PSYCHOLOGY INTERNSHIP PROGRAM
Memphis VA Medical Center
Table of Contents

Psychology Training Program Setting ........................................................................................................... 3
Training Goals and Program Philosophy ...................................................................................................... 4
Program Goals & Objectives ......................................................................................................................... 6
Application & Selection Process ................................................................................................................... 8
Seminars ..................................................................................................................................................... 11
Training Experiences .................................................................................................................................. 12
   Clinical Health Psychology Rotations ..................................................................................................... 12
   Clinical Neuropsychology Rotations ...................................................................................................... 22
   Clinical Psychology Rotations ................................................................................................................. 25
Training Staff ............................................................................................................................................... 31
Living in Memphis ................................................................................................................................... Error! Bookmark not defined.
Psychology Trainees ................................................................................................................................... 46
Psychology Internship Program–Admissions, Support, and Initial Placement Data .................................... 47
Psychology Training Program Setting

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 through donation of personal and professional services to community groups, participation in 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.

The Memphis VAMC Psychology Internship Training Program is designed as a one-year, full-time program. Each intern completes a minimum of 2080 employment hours. A minimum of 1733 hours must be spent in training opportunities at the Memphis VAMC, while remaining hours may be spent in University of Tennessee Psychology Training (UT) Consortium settings (Please refer to the UT Consortium brochure for additional information regarding available training opportunities: http://www.uthsc.edu/psychiatry/internships/documents/internship-brochure.pdf).

Three areas of training are offered in the internship program: Clinical Psychology-Emphasis, Clinical Health Psychology-Emphasis, and Clinical Neuropsychology-Major Area of Study. Additional information regarding these three options is provided in the next section of the brochure. Within these areas of training, an individualized training plan for each intern will be developed based on previous experiences, training goals, and availability/timing of a particular training opportunity.

Interns' training experiences are divided into three rotation periods of approximately 4 months each. During each 4-month period, interns typically have a major rotation (approximately 24 hours per week) and a minor rotation (approximately 12 hours per week). Additionally, an intern may elect to participate in elective "add-on" activities (approximately four hours per week) that are available in several training settings. Interns also participate in several didactics--Intern Comprehensive Seminar Series, Psychotherapy Seminar, Clinical Health Psychology Seminar, and Cultural Diversity Seminar. Specific rotations may require the intern's participation in additional didactics. Finally, interns carry a small caseload of outpatient individual psychotherapy cases throughout the training year, lead or colead the equivalent of two intervention groups, complete a comprehensive psychological evaluation ("work sample") during the first rotation, and present a clinical case to the Psychology Section staff.
The approximate time devoted weekly to training experiences varies across interns, may fluctuate across the course of the training year, and is dependent on an array of factors. Factors influencing the number of hours interns allocate to training include each intern’s training goals, baseline knowledge and skills in a specific area of training, the specific combination of training experiences during a given time frame, and the number of non-required training experiences elected. Although time allocation estimates are based on a 40-hour work week, interns from the past two training years reported working an average of 46 hours per week, with the number of hours allocated per week ranging from 42 to 57 with fluctuations across the course of the training year.

Training Goals and Program Philosophy

The program assumes an overarching developmental model, initially involving comprehensive orientation, close supervision, and early coverage of core practice issues. Interns are expected to gradually transition into more independence, where supervision and didactics address more specific and advanced aspects of practice. Interns are expected to enter the year with an overall basic level of competence in health service psychology and progress predictably over the course of the training year to an advanced intermediate level of competence by year’s end, consistent with readiness for entry-level practice. Although we offer two Emphasis Areas (EAs) and one Major Area of Study (MAS) as described below, our program maintains a generalist focus, fostering general competence over specialization.

The overarching goal of the internship program is to produce entry-level practitioners in health service psychology in adult populations and to prepare those practitioners for additional postdoctoral training in clinical psychology, clinical health psychology, or clinical neuropsychology.

Clinical Health Psychology Emphasis Area
Clinical Health Psychology EA interns complete at least one major rotation and two minor rotations in clinical health psychology rotations, with supporting didactics. Clinical Health Psychology rotations focus on behavioral health intervention, assessment, and consultation in a range of inpatient or outpatient healthcare settings. Taken together, at least 30% of an intern’s time is spent in Clinical Health Psychology training.

Clinical Psychology Emphasis Area
Clinical Psychology EA interns complete at least one major rotation and two minor rotations in clinical psychology rotations, with supporting didactics. Clinical Psychology rotations involve inpatient and/or outpatient experiences that focus on the treatment of psychiatric disorders in more traditional mental health settings. Taken together, at least 30% of an intern’s time is spent in Clinical Psychology training.
Clinical Neuropsychology Major Area of Study
Clinical Neuropsychology MAS interns complete at least one major rotation and two minor rotations in Clinical Neuropsychology rotations, with supporting didactics. Clinical Neuropsychology rotations focus on comprehensive neuropsychological assessment and consultation within broad referral contexts, with additional emphasis on the provision of feedback to patients and family members. Experiences may also involve group interventions for patients with known cognitive impairments. Taken together, at least 50% of an intern’s time is spent in Clinical Neuropsychology training.
Program Competencies

Interns are trained and evaluated in the required competencies listed below:

Research
- Demonstrates substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publication) at the local (including the host institution), regional, or national level.
- Demonstrates understanding of the scientific basis of evidence-based assessment and treatment methods, and demonstrates that professional activities are informed by scholarly inquiry.

Ethical and Legal Standards
- Demonstrates knowledge of and acts in accordance with each of the following: a) the current version of the APA Ethical Principles of Psychologists and Code of Conduct; b) relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and c) relevant professional standards and guidelines.
- Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.
- Behaves in an ethical manner in all professional activities.

Individual and Cultural Diversity
- Demonstrates understanding of impact of own personal/cultural history, attitudes, and biases on understanding of and interaction with people different from themselves.
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- Demonstrates ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, service provision, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldview create conflict with his/her own.
- Demonstrates ability to independently apply his/her knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Professional Values and Attitudes
- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engages in self-reflection regarding own personal and professional functioning and engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision, and uses supervision productively.
- Responds professionally in increasingly complex situations with increasing independence as he/she progresses through the training year.
- Completes professional tasks in a timely manner and is reliable.

2020-2021
Communication and Interpersonal Skills

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Assessment

- Demonstrates ability to apply knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of patient strengths and psychopathology, and demonstrates ability to reach accurate diagnoses.
- Selects assessment methods/instruments that draw from the best available empirical literature and reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods/instruments appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Demonstrates ability to accurately administer and score assessment instruments.
- Demonstrates awareness of strengths and limitations of administration, scoring, and interpretation of assessment methods/instruments.
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- Demonstrates knowledge of pharmacotherapy as related to the patient population.

Intervention

- Establishes and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

Supervision

- Demonstrates knowledge of supervision models and practices.
- Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. (Examples of direct or simulated practice of supervision include, but are not limited to, role-played supervision and peer supervision with other trainees.)
Consultation and Interprofessional/Interdisciplinary skills

- Demonstrates knowledge and respect for the roles and perspectives of other professions, in both consultation and the setting’s team model of care.
- Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- 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.

In addition to the competency feedback provided to interns at the midpoint and conclusion of each four-month rotation period, the internship program routinely provides brief feedback to each intern’s graduate program at the midpoint in the training year and more comprehensive feedback at the conclusion of the training year. Please note, the internship program reserves the right to forego completion of graduate programs’ evaluation tools that include competencies or elements that do not correspond to those of the internship or utilize evaluative time frames that are inconsistent with those of the internship.

Application & Selection Process

Minimum Requirements for Application

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

Applicants must meet a number of requirements to be considered for the training program.

VA-wide requirements include:

1. Applicants must be U. S. citizens.
2. Applicants must be doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
3. Applicants must be approved for internship status by the graduate program training director.
4. Male applicants born after 12/31/1959 must have registered for the draft by age 26.
5. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match results and selection decisions are contingent on passing these screens.
6. Matched interns are also required to meet the essential functions (physical and mental) of the training program and be immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility.
7. Matched interns will be required to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees) and training modules as directed.
To access a complete listing of and more detailed information on the VA-wide requirements for eligibility to train in a VA setting, please use this link.

Memphis VA program requirements (additional):

1. Applicants must have completed a minimum of 550 hours of supervised practicum experience (intervention and assessment) by the time the application is submitted.
2. Applicants must have passed all comprehensive examinations required by their graduate program by the application deadline.
3. Applicants are required to have completed their dissertation proposal prior to the application deadline.

Please note, there may be additional onboarding requirements (e.g., security and drug screening) for matched interns who elect to complete a rotation at a UT Consortium site.

Application Procedures

All applications must be submitted via the online APPIC Application for Psychology Internship (AAPI Online) by November 17th. Please see the APPIC website (www.appic.org) for instructions.

Online AAPI submissions must include:

1. A cover letter indicating the following:
   a. Emphasis Area or Major Area of Study to which the applicant is applying. If applying to more than one area, please indicate order of preference. (Note: This information is requested in accordance with APPIC Match Policy 3d. Information regarding area preference will be used for the scheduling of interviews only.)
   - Clinical Psychology – Emphasis Area
   - Clinical Health Psychology – Emphasis Area
   - Clinical Neuropsychology – Major Area of Study
   b. List of the rotations in which the applicant is interested in receiving training (including rotations outside the Emphasis Area or Major Area of Study).

2. A minimum of three letters of recommendation from psychologists. Please note that letters from other professionals who have supervised the applicant’s work may be submitted in addition to the three letters from psychologists.

Interviews will be arranged for selected applicants following review of all application materials, and invitations to interview will be issued by December 15th. On-site interviews will be scheduled for the following days:

- Friday, January 10th
- Monday, January 13th
- Friday, January 24th
- Monday, January 27th

There will be both informal and formal opportunities to meet with our training staff during the interview day, including a panel interview conducted by training supervisors. Thursday, January 16th will be set aside for
telephone interviews for applicants who are unable to participate in an on-site interview. The final evaluation of internship applications and supporting documents will take place when all interviews have been completed.

Offers of acceptance will be made in agreement with the guidelines developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC Match Policies are available on the APPIC website (http://www.appic.org/). Applicants must register with the National Matching Service (http://www.natmatch.com/psychint) in order to be eligible to match to our program. This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. We will offer appropriate guidance to all applicants during the application process. We strongly suggest that you apply to this program only if it ranks highly in terms of your personal and professional priorities.

During the training year, interns 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. For example, interns are subject to drug screening throughout their government tenure. A copy of the policies and procedures of this training program will be made available to intern applicants at the time of their interview and only access will be provided to each intern during orientation at the beginning of the training year.
Seminars

**Comprehensive Seminar Series**
This series offers weekly presentations on a variety of psychology-related topics, including ethics, mental status assessment, suicide and risk assessment, managing disruptive and aggressive behavior, and the fellowship search process. It is coordinated in alternate years by the VAMC Psychology Training Program and the UT Consortium. Attendance is required for all interns. (Coordinators: Karen Clark, PhD and Melissa Hoffman, PhD)

**Cultural Diversity Seminar**
This seminar explores the cultural variations occurring most frequently in the Memphis VA Medical Center’s patient population and attempts to raise the awareness of the impact of culture on the patient/therapist relationship. It meets weekly for a minimum of 8 weeks over the course of the training year, and attendance is required for all interns and fellows. (Coordinator: Karen A. Clark, PhD)

**Clinical Health Psychology Seminar**
The seminar provides interns with instruction in foundational areas of Clinical Health Psychology as well as intervention and assessment applicable to specific medical issues and populations. Topics are aimed at building competency in medical foundations of Clinical Health Psychology. Presentations include discussion of relevant anatomy and physiology, pathophysiology, the intersection of medical and psychiatric illness and the compounded impact on presentation, conceptualization, diagnosis, medical procedures, and treatment. It is held weekly throughout the year. (Coordinator: Jennifer Jacobson, PsyD)

**Neuropsychology Seminar**
This weekly seminar covers foundations of neuropsychology, including neuroanatomy, neuropathology, and behavioral neurology. Attendance is required for interns who are scheduled to complete a rotation in neuropsychology and is open to other interns. (Coordinator: Brad L. Roper, PhD, ABPP-CN)

**Psychotherapy Seminar**
This seminar focuses on enhancing interns’ psychotherapy skills and covers a wide spectrum of issues and perspectives in individual and group psychotherapy practice. Trainees have the opportunity to practice honing their case conceptualization and presentation skills, as well. Participants will share videotapes of their clinical work and participate in group and peer supervision. The seminar is typically held weekly throughout the year, and attendance is required for all interns. (Coordinators/Instructors: Kim Fleming, PhD and Judiann Jones, PhD)

**Family Therapy Seminar**
This seminar focuses on enhancing trainees' skills in treating family problems. A combination of didactic instruction and experiential learning approaches is used. Trainees 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. Attendance is required for trainees who are seeing family therapy cases and is optional for other trainees. (Instructor: Betty Shadish, LCSW)
Training Experiences

Clinical Health Psychology Rotations

Geriatrics/Rehabilitative Medicine

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

2020-2021
12. Developing aspects of the Geriatric Psychology Program aimed at enhancing patient care and/or team functioning or presenting a topic of interest to the treatment team based on a review of the literature.

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

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

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

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 trainee 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 medical teams, and provision of clinical treatment for Veterans. Duties include learning health coaching (communication) techniques, using Motivational Interviewing in a variety of health settings, assisting the Health Behavior Coordinator (HBC) to organize facility-wide health fairs and events, and providing presurgical evaluations and other direct clinical care to 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 the TEACH for Success model and Motivational Interviewing;
2. Learning the patient-centered approach to healthcare management, including policy implementation across the facility;
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 Medical Hypnosis description);
6. Providing clinical services via telehealth modalities;
7. Providing mental health evaluations for organ transplant, cross-sex hormone therapy, and bariatric surgery candidates;
8. Participating in Dialysis Rounds, Renal Case Conference, Chronic Kidney Disease Class, and Dialysis Clearance reports;
9. Serving as a consultant to the Nephrology team on difficult to manage patients whose care may be challenging from an ethical perspective, may be threatening to staff, or may create other behavioral disturbances. This will include working with a multidisciplinary team in areas of improving adherence, end-of-life concerns, family conflicts, and serious mental health problems.
10. Assisting the HBC in initiating the Whole Health model as pilot programs in various areas of the facility. This includes both administrative challenges and issues in delivery of services. Staffing, resources, space issues, national guidelines and expectations, setting goals, and measuring outcomes may be a part of this project.

**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. Trainees 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 only 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.

**Sleep Clinic**

**General Description**

This rotation offers the opportunity to work with the Sleep Health Center (SHC) which is an 8-bed program accredited by the American Academy of Sleep Medicine. The SHC services include evaluations for sleep disorders in outpatient clinics as well as monitored and unmonitored sleep testing using state-of-the-art equipment. Staff diagnose and treat Veterans with a wide range of sleep disorders including insomnia, movement disorders during sleep, and disorders of excessive daytime sleepiness such as obstructive sleep apnea and narcolepsy. The SHC also serves as an academic resource to medical students, residents, and sleep medicine fellows at the University of Tennessee Health Science Center (UTHSC). Psychology utilizes a colocated team model in the SHC and provides services in both individual and group formats, in addition to seeing warm handoffs from sleep clinic providers. The most common presenting problems are insomnia, CPAP adherence, and sleep hygiene issues. In addition, there is a growing need for nightmare treatment among SHC patients.

**Potential Training Opportunities**

1. Maintaining set clinic hours in the SHC to receive “warm handoffs,” see scheduled patients, cofacilitate treatment groups, and consult with SHC providers;
2. Completing intakes to assess for specific/complex sleep concerns and engage in treatment planning;
3. Providing individual psychotherapy for a variety of sleep-related concerns including:
   - Cognitive Behavioral Therapy for Insomnia (CBT-I)
   - Imagery Rehearsal Therapy (IRT) for Nightmares
   - Cognitive Therapy for the Distress of Parasomnias
   - Assistance with discontinuing sleep medications
4. Presenting in interdisciplinary journal club and attending Sleep Medicine Grand Rounds;
5. Learning diagnostic systems for sleep disorders;
6. Working with UT Sleep Medicine Fellows to coordinate care and treatment;
7. Participating in program development; and
8. Participating in research projects. (Currently, we are looking at outcomes related to the portable sleep studies.)

**Chronic Pain Management**

**General Description**

Training in a cognitive-based approach to pain management is offered in both an interdisciplinary group setting and individual psychotherapy and health coaching. The trainee will learn the foundations of chronic pain management and use evidence based therapies to assist Veterans with managing chronic pain. The trainee will lead the psychology portion of the interdisciplinary group, Coping with Chronic Pain, and will attend Opioid Safety Committee meetings to learn more about managing complex patients as they are tapered off opioid medication. CBT for Chronic Pain is offered in an individual therapy format. Hypnosis for Chronic Pain is also offered as a complementary treatment.

**Potential Training Opportunities**

1. Teaching the psychology portion of the eight-session Coping with Chronic Pain group, an interdisciplinary group that includes Psychology, Physical Therapy, and Pharmacy. The group originates from a biopsychosocial perspective and the psychology portion leans heavily on cognitive based approaches;
2. Providing individual CBT for Chronic Pain; a twelve-session protocol that aims to improve behavioral activation and reduce catastrophic thinking;
3. Providing hypnosis for chronic pain (see Medical Hypnosis description);
4. Attending Opioid Safety Committee meetings and addressing high risk patient’s treatment plan recommendations to manage pain and taper opioid use; and
5. Participating in annual Pain Boot Camp, an all-day training opportunity for Primary Care staff to learn more about working with patients with chronic pain.

**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 has 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. The inpatient units provide care for acute and chronically ill medical patients, for patients admitted for annual evaluations, and for patients participating in rehabilitation. The outpatient clinic focuses on annual evaluations and preventative health. Dr. Jennifer Vandergriff is the SCI inpatient psychologist, and Dr. Rachel Chan is the SCI outpatient psychologist.

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 huddles, rehabilitation focused 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. Gaining knowledge of 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 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. This may also include assisting Veterans with
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. The trainee has the opportunity to learn how cognitive issues can impact the rehabilitation process and/or discharge planning and will learn to work with the team regarding these issues;

6. Participating in a scheduled 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; and

7. Developing group therapy programs specifically designed for inpatients and outpatients in the SCI sytem of care.

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. Assisting with development of materials/strategies for enhancing education of non-team staff regarding end-of-life care;
11. Learning to work within a transdisciplinary team structure to provide care for palliative care patients and their families;
12. Participating in daily team rounds/meetings and didactic training experiences, including Oncology/Palliative Care Journal Club; and
13. Gaining exposure to a palliative care consultation model, including understanding of consultation etiquette and systems issues related to palliative care.

**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 a 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 4-6 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, with feedback and triage typically done at the end of the initial intake;
2. Providing brief evidence-based treatments for mild to moderate mental health 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 - 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. Developing and refining diagnostic and intervention skills—Intake and therapy sessions are typically 30 minutes, with feedback and triage completed at the end of the initial intake; 
2. Consulting with clinic staff regarding differential diagnosis, treatment planning, and compliance issues; 
3. Triaging “warm handoffs”—unscheduled patients whose primary care provider requests they be seen for a mental health appointment that day; 
4. Providing brief, evidence based treatments for mild to moderate mental health and health behavior concerns—Duration of treatment is typically 4-6 sessions; 
5. Developing and/or participating in educational groups regarding women’s health issues; 
6. Collaborating with physicians, nurses, and other clinic staff to develop programs aimed at enhancing women’s overall health; and 
7. Attending clinic conferences, meetings, and other training opportunities.

**Primary Care Mental Health Integration - Community Based Outpatient Clinic**

**(Nonconnah 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 a primary care team. Under supervision of a primary care psychologist, the trainee can provide brief individual and group psychotherapy (e.g., CBT, ACT, Motivational Interviewing), 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). Trainees will have the opportunity to learn about and utilize the Behavioral Health Laboratory (BHL) which 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 provides monitoring services (e.g., watchful waiting, depression monitoring, care management). This rotation is offered as a minor rotation.

**Potential Training Opportunities**
1. Developing and refining diagnostic and intervention skills within the primary care setting. For example, intake and therapy sessions are typically 30 minutes, with feedback and triage typically completed at the end of the initial intake; 
2. Performing brief psychological, cognitive, and/or behavioral medicine screenings; 
3. Providing brief evidence-based treatments for mild to moderate mental health and health
behavior concerns. Duration of treatment is typically 4-6 sessions;

4. Participating in the collaborative management of patients’ health care as a member of an interdisciplinary primary care team;

5. Participating in “huddles”—PACT (Patient Aligned Care Team) meetings;

6. Providing crisis assessment and learning how to triage care from a CBOC location;

7. Triaging “warm handoffs”—unscheduled patients whose PACT requests they be seen for a mental health appointment that day;

8. Collaboratively work with physicians, nurses, and other clinical staff to coordinate care for each Veteran;

9. Learning about and utilizing the Behavioral Health Laboratory;

10. Creating and/or co-leading psychotherapy or psychoeducational groups;

11. Participating in weekly PCMHI journal club; and

12. Participating in the continued growth and integration of mental health into the primary care setting of a recently established clinic.

**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. Trainees 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. 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;

4. Delivering presentations to residential cohorts at the request of the specialty clinic to address smoking cessation;

5. Utilizing hypnosis (see Medical Hypnosis description);

6. Assisting with organization of events such as health fairs and The Great American Smokeout;

7. Providing occasional bedside evaluation and counseling to medically ill patients;

8. Participating in bimonthly education opportunities from the National Program Office of Tobacco and Health; and

9. Attending community outreach activities with your supervisor.

**Oncology**

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

Potential Training Opportunities
1. Providing individual and family support for a range of problems including emotional reactions at the time of initial diagnosis, assisting patients and family in formulating questions for their medical caregivers, dealing with anxiety generated by treatment delays or complications, dealing with body image issues, assisting with compliance issues, and coping with terminal illness;
2. Providing more focused interventions, such as relaxation training;
3. Performing interview assessments of patients’ mental status, as well as on-going monitoring of mental status and affective condition;
4. Providing staff consultations including assisting the treatment team in understanding the psychological implications of severe physical illness on individuals’ behavior, allowing staff to share their thoughts and feelings about working with seriously ill patients and patients in the process of dying; and
5. Attending continuing education activities including weekly Oncology Rounds, Tumor Board diagnostic/treatment conferences, local teleconferences, and Oncology/Palliative Care Journal Club.

Clinical Neuropsychology Rotations
Memphis VAMC Neuropsychology Program: Assessment Rotation
General Description
The Neuropsychology Program provides neuropsychological assessment services related to clinical problems 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. 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, posttraumatic 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. Within the Spinal Cord Injury Service, Neuropsychology performs screening of patients admitted to CARF-accredited rehabilitation beds as well as referrals of patients suspected of cognitive dysfunction and potential impacts on rehab. 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.

Trainees gain experience in administration and interpretation of neuropsychological evaluations and consultation with referring health care professionals from multiple units and clinics. Trainees 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. Trainees learn both basic and advanced aspects of diagnosing disorders of higher brain functions, analysis of the interactions among cognitive
impairments, psychiatric disorders, and physical illnesses, as well as 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 and/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. Referral questions, especially on an inpatient basis, may involve determination of decisional capacity. Across all referrals, 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, trainees consult and interact with medical staff and residents in neurology and related specialties. Trainees provide detailed feedback to referral sources, patients, and family members. The neuropsychology assessment rotation is offered as 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 labs 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 imaging such as CT and MRI;
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 Staffing.

Memphis VAMC Neuropsychology Program: Intervention Rotation
General Description
The Neuropsychology Program also offers a variety of neuropsychological interventions, including group and individual cognitive rehabilitation. Three group interventions are currently offered, two of which were adapted from University of California San Diego and the San Diego VA’s CogSMART program (see #1 and #2 below) and one that was developed at the Memphis VAMC (see #3 below). Individual neuropsychological intervention that is tailored to the patient’s particular needs and goals is also offered. Neuropsychological evaluation data are often used in conjunction with reported psychiatric/interpersonal concerns to develop treatment goals that aim to maximize functioning, coping, and quality of life. Trainees completing a neuropsychological intervention rotation will learn to integrate a theoretical understanding of behavioral neuroanatomy with therapeutic approaches to building cognitive skills. Patients referred for

2020-2021
neuropsychological intervention have a broad range of presenting problems including, but not limited to, mild dementia, spinal cord injury (with or without concurrent traumatic brain injury), ADHD, and psychiatric diagnoses impacting cognitive functioning. Based on availability and interest, a trainee may complete a combination of the offered intervention activities during the rotation. This rotation can be completed as an “add-on” experience or as a minor rotation.

Potential Training Opportunities

1. Leading or co-leading a 12-week outpatient CogSMART group that focuses on building and generalizing compensatory cognitive strategies to improve memory, attention, problem-solving, and other aspects of cognitive function in everyday life;
2. Leading or co-leading a 6-7 session rolling-admission CogSMART group in the Residential PTSD program. This group focuses on the interaction between psychiatric symptoms and cognitive difficulties and works with group members to develop strategies to improve their efficiency during daily activities;
3. Leading or co-leading a 12-week outpatient AgeSmart group that was developed at the Memphis VAMC during the 2017-2018 training year. This group provides education on topics specific to older adults and focuses on the development of cognitive strategies as well as the relationship between cognition and common mental and physical health concerns;
4. Providing individual neuropsychological intervention;
5. Gaining experience with program development, pending trainee interest;
6. Attending SCI journal club (if individual intervention patients are referred through spinal cord injury units); and
7. Self-directed learning, including discussion of the theoretical underpinnings of neuropsychological intervention and its neurobehavioral correlates.

Semmes-Murphey Clinic

Note: This rotation is available through a reciprocal agreement with the APA-accredited University of Tennessee Professional Psychology Consortium. Additional psychology 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. He has a lifespan clinical practice, with approximately 75% of the referrals being adults. Referrals are primarily sourced from Neurology, Neurosurgery, and Primary Care. The practice is primarily outpatient--Limited inpatient consultation may be available. He also co-manages a Baptist Healthcare/Semmes Murphey joint concussion clinic one half-day a week. Trainees perform comprehensive neuropsychological evaluations and provide consultation to referring practitioners. Trainees may take part in independent neuropsychological evaluations for forensic or disability purposes and evaluations of retired NFL litigants. Interns may participate in tiered supervision with University of Memphis graduate practicum students. Interns are also encouraged to participate in multidisciplinary brain tumor board, stroke case conference, neurotrauma case conference, neurosurgery grand rounds, neurology grand rounds, and neuroscience lectures via UTHSC. Trainees may also have the opportunity to participate in inpatient stroke consultation and lectures for the neurology resident teaching conference. Note that availability is limited, and this rotation cannot be guaranteed.

St. Jude Children’s Research Hospital

Note: This rotation is available through a reciprocal agreement with the APA-accredited University of Tennessee Professional Psychology Consortium. Additional psychology rotations are also available to VA
General Description
There are two internship 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, hematological conditions 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 Brian Potter, PhD, ABPP-CN; Darcy Raches, PhD; Lisa Jacola, PhD, ABPP-CN; and Heather Conklin, PhD. The second rotation involves brief, standardized cognitive screeners for children with sickle cell disease at predetermined developmental time periods. The supervisors for this rotation are Darcy Raches, PhD and Jennifer Longoria, PhD. Note that availability is limited, and this rotation cannot be guaranteed.

Clinical Psychology Rotations
Polytrauma
General Description
The Polytrauma Clinic provides services to OEF/OIF/OND Veterans who have multiple (poly) sources of trauma, with source being a Traumatic Brain Injury (TBI). Veterans in this population often have complex presentations (including post-concussive symptoms, PTSD, MDD, substance use, insomnia/OSA, suicidality), and many have recently discharged from service resulting in reintegration challenges. The interdisciplinary Polytrauma Clinic team includes psychologists, neuropsychologists, neurologists, case managers, and physical therapists who provide Veterans with care and facilitate connection to services throughout the medical center.

Potential Training Opportunities
1. Participating in TBI 2nd Level screenings with the polytrauma interdisciplinary team to comprehensively assess Veterans’ physical and mental health history and current needs;
2. Arranging for and administering additional mental health assessments on a case-by-case basis;
3. Providing crucial psychological input in the interdisciplinary assessment and treatment planning process for polytrauma Veterans, including provision of tailored PTSD treatment for Veterans with a history of TBI;
4. Learning to recognize and implement 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;
5. Facilitating intervention groups addressing specific needs in Veterans’ treatment plans such as PTSD, moral injury, sleep and nightmares, obstructive sleep apnea, coping with TBI, stress reduction, mindfulness, resilience, and compensatory skills development;
6. Evaluating each Veteran’s unique risk factors and completing comprehensive suicide risk assessments and suicide safety plans as indicated;
7. Working closely with polytrauma case managers and dedicated OEF/OIF/OND primary care physicians in providing integrated treatment to Veterans;
8. Preparing Veterans to take advantage of more intense specialty services such as residential treatment for PTSD and substance abuse;
9. Becoming familiar with military language and the conditions and situations faced by combat Veterans in the present wars, and thereby becoming more effective in engaging Veterans in conversation and treatment; and
10. Participating in team teleconferences, interdisciplinary team meetings, and journal clubs reviewing recent research in the area.
**Mental Health Clinic**

**General Description**
The Mental Health Clinic (MHC) is an ambulatory mental health care delivery program that is comparable to a community mental health center. Services offered include both short and long-term individual psychotherapy, group psychotherapy, pharmacotherapy, family therapy, and couples 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 patients for psychiatric hospitalization or refer patients for services elsewhere as indicated. Interns may also be involved with the Behavioral Health Integrative Program (BHIP), where they will work closely with an interdisciplinary team and attend regular “huddles.” Interns 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. Family Therapy Program staff work closely with the psychotherapy staff, and interns may request supervision from those staff members or may work directly with them as co-therapist;
6. Providing group and individual treatment to assist patients in the management of a wide variety of chronic pain symptoms;
7. Participating in an interdisciplinary BHIP team;
8. Participating in specified program development and/or program evaluation projects;
9. Participating in the weekly Psychotherapy Seminar;
10. Working closely with psychiatrists who provide management of patients’ psychotropic medications, interns have the opportunity to increase their psychopharmacology knowledge base; and
11. Opportunities to supervise practicum students may be available.

**Family Therapy Program**

**General Description**
The Family Therapy Program receives referrals from throughout the medical center and outpatient clinics. The referral problems include marital and family conflicts, sexual disorders, family disruptions due to physical or mental disorders, and family violence. 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, trainees 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 therapy 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.

**Intimate Partner Violence Assistance Program**

*General Description*
The Intimate Partner Violence Assistance Program (IPVAP) is a comprehensive initiative that strives to raise awareness of intimate partner violence (IPV), build community partnerships, serve those who experience IPV, serve those who use IPV, and serve VA staff. The program follows the National IPVAP core values of being Veteran centric, person first, trauma informed, and recovery oriented. This training experience is available as a minor rotation for those interested in building and developing the IPVAP and treating Veterans with violent and/or high conflict relationships.

*Potential Training Opportunities*
1. Providing training to staff regarding screening, assessing, and treating domestic violence (DV) and intimate partner violence;
2. Participating in community IPV/DV awareness events and participating on community IPV/DV multidisciplinary teams;
3. Assisting in program development to better serve Veterans who use and experience violence in their relationships;
4. Conducting domestic violence assessments;
5. Serving as a co-therapist for the Domestic Relations group; and
6. Serving as a co-therapist for the Domestic Relations Partner group.

**Chemical Dependency Center**

*General Description*
The Chemical Dependency Center offers a continuum of programs including outpatient, intensive outpatient, and residential treatment. While historically having a strong emphasis on the Twelve-Step Recovery Program (e.g., Alcoholics Anonymous), recent years have seen a significant increase in evidence-based treatment offerings, including MI/MET, REBT, CBT-SUD, SMART Recovery, Seeking Safety Therapy, and Mindfulness groups. Dual diagnosis is common among these patients and is addressed in a holistic approach to recovery. The most common secondary diagnoses are posttraumatic stress disorder, major depressive disorder, schizophrenia, bipolar disorder, and personality disorders. A major emphasis in training is differential diagnosis and understanding the criteria for level of treatment. This training experience is available as a major or minor rotation.

*Potential Training Opportunities*
1. Conducting intake assessments with patients presenting for admission to the CDC treatment programs;
2. Presenting intake data during Interdisciplinary Treatment Team meetings for discussion/determination of level of care indicated;
3. Participating in treatment planning and discharge planning;
4. Providing evidence-based individual psychotherapy sessions, including some opportunity to address comorbid PTSD/SUD;
5. Co-leading group therapy sessions, including SMART Recovery, Seeking Safety Therapy, REBT, Smoking Cessation, mindfulness, and anger management groups;
6. Providing Contingency Management sessions; and
7. Conducting program development, especially related to outpatient treatment programming.

**Community Emergency Services**

**General Description**
This add-on experience offers the intern 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. 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 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.

**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,
Potential Training Opportunities
1. Opportunity to gain experience with acute behavior problems and psychiatric disorders with a focus on crisis stabilization, quick diagnosis and crisis treatment planning;
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, including patients with cooccurring conditions such as cognitive impairment and personality disorders (e.g., emotional regulation, assertiveness training, social skills, discharge planning, and family support);
5. Serving as primary or cotherapist in ongoing short-term groups and individual psychotherapy;
6. 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;
7. Identifying available local and national treatment resources, in addition to steps required to initiate placement when indicated; and
8. Observing the involuntary psychiatric commitment process (i.e., Psychiatric Commitment Court) for patients who 1) report immediate risk of suicide or serious bodily harm to themselves, (2) report immediate threat of homicide or other violent behavior, or (3) demonstrate an inability to provide for one's safety or to avoid severe injury from other risk factors. The trainee will observe inpatient psychiatry interdisciplinary team discussions of cases and attend court hearings at which the court will determine the duration and conditions of commitment. (Note: This rotation element is also available as an add on experience, separate from the General Inpatient Psychiatry rotation.)

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 (RRTP) is designed to be a six-week, ten-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 EBTs 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 (MBSR)
   b. Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE) (individual format)
   c. Cognitive Behavioral Therapy for Insomnia (CBT-I)
   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/MMPI-2-RF as needed);
2. Conducting individual psychotherapy, including EBTs such as PE, CPT, Cognitive Behavioral Conjoint Therapy (if actively involved in the Family Therapy Program/Seminar);
3. Providing clinical services via telemental health where appropriate;
4. Facilitating and cofacilitating group psychotherapy (e.g., MBSR, 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. Consult management and treatment planning; and
8. Possible participation in research projects and program development.

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

**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 three 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 our east Memphis office or in the Shelby County men’s and women’s jails. (Trainees will be required to have security clearance before entering the jails.) Trainees may be involved in all aspects of the evaluation process, 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 minor, and occasional evening trips to the jail may be necessary.

2020-2021
Training Staff

Marcy Adler, PsyD

Nova Southeastern University, 2015 (Clinical Psychology, Neuropsychology Concentration)
Licensed Psychologist, Maryland (Health Service Provider)
Neuropsychology

Dr. Adler completed her internship here at the Memphis VA Medical Center, and returned for a permanent position following completion of her neuropsychology fellowship at the VA Maryland Health Care System (Baltimore VA). In addition to neuropsychological assessment and consultation, professional interests include training/supervision, neuropsychological intervention/cognitive rehabilitation, and program development. When not at work she enjoys traveling to warm locations where she can scuba dive. She also enjoys reading, baking (and eating!), and spending time with family and friends.

Khatidja Ali, PhD

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

Dr. Ali joined the Memphis VAMC staff in 2012, following completion of both her predoctoral internship and postdoctoral fellowship (with an emphasis in Clinical Heath Psychology) at the VAMC Memphis. Her primary professional interests are medical/health psychology, end-of-life care, psycho-oncology, and program development. She serves as the clinical psychologist for the Palliative Care Unit and Oncology Clinics (Radiation Oncology and Hematology/Oncology). She is particularly interested in development of programs that provide holistic care for patients who are facing life-limiting illness, and she enjoys working as part of a team. Her theoretical orientation integrates concepts from narrative, existential, and cognitive behavioral therapy. She has started early entry and preparation for ABPP/hp. She is a member of the APA, TPA, and the American Psychosocial Oncology Society.

Timothy Arentsen, PhD, ABPP-CN

Fuller Theological Seminary, 2014 (Clinical Psychology, Neuropsychology Emphasis)
Licensed Psychologist, Tennessee (Health Service Provider)
Neuropsychology
Before joining our neuropsychology staff, Dr. Arentsen completed his internship at the Iowa City VA Health Care System and his Clinical Neuropsychology Fellowship here at the Memphis VA Medical Center. Like several other staff members at Memphis, he enjoyed working at this site so much that he stuck around for a permanent position. In addition to his doctorate in Clinical Psychology, he has Master’s degrees in Counseling from Marquette University and Theology from Fuller Theological Seminary. Areas of interest are varied, but a selected sampling includes symptom/performance validity, ecological validity, program development, law enforcement training, psychology of religion, forensic assessment, personality, and fitness for duty.

Michelle Bowen, LCSW

University of Tennessee – Memphis, 1997
Licensed Clinical Social Worker, Tennessee
Senior Social Worker, PTSD Clinical Team

Ms. Bowen joined the Memphis VAMC in January 2008 and has worked in both residential and outpatient PTSD services. Prior to this, Ms. Bowen worked for several years as a therapist for the Department of Defense at a forward deployed Navy military installation in Japan. Ms. Bowen has particular expertise in treating multiply traumatized individuals who present with MST, combat/military trauma, and complex trauma. Her early career experiences included work with traumatized children and play therapy. She currently focuses on providing telemental health (TMH) evidence based psychotherapies to Veterans in the Trauma Recovery Program, including Cognitive Processing Therapy, Prolonged Exposure Therapy, and Cognitive Behavioral Therapy for Insomnia. She is a TMH Master Preceptor and serves as the facility’s Local Evidence Based Psychotherapy coordinator. Additionally, she is a National CPT Trainer and Consultant and serves as a VISN 9 Regional CPT trainer and consultant. Ms. Bowen also serves as one of the VISN 09 PTSD Mentors. In her time away from the VA, she enjoys gardening, all things “HGTV” related, and watching Alabama football (RTR)!

Rachel M. Chan, PsyD

Nova Southeastern University, 2016 (Clinical Psychology)
Licensed Psychologist, Maryland (Health Service Provider)
Spinal Cord Injury Outpatient Clinic

Dr. Chan completed a postdoctoral fellowship in Clinical Psychology at Shepherd Center: Shepherd Pathways with a focus on rehabilitation psychology. Her predoctoral internship was completed at St. Vincent Indianapolis Hospital with a focus on health and neuropsychology. She joined the Psychology Section in the winter of 2018 and provides psychological services to Veterans and their loved ones in the SCI Outpatient Clinic. Additionally, she offers Cognitive Behavioral Therapy for Insomnia. Outside interests include spending time with her family & friends, reading, doing “artsy stuff”, and traveling.

Patricia M. Chapman, PsyD

Florida Institute of Technology, 1987 (Clinical Psychology)
Licensed Psychologist, New York
Program Manager, PTSD Residential Rehabilitation Treatment Program (RRTP)

Dr. Chapman completed her internship at the Black Hills Psychology Internship Consortium in Sturgis, SD. Prior to joining the staff at the Memphis VAMC in January of 2017, she held positions at several other VA facilities— Vet Center in Rapid City, SD (Readjustment Counseling Service), Canandaigua VA
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

Dr. Clark’s primary professional interests are medical/health psychology, end-of-life care, medical ethics, and program development. She is committed to an integrated biopsychosocial approach in the provision of healthcare, particularly for individuals who are coping with end-of-life issues. She is certified as a trainer for Education on Palliative and End-of-Life Care (EPEC) and is a member of several professional organizations including National Hospice and Palliative Care Association, APA, and the Association of VA Psychology Leaders. She maintains involvement in program evaluation and research projects. She has served as the director of the Psychology Training Programs for the past 26 years. In addition to her professional duties, she enjoys spending time with her family, traveling (mostly to football games this year), theater, reading (limiting herself to two book clubs currently), two dogs (including a German Shepherd puppy), and trying to keep up with the latest films. Currently, her favorite dramas are *A Most Wanted Man* and *Apocalypse Now* (has never left the list), favorite comedy remains *Talladega Nights--The Ballad of Ricky Bobby*, and favorite documentary is *Undefeated* (2012 Academy award winner about a highschool football team in north Memphis). With the renaissance of the small-screen, she is waiting for the next season of *The Marvelous Mrs. Maisel* and hoping for a comeback season of *Fargo*.

Teresa K. Cook, PsyD

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

Dr. Cook completed her internship at the Central Texas VA and completed a Clinical Psychology Fellowship with an emphasis in Medical Psychology at the Memphis VAMC. She joined the staff in 2007 and worked at the North Clinic Ambulatory Care Clinic for nearly four years. In 2011, she took the position of Health Behavior Coordinator, and has been working with both staff and patients to help realize the VA transformation to patient-centered care. Her favorite area of interest is Tobacco Cessation, and in her role as Lead Tobacco Cessation Clinician, she offers a biopsychosocial approach to helping Veterans quit tobacco. Most recently she took on another position as LGBT Veteran Care Coordinator and is active in creating a more inclusive culture for all Veterans. She provides a number of presurgical evaluations and preprocedure evaluations including transplant, bariatric, and cross-sex hormone therapy. She is presently serving on a national committee to explore offering training in hypnosis to VA providers across the nation. Prior to her career as a psychologist, she was a professional actress and that experience influences her creative integrative approach to treatment. Areas of interest are psycho-oncology, hypnosis, chronic pain, existential psychotherapy, post-traumatic growth, feminist psychology, and mind-body interventions. She was mentored in the use of hypnosis in medical settings by Gary Elkins, PhD and is a co-author of several publications with Dr. Elkins. Her research activities in the clinical application of hypnosis include: the development of a new scale to assess hypnotizability, use of hypnosis in smoking...
cessation, use of hypnosis instead of anesthesia during colonoscopy, and hypnosis to relieve hot flashes in breast cancer patients.

**Ellen M. Crouse, PhD**

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

Dr. Crouse joined the psychology staff in 2007 following a one-year clinical internship and two-year postdoctoral fellowship in neuropsychology and neuroimaging at Dartmouth-Hitchcock Medical School. She provides neuropsychological assessment and consultation for a broad array of patients in the VAMC setting, as well as supervising interns and postdoctoral fellows on case conceptualization, report writing, and research. At the University of Tennessee Health Science Center, she holds an academic appointment in the Department of Psychiatry and provides seminars for psychiatry residents. She serves as the neuropsychologist on the polytrauma team at Memphis VAMC. She helped to develop group interventions that build cognitive skills in Veterans with TBI, PTSD, and other conditions affecting cognition, using the San Diego VA’s CogSMART model. She is also certified in “Moving Forward: PST” group treatment. As a neuropsychologist with previous experience as a registered nurse, she is very interested in biological and medical factors that have an impact on cognitive functioning. She tends to view patients’ problems from the perspective of failures in regulatory processes (e.g., dysregulation of attention, emotional dysregulation). Specific populations of interest include individuals with traumatic brain injuries, Veterans with PTSD, and people experiencing cognitive changes due to multiple sclerosis. She is currently working toward completing her ABPP in neuropsychology. In her “real” life, she enjoys practicing mindfulness while pulling weeds in her yard (It’s true!), lazing around the house with her shamelessly spoiled cats, and talking to her daughter (Clara) about art.

**Michele DeCremer, LCSW**

University of Utah, 2007
Licensed Clinical Social Worker, Tennessee
Coordinator, Intimate Partner Violence Assistance Program

Prior to joining the staff of the VA, Ms. DeCremer managed the inpatient units at a psychiatric hospital, provided crises services at the University of Utah, and worked with children and families in a community mental health clinic. Ms. DeCremer joined the Memphis VAMC in 2012 as a member of the Family Mental Health and Domestic Relations Team. She served as a national consultant for Integrative Behavior Couples Therapy (IBCT), is currently a facility trainer for the Prevention and Management of Disruptive Behavior (PMDB) program, and serves on the Disruptive Behavior Committee (DBC). She began the role of coordinating the Intimate Partner Violence Assistance Program (IPVAP) for the Memphis VAMC in 2018. She is the facilitator of the female domestic violence group and co-facilitator of the male domestic violence groups. She serves on the National IPV Documentation Workgroup for the VA to improve and standardize documentation guidelines for IPV across the VA system and serves as the VISN 9 colead for the IPVAP. In addition, she serves as a member of the Memphis/Shelby County Domestic Violence and Sexual Violence Council and the Tennessee Coalition of Domestic Violence.

**Keidy Ding, PhD**

Texas Woman’s University, 2012 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Mental Health Clinic - Behavioral Health Integrative Program (BHIP)

Dr. Ding is a staff psychologist in the Mental Health Clinic and sees Veterans on an individual and group basis. She leads Dialectical Behavioral Therapy (lite) and Resiliency Training groups. She has a background in forensic evaluation and correctional psychology, and prior to joining the VA in 2018, she was employed at the Federal Bureau of Prisons as an intern, staff psychologist, and then as a drug abuse program coordinator. However, her true passion is providing therapy. She welcomed her first child in 2018 and spends her free time braving family outings to various venues.

Kimberly Fleming, PhD

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

Dr. Fleming joined the Mental Health Clinic staff in 2016 after completing her postdoctoral fellowship in Clinical Psychology (Evidence Based Treatment Focus Area) at the Memphis VAMC. Prior to this, she completed her internship at the Southwest Consortium in Albuquerque, NM and graduate training at the University of Louisville. Dr. Fleming provides team-based care to Veterans with a range of presenting problems as a Behavioral Health Interdisciplinary Program (BHIP) psychologist. Her primary theoretical orientation is integrative, with an emphasis on cognitive and behavioral theory and acceptance-based approaches. Dr. Fleming’s current professional interests include chronic interpersonal trauma, women’s health issues, and compassion- and acceptance-based psychotherapy. She enjoys Kentucky basketball, swimming, and spending time with her family.

Heather L. Gammel, PhD

The University of Memphis, 2011 (Clinical Psychology, Behavioral Medicine Focus)
Licensed Psychologist, Tennessee (Health Service Provider)
Family Therapy Program

Dr. Gammel is a staff Psychologist in the Mental Health Clinic and sees Veterans and their families in the Family Therapy Program. She has interest in providing IBCT services for Veterans seeking couple/marriage therapy. She provides direct services to families and couples and supervises psychology trainees. She also co-facilitates Domestic Relations group services. Prior to joining the VA in 2018, she completed an internship in Pediatric Psychology at the University of Oklahoma Health Sciences Center and postdoctoral fellowship at St. Jude Children’s research Hospital, working with families of children with chronic illness. She then spent 6 years in private practice conducting mental health disability assessments, conducting psychoeducational assessments for school-aged children and ADHD assessments for children and adults, and providing individual psychotherapy to medical patients in a rehabilitation facility. She has also held privileges at several local psychiatric hospitals where she has provided psychiatric commitment evaluations and mental health court testimony. She enjoys running, biking, kayaking, canoeing with her two dogs, attending live music events, and All Things 901.

Timothy Greenhill, PsyD

Argosy University – Alameda (Clinical Psychology)
Licensed Psychologist, Arizona
Mental Health Clinic - Behavioral Health Integrative Program (BHIP)
Dr. Greenhill joined the staff in July 2017. Prior to coming to the VA, he served as a Clinical Psychologist in the United States Army for 7 years, including one deployment to Afghanistan. He completed both internship and postdoctoral training in military service, gaining extensive experience in assessment, consultation, and treatment interventions in a broad range of outpatient and inpatient settings. He worked in VA Primary Care setting for one year before transitioning to the MHC in September 2018. In his free time, he enjoys cooking, spending time with family, and watching college football.

**Lynne Hennessey, MS**

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

Ms. Hennessey completed her Master’s degree in clinical psychology and worked for the Memphis City Schools prior to joining the VAMC Memphis in October 2003. She has been a licensed Psychological Examiner in Tennessee since 1985. She is primarily involved in the administration of neuropsychological evaluations for both inpatient and outpatient populations. She also assists with training interns and fellows to administer various psychometric instruments. Other professional interests include women’s issues and trauma. Her interests outside of psychology include traveling, spending time with family and friends, yoga, and she is currently fostering a rescued dog with Streetdog Foundation, a local rescue group.

**Samuel A. Holcombe, PsyD**

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

Dr. Holcombe has a background in correctional psychology and currently maintains a private practice. Professional interests include Jungian theory, depth psychology, and alternative spirituality.

**Jacqueline Jackson, MS, CSP**

University of West Alabama, 2008  
Certified Specialist in Psychometry  
Neuropsychology

Ms. Jackson completed her Master’s degree in Counseling and Psychology and worked for the Department of the Army prior to joining the VAMC Memphis in August 2012. Prior to working for DOD, she spent over ten years in the US Army and completed two combat tours in Iraq. She is primarily involved in the administration of neuropsychological evaluations for both inpatient and outpatient populations. She also assists with training interns and fellows to administer various psychometric instruments. She is a facility trainer for the Preventive and Management of Disruptive Behavior (PMDB) Program and a member of the National Association of Psychometrists (NAP). Her interests outside of psychology include exercising and spending time with her kids (Jazmine and Preston).

**Jennifer L. Jacobson, PsyD**

Spalding University, 2002 (Clinical Psychology)  
Licensed Psychologist, Tennessee (Health Service Provider)  
Geriatrics/Rehabilitative Medicine and Memory Clinic; Program Director, Clinical Health Psychology Fellowship
Dr. Jacobson joined the Psychology Section in September of 2003 after completing her internship and postdoctoral fellowship at the Memphis VAMC. A medical psychologist by interest and training, she provides services to medical patients in Geriatric Medicine and serves as Program Director for the Memory Clinic. She is the director of the Clinical Health Psychology Fellowship (APA accredited) and is also an ancillary neuropsychology staff member. Additional professional interests include integrated primary care, assessment, and program development. Her theoretical orientation is best described as cognitive-existential as she assumes a meaning-centered approach to her work. An admitted star-gazer, she enjoys a variety of music, theatre, and movies. Traveling, running, and spending time with her family are also among her favorite pastimes.

Judiann Jones, PhD

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

Dr. Jones joined the psychology staff at the Memphis VAMC, following clinical internship at the University of Alabama-Birmingham VAMC Psychology Internship Consortium and a postdoctoral fellowship in Clinical Psychology (Returning Veterans/Polytrauma Focus Area) at the Memphis VAMC. Her training is broadly in clinical psychology with a concentration in PTSD and rehabilitation psychology. She completed VA trainings and is listed as a provider in Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, and Cognitive Behavioral Therapy for Depression. Her clinical interests include transdiagnostic treatment approaches with an emphasis on cognitive behavioral interventions. Originally from Long Island, NY, she has made the south her new home and lost her New Yorker accent. She enjoys exploring new foods, spending time at the lake, and running. She also has a rescue dog named Banana (Yes, she is named after a fruit!), who wishes she could come to work everyday with her human parents.

Thomas M. Kirchberg, PhD, ABPP-CL

University of Memphis, 1992 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Chief, Psychology Section; Crisis Intervention Team

Dr. Kirchberg received his PhD in Counseling Psychology from the University of Memphis. He is Board Certified in Clinical Psychology by the American Board of Professional Psychology. He holds a faculty appointment in the Department of Psychiatry, University of Tennessee, Memphis. He is a trainer for the Memphis Police Department Crisis Intervention Team (CIT). He works with other community psychologists to provide critical incident stress debriefing for the Memphis Police and Fire Departments. He is a member of the Department of Veterans Affairs Veterans Justice Outreach (VJO) Steering Committee, member of the VJO Strategic Planning Group, and member of the VJO Law Enforcement Advisory Group. He is an emeritus board member of CIT International and was 2015-2016 President of the Association of VA Psychologist Leaders (AVAPL). In 2017, Dr. Kirchberg was the first recipient of the American Psychological Association Division 18 Lorraine Greene Award for Social Justice. He was recognized for his work with local, national, and international law enforcement agencies in establishing CIT programs.
Susan Kolderup, PsyD
PGSP-Stanford PsyD Consortium, 2013 (Clinical Psychology)
Licensed Psychologist, California and Tennessee (Health Service Provider)
Home Based Primary Care

Dr. Susan Kolderup completed her internship at the Memphis VA in 2013 and went on to complete a Clinical Psychology Fellowship with a focus in Primary Care-Mental Health Integration at the Seattle VA. Her clinical practice has focused on mental health interventions for individuals contending with chronic illnesses and seeking healthy lifestyle assistance. She has a particular interest in behavioral medicine, end-of-life care, and motivational interviewing. She is VA Certified in Cognitive Processing Therapy and Problem Solving Therapy. When not working, you will find her hiking, practicing yoga, and spending time with friends and family.

Tara A. Morrissette, PhD
University of Florida, 2018 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
PTSD Clinical Team/Polytrauma Clinic

Dr. Morrissette completed both her predoctoral internship and postdoctoral fellowship (Clinical Psychology-Trauma Recovery Focus Area, Polytrauma) at the Memphis VA Medical Center. She joined the staff in August 2019 and works in the PTSD and Polytrauma Clinics where she provides assessment, individual and group psychotherapy, follow-up, and consultation for Veterans experiencing PTSD and those with suspected traumatic brain injury. She enjoys swimming, musicals, anything Disney, and as a true New Hampshire-ite, cheering on the New England Patriots.

Catherine S. Morton, PhD
The University of Memphis, 1999 (Counseling Psychology)
Licensed Psychologist, Tennessee and Mississippi (Health Service Provider)
Mental Health Clinic

Dr. Morton is a staff Psychologist in the Mental Health Clinic and sees Veterans on an individual and group basis. She leads CBT-Depression/Anxiety and Anger Management groups. She has interests in trauma and survivor issues and is certified in EMDR. Prior to joining the VA in 2012, she spent a decade in private practice providing individual and couples therapy and educational assessments for school aged children. From 2009-2012, she lived and worked in the Kingdom of Saudi Arabia where she was privileged to work with patients from many different cultures and nations. Her work there included private practice in addition to a full-time position at the region’s largest rehabilitation hospital, Sultan Bin Abdulaziz Humanitarian City, where she provided care to patients on the spinal cord, stroke, and TBI units. She is a past-president of the Memphis Area Psychological Association. She enjoys scuba diving, reading, sewing, collecting textiles, and traveling the world to experience other cultures. She is married and has three small furry children.

Adrian N. Murray, PhD
The University of Memphis, 2015 (Counseling Psychology)
Licensed Psychologist, Florida
PTSD Program/Chemical Dependency Center
Dr. Murray is a staff Psychologist who divides her time between work in the Trauma Recovery Program and the Chemical Dependency Clinic providing care to Veterans in individual and group treatment. She leads Dual Diagnosis Recovery and Seeking Safety groups for the residential PTSD treatment program as well as two Addiction Recovery groups for the residential substance abuse treatment program. She has interests in mindfulness, trauma, attachment, and process-oriented treatment approaches. She is certified in both CPT and IBCT. Prior to joining the Memphis VAMC as a staff member in 2019, she completed her internship at the Memphis VAMC, post-doctoral fellowship in PTSD and Traumatic Brain Injury in the North Florida/South Georgia Veterans Health Care System, and provided care to Veterans at the Sergeant Ernest I. “Boots” Thomas VA Clinic in Tallahassee, FL as a PCT Psychologist. She enjoys spending time with her two large dogs, painting, reading, scuba diving, kayaking, and visiting family and friends around the world.

Jonathan H. Novi, Psy.D.

Indiana State University, 2015 (Clinical Psychology)
Licensed Psychologist, New Mexico
Primary Care Mental Health Integration—Central Clinic

Dr. Novi completed his internship at the Buffalo VA Medical Center and VA Center for Integrated Healthcare. He completed postdoctoral fellowship in Clinical Psychology at the Albuquerque VA, emphasizing primary care, behavioral health integration in medical settings, and health promotion and disease prevention. Currently, Dr. Novi serves as a psychologist and team lead in PCMHI at the Central Primary Care Clinic. His theoretical orientation is primarily cognitive behavioral, with specific clinical emphasis on motivational interviewing and CBT skills. He also facilitates the weekly Wellness Workshop focusing on SMART goals and health behavior changes. Dr. Novi’s other interests include professional development, interdisciplinary collaboration and training, and program evaluation. Outside of the VA, Dr. Novi enjoys spending time with his family, watching Gator sports, and playing disc golf.

Tahere Pourmotabbed, PhD

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

After completing her doctoral degree, Dr. Pourmotabbed continued her training in cognitive behavioral and psychophysiological therapies at Johns Hopkins School of Medicine. Over the course of her 20 plus-year practice, she worked with clients across the age and ethnicity spectrum in a variety of modalities including psychotherapy work in community, medical, and private therapy settings. She joined the staff at the Memphis VAMC in March 2011. Her goal is to tailor her approach to the unique abilities and talents of each individual. She uses evidence-based intervention strategies such as CBT, CPT, CBT-I, solution-focused therapies, and behavioral and environmental interventions to educate, support, encourage, and guide individuals to reach their highest potential. She finds these approaches very effective with a wide range of emotional and behavioral problems when combined with caring, affection, and deep understanding. As a researcher and an educator she has worked with residents at the University of Tennessee Health Science Center and students from multiple graduate programs. She has conducted and participated in psychophysiological and psychopharmacological research and has published in peer reviewed journals. She also served on the Editorial Board of the Journal of Multicultural Counseling and Development.
Joann P. Raby, PhD
Saint Louis University, 1994 (Clinical Psychology)
Licensed Psychologist, Tennessee and Mississippi (Health Service Provider)
Home Based Primary Care

Dr. Raby joined the Memphis VA Medical Center staff in December 2012. As part of the HBPC interdisciplinary treatment team, she provides psychological services to Veterans and their loved ones in their homes. She has completed participation in a pilot program for the evidence based treatment, “Problem-Solving Therapy in HBPC” and has recently participated in a VA program that aims to increase access to smoking cessation treatment for Veterans with mental health and substance abuse disorders. In addition, she recently completed her training in Cognitive Behavioral Therapy for Insomnia. Prior to working at the Memphis VA, she worked in private practice in Memphis, TN and Southaven, MS. She is past president of the Memphis Area Psychological Association (MAPA). Professional interests include disability/capacity assessment, medical/health psychology, and end-of-life issues.

Sarah Ramsey, PhD
Northern Illinois University, 2017 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
PTSD Residential Rehabilitative Treatment Program (PTSD RRTP)

Dr. Ramsey completed both her predoctoral internship and Clinical Psychology Fellowship (Trauma Recovery Services – Post-traumatic Stress Disorder Focus Area) at the Memphis VAMC before becoming a staff member in 2017. Her primary professional interests are interpersonal violence, complex trauma, moral injury, traumatic brain injury, substance use, and program development. Her primary theoretical orientation is integrative, with cognitive behavioral and acceptance-based theories predominating. She provides group and individual therapies including Prolonged Exposure, Cognitive Processing Therapy, Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure, Cognitive Behavior Therapy for Insomnia, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Anger Management, Motivational Interviewing, and Adaptive Disclosure. In her free time, she enjoys cooking, spending time outdoors, playing trivia, and trying to prevent her dog from eating all the socks in her house.

Eliyahu P. Reich, PhD
St. John’s University, 2009 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Chemical Dependency Center

Dr. Reich completed a postdoctoral fellowship in Clinical Psychology here at the VAMC, with a focus on PTSD treatment and research. Now a staff psychologist at the Memphis VAMC, he spent a few years as a PTSD/SUD psychologist, within the PTSD Clinic, before transferring to his current position as a psychologist within the Chemical Dependency Center. Dr. Reich’s theoretical orientation is primarily cognitive behavioral, and he regularly practices Motivational Interviewing/Motivational Enhancement Therapy, Contingency Management for treatment of substance use disorders, Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Cognitive Processing Therapy, Prolonged Exposure Therapy, and Seeking Safety Therapy. He also facilitates SMART Recovery meetings, anger management, and smoking cessation groups. His clinical and research interests focus on integrated treatments for co-morbid PTSD and substance use disorders (e.g., COPE), with previous research
interests in insomnia, anger disorders, and perception. A native of Brooklyn, NY, he has learned to integrate the word “y’all” into his therapy sessions. Outside of the VA, he enjoys spending time with his family, reading, musical theater at the Orpheum, and travelling.

*Katie Robinson, PhD*

University of Memphis, 2016 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Primary Care Mental Health Integration—Central Clinic; Sleep Clinic

Dr. Robinson joined the psychology staff at the Memphis VAMC following her clinical internship at VA Portland Health Care System and a postdoctoral fellowship in Clinical Health Psychology at the Memphis VAMC. Her training is in health psychology with a concentration in behavioral sleep medicine, and her theoretical orientation is primarily cognitive and behavioral. She completed the certification process for Cognitive Behavioral Therapy for Insomnia in both individual and group formats. Specific interests include addressing behavioral and mental health issues in the primary care setting, providing brief evidence based treatments, and helping coordinate Veterans’ care through the VA system. Dr. Robinson enjoys being outdoors, running, hiking with her husband and dogs, cooking, and oil painting.

*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

Dr. Roper is a board certified clinical neuropsychologist, Director of the Neuropsychology Program in Mental Health Service, and Training Director of the APA-accredited Neuropsychology Fellowship Program at the Memphis VAMC. He employs a flexible-battery or “hypothesis-testing” approach to neuropsychological assessment. His professional interests include theories of brain function (especially involving the frontal lobes), psychology and neuropsychology training, evolutionary psychology, consciousness studies, and the common territories among neuroscience, epistemology, and ethics. He has regularly published and presented at national and international conferences since 1991. Research interests include neuropsychological screening instruments, symptom validity testing, personality assessment, and training methods/theories. He serves as an ad hoc reviewer for psychology, neuropsychology, and medical journals. He is a member of the American Psychological Association, Society for Clinical Neuropsychology (SCN, APA Div. 40), International Neuropsychological Society, American Academy of Clinical Neuropsychology (AACN), Association of VA Psychology Leaders, and VA Psychology Training Council (VAPTC). In addition to the Neuropsychology Seminar, he offers seminars to UT medical students and residents. He is active in national organizations, including the VAPTC Technology Workgroup. He is a past Commissioner on the APA Commission on Accreditation (CoA), and he serves the CoA periodically as a site-visitor and Program Review Consultant. He is also interested in competency initiatives in professional psychology and clinical neuropsychology. He has supervised psychology graduate students on dissertation projects. At the University of Tennessee, Memphis, he holds academic appointments in the Department of Psychiatry and the Department of Neurology. He enjoys mountain biking, hiking, amateur astronomy, and being a dad. He is an unenlightened meditator, and he believes in the power of adequate sleep, regular exercise, and compassion for self and others (but does not always practice them!). He is active in cooking (average), singing and ukulele playing (high average), and minor home repairs (borderline impaired).
Havah E. Schneider, PhD

Yeshiva University, 2013 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Primary Care Mental Health Integration; Women’s Clinic

Dr. Schneider completed her internship at the Philadelphia VA Medical Center, and completed a postdoctoral fellowship in Clinical Health Psychology at the Memphis VA in 2014. She joined the staff in March 2015 as a Primary Care – Mental Health Integration clinician in Central Clinic. She now works as the PCMHI provider in the Women’s Clinic and is the PCMHI Supervisor. Specific interests include comorbid mental health and medical illnesses, and working to reduce the negative impact they have on each other. Most of her free time is spent running after her three children. In whatever time she has left, she enjoys cooking, reading, being outdoors, and trying to catch up on sleep.

Sasha Scott, PsyD

Argosy University, 2016 (Clinical Psychology)
Licensed Psychologist, New York
Primary Care Mental Health Integration – Nonconnah Clinic

Dr. Scott joined the psychology staff in 2017 following a generalist internship at the Martinsburg VAMC and a postdoctoral fellowship in Clinical Health Psychology at the Memphis VAMC. She works as a PCMHI psychologist at the Nonconnah Clinic (CBOC). She currently provides primary care mental health services to Veterans including brief individual assessment and psychotherapy, as well as group psychotherapy and health behavior interventions. She is a certified provider of CBT-I and MI. Her primary theoretical orientation is cognitive behavioral, but but incorporates components from other theoretical orientations as necessary. Her clinical interests include primary care mental health, chronic pain, sleep, and the interplay of psychological factors and medical conditions. In her free time she will likely be with her Pug-huahua (Taz), exploring new things to do in Memphis, at the movies, or trying out a new place to eat.

Betty Duke Shadish, LCSW

University of Illinois - Champaign-Urbana, 1971
Licensed Clinical Social Worker, Tennessee
Director, Family Therapy Program

Ms. Shadish has directed the Family Therapy Program since 1977. Prior to this, she worked in Illinois in both inpatient and outpatient facilities providing individual, marital, and family therapy utilizing a behavioral/cognitive approach. In her present position, she provides direct services to families and couples and supervises psychology trainees. A major focus of her work over the years has been in developing new strategies of impacting people who traditionally would have been dismissed as difficult and unmotivated. Her orientation is based on systems theory, and she has expertise in both compliant and defiant interventions. She is a national consultant for Integrative Behavioral Couple Therapy and is developing expertise in Emotion Focused Therapy. She is a clinical member of AAMFT, is an AAMFT approved supervisor, and is an AASECT Certified Sex Therapist. Her other passion is tennis, and she has a growing interest in college football.
Bruce F. Smith, MS

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

Mr. Smith completed his master’s degree with an emphasis in Clinical Psychology. He has been a Licensed Health Care Provider in the state of Tennessee since 1986 and a Nationally Certified School Psychologist since 1989. His work experience includes outpatient mental health treatment of children and adults and clinical research in a hospital setting with children who have catastrophic illness. He has extensive experience in administering and interpreting psychological testing. His interests include outdoor activities, sports, and music.

Eileen Todd, PhD

University of Southern Mississippi, 2014 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Suicide Prevention Program

Dr. Todd completed both predoctoral internship and postdoctoral fellowship (Clinical Psychology--Returning Veterans/Polytrauma Focus Area) at the Memphis VA Medical Center before becoming a staff member in 2015. Her primary professional interests are suicidality/self-injury, personality disorders, emotion regulation, complex trauma, moral injury, and persisting effects of TBI. She takes a biopsychosocial approach and has a background with providing Prolonged Exposure, Cognitive Processing Therapy, Dialectical Behavior Therapy, Skills Training in Affective and Interpersonal Regulation, Collaborative Assessment and Management of Suicidality, and Cognitive Behavioral Therapy for Insomnia. She also emphasizes the use of psychodiagnostic and personality assessments with a particular interest in the MMPI-2 and MMPI-2-RF. In her free time, she enjoys Netflix marathons, cooking (mostly eating), and being with her family which includes the sassiest girls ever born. As a native New Yorker, she refuses to “bless your heart.”

Valerie Tunstall-Ernest

Program Support Assistant
Psychology Training Program

Ms. Tunstall-Ernest serves as the Program Support Assistant for the Psychology Internship, Fellowship, and Practicum Training Programs and for the Psychiatry Training Program. She provides clerical management and coordination of administrative needs, including onboarding of new trainees and payment of accreditation and other fees. She also serves as a Automated Data Processing Application Coordinator, coordinating and supporting a variety of software programs used for clinical, research, and educational purposes. Prior to employment at the Memphis VAMC, she was employed at the VA Medical Center in Cleveland, OH from 2000-2007 as an Administrative Support Assistant to the Chief of Medicine, and she also served as the Program Support Assistant for the Residency Training Program at Cleveland VA Medical Center. She has a total of thirty-three years of government service.
Jennifer D. Vandergriff, PhD, ABPP

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

Dr. Jennifer Vandergriff completed both her predoctoral internship and postdoctoral fellowship in Clinical Psychology (Medical/Health Psychology Emphasis) at Memphis VAMC. She joined the Psychology Section in the fall of 2009 and provides psychological services to Veterans and their families on the SCI Unit. She is Board Certified in Clinical Health Psychology by the American Board of Professional Psychology. With regards to EBPs, she offers Acceptance and Commitment Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Motivational Interviewing, and Motivational Enhancement Therapy. She is also a VA consultant and trainer for Motivational Interviewing and Motivational Enhancement Therapy. She serves as Practicum Coordinator for the Psychology Training Program. Her areas of clinical and research emphasis include gender & health, rehabilitation psychology, clinical health psychology, health behavior change, training, and psycho-oncology. Outside interests include traveling, running, and cycling.

John Weaver, PhD

University of Memphis, 1997 (Counseling Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
Chief, Primary Care Mental Health Integration, Community Based Outpatient Clinics, Chemical Dependency Center

Dr. Weaver joined the staff in July 2004. He previously worked as a psychologist and Drug Abuse Programs Coordinator with the Federal Bureau of Prisons. During his previous tenure he gained extensive experience in the areas of crisis management and hostage negotiations. His professional interests include chemical dependency, personality disorders, PTSD, and the practice of group psychotherapy. His intervention approach is best described as cognitive-behavioral. He is an Air Force Veteran and served as an outpatient mental health technician. Outside interests include his family, church, weightlifting, and listening to music.
Living in Memphis

http://www.memphischamber.com/

Memphis is a historic city of approximately 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 reasonably priced 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. The Beale Street Music Festival is an annual favorite that sells out fast and is often referred to as Mudfest (thanks to May showers).
- A sports city, home of the Memphis Grizzlies NBA basketball team, University of Memphis Tiger basketball and football teams, Memphis River Kings professional hockey, Memphis Redbirds (AAA) baseball at the beautiful AutoZone Park, the Liberty Bowl, and the FedEx-St. Jude Invitational Golf Tournament.
- 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 Indie Memphis Film Festival, 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, Memphis Comedy Festival, and numerous concerts, ballet, and theater performances throughout the year.
• A city with hundreds of restaurants serving a range of cuisines, including local favorites (e.g., barbecue and catfish). Cooper-Young, Downtown, and Overton Square are known for the variety of available dining options.

• 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 or Sun Studio; an afternoon browsing through shops on Broad Avenue; 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.

• Check out the I Love Memphis Blog for an up-to-date listing of things to do in Memphis.

---

Psychology Trainees

Recent Internship and Fellowship Classes

Completed In 2019

Psychology Interns

Clinical Psychology Emphasis Area
- Ricky L. Bates, Counseling Psychology, University of Memphis
- Leah Kaylor, Clinical Psychology, St. Louis University
- Lindsey Shamp, Counseling Psychology, Louisiana Tech University

Clinical Health Psychology Emphasis Area
- Tara Crouch, Clinical Psychology, Seattle Pacific University
- Anihiita Kalianivala, Clinical Psychology, University University of North Carolina-Greensboro
- Carrie LeMay, Clinical Psychology, East Tennessee State University

Clinical Neuropsychology Major Area of Study
- Catherine Mewborn, Clinical Psychology, University of Georgia
- Alexis Rosen, Clinical Psychology, Palo Alto University

Psychology Fellows

Clinical Psychology Fellowship
- Shamira Lindsey, PhD, Clinical Psychology, Suffolk University
- Tara Morrissette, PhD, Counseling Psychology, University of Florida
- Jennifer Wolff, PhD, Clinical Psychology, Rosalind Franklin University of Medicine & Science

Clinical Health Psychology Fellowship
- Sarah Dillon, PsyD, Clinical Psychology, Alliant International University-Los Angeles
- Paige Naylor, PhD, Clinical and Counseling Psychology, University of South Alabama
- Jillian Pine, PhD, Clinical Psychology, University of Missouri-St. Louis
Clinical Neuropsychology Fellowship
Emily Williamson, PsyD, Clinical Psychology, William James College (First Year)

Completed in 2018

Psychology Interns

Clinical Psychology Emphasis Area
Tara Morrissette, Counseling Psychology, University of Florida
Jennifer Wolff, Clinical Psychology, Rosalind Franklin University of Medicine & Science

Clinical Health Psychology Emphasis Area
Kristin Kiel, Clinical Psychology, Pacific Graduate School of Psychology
Paige Naylor, Clinical and Counseling Psychology, University of South Alabama
Amanda Panos, Clinical Psychology, Fuller Theological Seminary
Jillian Pine, Clinical Psychology, University of Missouri-St. Louis

Clinical Neuropsychology Major Area of Study
Emily Kellogg, Clinical Psychology, University of South Florida
Joie Molden, Clinical Psychology, University of Colorado (Colorado Springs)

Psychology Fellows

Clinical Psychology Fellowship
Corey Brawner, PhD, Clinical Psychology, University of Southern Mississippi
Caitlin Listro, PhD, Clinical Psychology, Michigan State University
Sarah Ramsey, PhD, Clinical Psychology, Northern Illinois University

Clinical Health Psychology Fellowship
Megan Gray, PsyD, Clinical Psychology, Alliant International University-Los Angeles
Keri Johns-Miller, PhD, Clinical and Counseling Psychology, University of South Alabama
Cathleen LaLonde, PhD, Clinical Psychology, University of Detroit Mercy

Clinical Neuropsychology Fellowship
Lauren Gavron, PhD, Clinical Psychology, Alliant International University (Second Year)
Bethanie Stephens, PsyD, Clinical Psychology, Florida Institute of Technology (Second Year)
Emily Williamson, PsyD, Clinical Psychology, William James College (First Year)

Completed in 2017

Psychology Interns

Corey Brawner, Clinical Psychology, University of Southern Mississippi
Kristy Engel, Clinical Psychology, Roosevelt University
Melissa Hudson, Clinical Psychology, Seattle Pacific University
Caitlin Listro, Clinical Psychology, Michigan State University
Hien Luu, Clinical Psychology, Adler University
Sarah Ramsey, Clinical Psychology, Northern Illinois University
Erica Schmidt, Clinical Psychology, University of Alabama at Birmingham
Andrew Schwehm, Clinical Psychology, St. John’s University
Psychology Fellows

Clinical Psychology Fellowship
Brittany Howell, PsyD, Clinical Psychology, Nova Southeastern University
Mattie President, PhD, Clinical Psychology, Alliant International University (Los Angeles)
Melissa Walt, PsyD, Clinical Psychology, Adler University

Clinical Health Psychology Fellowship
Katie Lang, PhD, Clinical Psychology, University of Memphis
Sasha Scott, PsyD, Clinical Psychology, American School of Professional Psychology
Jerika Wilson, PhD, Clinical Psychology, University of Cincinnati

Clinical Neuropsychology Fellowship
Lauren Gavron, PhD, Clinical Psychology, Alliant International University (First Year)
Bethanie Stephens, PsyD, Clinical Psychology, Florida Institute of Technology (First Year)

Completed in 2016

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

Psychology Fellows

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

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

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

Completed in 2015

Psychology Interns
Marcy Adler, Clinical Psychology, Nova Southeastern University
Chinonyere Bello, Clinical Psychology, Loma Linda University
Brittney Getz, Clinical Psychology, University of Louisville
Laura Loucks, Clinical Psychology, University of Georgia

2020-2021
Psychology Fellows

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

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

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

Completed In 2014

Psychology Interns
Caroline F. Acra, Clinical Psychology, University of Hawaii
Laurie A. Burke, Clinical Psychology, University of Memphis
Grant M. Harris, Clinical Psychology, University of Alabama
Johathan M. Highsmith, Clinical Psychology, East Carolina University
Mary Lindsey Jacobs, Clinical Psychology, University of Alabama
Elizabeth Kolivas, Clinical Psychology, University of Mississippi
Katie B. McCulloch, PhD, Clinical Psychology, University of Houston
R. Eileen Todd, Clinical Psychology, University of Southern Mississippi

Psychology Fellows

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

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

Clinical Neuropsychology Fellowship
Heather A. Pedersen, PhD, Clinical Psychology, University of North Dakota, Grand Forks (Second Year)
Laura Shultz, PsyD, Clinical Psychology, Wheaton College (Second Year)
Completed in 2013

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

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

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

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

Completed in 2012

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

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

Completed in 2011

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

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

**Completed in 2010**

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

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

**Completed in 2009**

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

**Psychology Fellows**
Brandon Baughman, PhD, Clinical Psychology, University of Tulsa (First Year)
Jennifer Daly, PhD, Counseling Psychology, Colorado State University
Danette Garces-Webb, PhD, Clinical Psychology, University of Memphis
Completed in 2008

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

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

Psychology Internship Program
Admissions, Support, and Initial Placement Data

Psychology Internship Program Admissions
Date Program Tables are Updated: September 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 intern selection and practicum and academic preparation requirements:

The overarching goal of the program is to produce entry-level independent practitioners in health service psychology in adult populations and to prepare those practitioners for additional postdoctoral training in clinical psychology, clinical health psychology, or clinical neuropsychology. Although we offer two Emphasis Areas (EAs) and one Major Area of Study (MAS), our program maintains a generalist focus, fostering general competence over specialization. Applicants who have VA practicum
experience are highly desirable, and it is preferable for applicants to have had some prior training and experience in evidence based treatment approaches. Additionally, applicants best suited for our program have demonstrated integrated assessment experience and good writing skills. Although research experience is not a requirement, we value applicants with the ability to engage in scholarly inquiry and critical analysis of the scholarly literature. Our internship program values cultural and individual diversity and strongly encourages qualified applicants from all backgrounds to apply.

Describe any other required minimum criteria used to screen applicants:

<table>
<thead>
<tr>
<th>VA-wide requirements include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applicants must be U.S. citizens.</td>
</tr>
<tr>
<td>2. Applicants must be doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.</td>
</tr>
<tr>
<td>3. Applicants must be approved for internship status by the graduate program training director.</td>
</tr>
<tr>
<td>4. Male applicants born after 12/31/1959 must have registered for the draft by age 26.</td>
</tr>
<tr>
<td>5. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match results and selection decisions are contingent on passing these screens.</td>
</tr>
<tr>
<td>6. Matched interns are also required to meet the essential functions (physical and mental) of the training program and be immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility.</td>
</tr>
<tr>
<td>7. Matched interns will be required to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees) and training modules as directed.</td>
</tr>
</tbody>
</table>

To access a complete listing of and more detailed information on the VA-wide requirements for eligibility to train in a VA setting, please use this link.

Memphis VA program requirements:

1. Applicants must have completed a minimum of 550 hours of supervised practicum experience (intervention and assessment) by the time the application is submitted.
2. Applicants must have passed all comprehensive examinations required by their graduate program by the application deadline.
3. Applicants are required to have completed their dissertation proposal prior to the application deadline.

Please note, there may be additional onboarding requirements (e.g., security and drug screening) for matched interns who elect to complete a rotation at a UT Consortium site.
Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Amount/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$26,166 per year</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</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 interns in excess of personal time off and sick leave?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Other Benefits (please describe): Up to five days of authorized absence is provided for professional development activities such as attending or presenting at conferences.</td>
<td></td>
</tr>
</tbody>
</table>

Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>24</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position</th>
<th>Postdoc</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2020-2021