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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.

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 Memphis VAMC Mental Health Service is committed to excellence in clinical service, training, and research. The staff is heterogeneous in terms of educational and theoretical backgrounds, which makes possible a wide range of orientations for instruction, observation, role modeling, and professional development. Professional psychologists at the Memphis VAMC function as clinicians, delivering care as independent practitioners within the range of their clinical privileges; as administrators, leading various programs throughout the Medical Center; and as researchers, exploring clinically and theoretically relevant areas. The Psychology Section staff contributes to the larger community by donation of personal and professional services to community groups, participation in

Program Director:
Jennifer L. Jacobson, Psy.D.
Phone: (901) 523-8990 ext. 5298
Email: Jennifer.Jacobson@va.gov

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

Applications Due: January 4, 2018

In addition to the Clinical Health Psychology Fellowship, the Memphis VAMC offers training in Clinical 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.
university activities, and consultation/private practice outside the Medical Center. Our psychologists have held and currently hold elected and appointed leadership positions in local, state, and national professional associations and groups.

Our Clinical Health Psychology staff are well integrated throughout the medical center, providing services in a range of settings along the continuum of care from prevention to disease management. Clinical health psychologists provide services in general primary care clinics located at the main medical center and in the community as well as in specialty primary care for women, seriously mentally ill, homebound, and spinal cord injured veterans. Clinical health psychologists also serve specialty medical care in inpatient and outpatient rehabilitation settings (Geriatrics and Spinal Cord Injury), Palliative Care, Memory Clinic, and Hematology/Oncology. On a consultative basis, clinical health psychologists perform pre-surgical evaluations for organ transplants, bariatric surgeries, and clearance for penile prostheses.

All Clinical Health Psychology staff work alongside other healthcare professionals serving as consultants and/or functioning as integral members of treatment teams. Additionally, staff members have worked with other disciplines within the medical center to encourage health promotion by participating on the Diabetes Education Advisory Committee, working on the Wellness Diabetes Advisory Committee, and serving on the Smoking Cessation Task Force. Key leadership positions within the Memphis VA are held by clinical health psychologists. These include the facility’s Health Behavior Coordinator, the Program Director for Palliative Care, and the Program Director for the transdisciplinary Memory Clinic. These psychologists have been instrumental in developing and implementing policies and programs that promote national VA initiatives at the local and VISN levels. Our fellows have an opportunity to work closely with our clinical health psychology staff in a range of clinical, research, teaching, and administrative activities.

Administration and Resources

Karen A. Clark, Ph.D.
Training Director, Psychology Training Programs

Jennifer L. Jacobson, Psy.D.
Director, Clinical Health Psychology Fellowship Program

The Clinical Health Psychology Fellowship Program is integrated within the overall psychology training infrastructure at the Memphis VAMC, which involves fellows, interns, and clinical practicum students. Dr. Clark is responsible for the administration of the overall Psychology Training Program. Dr. Jacobson holds administrative authority over the Clinical Health Psychology Fellowship Training Program, with input from supervisory clinical health psychologists and regular communication with Dr. Clark and the Executive Training Committee (see below) to coordinate allocation of resources and to develop strategic plans and related policies. Dr. Jacobson receives direct feedback from VA supervisory clinical health psychologists regarding fellows’ duties and performance. Likewise, Dr. Jacobson solicits feedback from the 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, email, and internet, in addition to facilitating report and note writing. The office area includes a conference room equipped with A/V presentation and telehealth systems that is frequently used for training didactics. The fellow offices are located in one area, allowing for regular peer socialization, support, and interaction.

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 Health Psychology Fellows are paid a full-time stipend of $42,310 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.

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Training Model and Philosophy

The mission of the Memphis VA Medical Center is “To honor America’s veterans in all that we do by providing timely, quality care; outstanding customer service; education of tomorrow’s health care providers, and improvement in health care outcomes through research.”

The overarching mission of the Memphis VA Clinical Health Psychology fellowship program is to produce psychologists with advanced competencies in Clinical Health Psychology. Consistent with the Memphis VA’s mission, graduates of the program will, therefore, be competent to a) independently provide direct clinical services that are informed by science and best clinical practice in a medical setting; b) work with
diverse healthcare professionals along the continuum of collaboration from consultation to team-based models of care; c) develop and evaluate programs in order to enhance patient care and outcomes; and d) participate in the training of future clinical health psychologists and other healthcare professionals.

To this end, Clinical Health Psychology fellows are integrally involved in the direct provision of clinical services to veterans and their families throughout the training year. As the model of the program is decidedly scholar-practitioner (Hoshmand & Polkinghorne, 1992), it is expected that scholarly inquiry inform all aspects of clinical practice. Fellows develop the ability to critically review the relevant medical and psychological literature, apply findings to specific clinical issues, understand the implications of gaps in empirical knowledge, and judiciously apply best clinical practices. Fellows are encouraged to participate in ongoing research conducted by Clinical Health Psychology staff, present at local, regional, and national conferences, and to prepare manuscripts for publication.

The program assumes an overarching developmental model of training in which fellows enter the fellowship with an overall basic level of competence in Clinical Health Psychology and progress predictably over the course of the training year to an advanced level of competence by year’s end. During the first week of training, Dr. Jacobson reviews each fellow’s application materials and meets with him or her to develop an individualized training plan which fosters the development of Clinical Health Psychology competencies while taking into account the fellow’s specific interests and early career goals.

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 clinical health psychology, which constitutes most of their supervised clinical experience. Fellows may also receive training in other areas of interest based on professional goals.

Fellows selected to participate in the Memphis VAMC’s Psychology Training Program are encouraged to choose and develop training experiences that are consistent with their academic preparation and their professional interests and goals. Fellows receive ongoing, direct feedback from all relevant sources to increase the likelihood that training choices will be based on valid interests, skills, levels of competency, and needs. 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 to fellows, 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. Fellows gain experience in teaching through their presentations based on the professional and research literature in the Postdoctoral Fellows’ Seminar, through their formal case presentations in Psychology
Case Conferences, and through their scheduled presentations on topics of interest in the Clinical Health Psychology Seminars.

As training in supervision is a major goal of the program, clinical health psychology fellows supervise other trainees on clinical health psychology rotations, including interns, practicum students and/or fellows outside of clinical health psychology. Providing supervision helps fellows develop their own supervision style and foster confidence in their ability to train others. Fellows attend a 10-session supervision seminar which assists them in developing a working model of supervision.

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 physicians and other healthcare providers the broad contributions that psychologists routinely make to healthcare.

References:

Program Goals, Objectives, & Competencies

The overarching goal of the Memphis VA Clinical Health Psychology fellowship program is to produce psychologists with advanced competencies in clinical health psychology. Graduates of the program will be competent to a) independently provide direct clinical services that are informed by science and best clinical practice in a medical setting; b) work with diverse healthcare professionals along the continuum of collaboration from consultation to team-based models of care; c) develop and evaluate programs in order to enhance patient care and outcomes; and d) participate in the training of future clinical health psychologists and other healthcare professionals.

At the time of this writing, the APA Commission on Accreditation (CoA) is developing additional guidance regarding “Level 3 Specialty Competencies” that are specific to each specialty, including clinical health psychology. The competencies below may change if the CoA releases additional regulations regarding required competencies for clinical health psychology postdoctoral training. Fellows are currently trained and evaluated in the following competencies:

General Professional Competencies:
- Demonstrates knowledge and application of ethics and professional issues in psychology and Clinical Health 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

Medical Foundations for Clinical Health Psychology Competencies:
- Demonstrates knowledge of anatomy and physiology as related to the practice of Clinical Health Psychology.
- Demonstrates knowledge of pathophysiology and disease states as related to the practice of Clinical Health Psychology.
Demonstrates knowledge of diagnostic techniques, medical procedures, and treatments as related to the practice of Clinical Health Psychology.

Demonstrates knowledge of pharmacology/pharmacotherapy as related to the patient population.

Demonstrates knowledge of signs and symptoms caused by medical illness, procedures or treatment.

Demonstrates knowledge of psychological impact of medical illness, diagnostics techniques, medical procedures and treatments.

Demonstrates knowledge of the intersection of medical and psychiatric illness and compounded impact on presentation, conceptualization, diagnosis, medical procedures, and treatment.

Demonstrates knowledge of the social impact of medical illness, diagnostics techniques, medical procedures and treatments.

Clinical Health Psychology Assessment Competencies:

Demonstrates information gathering skills (e.g., interview of patient and collaterals, eliciting input from other healthcare providers, chart review, behavioral observations)

Demonstrates skills in assessing along the continuum of health behavior change from health promotion and prevention to disease management, including evaluation of factors which facilitate/impede healthcare utilization.

Demonstrates competence in the diagnosis of psychiatric disorders.

Demonstrates ability to assess the biopsychosocial impact of physical conditions, diagnostic procedures, and treatments.

Demonstrates competence in interpretation of neurocognitive and/or psychological tests if indicated for a given patient.

Identifies practical implications of evaluation results and provides appropriate recommendations.

Demonstrates competence in report writing and written communication skills as appropriate to specific context and role.

Demonstrates competence in verbal communication skills as appropriate to specific context and role.

Demonstrates competence in selection and administration of tests, according to best practices.

Clinical Health Psychology Intervention Competencies:

Demonstrates an ability to critically review medical and psychological literature relevant to the treatment issue.

Demonstrates an ability to utilize results of literature review and/or best clinical practices in order to develop a treatment plan that is consistent with the patient’s biopsychosocial context, healthcare setting and healthcare system.

Demonstrates skills in implementing empirically supported interventions and/or best clinical practices in the context of the setting’s team model of care.

Demonstrates skills in intervening along the continuum of health behavior change from health promotion and prevention to disease management.

Professional Role Competencies For Clinical Health Psychology Practice:

Demonstrates knowledge of consultation and the setting’s team model of care.

Demonstrates understanding of role-based expectations for consultation and setting’s team model of care.

Demonstrates ability to foster a shared conceptualization of the patient’s presenting problems with other involved providers and/or team members.

Demonstrates effective communication with other involved providers and/or team members.

Demonstrates ability to collaboratively assess and intervene based on the expected team model of care.

Supervision and Teaching Competencies in Clinical Health Psychology:

Demonstrates knowledge of the developmental model of supervision.

Demonstrates ability to assess the supervisee’s current developmental level (e.g., knowledge, skills, abilities).
- Demonstrates ability to establish working relationship with supervisee including effective communication and maintenance of appropriate role boundaries.
- Demonstrates ability to effectively guide supervisee's development of clinical skills.
- Demonstrates ability to effectively provide formative and summative feedback.
- Demonstrates effective utilization of supervision of supervision.
- Demonstrates skills in leading didactics, journal club discussions, and/or case presentations.

**Program Development and Evaluation Competencies:**
- Demonstrates ability to conduct a needs assessment to inform program development.
- Demonstrates ability to conduct relevant literature review as preparation for program development.
- Demonstrates skills in designing a program which incorporates results of needs assessment, literature review, and program outcome goals.
- Demonstrates ability to implement program as designed.
- Demonstrates skills in evaluating outcome of program in comparison to program goals.

**Organization, management, and administration:**
- Organizes clinical resources and manages administrative requirements efficiently to meet patient care needs.
- Demonstrates skills in organization and administration of research and/or training activities.
- Demonstrates effective participation on committees and/or workgroups to enhance organizational functioning.

**Program Structure and Requirements**

The fellowship year consists of 2,080 hours of supervised clinical experience and satisfies the postdoctoral supervision requirements of the Tennessee State Board of Psychology as well as most other state licensing boards. Fellows typically work 40-50 hours per week. An individual's specific goals, however, may result in a fellowship that exceeds these minimum requirements.

Upon successful completion of the yearlong fellowship, all fellows receive a certificate that indicates they have completed a postdoctoral fellowship in Clinical Health Psychology.

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). The ranges of hours in major and minor rotations also allows for add-on rotations (approximately 4 hours/week) in some circumstances.

Clinical Health Psychology program requirements are designed to ensure that both depth and breadth of training are accomplished and that advanced competencies are achieved. Requirements are as follows:

**GENERAL PROGRAM REQUIREMENTS:**

- Successful completion of one full year of training, consisting of a minimum of 2,080 employment hours, to be completed in no less than one calendar year (including earned sick and annual leave and federal holidays). A minimum of five sixths (i.e., 1733 hours) of the training hours must take place in rotations offered at the VA Medical Center. 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 program.
- Successful completion of all rotation and seminar requirements. Additional seminar attendance may be required for specified rotations and training experiences.
- Ratings at or above defined competency thresholds (Advanced Competency) for all of the above competencies by the end of the training experience.
All Clinical Health Psychology fellows:

- Participate in at least one interdisciplinary team during the training year.
- Co-facilitate or develop at least one Clinical Health Psychology group.
- Supervise a predoctoral intern or practicum student in a Clinical Health Psychology setting.
- Attend the Clinical Health Psychology Seminar, Postdoctoral Fellows Seminar, Psychology Case Conference, Neuropsychology Seminar, and Cultural Diversity Seminar.
- Teach through integrative case presentations to the Psychology staff and trainees and through scheduled presentations in the Clinical Health Psychology Seminar and the Assessment Seminar.
- Design, implement, and evaluate one new program development project of interest.
- Organize and assume administrative responsibility for the Clinical Health Psychology seminar.

Rotation Requirements:

- All fellows complete three four-month rotations during the training year.
- During each rotation, fellows train in one major rotation (20-24 hours/week) and one minor rotation (8-12 hours/week). Alternatively, fellows may complete three concurrent minor rotations. Fellows may elect add-on rotations (approximately 4 hours/week).
- A minimum of two major rotations and two minor rotations must be selected from the Clinical Health Psychology primary core rotations (described below).
- Fellows are required to complete either one major or two minor rotations with a focus on neurocognitive assessment. These secondary core rotations include Neuropsychology, Geriatrics, Memory Clinic, or Semmes-Murphey Clinic (described below).
- Fellows may complete one minor elective rotation. Elective rotations are those offered outside of Clinical Health Psychology or those focusing on neurocognitive assessment.

Note: Fellows have the opportunity to identify specific areas of interest within Clinical Health Psychology (e.g., end of life, primary care, geriatrics). As such, fellows may complete more than one rotation in a given area of interest within Clinical Health Psychology.
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 an 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.
- Goodness-of-fit with the program via significant prior experiences related to clinical health psychology.
- Strong interest in clinical health psychology practice as a profession.

Appointment Period
The training year will begin on August 13, 2018 and end on August 12, 2019.

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 Health 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:
   - Clinical health psychology training experiences during the doctoral program and internship.
   - 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 health 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, 2018. 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 26, 2018**. 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

**Postdoctoral Fellows’ 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. A 10-session supervision seminar is also an embedded component during which fellows develop and enhance supervision competencies. (Coordinators: Current fellows, Karen Clark, PhD, Jennifer Jacobson, PsyD, Jennifer Vandergriff, 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. (Coordinators: Current clinical health psychology fellows, 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 all fellows.**
This seminar covers the foundations of neuropsychology, including neuroanatomy, neurological examination procedures (e.g., sensory-perceptual exam, motor screening exam, cerebellar exam), and the presentation and assessment of a wide range of focal and diffuse neurobehavioral syndromes, such as aphasia, disorders of written language, apraxia, acalculia, agnosia, neglect, frontal syndromes, and dementia syndromes. (Coordinator: Brad L. Roper, PhD, ABPP-CN)

**Psychotherapy Seminar - Attendance is optional for all fellows.**
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 trainees’ ability to integrate a range of data chart review, clinical interview, and selection of appropriate and current gold-standard assessment measures in order to complete differential diagnosis, form a case conceptualization, and provide cogent treatment recommendations based on the reason for assessment and informed by review of literature. Specialty topics covered include objective personality assessments (e.g., MMPI-2), cognitive assessments, symptom validity tests, specific populations (e.g., geriatrics, inpatient vs. outpatient) and additional topics determined by trainee interests. Frequency of seminar is roughly once a week in the beginning of the training year. (Coordinator: Eileen Todd, PhD)
Training Experiences

Clinical Health Psychology Rotations (Primary Core Rotations)

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. 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.

Chronic Pain Management

General Description
The pain management program at the Memphis VAMC is an interdisciplinary group of providers, including representatives from psychology, pharmacy, and physical therapy. The Pain Coping Group (Groups A & B above) is run by all three disciplines and is 8 weeks in length. Group C is a telehealth offering that is 4 weeks in length and run solely by psychology. During this rotation, the fellow will learn and utilize primarily cognitive and behavioral strategies for the management of chronic pain. The overarching goal for group participants is improved functioning in various areas of one’s life (not necessarily to reduce pain); as such, the fellow will become familiar with how to conduct a functional assessment of chronic pain, as well as strategies to improve functioning. The fellow will work closely and collaboratively with pharmacy and physical therapy to present information to veterans in the class; and be exposed to the techniques/skills used by each of the respective disciplines in the management of chronic pain.
Potential Training Opportunities

1. Learn about the nature of chronic pain, including the biological, psychological, and social factors that impact its development and maintenance; as well as the Gate Control Theory of Pain.
2. Co-lead the psychology portion of the Pain Coping Group, teaching veterans about the various cognitive and behavioral techniques used to manage chronic pain.
3. Participate in the collaborative management of chronic pain within an interdisciplinary team, comprised of psychology, pharmacy, and physical therapy.
4. *Provide CBT for Chronic Pain in an individual format.
5. *Contribute to the programming and development of an ACT for Chronic Pain group.

*These opportunities are pending availability and approval of supervising psychologist. Please discuss directly with individual supervisor.

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.

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.

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

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 working with resistance; and
6. Developing relationships with medical providers to foster referrals and educate providers on realistic expectations for patient change.

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.

Note: Memory Clinic is a primary core clinical health psychology rotation which also meets the cognitive evaluation program requirement.

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.

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.

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 - 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.
Primary Care Mental Health Integration – Medical Center (Central Clinic)

General Description
This rotation provides psychology trainees a wide variety of experiences in primary care and behavioral medicine/health psychology, working as a member of the primary care team. 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 take place at the end of the initial intake
   • 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 4-6 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 - 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 - 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 issues;
3. Providing therapeutic interventions to individuals and/or groups;
4. Developing and/or participating in educational groups regarding women’s health issues;
5. Working with physicians, nurses, and other clinic staff to develop programs aimed at enhancing women’s overall health; and
6. Attending clinic conferences, meetings, and other training opportunities.

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 on 1-West, and Dr. Alixandra Lyon-Bramhall is the primary SCI outpatient psychologist. Training locations are as follows:

- 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. There may also be some opportunity for work with newly-injured SCI patients.
- 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.

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).

**Cognitive Evaluation Rotations (Secondary Core 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, PTSD 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 performance. 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, qualitative behavioral observations, the report of family members, and extant records including other neurodiagnostic studies) to reach well-reasoned 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. Developing improved understanding of medical issues and related diagnostic lab work that may be related to cognitive function;
4. Gaining exposure to various sources of neuropsychological normative data;
5. Writing neuropsychological reports, including specific recommendations for patient care, rehabilitation, and discharge planning;
6. Participating in feedback of results to patients and their families;
7. Gaining exposure to neurodiagnostic images such as CT and MRI scans;
8. Participating in a weekly Neuropsychology Seminar;
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. Please 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. The practice is primarily outpatient, although limited inpatient consultation may be available. Fellows may take part in independent neuropsychological evaluations for forensic or disability purposes, chronic pain evaluations, and retired NFL litigants. Fellows are also encouraged to participate in multidisciplinary brain tumor board, stroke case conference and neurotrauma case conference. Note that availability is limited and this rotation cannot be guaranteed.
Clinical Psychology Rotations (Elective Rotations)

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;
4. Participating in a ride-along experience with Memphis Police Department CIT officers to gain insight into the management of behavioral health concerns in crisis situations; and,
5. 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.

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.

Forensic Services
Note: This rotation is available through a reciprocal agreement with the APA-accredited University of Tennessee Professional Psychology Consortium.

General Description
West Tennessee Forensic Services, Inc. conducts evaluations of defendants facing criminal charges ranging from minor misdemeanor to capital murder for the Shelby County criminal courts, under contract with the State of Tennessee Department of Mental Health. The team consists of four forensic psychologists and a licensed clinical social worker. Evaluations typically focus on defendants' competency to stand trial and mental condition at the time of the alleged offense (i.e., "sanity"). The training experience will involve evaluations conducted in the agency offices in East Memphis and in the Shelby County men's jail and women's jail settings. Security clearance will be required before a trainee can enter the jail. 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, and occasional evening trips to the jail are possible.

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 interns, nursing personnel, recreation therapists, and social workers are available for consultation. Emphasis is placed on interaction and personal involvement with staff and patients. The rotation offers trainees opportunities to gain experience with acute behavioral problems and psychiatric disorders with a focus on crisis stabilization, quick diagnosis and crisis treatment planning.

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.

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, IPT, 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, sleep disorders, adjustment to illness, severe personality disorders, domestic violence, and mood disorders;
2. Coleading and/or leading both psychoeducational 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.

Polytrauma Programs

General Description
The fellow may engage in a variety of activities in support of the Polytrauma Program, to which veterans with a suspected Traumatic Brain Injury (TBI) are referred 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 post-concussive 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
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.

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 (on average), 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, with emphasis on the use of EBP’s for PTSD.

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:
   a. Mindfulness Based Stress Reduction
   b. Cognitive Processing Therapy or Prolonged Exposure (individual therapy with residents)
   c. Cognitive Behavioral Therapy for Insomnia
   d. Anger Management
   e. CogSMART
3. Participate in nursing report on patient progress Monday-Friday

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.

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. Please 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, Andrew Molnar, PhD, Lisa Jacola, PhD and Heather Conklin, 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 Darcy Raches, PhD. Note that availability is limited and this rotation cannot be guaranteed.
Postdoctoral Fellowship Admissions, Support, and Initial Placement Data

Postdoctoral Program Admissions
Date Program Tables are Updated: November 1

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:

Applicants who show a good fit with our program have a strong interest in pursuing the following goals: a) to practice as a clinical health psychologist who is prepared to perform assessment, intervention, and consultation services in diverse adult populations, b) to provide training and supervision in clinical health psychology, and c) to utilize clinically relevant research to inform practice. Other factors that reflect good fit include prior experiences in clinical health psychology at the practicum and/or internship level.

Describe any other required minimum criteria used to screen applicants:

1. Prior to the start date of the fellowship program, completion of APA-accredited or CPA-accredited doctoral program in Clinical Psychology, Counseling Psychology, or Clinical Neuropsychology (CPA only), including dissertation defense.
2. Completion of an APA-accredited or CPA-accredited Psychology Internship Program.
3. United States citizenship.

Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Description</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Residents</td>
<td>$42,310</td>
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<tr>
<td>Annual Stipend/Salary for Half-time Residents</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for fellow?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>104 hrs/year</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104 hrs/year</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to fellows in excess of personal time off and sick leave?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Other Benefits (please describe):</td>
<td>Up to 5 days authorized absence for professional development activities (e.g., attending or presenting at conferences).</td>
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### Initial Post-Residency Positions

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<tr>
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<th>2014-2017</th>
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<tbody>
<tr>
<td>Total # of residents who were in the 3 cohorts</td>
<td>9</td>
</tr>
<tr>
<td>Total # of residents who remain in training in the residency program</td>
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#### Employed Position

<table>
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<tr>
<th>Position</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
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</tr>
<tr>
<td>Independent primary care facility/clinic</td>
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</tr>
<tr>
<td>University counseling center</td>
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</tr>
<tr>
<td>Veterans Affairs medical center</td>
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</tr>
<tr>
<td>Military health center</td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>1</td>
</tr>
<tr>
<td>Primary care clinic within medical center</td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
</tr>
<tr>
<td>Academic university/hospital</td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
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</tr>
<tr>
<td>Not currently employed</td>
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<tr>
<td>Independent sleep clinic</td>
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</tr>
<tr>
<td>Changed to another field</td>
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<tr>
<td>Other</td>
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<tr>
<td>Consulting firm</td>
<td></td>
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<tr>
<td>Unknown</td>
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</tr>
</tbody>
</table>
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 Liaison

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

Patricia M. Chapman, PsyD
Florida Institute of Technology, 1987 (Clinical Psychology)
Licensed Psychologist, New York
Program Manager- Post traumatic Stress Disorder –Residential Program

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/Rehabilitative Medicine, 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)
Thomas M. Kirchberg, PhD, ABPP-CL  
University of Memphis, 1992 (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

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

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, 1971
Licensed Clinical Social Worker, Tennessee
Director, Family Therapy Program

Bruce F. Smith, MS
University of Wisconsin, Oshkosh, 1985
Licensed Senior Psychological Examiner, Tennessee
Neuropsychology

Linda Nail Summers, PhD
Florida Institute of Technology, 1986 (Clinical Psychology)
Licensed Psychologist, Florida
Inpatient and Outpatient Psychiatry

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

*Clinical Health Psychology staff.
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.
Clinical Health Psychology Trainees

Recent Clinical Health Psychology Fellowship Classes

Completed in 2017
Katie Lang, PhD, Clinical Psychology, University of Memphis
Sasha Scott, PsyD, Clinical Psychology, Argosy University
Jerika Wilson, PhD, Clinical Psychology, University of Cincinnati

Completed in 2016
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

Completed in 2015
Grant M. Harris, PhD, Clinical Psychology, University of Alabama
Alixandra Lyon-Bramhall, PsyD, Clinical Psychology, Roosevelt University
Natasha Mroczek, PsyD, Clinical Psychology, Florida Institute of Technology

Completed in 2014
Timothy Boling, PhD, Counseling Psychology, Tennessee State University
Havah Schneider, PhD, Clinical Psychology, Yeshiva University
Rachel Ziwich, PhD, Clinical Psychology, Yeshiva University

Completed in 2013
Ashley Jackson Mosley, PhD, Clinical Psychology, University of Memphis
Jillian Sullivan, PhD, Counseling Psychology, Ball State University
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.