

Brad L. Roper, PhD, ABPP-CN

University of Minnesota, 1992 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Director, Neuropsychology Program; Program Director, Clinical Neuropsychology Fellowship

Havah E. Schneider, PhD

Yeshiva University, 2013 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Primary Care Mental Health Integration—Copper Clinic

Betty Duke Shadish, LCSW

University of Illinois - Champaign-Urbana, l97l
Licensed Clinical Social Worker, Tennessee
Director, Family Therapy Program

Bruce F. Smith, MS

University of Wisconsin, Oshkosh, 1985
Licensed Senior Psychological Examiner, Tennessee
Neuropsychology

Eileen Todd, PhD

University of Southern Mississippi, 2014 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
PTSD Clinical Team

Valerie Tunstall-Ernest

Program Support Assistant
Psychology Training Program

Jennifer D. Vandergriff, PhD

Colorado State University, 2008 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Spinal Cord Injury Service; Practicum Coordinator, Psychology Training Program

Katherine Veazey Morris, PhD

The University of Memphis, 2008 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Polytrauma Program; Copreceptor, Returning Veterans/Polytrauma Focus Area, Clinical Psychology Fellowship

John Weaver, PhD

University of Memphis, 1997 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Primary Care and Mental Health -- North Clinic

John Whirley, PhD

The University of Texas at Austin, 1981 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Returning Veterans Clinical Team; Disruptive Behavior Committee; Sleep Clinic; Copreceptor, Returning Veterans/Polytrauma Focus Area, Clinical Psychology Fellowship

Off-Site Training Staff

(***Note:*** Available to fellows for supervision of off-site rotations through a reciprocal agreement with the University of Tennessee Professional Psychology Consortium.)

Brandon Baughman, PhD

University of Tulsa, 2008 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Adult Neuropsychology, Semmes-Murphey Neurologic and Spine Institute

Heather Conklin, PhD

University of Minnesota, 2002
Licensed Psychologist, Tennessee (Health Service Provider)
Pediatric Neuropsychology, St. Jude Children's Research Hospital

John Hutson, PhD

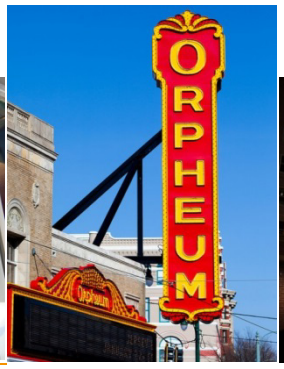
University of Tennessee, 1975
Licensed Psychologist, Tennessee (Health Service Provider)
West Tennessee Forensic Services, Inc.

James L. Klosky, PhD
University of Memphis, 2004
Licensed Psychologist, Tennessee (Health Service Provider)
Pediatric Oncology, St. Jude Children's Research Hospital

Debbie Nichols, MSW
University of Alabama, 1977
Licensed Clinical Social Worker, Tennessee
West Tennessee Forensic Services, Inc.

Wyatt Nichols, PhD
University of Alabama, 1980
Licensed Psychologist, Tennessee (Health Service Provider)
West Tennessee Forensic Services, Inc.

Lynn Zager, PhD
Florida State University, 1981
Licensed Psychologist, Tennessee (Health Service Provider)
West Tennessee Forensic Services, Inc.



Living in Memphis

Memphis is a historic city of 650,000 people located high on the river bluffs overlooking the legendary Mississippi River. The city was established in 1819 and named after the Egyptian City of the same name located on the Nile River. The name Memphis means "place of good abode," and here is a little of what Memphis offers:

- An affordable city where warm weather predominates, with housing in a variety of interesting neighborhoods convenient to shopping areas, restaurants, and entertainment.
- A music city known for rock, country, blues, jazz, bluegrass, and local opera and symphony. The Smithsonian's Memphis Rock 'n Soul Museum is a wonderful introduction to the music of this city and region, along with the Stax Museum of American Soul Music at Soulsville USA. Over 50 free concerts a year are offered at the Levitt Shell.
- A sports city, home of the Memphis Grizzlies NBA basketball team, University of Memphis Tiger basketball team, Memphis River Kings professional hockey, Memphis Redbirds (AAA) baseball at the beautiful AutoZone Park, the Liberty Bowl, and the Fed Ex-St. Jude Golf Classic.
- An active city, with a wide range of outdoor activities, including running, golfing, cycling, and tennis. The Memphis Greenline is a popular walking/biking trail that runs through Memphis. Fishing and

boating are available at lakes in the surrounding area. Among our many attractions is Shelby Farms Park, which covers 4,500 acres and is among the 20 largest urban parks in the nation, with paved and unpaved trails, more than 20 bodies of water, dedicated mountain bike trails, a BMX track, disc golf, ropes course, playgrounds, and rentals of boats, bikes, and horses.

- A higher education city with Christian Brothers University, LeMoyne-Owen College, Memphis College of Art, University of Memphis, Rhodes College, Baptist College of Health Sciences, Memphis Theological Seminary, Visible Music College, Southern College of Optometry, and the University of Tennessee Health Science Center.
- A health care city with 17 major medical facilities including regional centers for organ transplants and cancer research, regional rehabilitation centers, a regional prenatal care center, St. Jude Children's Research Hospital, and the UT Health Science Center, which houses the Colleges of Medicine, Pharmacy, Nursing, and Allied Health Sciences.
- A city of seasonal festivals and fairs such as the Memphis in May International Festival, which includes music festivals and the world barbeque championship. Memphians also enjoy the Fourth of July Fireworks over the River, Cooper-Young Festival, Pink Palace Crafts Fair, Mid-South Fair, Elvis Week, National Blues Award Show, River Arts Festival, New Year's Eve on Beale Street, and numerous concerts, ballet, and theater performances throughout the year. Current activities can be found at the I Love Memphis Blog.
- A city with hundreds of restaurants serving international cuisine as well as local delicacies and a growing craft beer scene.
- A city that offers a stroll down Beale Street; a scenic carriage ride along Riverside Drive; a day in the sun along the Memphis Riverfront; a memorable tour of Graceland; a moving visit to the National Civil Rights Museum, a visit to the Bass Pro at the Pyramid, and visits to the famous Peabody Hotel, South Main Historic District, Memphis Zoo, Brooks Museum of Art, and Dixon Garden and Galleries.

Psychology Trainees

Recent Internship and Fellowship Classes

Completed in 2016

Psychology Interns

Olufunke Awosogba, Counseling Psychology, University of Texas at Austin
Jeralee Briggs, Clinical Psychology, Western Michigan University
Bianca Brooks, Clinical Psychology, Georgia State University
Adam Lewis, Counseling Psychology, University of Iowa
Audrey Martinez, Clinical Psychology, Loma Linda University
Courtney McAlister, Clinical Psychology, Washington State University
Lindsay Morra, Clinical Psychology, State University of New York at Binghamton

Emily Schroeder, Clinical Psychology, Spalding University

Psychology Fellows

Clinical Psychology Fellowship

Kimberly Fleming, PhD, Clinical Psychology, University of Louisville
Judiann Jones, PhD, Clinical Psychology, University of Memphis
Jesse Malott, PsyD, Clinical Psychology, Fuller Graduate School of Psychology

Clinical Health Psychology Fellowship

Lauren Anker, PsyD, Clinical Psychology, Chicago School of Professional Psychology
Heather Tahler, PsyD, Clinical Psychology, Chicago School of Professional Psychology
Heather Wadeson, PhD, Clinical Psychology, St. Louis University

Clinical Neuropsychology Fellowship

Timothy Arentsen, PhD, Clinical Psychology, Fuller Theological Seminary (Second Year)
Susan Stern, PhD, Clinical Psychology, Georgia State University (Second Year)

Completed in 2015

Psychology Interns

Marcy Adler, Clinical Psychology, Nova Southeastern University
Chinonyere Bello, Clinical Psychology, Loma Linda University
Brittney Getz, Clinical Psychology, University of Louisville
Laura Loucks, Clinical Psychology, University of Georgia
Jesse Malott, Clinical Psychology, Fuller Graduate School of Psychology
Adrian Murray, Counseling Psychology, University of Memphis
Mollie Sprung, Clinical Psychology, University of Maryland, Baltimore County
Heather Wadeson, Clinical Psychology, St. Louis University

Psychology Fellows

Clinical Psychology Fellowship

Tamara Foxworth, PhD, Clinical Psychology, University of North Carolina at Greensboro
Regan Slater, PhD, Clinical Psychology, University of Mississippi
R. Eileen Todd, PhD, Clinical Psychology, University of Southern Mississippi

Clinical Health Psychology Fellowship

Grant M. Harris, PhD, Clinical Psychology, University of Alabama
Alixandra Lyon-Bramhall, PsyD, Clinical Psychology, Roosevelt University
Natasha Mroczek, PsyD, Florida Institute of Technology

Clinical Neuropsychology Fellowship

Timothy Arentsen, PhD, Clinical Psychology, Fuller Theological Seminary (First Year)
Susan Stern, PhD, Clinical Psychology, Georgia State University (First Year)

Completed in 2014

Psychology Interns

Caroline F. Acra, Clinical Psychology, University of Hawaii
Laurie A. Burke, Clinical Psychology, University of Memphis

Grant M. Harris, Clinical Psychology, University of Alabama
Johathan M. Highsmith, Clinical Psychology, East Carolina University
Mary Lindsey Jacobs, Clinical Psychology, University of Alabama
Elizabeth Kolivas, Clinical Psychology, University of Mississippi
Katie B. McCulloch, PhD, Clinical Psychology, University of Houston
R. Eileen Todd, Clinical Psychology, University of Southern Mississippi

Psychology Fellows

Clinical Psychology Fellowship

Douglas Kraus, PsyD, Clinical Psychology, Pepperdine University
Timothy Perry, PhD, Clinical Psychology, University of North Carolina, Chapel Hill
Shauna Pollard, Clinical/Community Psychology, University of Maryland, Baltimore County

Clinical Health Psychology Fellowship

Timothy Boling, PhD, Counseling Psychology, Tennessee State University
Havah Schneider, PhD, Clinical Psychology, Yeshiva University
Rachel Ziwich, PhD, Clinical Psychology, Yeshiva University

Clinical Neuropsychology Fellowship

Heather A. Pedersen, PhD, Clinical Psychology, University of North Dakota, Grand Forks (Second Year)
Laura Shultz, PsyD, Clinical Psychology, Wheaton College (Second Year)

Completed in 2013

Psychology Interns

Courtney Brown, Clinical Psychology, University of Georgia
Ashley Dennhardt, Clinical Psychology, University of Memphis
Greg Fonzo, Clinical Psychology, San Diego State University/University of California San Diego
Shauna Pollard, Clinical/Community Psychology, University of Maryland, Baltimore County
Laura Sejud, Clinical Psychology, Baylor University
Susan Sharp, Clinical Psychology, Pacific Graduate School of Psychology-Stanford Consortium

Psychology Fellows

Clinical Psychology Fellowship

Carol Becker, PhD, Clinical Psychology, Pacific Graduate School of Psychology at Palo Alto University
Thorayya Giovannelli, PsyD, Clinical Psychology, Regent University

Clinical Health Psychology Fellowship

Ashley Jackson Mosley, PhD, Clinical Psychology, University of Memphis
Jillian Sullivan, PhD, Counseling Psychology, Ball State University

Clinical Neuropsychology Fellowship

Heather A. Pedersen, PhD, Clinical Psychology, University of North Dakota, Grand Forks (First Year)
Laura Shultz, PsyD, Clinical Psychology, Wheaton College (First Year)

Completed in 2012

Psychology Interns

Saroj Hardit, Counseling Psychology, University of Illinois – Urbana/Champaign
Patti Henderson, Clinical Psychology, Texas A & M University
Ashley Jackson, Clinical Psychology, University of Memphis
Thorayya Giovannelli, Clinical Psychology, Regent University
R. John Sawyer, Counseling Psychology, University of Memphis
Christie Spence, Clinical Psychology, Washington University
Angela Volz, Clinical Psychology, Miami University

Psychology Fellows

Khatidja Ali, PhD, Clinical Psychology, University of Memphis
Tracy Chisholm, PsyD, Clinical Psychology, Nova Southeastern University
Alison Dowd, PsyD, Clinical Psychology, Carlos Albizu University (Second Year)
Cody Duckworth, PsyD, Clinical Psychology, Indiana University of Pennsylvania
Claudia McCausland, PhD, Clinical Psychology, University of Memphis
J. Chris Young, PhD, Clinical Psychology, University of Mississippi (Second Year)

Completed in 2011

Psychology Interns

Khatidja Ali, Clinical Psychology, University of Memphis
Tara Kane, Clinical Psychology, Pacific Graduate Shool of Psychology
Megan Lavery, Clinical Psychology, LaSalle University
Lindsey Moore, Counseling Psychology, Texas Tech University
Michael Moore, Counseling Psychology, University of Southern Mississippi
Kate Sawyer, Clinical Psychology, Florida State University
Marian Zimmerman, Clinical Psychology, University of North Texas

Psychology Fellows

Thomas Alm, PsyD, Clinical Psychology, La Salle University
Tanecia Blue, Ph..D., Counseling Psychology, Texas Tech University
Alison Dowd, PsyD, Clinical Psychology, Carlos Albizu University (First Year)
Noelle Liwski, PhD, Counseling Psychology, Purdue University
Veronica Shead, PhD, Clinical Psychology, Washington University
Mardi Smith, PhD, Counseling Psychology, University of Memphis
Jeffrey Willems, PhD, Clinical Psychology, University of Arkansas
J. Christopher Young, PhD, Clinical Psychology, University of Mississippi (First Year)

Completed in 2010

Psychology Interns

Thomas Alm, Clinical Psychology, LaSalle University
Katrina Bratton, PhD, Clinical Psychology, University of Montana
Kristen Crafton, Clinical Psychology, Spalding University
Stacey Crump, Clinical Psychology, Howard University
HaNa Kim, Counseling Psychology, Virginia Commonwealth University
Susan Mickel, Clinical Psychology, Fielding Graduate University
J. Christopher Young, Clinical Psychology, University of Mississippi

Psychology Fellows

Brandon Baughman, PhD, Clinical Psychology, University of Tulsa (Second Year)
Joseph Currier, PhD, Clinical Psychology, University of Memphis
Regina McConley, PhD, Clinical Psychology, University of Alabama at Birmingham
Jana Mullins, PsyD, Clinical Psychology, Argosy University – Atlanta
Eliyahu Reich, PhD, Clinical Psychology, St. Johns University
Nabeel Yehyawi, PsyD, Clinical Psychology, University of Indianapolis (Second Year)

Completed in 2009

Psychology Interns

Ioan Stroescu, Clinical Psychology, St. Louis University
Joseph Currier, Clinical Psychology, University of Memphis
Katherine Fortenberry, Clinical Psychology, University of Utah
Sumer Ledet, Clinical Psychology, University of Tulsa
Donald Marks, Clinical Psychology, La Salle University
Jana Mullins, Clinical Psychology, Argosy University – Atlanta
Victor Wong, Clinical Psychology, Oklahoma State University

Psychology Fellows

Brandon Baughman, PhD, Clinical Psychology, University of Tulsa (First Year)
Jennifer Daly, PhD, Counseling Psychology, Colorado State University
Danette Garces-Webb, PhD, Clinical Psychology, University of Memphis
Katherine Morris, PhD, Clinical Psychology, University of Memphis
Charity Wilkinson, PsyD, Clinical Psychology, Indiana University of Pennsylvania
Nabeel Yehyawi, PsyD, Clinical Psychology, University of Indianapolis (First Year)

Completed in 2008

Psychology Interns

Brittany Allen, Clinical Psychology, St. Louis University
Jennifer Daly, Counseling Psychology, Colorado State University
Danette Garces-Webb, Clinical Psychology, University of Memphis
Alan McGuire, Clinical Psychology, Indiana University—Purdue University Indianapolis

Psychology Fellows

Josh Caron, PhD, Clinical Psychology, University of Nevada, Las Vegas (Second Year)
Carin Eubanks, PhD, Clinical Psychology, University of Southern Mississippi
Ze'ev Frankel, PhD, Clinical Psychology, University of Memphis
Caroline Upchurch, PhD, Clinical Psychology, University of Utah
Lee Kearns, PsyD, Clinical Psychology, George Fox University (Second Year)

Completed in 2007

Psychology Interns

Kelley Beck, Clinical Psychology, University of North Texas
Ze'ev Frankel, Clinical Psychology, University of Memphis
Karen Hubbard, Clinical Psychology, University of Alabama

Psychology Fellows

Josh Caron, PhD, Clinical Psychology, University of Nevada, Las Vegas (First Year)
Teresa Cook, PsyD, Clinical Psychology, Baylor University
Sheryl Ebert, PhD, Clinical Psychology, University of Alabama at Birmingham
Amy Hershberger, PhD, Counseling Psychology, Texas Tech University
Lee Kearns, PsyD, Clinical Psychology, George Fox University (First Year)